



# Comparison of the Effectiveness of Cognitive Behavioral Therapy and Intensive Short-Term Dynamic Psychotherapy on Conflict Resolution Styles and Cognitive Flexibility in Incompatible Couples

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### ABSTRACT

The present study aimed to compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) on conflict resolution styles and cognitive flexibility in incompatible couples. This study employed a quasi-experimental design with a pre-test-post-test structure including a control group and two experimental groups. The statistical population consisted of all incompatible couples who sought services from family counseling centers in Garmsar in 2024. From this population, 40 couples (80 individuals) were selected through purposive sampling based on specific inclusion and exclusion criteria and were then randomly assigned to three groups: 14 couples in the CBT group, 13 couples in the ISTDP group, and 13 couples in the control group. Data collection instruments included the Marital Conflict Questionnaire (Zaker & Barati, 2008) and the Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010). Therapeutic interventions were conducted over eight sessions based on the Dattilio (2010) protocol for CBT and the Davanloo (2000) protocol for ISTDP. Data analysis was performed using the Shapiro-Wilk test, Levene's test, and Multivariate Analysis of Covariance (MANCOVA) via SPSS version 27. The results indicated a significant difference between the pre-test and post-test scores in the experimental groups for the variables of marital conflict and cognitive flexibility ( $p \leq 0.001$ ), whereas no significant differences were observed in the control group. Additionally, post-test comparisons revealed significant differences between the treatment groups and the control group for both variables ( $p \leq 0.001$ ); however, no statistically significant difference was found between the two treatment groups. Based on the findings, CBT was more effective in reducing marital conflict due to its higher effect size, whereas ISTDP had a greater impact on enhancing cognitive flexibility in couples.

**Keywords:** Cognitive Behavioral Therapy, Intensive Short-Term Dynamic Psychotherapy, Marital Conflict, Cognitive Flexibility, Couples.

## 1. Introduction

Marital relationships, as one of the most complex and emotionally charged human connections, are often subject to a range of interpersonal conflicts and psychological challenges. Among the most pressing of these challenges are dysfunctional conflict resolution patterns and reduced cognitive flexibility—two critical factors that not only impact the quality of marital interactions but also serve as predictors of long-term relationship satisfaction and psychological well-being. In this context, the exploration and application of evidence-based psychotherapeutic interventions such as Cognitive Behavioral Therapy (CBT) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) have gained increasing attention from researchers and clinicians alike (Bakhtiari, 2024; Kashefi et al., 2023).

Cognitive Behavioral Therapy, with its structured and skill-oriented nature, aims to identify and modify maladaptive cognitive processes, irrational beliefs, and dysfunctional behaviors that fuel marital conflict. CBT emphasizes the restructuring of negative thought patterns and the enhancement of communication and emotion regulation skills, thereby fostering psychological flexibility and adaptive functioning in intimate relationships (Forouzani et al., 2024; Rasoulzian et al., 2024; Shafaghi, 2024). Research demonstrates that CBT significantly improves emotional and cognitive flexibility in individuals with marital distress and psychological dysfunction (Pourjaberi et al., 2023; Sheykhangafshe et al., 2023). These improvements are not only limited to individual adjustment but also extend to the dyadic level, where increased mutual understanding and effective problem-solving strategies reduce the frequency and intensity of conflicts (Shojaeian et al., 2023; Tahvilian, 2023).

In parallel, ISTDP—rooted in psychodynamic principles—addresses unconscious emotional processes, repressed affective experiences, and defensive relational patterns that undermine intimacy and satisfaction in couple relationships. Unlike traditional long-term psychodynamic therapy, ISTDP is characterized by its focused, accelerated format that facilitates rapid emotional breakthroughs and conflict resolution (Jarareh & Taleh-Pasand, 2011; Parisuz et al., 2019). This modality fosters insight into deeply rooted internal conflicts and attachment-based injuries that often manifest in recurring patterns of marital dissatisfaction (Mobassem, 2022; Sarafraz & Moradi, 2022). Several studies have documented the effectiveness of ISTDP in reducing emotional dysregulation, enhancing differentiation

of self, and promoting secure attachment styles in couples with longstanding relational dysfunctions (Kashefi et al., 2024; Ranjbar Bahadori et al., 2022; Shams et al., 2022).

