

Comparison of the Effectiveness of Acceptance and Commitment–Based Couple Therapy and Cognitive–Behavioral Couple Therapy on Cognitive Distortions, Emotion Regulation, and Emotional Intimacy in Couples Experiencing Marital Disenchantment

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ABSTRACT

Objective: This study aimed to compare the effectiveness of acceptance and commitment–based couple therapy and cognitive–behavioral couple therapy on interpersonal cognitive distortions, emotion regulation strategies, and emotional intimacy in couples experiencing marital disenchantment.

Methods and Materials: The study employed a quasi-experimental design with pretest, posttest, and three-month follow-up assessments and a control group. The statistical population consisted of couples aged 20–40 years who sought counseling for marital disenchantment in Tehran in 2023. Using purposive sampling and based on inclusion and exclusion criteria, 45 couples were selected and randomly assigned to two experimental groups and one control group. The first experimental group received acceptance and commitment–based couple therapy, and the second experimental group received cognitive–behavioral couple therapy, each delivered in 12 sessions of 90 minutes over three months, while the control group remained on a waiting list. Data were collected using standardized questionnaires measuring interpersonal cognitive distortions, emotion regulation strategies (cognitive reappraisal and suppression), and emotional intimacy at three time points. Data analysis was conducted using repeated-measures analysis of variance and Bonferroni post hoc tests.

Findings: The results of repeated-measures analysis of variance indicated significant group × time interaction effects for all components and the total score of cognitive distortions, emotion regulation strategies, and emotional intimacy. Acceptance and commitment–based couple therapy produced significantly greater reductions in rejection in relationships, misperception, and total cognitive distortions compared with cognitive–behavioral couple therapy. Additionally, acceptance and commitment–based couple therapy led to a significantly greater increase in cognitive reappraisal and a greater reduction in emotion suppression. Emotional intimacy increased significantly in both experimental groups compared with the control group; however, the increase was significantly greater in the acceptance and commitment–based couple therapy group. These effects remained stable at the three-month follow-up.

Conclusion: Acceptance and commitment–based couple therapy was more effective than cognitive–behavioral couple therapy in reducing interpersonal

cognitive distortions, improving emotion regulation strategies, and enhancing emotional intimacy in couples experiencing marital disenchantment, suggesting its particular suitability for interventions targeting emotional disengagement and cognitive rigidity in distressed marital relationships.

Keywords: *couple therapy; acceptance and commitment; cognitive-behavioral; cognitive distortions; emotion regulation; emotional intimacy; marital disenchantment*

1. Introduction

Marital relationships are a primary context for psychological security, identity consolidation, and sustained well-being across adulthood; however, for many couples, chronic relational strain gradually shifts the relationship from a source of support to a context of depletion and emotional distancing. Contemporary literature increasingly conceptualizes this erosion as “couple burnout” or marital disenchantment—an interactional syndrome characterized by emotional exhaustion, psychological fatigue, and a sense of disengagement from the marital bond (Pines, 2013; Pines & Nunes, 1996). In parallel with the burnout framework, research on intimacy highlights that the quality of emotional connection—experienced as warmth, closeness, and responsive engagement—functions as a central protective factor against relational deterioration (Carasso & Segel-Karpas, 2024; Walker & Thompson, 1983). Yet emotional intimacy is not merely a trait-like property of the dyad; it is dynamically shaped by cognitive-affective processes, conflict cycles, and the couple’s capacity to regulate emotions under stress (Graziani et al., 2024; Masumoto et al., 2022). In midlife, for example, marital strain can attenuate emotional intimacy when empathic responsiveness is compromised, suggesting that micro-processes of emotion sharing and validation may buffer couples against escalating disengagement (Carasso & Segel-Karpas, 2024). In emerging and early adult relationships, conflict and dissatisfaction similarly erode intimacy and may exacerbate depressive symptoms, illustrating the broader mental health implications of relational dysregulation (Graziani et al., 2024). Against this background, marital disenchantment is not only a relational complaint presented in counseling settings; it is a clinically meaningful condition linked to impaired emotional closeness and increased vulnerability to persistent conflict.

A robust explanatory pathway for marital disenchantment emphasizes maladaptive cognitions and biased interpersonal interpretations—often discussed as interpersonal cognitive distortions. These distortions include perceived rejection in the relationship, unrealistic expectations regarding partner behavior, and misperception of interpersonal cues, which

collectively intensify negative attributions and fuel rigid conflict patterns (Aydm & Malak Akgün, 2022; Hamamci & Buyukozturk, 2004). Interpersonal cognitive distortions can be conceptualized as an information-processing lens through which partners selectively attend to threat and disconfirming evidence, thereby magnifying relational injury and reinforcing avoidance or coercive interaction cycles (Epstein et al., 2019; Hamamci & Buyukozturk, 2004). Empirical work has connected interpersonal cognitive distortions to broader indices of relational functioning, including marital commitment and intimacy, suggesting that distorted cognition is not only a consequence of discord but also a mechanism that sustains relational disconnection (Ghasemi Varnyab et al., 2020). During periods of contextual stress—such as pandemic-related role disruptions—interpersonal cognitive distortions have been shown to covary with spouses’ family role performances, underscoring how cognition shapes daily relational coordination and perceived fairness (Aydm & Malak Akgün, 2022). Clinically, cognitive distortions also appear tightly intertwined with processes such as rumination and perseverative thinking, which may amplify emotional exhaustion and accelerate disengagement, especially when couples lack effective strategies for repairing ruptures and restoring trust (Alizadeh et al., 2021; Walser & O’Connell, 2023). Therefore, interventions that directly target interpersonal cognitive distortions and promote more flexible, contextual interpretations are theoretically well-positioned to reduce marital disenchantment and to facilitate renewed emotional intimacy.

