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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Emotion-Focused Therapy on Hope and Family Cohesion in Incompatible Couples

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A B S T R A C T

Objective: The objective of this study was to investigate and compare the effectiveness of Acceptance and Commitment Therapy (ACT) and emotion-focused therapy on hope and family cohesion among incompatible couples attending counseling centers in Tehran.

Methods and Materials: This applied research utilized a quasi-experimental pretest-posttest design with a three-month follow-up phase and a control group. The statistical population comprised incompatible couples visiting Tehran counseling centers in 1403. A sample of 45 couples was selected via convenience sampling and randomly assigned to three equal groups: ACT, emotion-focused therapy, and a control group. The experimental groups received 12 structured therapeutic sessions based on their respective approaches, while the control group received no intervention. Data were collected using standard hope and family cohesion questionnaires across the three assessment phases.

Findings: Data were analyzed using multivariate analysis of covariance (MANCOVA) and post-hoc follow-up tests. Statistical results revealed significant time and group effects with strong effect sizes. Both ACT and emotion-focused interventions significantly increased hope and family cohesion in incompatible couples compared to the control group ($p < 0.05$). Between-group comparisons indicated that ACT was significantly more effective than emotion-focused therapy in enhancing hope. Furthermore, while emotion-focused therapy successfully improved family cohesion, its overall impact was statistically weaker than that of the ACT intervention.

Conclusion: Both Acceptance and Commitment Therapy and emotion-focused therapy are highly effective evidence-based interventions for mitigating psychological challenges, enhancing hope, and strengthening family cohesion in incompatible couples. The therapeutic improvements, particularly the superior impact of ACT on the cognitive components of hope, remained stable throughout the three-month follow-up.

Keywords: *Acceptance and Commitment Therapy, Emotion-Focused Therapy, Hope, Family Cohesion, Incompatible Couples.*

1. Introduction

Marital quality is universally recognized as a fundamental pillar of both psychological well-being and physical health across the adult lifespan. A robust and expansive body of literature demonstrates that satisfying, secure marital relationships act as a vital buffer against environmental stressors, whereas marital distress and systemic incompatibility are closely linked to a wide array of adverse mental health outcomes. The profound and bidirectional impact of marital quality on depression, for instance, has been extensively documented, revealing that individuals entrenched in distressed marriages exhibit significantly higher rates of depressive symptoms and generalized anxiety disorder compared to their securely attached counterparts (Goldfarb & Trudel, 2019; Whisman & Collazos, 2023). Furthermore, the negative repercussions of relationship discord extend far beyond immediate emotional distress; marital quality acts as a critical mediating variable that links adverse early life experiences, such as severe childhood maltreatment, to deteriorated physical health and chronic illness in adulthood (Fitzgerald & Morgan, 2023). The stability of the marital bond is also inherently tied to the psychological makeup and intrapersonal characteristics of the partners. For example, the presence of dark personality traits within a dyad has been shown to drastically undermine marital quality, leading to heightened marital instability, poor communication, and pervasive relationship dissatisfaction (Yu et al., 2020). The systemic vulnerability of couples has been further highlighted during recent global crises, where external pressures, economic strain, and lockdown measures severely exacerbated pre-existing relational distress and rapidly deteriorated mental health, underscoring the highly delicate nature of marital adaptation under stress (Sachser et al., 2021). These complex relational challenges are notably prevalent across diverse cultural landscapes and immigrant populations, highlighting that marital adjustment is a universal human concern requiring culturally sensitive, targeted clinical interventions (Manyam & Junior, 2014). When couples encounter specific, highly taxing stressors, such as the diagnosis and treatment of infertility, the necessity for effective dyadic coping mechanisms and robust social support becomes even more pronounced in order to mitigate emotional disorders and foster long-term marital adaptation (Iordachescu et al., 2021; Landolt et al., 2023).

Crucially, the destructive consequences of marital incompatibility do not operate in a vacuum; rather, they ripple outward, profoundly affecting the entire family system and fundamentally altering the psychological development of children within the home. Research operating from a systemic perspective indicates that poor marital quality is a strong, reliable predictor of prospective internalizing problems in children, establishing a direct developmental trajectory from spousal discord to pediatric mental health struggles (Peng & Wang, 2020). The family environment serves as the primary incubator for attachment security, and dysfunctional family processes—often stemming directly from parental incompatibility, hostility, and poor conflict resolution—severely disrupt children's psychological adjustment throughout middle childhood (Demby et al., 2017). In adolescence, the detrimental effects of family dysfunction become even more apparent and complex. For instance, diagnostic discrepancies between parent and youth ratings of mental health symptoms are frequently moderated by the underlying quality of family functioning, emphasizing that adolescents residing in high-conflict, incompatible homes are particularly vulnerable to misaligned developmental support and a lack of parental attunement (Fontaine, 2017).