Comparative evaluations of CBT and ISTDP in the context of marital therapy reveal both converging and diverging mechanisms of change. While CBT operates through conscious restructuring and behavioral rehearsal, ISTDP emphasizes emotional uncovering, catharsis, and working through transference dynamics (Kashefi et al., 2023; Shafaghi, 2024). In a study by Parvizi et al. (2025), CBT and metaphor therapy were both effective in reducing marital burnout, although CBT showed greater improvements in behavioral regulation, suggesting its superior utility for skill-based conflict resolution (Parvizi et al., 2025). Similarly, Zamanifar et al. (2022) found CBT-based couple therapy to be more effective than systemic approaches in enhancing intimacy and self-differentiation—two psychological markers strongly associated with adaptive conflict styles (Zamanifar et al., 2022).

ISTDP, however, may be more advantageous for clients with deeper affective wounds and long-standing interpersonal patterns rooted in early attachment trauma. For example, research by Shams et al. (2022) comparing ISTDP and mentalization-based therapy on women with infidelity trauma showed ISTDP to be more effective in addressing unconscious defenses and emotional dysregulation, leading to enhanced therapeutic outcomes (Shams et al., 2022). Likewise, the findings of Ziapour et al. (2023) indicated that ISTDP significantly improved marital satisfaction and sexual functioning in depressed women, highlighting its efficacy in resolving somaticized emotional conflicts (Ziapour et al., 2023).

From a theoretical standpoint, CBT is particularly well-suited for addressing the cognitive distortions and behavioral patterns that perpetuate maladaptive interactions in couples. It enables partners to challenge irrational beliefs, reframe assumptions, and implement practical communication and problem-solving skills (Forouzani et al., 2024; Tavakoli et al., 2024). On the other hand, ISTDP provides a therapeutic context in which clients confront internalized emotional conflicts and break through rigid psychological defenses that often remain untouched by surface-level interventions (Kashefi et al., 2024; Parisuz et al., 2019). This depth-oriented approach fosters not only immediate symptomatic relief but also long-term structural personality changes, which are essential for sustainable improvements in relational functioning.

Given the differential emphases of these therapies, it is vital to determine their relative and combined efficacy in addressing the complex interplay between cognitive and emotional flexibility and conflict styles in couples experiencing significant relational distress. Cognitive flexibility, in particular, plays a central role in interpersonal adaptation, allowing individuals to shift perspectives, consider alternative responses, and regulate emotional impulses in the face of relational stress (Pourjaberi et al., 2023; Shojaeian et al., 2023). Several studies have confirmed that improvements in cognitive flexibility are directly associated with reduced impulsivity, better emotion regulation, and more constructive conflict engagement in couples (Rasoulzadeh et al., 2024; Sheykhangafshe et al., 2023).

Furthermore, marital conflict is not only a predictor of relational dissatisfaction but also a significant risk factor for individual psychopathologies such as anxiety, depression, and psychosomatic disorders (Forouzani et al., 2024; Shafaghi, 2024). Interventions that successfully reduce marital conflict and enhance cognitive adaptability may therefore yield benefits that extend beyond the marital system to individual psychological health. Given the mounting evidence supporting the efficacy of both CBT and ISTDP, as well as the increasing need for time-efficient, targeted interventions in clinical practice, a direct comparison of these two approaches offers valuable insight for both research and therapeutic application (Jarareh & Taleh-Pasand, 2011; Kashefi et al., 2024).

Despite the empirical support for each approach, relatively few studies have systematically compared CBT and ISTDP on shared outcome variables such as conflict resolution strategies and cognitive flexibility within a randomized controlled framework. The present study seeks to address this gap by evaluating and comparing the effectiveness of these two therapeutic modalities on marital conflict styles and cognitive flexibility in a clinical sample of distressed couples. Drawing on the theoretical underpinnings and empirical foundations of each method, this study aims to contribute to the growing literature on integrative and comparative couple therapies and inform clinical decision-making based on client needs, relational dynamics, and psychological profiles (Bakhtiari, 2024; Sarafraz & Moradi, 2022; Zamanifar et al., 2022).

In sum, the current investigation is grounded in a robust theoretical and empirical framework that supports the use of CBT and ISTDP as effective treatments for addressing the

cognitive, emotional, and behavioral dimensions of marital discord.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a quasi-experimental design with a pretest–posttest structure including a control group and two experimental groups. The statistical population consisted of all incompatible couples who referred to family counseling centers in Garmsar in 2024. From this population, 40 couples (80 individuals) were selected using purposive sampling based on inclusion and exclusion criteria and were randomly assigned into three groups: 14 couples in the Cognitive Behavioral Therapy (CBT) group, 13 couples in the Intensive Short-Term Dynamic Psychotherapy (ISTDP) group, and 13 couples in the control group.