Emotion regulation is another core mechanism implicated in marital functioning, both as an individual capacity and as an interactional process that shapes how partners navigate disagreement, vulnerability, and repair. Foundational work distinguishes between cognitive reappraisal (reframing the meaning of an emotional event) and expressive suppression (inhibiting emotional expression), with consistent evidence linking reappraisal to healthier relational outcomes and suppression to relational strain (Gross & John, 2003). In couple contexts, emotion regulation capacities contribute to patterns of communication and satisfaction, and may operate as mediators between relational dynamics and subjective

marital quality (Ali & Saleem, 2022; Vaseghi et al., 2024). Beyond general satisfaction, emotion regulation also intersects with intimacy maintenance because partners' willingness to express emotion and respond constructively to emotional cues supports bonding processes and reduces the likelihood that conflicts become identity-threatening (Chavira Trujillo et al., 2022; Mir Kazem et al., 2025). Evidence from long-term marriages suggests that emotion regulation predicts mental health outcomes over time, highlighting the durability of regulatory processes and their cumulative effects on dyadic functioning (Masumoto et al., 2022). Moreover, dyadic contexts frequently require interpersonal emotion regulation—attempts to influence a partner's emotional state through comfort, reframing, or validation—where empathy is central for selecting effective strategies and directions of regulation (Chavira Trujillo et al., 2022). The clinical relevance of emotion regulation is also reflected in applied studies showing that emotion regulation problems mediate the association between dysfunctional attitudes and marital conflict, suggesting a pathway from cognition to emotion to dyadic discord (Sedaghatkhan et al., 2022). Accordingly, interventions that increase adaptive reappraisal and reduce maladaptive suppression may facilitate both symptomatic relief (less conflict, less boredom) and relational repair (greater intimacy, improved communication).

Two of the most widely used evidence-based approaches for couple distress that directly address cognition and emotion are cognitive-behavioral couple therapy (CBCT) and acceptance and commitment-based couple therapy (ACT-informed). CBCT has a strong empirical and clinical tradition, emphasizing cognitive restructuring, communication skills, problem solving, and behavioral exchange to modify maladaptive interaction patterns and cognitions that maintain conflict (Baucom et al., 2019; Dattilio & Epstein, 2021). Contemporary CBCT has also increasingly adopted contextual and process-based refinements, focusing on functional processes rather than solely on symptom reduction, aligning with broader trends in CBT toward transdiagnostic competencies and mechanisms of change (Epstein & Baucom, 2024; Paul, 2018). In advanced CBCT formulations, interventions attend to how partners interpret context, manage affective escalation, and coordinate repair after ruptures, which may be particularly relevant when couples present with entrenched negative attributions and cycles of withdrawal-pursuit (Baucom et al., 2019; Epstein & Baucom, 2024). CBCT has demonstrated effectiveness across diverse marital

problems, including marital conflict, boredom, and emotion-related dysregulation in couples at risk of divorce, suggesting meaningful impacts on both relational outcomes and regulatory skills (Adabi et al., 2022; Qobadi Kohanmoei et al., 2024). Applied findings also suggest CBCT can improve marital satisfaction and reduce maladaptive cognition in populations experiencing marital boredom, underscoring its relevance for disenchantment-related presentations (Amini & Eshghi Nagoorani, 2024; Parvizi et al., 2025). Importantly, comparative work notes that cognitive-behavioral and emotion-focused couple therapies share certain change pathways while differing in their primary mechanisms, implying that the selection of treatment models should be guided by the couple's presenting processes (e.g., cognitive rigidity versus affective disconnection) (Bodenmann et al., 2020; Lebow & Snyder, 2022).

ACT-informed couple therapy builds on contextual behavioral science, aiming to increase psychological flexibility, reduce experiential avoidance, and shift the couple's relationship to internal experiences rather than attempting to eliminate them. The maturation of ACT as an evidence-based approach is reflected in its large and expanding randomized trial literature and its emphasis on flexible, values-guided action under conditions of emotional discomfort (Hayes & King, 2024). In couple contexts, ACT principles are operationalized through fostering acceptance of difficult emotions, defusion from rigid thoughts, mindful awareness during conflict, and commitment to relational values such as care, honesty, and mutual growth (Lou & McKee, 2021; Walser & O'Connell, 2023). Mechanistic reviews highlight that ACT's effectiveness is often mediated by changes in processes such as psychological flexibility and reduced avoidance, which are plausible drivers of improved intimacy and conflict resilience when partners learn to stay engaged rather than withdraw or attack in response to distress (Hayes & King, 2024; Stockton et al., 2019). Furthermore, ACT has been adapted culturally and contextually, suggesting that its process focus can be aligned with local relational norms and meaning systems when delivered thoughtfully (Masuda et al., 2021). A growing evidence base in clinical and counseling settings suggests ACT-based couple therapy can improve marital satisfaction and psychological flexibility in couples seeking divorce and can reduce marital boredom and conflict, indicating promise for disenchantment-related conditions (Moghim et al., 2022; Salehi et al., 2021; Savaei Tiri et al., 2021). Meta-analytic comparisons of ACT-based therapy with integrative

behavioral couple therapy also support meaningful improvements in components of marital quality, reinforcing the clinical relevance of ACT-informed approaches in dyadic intervention science (Kibilahi et al., 2022; Lebow & Snyder, 2022).

Despite their shared objective of improving couple functioning, CBCT and ACT are theoretically distinct in how they conceptualize and intervene on cognition. Whereas CBCT often aims to modify the content of maladaptive thoughts and attributions, ACT emphasizes altering the function of thoughts via defusion and acceptance, thereby reducing the dominance of rigid cognitive rules in behavior (Fang & Ding, 2023; Ruiz, 2012). Recent quantitative syntheses suggest that ACT and CBT differ in effect patterns across outcomes and contexts, supporting the need for targeted comparative research rather than assuming equivalence between models (Fang & Ding, 2023; Ruiz, 2012). In individual clinical populations, comparative studies have shown both CBT and ACT can reduce cognitive distortions and related processes such as rumination, though their mechanisms may differ, highlighting a rationale for examining parallel outcomes in couple populations where cognition is interpersonal and interactional (Ebrahimi et al., 2024; Liu et al., 2023). In marital contexts, evidence indicates that ACT-based couple therapy can reduce rumination and cognitive distortions in couples confronting severe relational stressors such as infidelity, implying that process-based change may generalize to interpersonal cognition patterns (Alizadeh et al., 2021). Conversely, CBCT studies demonstrate improvements in marital boredom and emotional self-regulation among distressed couples, suggesting that structured skills and cognitive interventions can effectively modify dysregulated patterns that sustain disenchantment (Adabi et al., 2022; Parvizi et al., 2025). Comparative studies in community and clinical samples have also examined ACT-based couple therapy versus CBCT on marital quality and emotional–sexual needs, indicating that both approaches can be effective while still yielding differential impacts on specific relational dimensions (Shahbazfar et al., 2020, 2021). In addition, integrative behavioral couple therapy—often considered conceptually adjacent to acceptance-based approaches—has shown benefits for intimacy and family functioning, further underscoring the relevance of acceptance and behavioral principles for intimacy repair (Bagheri et al., 2022; Shakib et al., 2020). Given that marital disenchantment frequently includes reduced intimacy and emotional withdrawal, interventions capable of sustaining engagement during

discomfort and facilitating repair may be especially important (Lebow & Snyder, 2022; Walser & O'Connell, 2023).