At the very core of a resilient and adaptive family system lies the structural construct of family cohesion, defined conceptually as the degree of emotional bonding, closeness, and mutual support that family members have toward one another. High family cohesion provides a secure, predictable emotional base that fosters individual self-esteem and significantly mitigates the psychological impact of external stressors. In the context of adolescent development, family cohesion plays an undeniably crucial role in reducing perceived stress and improving overall quality of life, which in turn enhances body image satisfaction—a relationship that is significantly mediated by the cultivation of self-compassion (Shams Yousefi et al., 2023). Cultivating self-compassion is a vital psychological asset across the lifespan, as it protects individuals against the negative cognitive cascades associated with low self-esteem, self-criticism, and relational trauma (Marshall et al., 2015). When severe marital incompatibility or specific transgressions, such as marital infidelity, shatter this cohesion, the entire family system is thrust into a state of crisis, exponentially increasing the tendency toward divorce and family dissolution. However, specialized, emotionally reparative interventions can rebuild this fractured emotional foundation, effectively enhancing family cohesion and reducing the likelihood of permanent relationship dissolution even in the wake of severe breaches of trust (Rezapour Mirsaleh et al., 2021).

AFTJ Applied Family Therapy Journal
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Alongside family cohesion, the psychological construct of hope serves as a critical, yet frequently overlooked, cognitive resource for incompatible couples attempting to navigate relationship distress. Rooted in Snyder's established cognitive model, hope is conceptualized through dual interlocking lenses: *agency thinking* (the goal-directed energy and motivation required to initiate and sustain action) and *pathways thinking* (the cognitive ability to generate workable routes and plans to meet desired goals). In the context of severe marital distress, chronic conflict and repeated failed attempts at reconciliation systematically deplete both agency and pathways thinking. Partners become hopeless, unable to envision a functional future together or muster the emotional energy required to repair the rupture. Therefore, restoring hope is not merely a byproduct of successful therapy but an essential, active prerequisite for couples to commit to the arduous process of structural relationship repair.

To systematically address the multifaceted challenges of marital distress, diminished hope, and fractured family cohesion, empirically supported psychological therapies are an absolute clinical necessity. Acceptance and Commitment Therapy (ACT), a prominent third-wave cognitive-behavioral intervention grounded in Relational Frame Theory, has garnered substantial empirical support for its broad transdiagnostic efficacy. ACT fundamentally focuses on increasing psychological flexibility—defined as the ability to contact the present moment fully as a conscious human being, and based on what the situation affords, change or persist in behavior in the service of chosen values (Fledderus et al., 2013). Extensive meta-analytic evidence confirms that ACT interventions significantly reduce anxiety and depressive symptoms across diverse adult populations by targeting experiential avoidance and cognitive entanglement (Ferreira et al., 2022). Furthermore, its flexible delivery formats, including brief internet-delivered modules (iACT), have proven highly feasible and effective for individuals suffering from chronic emotional distress and anxiety (Cross et al., 2023). ACT has also been successfully adapted to enhance the mental health, resilience, and quality of life in highly stressed and medically compromised populations, such as elderly patients facing severe illnesses like cancer (Hashemi et al., 2020).

In the specific realm of relationship distress, ACT for couples has emerged as a profoundly transformative therapeutic approach. Rather than focusing solely on communication skills, ACT couples therapy targets dyadic experiential avoidance—the toxic tendency of partners to avoid difficult emotions, which inadvertently perpetuates relational cycles of distancing and hostility. A recent comprehensive systematic review and meta-analysis confirms the robust efficacy of ACT in improving overarching marital outcomes by promoting acceptance, mindfulness, and value-congruent behaviors within the dyad (Barraca et al., 2025). By explicitly fostering spousal cognitive empathy and directly addressing issues of insecure attachment and emotional detachment, ACT significantly enhances sexual and marital satisfaction, even among couples navigating profound, chronic stressors such as medical infertility (Ahmadi, 2025). Furthermore, ACT-based couple therapy effectively improves emotion regulation capabilities and overall marital quality of life in highly distressed, incompatible partnerships (Najarnasab et al., 2024). It has also shown specific, targeted utility in modifying destructive psychological attitudes towards marital infidelity and enhancing emotional regulation among married women (Yousefpouri et al., 2024). Additionally, for men operating in high-risk, high-stress occupations that frequently trigger relational withdrawal, ACT interventions have been instrumental in fostering marital adjustment and fortifying structural family cohesion, illustrating the broad, versatile applicability of the model (Jafari & Sepehi, 2023).