The data collection instruments included the Marital Conflict Questionnaire and the Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010). Inclusion criteria were having marital conflict based on a high score on the marital conflict scale, willingness and consent to participate in therapy sessions, absence of severe psychiatric disorders based on clinical interviews and therapist confirmation, and no use of drugs or psychoactive substances. Exclusion criteria included undergoing other forms of therapy beyond the study's interventions, use of psychoactive substances or stimulants, more than one absence from therapy sessions, and unwillingness to continue cooperating with the researcher during the study process.

### 2.2. Measures

#### 2.2.1. Marital Conflict

The Marital Conflict Questionnaire was developed by Sanaei Zaker and Barati (2008) to assess seven core dimensions of couple conflict and includes 42 items. The items were formulated based on clinical experience and previous studies and assess the following dimensions: reduced cooperation (items 3, 9, 19, 21, 27), reduced sexual relationship (items 4, 10, 15, 28, 33), increased emotional reactions (items 5, 11, 16, 22, 29, 34, 39, 41), increased seeking of child support (items 7, 18, 24, 31, 36), increased individual relationship with one's own relatives (items 6, 12, 17, 23, 30, 35), reduced familial relationship with spouse's relatives and friends (items 1, 19, 25, 37, 40, 42), and financial separation (items 2, 8, 13, 20, 26, 32, 38). Responses are rated on a five-point Likert scale ranging from

1 to 5, with the total score ranging from 42 to 210. A higher score indicates greater marital conflict. The instrument possesses strong content validity. In the initial analysis phase, 13 of the original 55 items were removed. In Khazaei's study (2006), all subscales showed significant correlations with the total score of the marital conflict questionnaire (ranging from 0.31 to 0.82). In Dehghan's study (2001), the Cronbach's alpha coefficients were reported as 0.71 for the total scale and for the subscales: reduced cooperation (0.73), reduced sexual relationship (0.60), increased emotional reactions (0.74), increased child support seeking (0.81), increased relationship with own relatives (0.65), reduced relationship with spouse's relatives and friends (0.81), and financial separation (0.69).

### 2.2.2. Cognitive Flexibility

This instrument was developed by Dennis and Vander Wal (2010) and includes 20 items that measure three components: "control over situations," "perceived multiple alternatives," and "perceived justification for alternatives." Responses are rated on a seven-point Likert scale ranging from "strongly disagree" (score 1) to "strongly agree" (score 7). Items 2, 4, 7, 9, 11, and 17 are reverse scored. The questionnaire includes 10 items under the alternatives component (items 3, 5, 6, 12, 13, 14, 16, 18, 19, 20), 8 items under the control component (items 1, 2, 4, 7, 9, 11, 15, 17), and 2 items under the behavioral alternatives component (items 8 and 10). In Dennis and Vander Wal's study, concurrent validity with the Beck Depression Inventory was reported as  $r = 0.39$ , and convergent validity with the Cognitive Flexibility Scale by Martin and Rubin was  $r = 0.75$ . In Iranian studies, Cronbach's alpha reliability was reported at 0.90, and test-retest reliability at 0.77. The total score ranges from 20 to 140, with higher scores indicating greater cognitive flexibility.

### 2.3. Interventions

Participants in the Cognitive Behavioral Therapy (CBT) group attended eight weekly 90-minute group sessions based on the CBT protocol by Dattilio (2010). The sessions focused on identifying and restructuring dysfunctional thought patterns, enhancing communication skills, emotional regulation, and problem-solving. In Session 1, participants were introduced to the structure of CBT, cognitive-emotional assessment, and the CBT model. Session 2 focused on increasing self-awareness by recording automatic thoughts and identifying common cognitive

distortions in couples' interactions. Session 3 taught cognitive restructuring techniques, including disputing negative thoughts and practicing the ABC model. Session 4 was dedicated to interpersonal communication skills, such as active listening, constructive feedback, non-blaming emotional expression, and role-playing. In Session 5, participants learned anger control strategies, relaxation techniques, thought-stopping, and mindfulness practices for managing conflict. Session 6 introduced structured cognitive-behavioral problem-solving and conflict resolution exercises between partners. Session 7 aimed to promote cognitive flexibility by encouraging perspective-taking and reducing cognitive rigidity. Finally, Session 8 reviewed the therapeutic progress, reinforced learned techniques, and established a maintenance plan to sustain therapeutic gains.