Marital boredom and sexual boredom are increasingly recognized as clinically consequential features of distressed relationships, closely related to disenchantment and often accompanied by cognitive rigidity, emotional suppression, and reduced intimacy. Systematic evidence on sexual boredom suggests it is linked to diminished satisfaction and relational engagement, reinforcing the need to address both emotional and cognitive processes that underlie disengagement (De Oliveira et al., 2021; Pines, 2013). Within this domain, studies comparing CBCT with other couple therapies (including emotion-focused therapy) have found differential effects on marital boredom, implying that mechanisms involving emotion engagement versus cognitive restructuring may lead to distinct clinical trajectories (Bodenmann et al., 2020; Qobadi Kohanmoei et al., 2024). Investigations in counseling centers similarly report that ACT-based interventions and CBCT can reduce marital boredom, yet their comparative advantage may depend on whether the dominant maintaining process is avoidance/rigidity or skill/communication deficits (Moghim et al., 2022; Salehi et al., 2021). Moreover, contemporary couple therapy science emphasizes the importance of treatment accessibility and pathways to care, as many couples delay treatment until distress becomes entrenched; understanding who benefits more from which model can thus enhance clinical decision-making and efficiency in real-world settings (Jarnecke et al., 2020; Lebow & Snyder, 2022). In this applied context, relational outcomes such as emotional intimacy merit focused evaluation, particularly because intimacy is both a target and a mechanism of change across many models, and it is strongly linked to empathic communication and emotion expression patterns between spouses (Carasso & Segel-Karpas, 2024; Mir Kazem et al., 2025).

Within the Iranian and regional literature, an expanding body of empirical work has examined ACT-based couple therapy and CBCT for relational outcomes that overlap strongly with marital disenchantment, including marital satisfaction, emotional regulation, and cognitive distortions. Comparative research indicates both approaches can enhance marital quality in nonclinical couples, supporting their broader preventive relevance (Shahbazfar et al., 2021). Studies focused on counseling center clients report that ACT compared with CBT can increase marital satisfaction and reduce anxiety, suggesting broader emotional benefits that

may indirectly support intimacy restoration (Rahimi et al., 2022). Research comparing ACT-based models (including ACT and Imago-based interventions) has also highlighted measurable improvements in emotion regulation strategies among couples requesting divorce, reinforcing emotion regulation as a plausible mediator of therapeutic gains (Ali & Saleem, 2022; Khodadadi Jokar et al., 2022). At the same time, structural evidence in related populations (e.g., adolescents) indicates emotion regulation can be reliably operationalized and modeled as a mediator of behavioral outcomes, supporting its use as a mechanism construct in clinical designs (Kohensal Nalkiyashari et al., 2022). Taken together, existing evidence supports the plausibility that ACT-based couple therapy may be especially potent in reducing cognitive distortions through defusion and contextual reinterpretation, while also enhancing emotion regulation by reducing avoidance and promoting mindful engagement (Hayes & King, 2024; Stockton et al., 2019). In contrast, CBCT may exert its strongest effects through cognitive restructuring, communication training, and behavior change procedures that modify reinforcement patterns and conflict management, thereby indirectly improving emotion regulation and intimacy (Dattilio & Epstein, 2021; Epstein et al., 2019). Yet, given variability in findings across studies and outcomes—and the theoretical differences in how cognition is targeted—direct comparative tests in couples experiencing marital disenchantment remain necessary to clarify differential effectiveness on interpersonal cognitive distortions, emotion regulation strategies, and emotional intimacy (Fang & Ding, 2023; Lebow & Snyder, 2022).

The aim of this study was to compare the effectiveness of acceptance and commitment-based couple therapy and cognitive-behavioral couple therapy on interpersonal cognitive distortions, emotion regulation strategies, and emotional intimacy in couples experiencing marital disenchantment.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest and follow-up control group design, which—unlike some other methods—is used to identify causal relationships between independent and dependent variables. In this design, the effects of the independent variables (acceptance and commitment-based couple therapy and cognitive-behavioral couple therapy) on the

dependent variables (cognitive distortions, emotion regulation, and emotional intimacy) were examined. The statistical population consisted of all couples aged 20–40 years who presented with complaints of marital disenchantment to counseling and psychotherapy centers across Tehran in 2023. A purposive sampling method was used to select participants. Based on the study's inclusion and exclusion criteria, 45 couples were selected through purposive sampling and randomly assigned to two experimental groups and one control group (15 couples in the first experimental group, 15 couples in the second experimental group, and 15 couples in the control group) (Gall et al., 2003). After sample selection, participants in the first experimental group, the second experimental group, and the control group completed the cognitive distortions, emotion regulation, and emotional intimacy questionnaires at the pretest stage. In the next phase, acceptance and commitment-based couple therapy was administered to the first experimental group, while cognitive-behavioral couple therapy was administered to the second experimental group. The control group was placed on a waiting list and did not receive any psychological intervention until the posttest stage. At the end of the intervention period, participants in the experimental and control groups again completed the cognitive distortions, emotion regulation, and emotional intimacy questionnaires at the posttest stage, and a three-month follow-up assessment was conducted to examine the stability of the intervention effects. After completion of the research phases and based on the exclusion criteria, one couple was removed from the acceptance and commitment-based couple therapy group, and data from 14 couples were analyzed. Similarly, in the cognitive-behavioral couple therapy group, one couple was excluded due to absence from more than two sessions, and data from 14 couples were analyzed, whereas all 15 couples in the control group participated in all stages of the study.