Parallel to the rapid development of third-wave cognitive models, Emotion-Focused Therapy (EFT) stands as one of the most rigorously validated, empirically supported approaches to couples therapy globally. Grounded deeply in adult attachment theory, EFT posits that marital distress originates primarily from perceived threats to the secure emotional bond between partners, which triggers primal panic and rigid, self-protective interactional cycles (Johnson, 2012). The EFT model is highly structured and clearly delineated into three distinct stages—de-escalation of negative cycles, restructuring of the attachment bond, and consolidation—providing therapists with a systematic map to facilitate deep emotional change (Palmer-Olsen et al., 2011). Empirical research consistently demonstrates that EFT is highly effective in promoting marital harmony, increasing emotional accessibility, and improving communication patterns in severely incompatible couples (Navroodi et al., 2025). Its efficacy in enhancing marital bonding and relationship satisfaction has been validated across diverse cultural contexts, demonstrating significant counseling implications for populations such as Nigerian couples (Sunmonu et al., 2025). Furthermore, EFT effectively targets underlying interpersonal sensitivities and hidden attachment fears, equipping couples who are on the

verge of divorce with the profound emotional tools necessary for reconciliation (SalehiT & Davarani, 2025). One of the most critical applications of EFT lies in its proven capacity to facilitate authentic forgiveness and reconciliation following severe attachment injuries (such as affairs or betrayals), as therapists guide clients through a specific, highly choreographed sequence of emotional processing to heal deep relational wounds (Zuccarini et al., 2013). The transdiagnostic nature of emotion-focused interventions also allows for the concurrent, effective treatment of relational distress alongside comorbid mood, anxiety, and related psychological difficulties (Timulak et al., 2025).

While both Acceptance and Commitment Therapy and Emotion-Focused Therapy are empirically validated treatments for marital distress, they operate through fundamentally distinct theoretical mechanisms and therapeutic techniques. ACT heavily emphasizes cognitive defusion, mindful acceptance of pain, and committed behavioral action aligned with personal values, seeking to change the couple's relationship to their distress rather than eliminating it. In stark contrast, EFT focuses on diving directly into the emotional experience, accessing underlying primary vulnerability, and actively restructuring the systemic attachment bond between partners to create a novel sense of secure connection. Previous literature has begun to cautiously compare these diverse modalities; for example, studies have contrasted their respective effectiveness on reducing clinical depression in maladjusted couples (Julazadeh Esmaeili et al., 2021) and evaluated their comparative impact on improving general marital adjustment and long-term relationship commitment (Zanganeh Motlagh et al., 2017).

However, despite the acknowledged, robust efficacy of both therapeutic models in the broader literature, there remains a significant, glaring gap regarding their comparative impact on specific, highly consequential systemic variables such as psychological *hope* and structural *family cohesion* in specifically identified incompatible couples. Understanding which therapy yields more rapid or more prominent improvements in these critical areas is absolutely crucial for tailoring clinical interventions to the specific, nuanced needs of deeply distressed families. Given the distinct psychological pathways through which ACT and EFT operate—one emphasizing values and acceptance, the other emphasizing attachment and emotional restructuring—a rigorous comparative analysis is warranted to definitively ascertain their relative effectiveness in restoring the fundamental emotional architecture of the family unit. Therefore, the present study aims to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Emotion-Focused Therapy (EFT) on hope and family cohesion in incompatible couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research in terms of its objective, and based on its implementation method, it falls into the category of quasi-experimental studies utilizing a pretest-posttest design with a control group and a three-month follow-up phase. In this design, the dependent variables—psychological distress, hope, and family cohesion—were assessed across three stages: pretest, posttest, and follow-up. The utilization of this research design allowed for the investigation of the educational interventions' effects under relatively controlled conditions, as well as the evaluation of the stability of these effects over time.

The statistical population of the study comprised all couples attending the "Pol-e Omid" clinic in District 2 of Tehran in 2024. The research sample consisted of 45 couples who were selected via purposive and volunteer sampling following a screening process using the Marital Adjustment Scale; couples scoring between 0and 24were classified as incompatible and included in the study. Subsequently, the participants were randomly assigned to three groups (two experimental groups and one control group), with 15 couples in each group. Inclusion criteria encompassed a willingness to participate in the sessions, a history of visiting counseling centers, non-use of narcotics, alcohol, and antidepressants, and the absence of acute physical or mental illness. Exclusion criteria included reluctance to continue participation and the occurrence of crisis situations, such as domestic violence.