The inclusion criteria for participation in the study were as follows: being legally married and cohabiting at the time of participation; a diagnosis of marital disenchantment by the therapist and obtaining a score above the mean on the Marital Disenchantment Questionnaire; couples' consent to voluntarily participate in the therapeutic sessions and complete the questionnaires at three stages (pretest, posttest, and follow-up); no history of participation in other couple or individual psychotherapy programs during the previous six months; absence of severe psychotic disorders, substance dependence, or chronic physical illness that could interfere with regular attendance at sessions (based on self-report and

an initial interview); and sufficient literacy skills to comprehend and respond to the study questionnaires. The exclusion criteria included absence from more than two therapy sessions; withdrawal from the study at any stage of the treatment or assessment process; occurrence of new family, physical, or psychological crises (such as hospitalization, divorce, or bereavement) during the study; and unrealistic or incomplete responses to the questionnaires.

2.2. Measures

Marital Disenchantment Questionnaire (Pines, 1996): This questionnaire is a self-report instrument designed by Pines to assess the level of disenchantment in marital relationships. It consists of 20 items and evaluates three main dimensions: physical exhaustion, emotional exhaustion, and psychological exhaustion. Responses are rated on a 7-point Likert scale ranging from “never” (1) to “always” (7). Higher scores indicate higher levels of marital disenchantment. Pines (1996) reported satisfactory psychometric properties for this instrument, with Cronbach’s alpha coefficients ranging from .84 to .90 for the subscales and from .91 to .93 for the total scale. Concurrent validity was confirmed through negative correlations with positive indicators of marital relationships, ranging from $-.71$ to $-.82$. In Iran, Navidi (2005) reported a Cronbach’s alpha coefficient of .86 for this instrument and a correlation coefficient of $-.40$ with the ENRICH Marital Satisfaction Questionnaire. In the study by Mirzaei Jahed and Saberi (2019), the Cronbach’s alpha coefficient was reported as .85. In the present study, the Cronbach’s alpha coefficient for this instrument was .81, indicating acceptable reliability in the target population.

Cognitive Distortions Questionnaire (Hamamcı & Büyüköztürk, 2004): This questionnaire was developed by Hamamcı and Büyüköztürk (2004) to assess the level of cognitive distortions in interpersonal interactions. It consists of 19 items and measures three main subscales: rejection in interpersonal relationships, unrealistic expectations in relationships, and misperception in interpersonal relationships. Respondents rate their agreement with each statement on a 5-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (5). Higher scores indicate higher levels of cognitive distortions. The reliability of this questionnaire in the original study was assessed using Cronbach’s alpha and a two-week test–retest method, yielding coefficients of .67 and .74 for the total scale,

respectively, and coefficients ranging from .66 to .76 for the subscales. Concurrent validity was confirmed through correlations with measures such as the Irrational Beliefs Questionnaire, the Automatic Thoughts Questionnaire, and the Interpersonal Conflict Tendency Questionnaire, with coefficients of .45, .53, and .53, respectively. In the present study, the Cronbach’s alpha coefficient for this questionnaire was .85, indicating adequate internal consistency and acceptable reliability in the sample studied.

Emotion Regulation Questionnaire (Gross & John, 2002): This questionnaire was developed by Gross and John (2002) to assess individuals’ strategies for managing and regulating their emotions. This self-report instrument consists of 10 items and measures two main components: expressive suppression and cognitive reappraisal. Respondents indicate their level of agreement with each statement on a 7-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (7). Higher scores indicate greater emotion regulation ability and lower emotional dysregulation. Gross and John (2002) reported internal consistency coefficients for the subscales ranging from .72, and .79 for women. In the study by Kahensal Nalkiashari et al. (2022), the Cronbach’s alpha coefficient was reported as .76. In the present study, the Cronbach’s alpha coefficient was .80, indicating acceptable reliability and adequate internal consistency in the examined sample.

Marital Intimacy Questionnaire (Walker & Thompson, 1989): This questionnaire was developed by Walker and Thompson in 1983 to assess the level of affection, closeness, and emotional bonding between couples and was revised in 1989. It consists of 17 items and is administered as a self-report measure. Respondents rate their agreement with each statement on a 7-point Likert scale ranging from “never” (1) to “always” (7). Higher scores reflect higher levels of marital intimacy. Psychometric evaluation by Walker and Thompson (1989) demonstrated excellent reliability, with a Cronbach’s alpha coefficient of .97. Convergent validity was reported through couples’ reports of close relationships, with an internal correlation coefficient of .86. The developers also reported construct validity using factor analysis, with a coefficient of .91. In the study by Khodadadi Sangdeh et al. (2018), construct validity assessed via factor analysis was .78, and reliability assessed using Cronbach’s alpha was .89. In the present study, the Cronbach’s alpha coefficient for this instrument was .79.

2.3. Interventions

Acceptance and commitment–based couple therapy was delivered to the first experimental group in 12 structured sessions of 90 minutes over a three-month period, following the ACT-based couple therapy model developed by Lou and McKay. The intervention began with establishing a therapeutic alliance, clarifying expectations, goals, and initial therapeutic contracts. Couples were then guided through a contextualized conceptualization of their relational problems using experiential metaphors (e.g., the “hole and shovel” metaphor) to highlight ineffective problem-solving patterns. Subsequent sessions focused on choice and commitment to the relationship, fostering healthy connection through openness, awareness, and engagement. Core ACT processes were systematically introduced, including cognitive defusion (liberation from rigid mental rules), weakening unrealistic expectations without attempting to eliminate them, clarifying personal and shared couple values, and developing skills aligned with those values such as effective communication and conflict resolution. Additional sessions addressed emotional disconnection, experiential avoidance, and attempts to control the partner, emphasizing acceptance, willingness to experience emotional discomfort, and curiosity toward the partner’s inner world. Values-based exercises were used to concretize couple values (e.g., envisioning the tenth wedding anniversary), followed by work on internal and external barriers to valued action using acceptance, defusion, and problem-solving strategies. The later sessions introduced integrative practices such as mindful pausing before reacting, intimacy-building behaviors, and the concept of “psychological fog,” helping couples recognize layers of rigid “shoulds,” regret-focused thinking, and future-oriented fear that obscure present-moment connection. Throughout the protocol, experiential exercises and between-session practices were used to enhance psychological flexibility, promote emotional intimacy, and support sustained value-consistent relational behavior.