2.2. Measures

To measure hope, the Hope Scale developed by Snyder et al. (1991) was utilized. This instrument consists of 12 items and evaluates two components: agency thinking and pathways thinking. The questionnaire is scored based on a five-point Likert scale ranging from "strongly disagree" to "strongly agree". Scores range between 12and 60, with higher scores indicating elevated levels of hope. Various studies have reported desirable reliability for this instrument, with its Cronbach's alpha coefficient ranging from 0.74to

AFTJ Applied Family Therapy Journal
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0.84. In Iran, Kermani et al. (2011) obtained a Cronbach's alpha coefficient of 0.86and a test-retest reliability of 0.81, indicating the appropriate validity and reliability of this questionnaire within the Iranian population.

To assess family cohesion, the Family Cohesion Questionnaire, based on Olson's circumplex model (1999) and formulated by Samani (2000), was employed. This questionnaire comprises 28 items that measure the degree of connectedness and bonding among family members. The scoring method is based on a five-point Likert scale, and total scores range from 28to 140. The reliability coefficients reported for this instrument in various studies have been satisfactory, with Cronbach's alpha values ranging from 0.79to 0.88, expressing its desirable internal consistency.

2.3. Interventions

The Acceptance and Commitment Therapy (ACT) intervention was designed based on authoritative sources, including Harris (2008), and adapted using domestic research. The protocol consisted of twelve 90-minute weekly group sessions. The core objective was to alter couples' relationships with their psychological distress rather than attempting to control or eliminate it. Early sessions (1-4) focused on helping participants understand the futility of controlling their psychological pain (using metaphors like the "hungry tiger" and "man in the hole") and introduced mindfulness and cognitive defusion as alternative strategies to handle worry and difficult emotions. Mid-phase sessions (5-8) emphasized values clarification—distinguishing between judgments, goals, and core values—and guided participants to identify and commit to value-based behavioral goals. Later sessions (9-12) addressed specific interpersonal dynamics, encouraging the use of willingness, forgiveness, and emotional acceptance to overcome behavioral avoidance and rigid control strategies within the marriage. The therapy concluded by reviewing the participants' emotional willingness, problem-solving skills, and their ongoing commitment to living in accordance with their chosen values despite marital conflicts. The content validity of this protocol was confirmed by eight psychology experts, and an inter-rater agreement coefficient of 0.83 established its reliability.

The Emotion-Focused Therapy intervention was structured as a 12-session weekly group program (90 minutes per session), based on the EFT process designed by Johnson (2019). The primary goal of this approach was to identify and restructure the negative interactional cycles between spouses by accessing and modifying underlying attachment emotions. The initial phase (Sessions 1-3) focused on building therapeutic alliance, identifying the couples' negative interactional cycles, and helping them access unacknowledged secondary emotions to uncover the primary, underlying attachment needs and fears. The middle phase (Sessions 4-8) involved reframing marital problems in terms of these underlying attachment needs. The therapist actively facilitated the expression of denied needs, promoted the validation of each partner's experiences, and worked to create new, secure interactional positions to replace outdated, destructive patterns. The final phase (Sessions 9-12) consolidated these changes by addressing specific barriers such as anger, bullying, and depression. It utilized specific techniques, such as the two-chair technique, to help clients confront mistakes, overcome barriers to remorse and self-forgiveness, reconcile conflicting internal voices, and ultimately reconnect with their core values to establish healthier, secure methods for meeting their needs in the future.

2.4. Data Analysis

The data were analyzed using repeated measures analysis of variance with SPSS version 26.

3. Findings and Results

To describe the demographic characteristics of the research sample, data regarding age, educational level, duration of marriage, number of children, and history of visits to counseling centers were collected from the participants. The statistical sample consisted of 45 couples equally distributed into the Acceptance and Commitment Therapy (ACT) group ($n = 15$), the emotion-focused group ($n = 15$), and the control group ($n = 15$). The comprehensive results of the descriptive statistics for the demographic variables are presented in Table 1.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Table 1

Descriptive Statistics of Demographic Variables

Demographic Variable	Category	ACT - Frequency	ACT - Percentage (%)	Emotion-Focused - Frequency	Emotion-Focused - Percentage (%)	Control - Frequency	Control - Percentage (%)
Age	Under 20 years	1	6.7	1	6.7	1	6.7
	20 to 30 years	10	66.7	8	53.3	9	60.0
	31 to 40 years	2	13.3	3	20.0	3	20.0
	41 to 50 years	2	13.3	3	20.0	2	13.3
Education	Diploma and below	3	20.0	2	13.3	2	13.3
	Associate Degree	1	6.7	3	20.0	2	13.3
	Bachelor's Degree	8	53.3	5	33.3	9	60.0
	Master's Degree	3	20.0	4	26.7	2	13.3
	Ph.D.	0	0.0	1	6.7	0	0.0
Duration of Marriage	Less than 5 years	4	26.7	3	20.0	3	20.0
	5 to 10 years	8	53.3	7	46.7	8	53.3
	11 to 20 years	2	13.3	4	26.7	3	20.0
	More than 20 years	1	6.7	1	6.7	1	6.7
Number of Children	Childless	6	40.0	8	53.3	5	33.3
	One child	6	40.0	3	20.0	6	40.0
	Two children	3	20.0	3	20.0	3	20.0
	Three children or more	0	0.0	1	6.7	1	6.7
Counseling Visit History	Single visit	6	40.0	7	46.7	6	40.0
	Multiple visits	9	60.0	8	53.3		

The descriptive statistics table illustrates the mean scores and standard deviations for all study variables across the three assessment stages. At the pretest stage, the mean scores for Family Cohesion, Total Hope, and its subscales (Agency and Pathways Thinking) were highly comparable across the ACT, Emotion-Focused, and Control groups, indicating a consistent baseline before the interventions.

Upon reaching the posttest stage, both the ACT and Emotion-Focused groups exhibited substantial increases in their mean scores across all variables, while the Control group's scores remained relatively unchanged. Notably, the ACT group demonstrated the highest mean scores at posttest for Family Cohesion ($M = 72.35$) and Total Hope ($M = 55.10$), clearly exceeding the improvements seen in the Emotion-Focused group ($M = 64.75$ and $M = 48.80$, respectively). This upward trajectory for the intervention groups was also evident within the specific hope subscales. During the follow-up stage, the elevated mean scores were largely maintained for both treatment groups, with only a very slight decrease from the posttest peaks, confirming the sustained effectiveness of both therapeutic approaches over time, with ACT persistently maintaining the highest overall mean values.

Table 2

Descriptive Statistics: Mean and Standard Deviation of Variables by Group and Assessment Stage

Variable	Group	Pretest $M(SD)$	Posttest $M(SD)$	Follow-up $M(SD)$
Family Cohesion	ACT	50.80(5.05)	72.35(5.25)	71.10(5.10)
	Emotion-Focused	49.50(4.80)	64.75(5.10)	63.20(4.95)
	Control	50.12(5.14)	49.85(5.20)	49.90(5.15)
Total Hope	ACT	40.10(4.05)	55.10(4.30)	54.20(4.15)
	Emotion-Focused	39.80(3.90)	48.80(4.20)	47.90(4.10)

AFTJ Applied Family Therapy Journal
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	Control	39.50(4.10)	39.20(4.15)	39.10(4.05)
Agency Thinking	ACT	20.00(2.15)	27.50(2.40)	27.00(2.25)
	Emotion-Focused	19.90(2.10)	24.40(2.30)	23.90(2.20)
	Control	19.80(2.20)	19.60(2.15)	19.50(2.10)
Pathways Thinking	ACT	20.10(2.20)	27.60(2.35)	27.20(2.25)
	Emotion-Focused	19.90(2.15)	24.40(2.25)	24.00(2.10)
	Control	19.70(2.10)	19.60(2.20)	19.60(2.15)

To ensure the normal distribution of data for each of the research variables—including psychological distress, hope (as well as its subscales), and family cohesion—the Shapiro-Wilk test was utilized. This test demonstrates appropriate precision and statistical power in evaluating data normality, particularly in studies with a sample size of fewer than 50individuals. The interpretation criterion for this test dictates that if the significance level is greater than $0.05(p > 0.05)$, the assumption of a normal distribution is confirmed; conversely, if the significance level is less than $0.05(p < 0.05)$, the assumption of normality is rejected. The results examining the Shapiro-Wilk statistic and probability values (p-values) for the variables and subscales across the three time points (pretest, posttest, and follow-up) revealed that all probability values exceeded 0.05. This indicates that the distribution of scores across all assessment stages does not significantly differ from a normal distribution in statistical terms. Accordingly, it can be concluded that the assumption of data normality has been met, thereby providing the necessary conditions for employing parametric statistical methods in data analysis. Therefore, subsequent statistical analyses can proceed with confidence regarding the validity of the data distribution.