Cognitive–behavioral couple therapy was delivered to the second experimental group in 12 sessions of 90 minutes over a three-month period, based on the CBCT model proposed by Epstein and Baucom. The intervention began with introducing the cognitive–behavioral framework, clarifying treatment goals, and establishing a collaborative therapeutic alliance. Early sessions emphasized behavioral skills training, including role-playing, identification of reinforcement and punishment patterns, increasing positive

behavioral exchanges, and reducing negative interactions. Couples practiced behavioral contracts, role reversal, assertiveness, and structured behavioral experiments aimed at modifying maladaptive interaction cycles. Communication skills training was a central focus, with specific instruction in active listening, sender–receiver techniques, and effective expression of needs and emotions. As treatment progressed, the focus shifted to cognitive components, including identification of automatic thoughts, emotional reactions, and underlying schemas using techniques such as the downward arrow method and daily thought records. Couples were guided to recognize and modify cognitive distortions, attributional biases, and unrealistic expectations about the partner and the relationship. Later sessions integrated problem-solving skills and conflict resolution strategies, teaching couples systematic approaches to evaluating problems, generating solutions, planning shared activities, and resolving specific interpersonal conflicts. Homework assignments throughout the protocol reinforced skill acquisition and generalization to daily life, with the overarching goal of restructuring maladaptive cognitions, improving communication and problem-solving skills, and reducing relational distress through coordinated cognitive and behavioral change.

2.4. Data Analysis

Data analysis was conducted using repeated-measures analysis of variance in SPSS version 26.

3. Findings and Results

In describing the sample groups, descriptive statistics showed that in the acceptance and commitment–based couple therapy group, the mean age and standard deviation of female participants were 36.21 and 3.85 years, respectively; in the cognitive–behavioral couple therapy group, they were 35.14 and 3.92 years; and in the control group, they were 35.47 and 3.29 years. In addition, in the acceptance and commitment–based couple therapy group, the mean age and standard deviation of male participants were 41.86 and 4.52 years, respectively; in the cognitive–behavioral couple therapy group, they were 39.71 and 4.01 years; and in the control group, they were 40.13 and 4.18 years. The use of one-way analysis of variance indicated that there were no statistically significant differences among the groups with respect to age.

With regard to the description of marriage duration, the results showed that in the acceptance and commitment–

based couple therapy group, the mean duration of marriage and standard deviation were 8.71 and 2.89 years, respectively; in the cognitive-behavioral couple therapy group, they were 7.43 and 2.28 years; and in the control group, they were 7.20 and 2.93 years. The use of one-way analysis of variance indicated that there were no statistically significant differences among the groups in terms of duration of marriage.

Table 1 presents the means (standard deviations) of the components of cognitive distortions (rejection in relationships, unrealistic expectations, and misperception), emotion regulation strategies (cognitive reappraisal and suppression), and emotional intimacy among participants in the study groups across the three stages of pretest, posttest, and follow-up.

Table 1

Means (Standard Deviations) of Cognitive Distortions Components, Emotion Regulation Strategies, and Emotional Intimacy at Pretest, Posttest, and Follow-Up

Variable	Component	Group	Pretest	Posttest	Follow-Up
Cognitive Distortions	Rejection in relationships	Acceptance and Commitment	26.50 ± 7.27	17.82 ± 3.60	18.50 ± 3.97
		Cognitive-Behavioral Therapy	26.78 ± 5.29	21.39 ± 4.52	22.82 ± 4.70
		Control	26.70 ± 6.62	25.07 ± 4.92	26.97 ± 5.41
	Unrealistic expectations	Acceptance and Commitment	28.93 ± 7.08	17.36 ± 3.96	21.95 ± 3.82
		Cognitive-Behavioral Therapy	26.00 ± 8.37	22.25 ± 4.97	21.86 ± 3.78
		Control	27.63 ± 7.38	28.00 ± 5.27	29.13 ± 4.98
	Misperception	Acceptance and Commitment	9.61 ± 2.40	5.75 ± 1.53	6.15 ± 1.80
		Cognitive-Behavioral Therapy	10.07 ± 2.58	7.10 ± 2.29	7.39 ± 2.67
		Control	10.60 ± 2.71	9.36 ± 2.25	9.76 ± 2.54
	Total score	Acceptance and Commitment	65.03 ± 13.30	41.93 ± 7.50	44.61 ± 6.04
		Cognitive-Behavioral Therapy	62.85 ± 12.68	50.71 ± 8.24	52.07 ± 8.79
		Control	64.97 ± 11.04	62.43 ± 8.67	65.87 ± 8.27
Emotion Regulation	Cognitive reappraisal	Acceptance and Commitment	19.75 ± 4.03	27.32 ± 5.30	27.11 ± 3.98
		Cognitive-Behavioral Therapy	20.78 ± 4.88	24.54 ± 4.10	24.39 ± 3.62
		Control	18.80 ± 3.32	19.51 ± 3.08	19.37 ± 3.19
	Suppression	Acceptance and Commitment	16.89 ± 3.35	13.03 ± 2.86	13.39 ± 3.05
		Cognitive-Behavioral Therapy	16.82 ± 2.61	14.25 ± 3.54	15.50 ± 3.11
		Control	17.30 ± 2.74	18.03 ± 2.69	18.17 ± 3.50
Emotional Intimacy	—	Acceptance and Commitment	52.25 ± 8.92	73.78 ± 8.99	70.53 ± 8.62
		Cognitive-Behavioral Therapy	53.36 ± 8.17	67.89 ± 7.64	65.42 ± 6.74
		Control	55.40 ± 7.81	56.90 ± 7.71	56.30 ± 8.07

Table 1 shows that in both experimental groups, the mean scores of the components and the total score of cognitive distortions, along with the mean score of the emotion regulation suppression strategy, decreased at the posttest and follow-up stages, while the mean scores of the cognitive reappraisal strategy of emotion regulation and emotional intimacy increased. In contrast, no similar changes were observed across these stages in the control group.

To test the effectiveness of the independent variables on the dependent variables, repeated-measures analysis of

variance was employed. First, the assumptions of repeated-measures analysis of variance—including normality of data distribution, homogeneity of error variances, homogeneity of covariance matrices of the dependent variables, and the sphericity condition—were examined. After evaluating these assumptions and confirming that they were met, the hypotheses were tested using repeated-measures analysis of variance.

Table 2

Results of Repeated-Measures Analysis of Variance Examining the Effects of the Independent Variables on Cognitive Distortion Components and Total Score, Emotion Regulation Strategies, and Emotional Intimacy

Variable	Effect	Sum of Squares	Error Sum of Squares	F	p	η^2
Rejection in relationships	Group	1222.31	1732.66	29.26	.001	.414
	Time	653.07	2809.42	19.29	.001	.189
	Group \times Time	577.98	5238.08	4.58	.002	.099
Unrealistic expectations	Group	1723.48	2079.10	34.40	.001	.453
	Time	643.01	3157.95	16.90	.001	.169
	Group \times Time	1137.40	6149.26	7.68	.001	.156
Misperception	Group	336.67	377.94	36.97	.001	.471
	Time	232.28	617.10	47.76	.001	.365
	Group \times Time	70.34	935.34	3.12	.017	.070
Total cognitive distortions score	Group	8746.33	4345.05	83.54	.001	.668
	Time	4385.93	9406.14	38.70	.001	.318
	Group \times Time	4273.53	18905.25	9.38	.001	.184
Cognitive reappraisal	Group	1414.61	1172.71	50.06	.001	.547
	Time	634.60	1338.24	39.36	.001	.322
	Group \times Time	449.23	2794.92	6.67	.001	.138
Suppression	Group	525.71	664.82	32.82	.001	.442
	Time	74.65	870.29	7.12	.009	.079
	Group \times Time	207.93	1709.29	5.05	.001	.108
Emotional intimacy	Group	3908.86	6220.72	26.08	.001	.386
	Time	4662.00	5129.14	75.46	.001	.476
	Group \times Time	3552.99	10112.37	14.58	.001	.260

Table 2 shows that, in addition to the main effects of group and time, the Group \times Time interaction effect was statistically significant for the cognitive distortion components of rejection in relationships ($\eta^2 = .099$, $p = .002$, $F = 4.58$), unrealistic expectations ($\eta^2 = .156$, $p = .001$, $F = 7.68$), misperception ($\eta^2 = .070$, $p = .017$, $F = 3.12$), and the total cognitive distortions score ($\eta^2 = .184$, $p = .001$, $F = 9.38$). These findings indicate that the implementation of the

independent variables significantly affected the components and total score of cognitive distortions.

Table 2 also shows that the Group \times Time interaction effect was statistically significant for the emotion regulation strategies of cognitive reappraisal ($\eta^2 = .138$, $p = .001$, $F = 6.67$) and suppression ($\eta^2 = .108$, $p = .001$, $F = 5.05$). According to Table 2, the Group \times Time interaction effect was also statistically significant for emotional intimacy ($\eta^2 = .260$, $p = .001$, $F = 14.58$).

Table 3

Bonferroni Post Hoc Test Results for Pairwise Comparisons of Time Points and Groups on Cognitive Distortion Components and Total Score, Emotion Regulation Strategies, and Emotional Intimacy

Variable	Comparison	Mean Difference	SE	p
Rejection in relationships	Pretest vs. Posttest	5.24	0.92	.001
	Pretest vs. Follow-up	3.90	0.89	.001
	Posttest vs. Follow-up	-1.34	0.75	.240
Unrealistic expectations	Pretest vs. Posttest	4.65	1.11	.001
	Pretest vs. Follow-up	3.87	0.94	.001
	Posttest vs. Follow-up	-0.78	0.69	.782
Misperception	Pretest vs. Posttest	2.70	0.40	.001
	Pretest vs. Follow-up	2.33	0.34	.001
	Posttest vs. Follow-up	-0.37	0.35	.865
Total cognitive distortions score	Pretest vs. Posttest	12.59	1.94	.001
	Pretest vs. Follow-up	10.11	1.62	.001
	Posttest vs. Follow-up	-2.49	1.24	.145

Cognitive reappraisal	Pretest vs. Posttest	-4.02	0.64	.001
	Pretest vs. Follow-up	-3.84	0.61	.001
	Posttest vs. Follow-up	0.18	0.63	1.00
Suppression	Pretest vs. Posttest	1.90	0.49	.001
	Pretest vs. Follow-up	1.32	0.49	.028
	Posttest vs. Follow-up	-0.58	0.48	.701
Emotional intimacy	Pretest vs. Posttest	-12.52	1.12	.001
	Pretest vs. Follow-up	-10.42	1.20	.001
	Posttest vs. Follow-up	2.11	1.25	.287
Rejection in relationships	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	-2.73	0.71	.001
	Acceptance and Commitment vs. Control	-5.30	0.69	.001
	Cognitive-Behavioral Therapy vs. Control	-2.58	0.69	.001
Unrealistic expectations	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	-0.95	0.77	.663
	Acceptance and Commitment vs. Control	-5.84	0.76	.001
	Cognitive-Behavioral Therapy vs. Control	-4.89	0.76	.001
Misperception	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	-1.01	0.33	.009
	Acceptance and Commitment vs. Control	-2.74	0.32	.001
	Cognitive-Behavioral Therapy vs. Control	-1.73	0.32	.001
Total cognitive distortions score	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	-4.69	1.12	.001
	Acceptance and Commitment vs. Control	-13.90	1.10	.001
	Cognitive-Behavioral Therapy vs. Control	-9.21	1.10	.001
Cognitive reappraisal	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	1.49	0.58	.036
	Acceptance and Commitment vs. Control	5.48	0.57	.001
	Cognitive-Behavioral Therapy vs. Control	4.01	0.57	.001
Suppression	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	-1.08	0.44	.045
	Acceptance and Commitment vs. Control	-3.39	0.43	.001
	Cognitive-Behavioral Therapy vs. Control	-2.31	0.43	.001
Emotional intimacy	Acceptance and Commitment vs. Cognitive-Behavioral Therapy	3.30	1.34	.047
	Acceptance and Commitment vs. Control	9.32	1.31	.001
	Cognitive-Behavioral Therapy vs. Control	6.03	1.31	.001

The results of the Bonferroni test comparing the effect of time, as presented in the above table, indicate that the differences in the mean scores of the components and the total score of cognitive distortions between the pretest-posttest and pretest-follow-up stages are statistically significant, whereas the differences in these mean scores between the posttest and follow-up stages are not statistically significant. In addition, the results of the Bonferroni test comparing group effects in the above table show that the differences in the mean scores of the components and the total score of cognitive distortions between the acceptance and commitment-based couple therapy group and the control group are statistically significant. Specifically, the implementation of acceptance and commitment-based couple therapy led to a reduction in the mean scores of the components and the total score of cognitive distortions at the posttest and follow-up stages compared with the pretest stage. Moreover, the results of the above table indicate that the difference in the effects of acceptance and commitment-based couple therapy and cognitive-behavioral couple therapy on the components of rejection in relationships ($p = .001$), misperception ($p = .009$), and the total score ($p = .001$) is statistically significant, such that acceptance and

commitment-based couple therapy produced a greater reduction in the components and the total score of cognitive distortions compared with cognitive-behavioral couple therapy.