Table 3

Within-Group (Time) and Between-Group Results for Hope and Family Cohesion Variables

Variable	Effect Type	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Statistic	P-value	Eta Squared (η^2)	Statistical Power
Agency Thinking	Within-Group	Time Effect	235.807	4	58.952	139.448	0.000	0.869	1.000
		Error (Time)	271.319	88	3.083	—	—	—	—
	Between-Group	Group Effect	515.926	2	257.963	105.030	0.000	0.833	1.000
		Error (Group)	44.070	44	1.002	—	—	—	—
Pathways Thinking	Within-Group	Time Effect	221.985	4	55.496	108.132	0.000	0.837	1.000
		Error (Time)	265.096	88	3.012	—	—	—	—
	Between-Group	Group Effect	479.215	2	239.607	147.800	0.000	0.876	1.000
		Error (Group)	12.439	44	0.283	—	—	—	—
Hope (Total)	Within-Group	Time Effect	912.741	4	228.185	213.606	0.000	0.910	1.000
		Error (Time)	1002.474	88	11.392	—	—	—	—
	Between-Group	Group Effect	1978.770	2	989.385	234.328	0.000	0.918	1.000
		Error (Group)	49.002	44	1.114	—	—	—	—
Family Cohesion	Within-Group	Time Effect	15113.304	2	7556.652	92.788	< 0.001	0.678	1.000
		Error (Time)	7166.696	88	81.440	—	—	—	—
	Between-Group	Group Effect	1210786.852	1	1210786.852	3922.978	< 0.001	0.989	1.000
		Error (Group)	13580.148	44	308.640	—			

The results of the repeated measures analysis of variance presented in the combined table indicate that both the time effect (within-group) and the group effect (between-group) are statistically significant for all study variables, including hope (and its subscales: agency thinking and pathways thinking) and family cohesion ($p < 0.001$). The significance of the time effect signifies substantial changes in the dependent variables' scores across the different assessment stages (pretest, posttest, and follow-up). Furthermore, the significance of the group effect demonstrates pronounced

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

differences in the mean scores between the intervention groups and the control group. The high Eta squared (η^2) values, ranging from 0.678to 0.989across all measures, indicate a very strong effect size of the therapeutic interventions in enhancing hope and family cohesion. The complete statistical power (1.000) confirms the adequacy of the sample size and the high precision of these statistical findings.

Table 4

Post-Hoc Pairwise Comparisons (Bonferroni Adjusted)

Dependent Variable	(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	*p*-value
Total Hope	ACT	Control	15.45	1.12	<0.001
	Emotion-Focused	Control	9.30	1.15	<0.001
	ACT	Emotion-Focused	6.15	1.10	0.002
Agency Thinking	ACT	Control	7.80	0.62	<0.001
	Emotion-Focused	Control	4.60	0.65	<0.001
	ACT	Emotion-Focused	3.20	0.60	0.003
Pathways Thinking	ACT	Control	7.65	0.58	<0.001
	Emotion-Focused	Control	4.70	0.61	<0.001
	ACT	Emotion-Focused	2.95	0.56	0.005
Family Cohesion	ACT	Control	22.10	1.45	<0.001
	Emotion-Focused	Control	14.60	1.42	<0.001
	ACT	Emotion-Focused	7.50	1.38	<0.001

A post-hoc analysis using the Bonferroni correction was conducted to isolate the specific differences between the treatment groups across all dependent variables. The pairwise comparisons revealed that both the Acceptance and Commitment Therapy (ACT) and the Emotion-Focused Therapy groups achieved statistically significant improvements over the Control group in Family Cohesion, Total Hope, and its subscales of Agency and Pathways Thinking ($p < 0.001$ for all comparisons). Crucially, the direct comparison between the two active interventions confirmed that ACT yielded significantly higher scores than Emotion-Focused Therapy in both Total Hope ($MD = 6.15, p = 0.002$) and Family Cohesion ($MD = 7.50, p < 0.001$). This pattern of superiority was consistent within the specific cognitive components of hope, including Agency Thinking ($MD = 3.20, p = 0.003$) and Pathways Thinking ($MD = 2.95, p = 0.005$), establishing ACT as the more robust and prominent intervention across all evaluated psychological domains.

4. Discussion

The primary objective of the present study was to rigorously evaluate and compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Emotion-Focused Therapy (EFT) on enhancing hope and family cohesion among incompatible couples experiencing severe marital distress. The findings of the study provide compelling empirical evidence that both therapeutic interventions successfully and significantly increased the levels of hope and family cohesion in the clinical sample compared to the waitlist control group. Crucially, the within-group and post-hoc analyses demonstrated that the substantial improvements observed at the posttest stage were not transient; rather, these therapeutic gains were robustly maintained through the follow-up period for both intervention groups. This indicates that both ACT and EFT facilitate deep, systemic psychological changes rather than mere temporary emotional relief. However, the comparative between-group analyses yielded a particularly salient finding: while both therapies were highly effective, Acceptance and Commitment Therapy exerted a more prominent and statistically stronger overall impact on both the cognitive-semantic components of hope and structural family cohesion compared to Emotion-Focused Therapy.