With respect to emotion regulation strategies, the comparison of the effect of time in the above table indicates that the differences in the mean scores of emotion regulation strategies between the pretest-posttest and pretest-follow-up stages are statistically significant, whereas the differences in these mean scores between the posttest and follow-up stages are not statistically significant. In addition, the results of the Bonferroni test comparing group effects show that the differences in the mean scores of the cognitive reappraisal and suppression strategies of emotion regulation between the acceptance and commitment-based couple therapy group and the control group are statistically significant. Specifically, acceptance and commitment-based couple therapy resulted in an increase in the mean scores of the cognitive reappraisal strategy and a decrease in the use of the suppression strategy of emotion regulation. The trend of mean changes indicates that the effects of acceptance and commitment-based couple therapy on emotion regulation strategies remained stable three months after the

intervention. Accordingly, the hypothesis test led to the conclusion that the implementation of acceptance and commitment-based couple therapy improves the use of emotion regulation strategies among couples experiencing marital disenchantment.

Regarding emotional intimacy, the results in the above table indicate that the difference in the mean emotional intimacy scores between the acceptance and commitment-based couple therapy group and the control group is statistically significant, such that the mean emotional intimacy in the experimental group increased at the posttest and follow-up stages compared with the control group. The results of the Bonferroni post hoc test in the above table further show that the difference in the effects of acceptance and commitment-based couple therapy and cognitive-behavioral couple therapy on emotional intimacy ($p = .047$) is statistically significant, with acceptance and commitment-based couple therapy producing a greater increase in mean emotional intimacy compared with cognitive-behavioral couple therapy.

Accordingly, it was concluded that there is a statistically significant difference between the effectiveness of cognitive-behavioral couple therapy and acceptance and commitment-based couple therapy on cognitive distortions among couples experiencing marital disenchantment, and that acceptance and commitment-based couple therapy is a more effective approach than cognitive-behavioral couple therapy in reducing cognitive distortions in this population. It was also concluded that there is a statistically significant difference between the effectiveness of acceptance and commitment-based couple therapy and cognitive-behavioral couple therapy on emotion regulation among couples experiencing marital disenchantment, and that acceptance and commitment-based couple therapy is more effective than cognitive-behavioral couple therapy in improving emotion regulation strategies in these couples. Finally, it was concluded that acceptance and commitment-based couple therapy, compared with cognitive-behavioral couple therapy, is a more effective method for increasing emotional intimacy among couples experiencing marital disenchantment.

4. Discussion

The present study aimed to compare the effectiveness of acceptance and commitment-based couple therapy (ACT-C) and cognitive-behavioral couple therapy (CBCT) on interpersonal cognitive distortions, emotion regulation

strategies, and emotional intimacy in couples experiencing marital disenchantment. Overall, the findings demonstrated that both interventions produced significant improvements across the studied variables compared with the control condition; however, ACT-C showed superior effectiveness relative to CBCT in reducing cognitive distortions, improving emotion regulation strategies, and enhancing emotional intimacy. These results provide important empirical support for the growing body of contextual and process-based couple therapy literature and help clarify differential mechanisms of change between acceptance-based and cognitive-restructuring-based approaches.

With respect to interpersonal cognitive distortions, the results indicated that ACT-C led to a greater reduction in rejection in relationships, misperception, and the total cognitive distortions score compared with CBCT. This finding aligns closely with the theoretical foundation of ACT, which emphasizes cognitive defusion and altering the functional impact of thoughts rather than directly challenging their content (Hayes & King, 2024; Ruiz, 2012). By helping partners observe thoughts such as perceived rejection or negative attributions as transient mental events rather than literal truths, ACT-C may weaken the rigid interpretive patterns that sustain marital disenchantment. Previous empirical studies have similarly shown that ACT-based couple interventions effectively reduce rumination and interpersonal cognitive distortions in distressed couples, particularly in contexts involving heightened emotional threat such as infidelity or chronic conflict (Alizadeh et al., 2021; Moghim et al., 2022). In contrast, CBCT primarily targets the content of maladaptive cognitions through cognitive restructuring and skills training, which can be effective but may be less impactful when cognitive rigidity is maintained by experiential avoidance and emotional reactivity (Dattilio & Epstein, 2021; Epstein et al., 2019). Meta-analytic evidence comparing ACT and CBT across clinical populations supports this interpretation, suggesting that ACT may be particularly advantageous for outcomes involving cognitive flexibility and persistent maladaptive thinking styles (Fang & Ding, 2023).

The observed reductions in cognitive distortions across time, which remained stable at follow-up, further suggest that both interventions contributed to durable cognitive change. However, the stronger group \times time interaction effects for ACT-C imply that acceptance-based processes may facilitate more sustainable shifts in how partners relate to negative interpersonal thoughts. This finding is consistent with process-based models emphasizing psychological

flexibility as a transdiagnostic mechanism that supports long-term change across emotional and relational domains (Hayes & King, 2024; Stockton et al., 2019). Prior Iranian and regional studies have also reported that ACT-based couple therapy yields greater reductions in dysfunctional attitudes and cognitive distortions compared with traditional cognitive-behavioral approaches, lending cross-cultural support to the present findings (Shahbazfar et al., 2020, 2021).

Regarding emotion regulation strategies, the results showed that ACT-C was more effective than CBCT in increasing cognitive reappraisal and reducing expressive suppression, with these effects maintained at the three-month follow-up. This pattern is theoretically coherent with ACT's emphasis on acceptance, mindfulness, and willingness to experience emotions without avoidance. By fostering a nonjudgmental stance toward internal experiences, ACT-C may reduce reliance on suppression and promote more adaptive regulatory strategies such as reappraisal and flexible emotional engagement (Hayes & King, 2024; Lou & McKee, 2021). In contrast, although CBCT includes components that indirectly enhance emotion regulation—such as communication skills and problem-solving—its primary focus is not on cultivating acceptance of emotional experiences, which may limit its impact on suppression tendencies in emotionally disengaged couples (Baucom et al., 2019; Bodenmann et al., 2020).

These findings are consistent with prior research demonstrating strong associations between acceptance-based interventions and improvements in emotion regulation processes. For example, comparative studies have shown that ACT-based therapies outperform CBT in enhancing emotional regulation and reducing experiential avoidance in both individual and couple contexts (Khodadadi Jokar et al., 2022; Rahimi et al., 2022). Moreover, emotion regulation has been identified as a key mediator between dysfunctional attitudes and marital conflict, suggesting that improvements in regulation strategies can translate into broader relational benefits (Sedaghatkhan et al., 2022). The present results extend this literature by demonstrating that ACT-C not only improves emotion regulation but does so more effectively than CBCT in couples experiencing marital disenchantment, a population characterized by emotional withdrawal and chronic frustration (Pines, 2013).

The superiority of ACT-C in reducing suppression is particularly noteworthy given the well-documented negative relational consequences of expressive suppression. Suppression has been associated with lower marital

satisfaction, reduced emotional intimacy, and poorer communication quality, whereas reappraisal is linked to healthier relational functioning and psychological well-being (Ali & Saleem, 2022; Gross & John, 2003). By reducing suppression and promoting reappraisal, ACT-C may create a relational climate in which emotional expression is safer and more responsive, thereby supporting intimacy repair. This interpretation is consistent with dyadic research showing that emotion regulation capacities are closely tied to empathic communication and satisfaction in couples (Chavira Trujillo et al., 2022; Kim et al., 2023).

In terms of emotional intimacy, the findings revealed that both interventions increased intimacy compared with the control group, but ACT-C produced significantly greater gains than CBCT. Emotional intimacy is a central marker of relational health and a critical buffer against marital disenchantment, as it reflects partners' sense of closeness, responsiveness, and mutual understanding (Carasso & Segel-Karpas, 2024; Walker & Thompson, 1983). The enhanced effectiveness of ACT-C in this domain can be understood through its emphasis on values-based action and mindful engagement in the relationship. By helping couples clarify shared relational values and commit to value-consistent behaviors even in the presence of discomfort, ACT-C may directly strengthen emotional bonds and counteract avoidance-driven distancing (Lou & McKee, 2021; Walser & O'Connell, 2023).

Previous studies support this interpretation, showing that acceptance-based couple therapies and integrative behavioral approaches improve intimacy and relational quality by fostering emotional openness and reducing defensive interaction patterns (Bagheri et al., 2022; Shakib et al., 2020). Moreover, research comparing ACT-based couple therapy with CBCT has reported stronger effects of ACT-C on relational quality and emotional-sexual needs, suggesting that acceptance and values processes may be particularly relevant for restoring closeness in emotionally disengaged couples (Shahbazfar et al., 2020, 2021). The present findings also align with evidence indicating that empathy and emotion regulation jointly contribute to emotional intimacy, as ACT-C explicitly cultivates both mindful awareness and compassionate engagement with a partner's emotional experience (Chavira Trujillo et al., 2022; Mir Kazem et al., 2025).

Importantly, the stability of intimacy gains at follow-up suggests that ACT-C may produce more enduring relational change than CBCT in couples experiencing marital disenchantment. This durability may reflect ACT's focus on

process-level change rather than symptom-specific techniques, enabling couples to generalize skills across contexts and future stressors (Hayes & King, 2024; Stockton et al., 2019). In contrast, while CBCT remains a well-established and effective intervention—particularly for improving communication and reducing overt conflict—its effects on deeper relational processes such as emotional intimacy may be less robust when avoidance and emotional disengagement are central features of the presenting problem (Bodenmann et al., 2020; Lebow & Snyder, 2022).

5. Conclusion

Taken together, the findings suggest that while both ACT-C and CBCT are effective for couples experiencing marital disenchantment, ACT-C may offer a relative advantage when the clinical focus includes pervasive cognitive distortions, maladaptive emotion regulation strategies, and diminished emotional intimacy. These results are consistent with contemporary couple therapy perspectives that emphasize matching interventions to underlying maintaining processes rather than applying a one-size-fits-all model (Lebow & Snyder, 2022). In contexts where marital disenchantment is driven by emotional avoidance, rigid cognitions, and loss of intimacy, acceptance- and values-based approaches may be particularly well suited to facilitate meaningful and sustained change.

6. Limitations & Suggestions

Despite its contributions, this study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small, which may limit the generalizability of the results to broader populations of couples experiencing marital disenchantment. Second, reliance on self-report questionnaires introduces the possibility of response bias, particularly in sensitive domains such as emotional intimacy and cognitive distortions. Third, the follow-up period was limited to three months, which restricts conclusions about the long-term sustainability of treatment effects. Finally, the study was conducted within a specific cultural and clinical context, which may influence the applicability of the findings to other cultural settings or non-clinical populations.

Future studies should replicate these findings with larger and more diverse samples to enhance generalizability and statistical power. Longitudinal designs with extended

follow-up periods would help clarify the durability of treatment effects and the trajectories of change over time. Additionally, incorporating multi-method assessments, such as observational measures of couple interaction or partner reports, could provide a more comprehensive understanding of change processes. Future research may also examine potential mediators and moderators, such as psychological flexibility or attachment styles, to better identify which couples benefit most from ACT-C versus CBCT.

From a clinical perspective, practitioners working with couples experiencing marital disenchantment may consider prioritizing acceptance- and values-based interventions, particularly when emotional avoidance, rigid negative attributions, and reduced intimacy are prominent. Integrating ACT-informed techniques such as mindfulness, values clarification, and defusion into standard couple therapy practice may enhance outcomes even within cognitive-behavioral frameworks. Clinicians should also attend to emotion regulation patterns and explicitly target suppression and emotional withdrawal, as these processes appear central to both relational distress and recovery.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

A.H.A. conceptualized the study, formulated the research design, and supervised all stages of the project. F.S.K.H. was responsible for participant recruitment, data collection, implementation of the therapeutic interventions, and preliminary data management. G.S.M. conducted the statistical analyses, interpreted the findings, and contributed substantially to the results and discussion sections. All authors collaboratively contributed to the literature review, critically revised the manuscript for intellectual content, approved the final version for publication, and accept full responsibility for the accuracy and integrity of the work.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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