Regarding the construct of hope, the results clearly indicated that ACT produced a profound and lasting increase in the couples' hopeful outlook toward their relationship. To understand this outcome, it is essential to interpret the findings through the lens of Snyder's cognitive model of hope, which posits that hope is fundamentally driven by two interlocking components: *agency thinking* (the motivation and perceived capacity to initiate action) and *pathways thinking* (the cognitive ability to generate viable routes to achieve goals). In incompatible couples, chronic conflict and repeated failed attempts at reconciliation systematically erode both agency and pathways, leaving partners paralyzed by a sense of relational futility. The current study

AFTJ Applied Family Therapy Journal
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demonstrates that ACT effectively reverses this psychological paralysis. By fostering a conscious, mindful confrontation with inevitable relational suffering and deliberately pivoting the couple's focus toward mutually chosen values, ACT equips partners with the psychological flexibility needed to select adaptive behaviors over destructive reactivity. This process fundamentally rebuilds the couple's agency and maps out new, functional pathways toward their relationship goals. These findings strongly align with recent literature demonstrating the efficacy of third-wave cognitive models in restoring interpersonal optimism. Specifically, these results are consistent with previous research indicating that ACT interventions significantly elevate hope and relationship satisfaction by dismantling experiential avoidance and fostering values-based living within distressed dyads (Ahmadi, 2025; Jafari & Sepehi, 2023; Najarnasab et al., 2024; Yousefpouri et al., 2024). The superiority of ACT in this domain suggests that its direct, explicit targeting of cognitive defusion and goal-directed action provides a highly efficient framework for rebuilding the specific cognitive-semantic architecture of hope.

Similarly, the implementation of ACT yielded remarkable improvements in family cohesion, generating a stable reorganization of the family's behavioral and communicative patterns. Family cohesion relies heavily on the degree of emotional bonding and the structural reliability of mutual support among family members. The results showed that ACT's emphasis on accepting unchangeable realities and differences, combined with a fierce commitment to moving along the path of shared familial values, profoundly strengthened the marital bond. Instead of remaining entangled in endless attempts to control or change one another—a hallmark of incompatible couples—ACT shifted the partners' energy toward mutual responsibility and constructive communication. The data indicates that this shift resulted in a highly sustainable form of structural family cohesion that persisted well into the follow-up phase. This outcome is strongly supported by a robust body of converging evidence. Previous studies have similarly concluded that focusing on the acceptance of psychological realities and moving toward shared relational values significantly enhances couple communication, mutual accountability, and overall family cohesion. Furthermore, this aligns seamlessly with international literature confirming that accepting interpersonal differences and regulating behavior based on overarching, shared values generates a substantially higher level of systemic collaboration and structural cohesion within the family unit (Cross et al., 2023; Ferreira et al., 2022).

In parallel, Emotion-Focused Therapy (EFT) also demonstrated significant, lasting efficacy in improving both hope and family cohesion, albeit with a slightly lower overall effect size compared to ACT. The therapeutic mechanism of EFT operates on a fundamentally different theoretical paradigm, rooted deeply in adult attachment theory. The results of the present study suggest that the EFT intervention successfully increased relational hope and cohesion by directly addressing and restructuring the couples' emotional interactions. Incompatible couples are typically trapped in rigid, self-protective, and highly reactive negative interactional cycles driven by primary attachment panic. By guiding partners to safely process their underlying vulnerable emotions—such as fear of abandonment, shame, or inadequacy—the EFT protocol effectively de-escalated these destructive cycles. The creation of a highly secure emotional environment within the therapy sessions allowed partners to experience genuine empathy, unconditional acceptance, and profound emotional closeness. This experiential shift served as the direct catalyst for renewed relational hope and experiential family cohesion. These findings are highly consistent with prior empirical investigations which demonstrate that the systematic restructuring of emotional interactions and the deep processing of vulnerable, primary emotions inevitably lead to significant increases in family intimacy and structural cohesion (Ahmadi, 2025; Julazadeh Esmaeili et al., 2021; Najarnasab et al., 2024; Yousefpouri et al., 2024; Zanganeh Motlagh et al., 2017). From a theoretical standpoint, EFT's distinct focus on forging emotional safety and correcting negative interactive loops naturally cultivates an environment of profound empathy and proximity, which forms the psychological bedrock of experiential cohesion (Yousefpouri et al., 2024; Zuccarini et al., 2013).

5. Conclusion

When synthesizing the comparative findings of this study, a nuanced picture emerges regarding the specific clinical utility of each therapeutic modality. The data suggests that ACT and EFT enhance the marital relationship through complementary, yet distinct, psychological channels. ACT proved to be significantly more effective in elevating the *cognitive-semantic* dimensions of hope and establishing a robust, *structural* form of family cohesion. This is likely because ACT explicitly trains couples to

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

bypass emotional reactivity through cognitive defusion and immediately engage in pragmatic, values-driven behaviors, thereby rapidly establishing a structured, functioning family unit even in the presence of lingering negative affect. Conversely, while EFT showed a slightly lower quantitative impact on the specific metrics used in this study, the qualitative nature of its theoretical mechanism suggests it is uniquely powerful in cultivating *relational* hope and *experiential-emotional* cohesion. By diving directly into the core of the attachment wound, EFT provides a profound emotional recalibration that is essential for couples suffering from deep-seated attachment injuries. Ultimately, both therapies proved their indispensable value in the clinical toolkit for treating marital distress, confirming that whether a therapist approaches marital incompatibility through the lens of psychological flexibility and values (ACT) or through the restructuring of primary attachment bonds (EFT), the fundamental psychological architecture of the family can be successfully and sustainably repaired.

6. Limitations & Suggestions

Despite the robust findings and the careful methodological design employed, several limitations must be acknowledged when interpreting the results of the present study. First, the sample was geographically and culturally restricted to incompatible couples seeking counseling services exclusively within the city of Tehran. This urban, specific demographic may limit the generalizability of the findings to couples residing in rural areas, different socioeconomic brackets, or distinct cultural backgrounds where the expression of marital distress and the reception of psychological therapies might differ significantly. Second, the reliance on self-report questionnaires to measure the primary variables of hope and family cohesion introduces the inherent risk of response bias, social desirability, and subjective misinterpretation. Couples in therapy might consciously or unconsciously inflate their posttest scores to reflect a perceived "cure" or to please the therapeutic team. Finally, while the study successfully utilized a follow-up period to measure the stability of the therapeutic gains, the duration of this follow-up was relatively short-term. The complex, chronic nature of marital incompatibility often requires long-term tracking to ascertain whether these newly established patterns of psychological flexibility and emotional bonding can withstand the inevitable, evolving stressors of the family life cycle over several years.

Building directly upon the findings and limitations of this study, several vital avenues for future research emerge. Subsequent investigations should prioritize the replication of this comparative design across highly diverse cultural, geographical, and socioeconomic populations to establish the cross-cultural validity of ACT and EFT in the context of family cohesion. Furthermore, future researchers are strongly encouraged to move beyond pure self-report methodologies by incorporating multi-method assessments. Utilizing observational coding systems of couple interactions, therapist-rated outcome measures, or even physiological markers of stress and emotional coregulation during conflict discussions would provide a much more objective, comprehensive understanding of how these therapies alter the dyadic system. Additionally, conducting longitudinal studies with extended follow-up intervals—spanning one, two, or even five years post-intervention—is essential to determine the true long-term survivability of the marital bond and the enduring nature of the cognitive and emotional restructuring facilitated by these specific therapeutic modalities. Investigating potential moderating variables, such as the duration of the marriage, the presence of specific psychopathology, or the severity of initial attachment injuries, would also help clarify precisely which couples benefit most from which specific therapeutic approach.

Finally, the results of this study offer highly practical and immediately actionable suggestions for clinical practice and family counseling. Given the prominent efficacy of both modalities, marital therapists and clinical psychologists should move away from rigid adherence to a single therapeutic school and instead cultivate a versatile, dual-competency in both cognitive-behavioral and emotion-focused frameworks. For clinical practice, it is highly recommended that therapists conduct a thorough initial assessment to determine the specific nature of a couple's incompatibility. If a distressed couple presents with a severe lack of functional structure, an inability to collaborate on basic family tasks, and pervasive cognitive hopelessness regarding the future, practitioners should prioritize the utilization of Acceptance and Commitment Therapy to rapidly instill values-based behavioral activation and structural cohesion. Conversely, if the clinical presentation is dominated by acute, highly reactive emotional trauma, severe trust deficits, or deep-seated attachment panics, therapists should utilize the Emotion-Focused Therapy protocol to first stabilize and heal the primary emotional bond. Furthermore, clinical training programs and

AFTJ
Applied Family Therapy Journal
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specialized counseling centers should consider developing and standardizing integrative or sequentially phased treatment models that harness the structured, values-driven behavioral framework of ACT alongside the profound, attachment-based emotional healing of EFT, thereby providing a comprehensive, holistic treatment package tailored to the multifaceted complexities of modern marital distress.

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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

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

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

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