#### ISTDP Group Intervention Protocol:

The Intensive Short-Term Dynamic Psychotherapy (ISTDP) group underwent ten 90-minute group sessions based on the ISTDP framework developed by Davanloo (2000). The intervention targeted unconscious emotional processes, psychological defenses, and internal conflicts affecting marital dynamics. Session 1 emphasized building a therapeutic alliance, identifying early signs of resistance and defense mechanisms, and exploring core marital conflicts. In Session 2, participants explored suppressed emotions related to early relational experiences. Session 3 focused on identifying and addressing maladaptive defenses such as denial, rationalization, and projection in couple interactions. Session 4 involved working through emotional transference in the current relationship and understanding its historical origins. In Session 5, unresolved internal conflicts and ambivalent emotions were explored to understand their impact on the marital bond. Session 6 emphasized healthy emotional expression, including repressed anger and sadness, in a constructive manner. Session 7 facilitated emotional insight, enhanced mutual understanding, and promoted empathic engagement. Session 8 consolidated progress, reviewed newly developed communication styles, and developed a follow-up plan for maintaining emotional and relational changes.

### 2.4. Data Analysis

After completion of the therapy sessions, the posttest was administered to all three groups. Data analysis involved the Shapiro-Wilk test to assess the normality of data

distribution, Levene's test to assess homogeneity of variances, and multivariate analysis of covariance (MANCOVA) to compare the effects of the interventions on the dependent variables. Data were analyzed using SPSS version 27.

### 3. Findings and Results

**Table 1**

*Mean ± Standard Deviation of Research Variables in Experimental and Control Groups*

Variable	Group	N	Pretest (M ± SD)	Posttest (M ± SD)
Marital Conflict	CBT	14	169.41 ± 9.08	131.03 ± 12.03
	ISTDP	13	167.48 ± 11.63	140.17 ± 6.75
	Control	13	166.77 ± 11.64	157.39 ± 11.59
Cognitive Flexibility	CBT	14	98.15 ± 8.66	73.74 ± 9.05
	ISTDP	13	101.80 ± 7.11	71.37 ± 8.40
	Control	13	98.92 ± 7.65	100.74 ± 6.23

As shown in the table above, posttest mean scores decreased compared to pretest scores in both the CBT and ISTDP groups. To determine whether these differences are statistically significant, appropriate statistical methods were employed based on the data characteristics.

Prior to conducting the main analyses, the necessary statistical assumptions were examined and confirmed. The Shapiro–Wilk test was used to assess the normality of the distribution of the dependent variables, and results indicated

The results in Table 1 show that the mean and standard deviation of the age of participants in the Cognitive Behavioral Therapy (CBT) group was  $29.92 \pm 5.93$ , in the Intensive Short-Term Dynamic Psychotherapy (ISTDP) group was  $32.48 \pm 5.93$ , and in the control group was  $31.15 \pm 5.23$ .

that the data met the assumption of normality. Levene's test was conducted to verify the homogeneity of variances across groups, and no significant violations were observed. Additionally, the assumption of homogeneity of regression slopes was assessed and confirmed. Therefore, the assumptions underlying multivariate analysis of covariance (MANCOVA) were satisfied, ensuring the validity of subsequent inferential tests.

**Table 2**

*ANOVA Results for Marital Conflict and Cognitive Flexibility Variables*

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.
Marital Conflict	Between Groups	9526.865	2	4763.433	43.606	0.001
	Within Groups	4041.790	37	109.238		
	Total	13568.655	39			
Cognitive Flexibility	Between Groups	6986.081	2	3493.041	53.997	0.001
	Within Groups	2393.528	37	64.690		
	Total	9379.610	39			

Table 2 shows the results of ANOVA with repeated measures for the variables marital conflict and cognitive flexibility. For marital conflict, the F statistic is 43.606 with a significance level of 0.001, which is less than 0.05, indicating a significant difference among the three groups.

For cognitive flexibility, the F statistic is 53.997 with a significance level of 0.001, confirming significant group differences for both variables.

To explore pairwise group differences, Tukey's post hoc test was applied. Results are displayed in Table 3.

**Table 3**

*Tukey's Post Hoc Test for Comparing Posttest Scores of Marital Conflict and Cognitive Flexibility Across Groups*

Variable	Group 1	Group 2	Mean Difference	Std. Error	Sig.
Marital Conflict	CBT	ISTDP	-9.14	4.02	0.07



Cognitive Flexibility	CBT	Control	-36.36	4.02	0.001
	ISTDP	Control	-27.21	4.09	0.001
	CBT	ISTDP	2.37	3.09	0.72
	CBT	Control	-26.99	3.09	0.001
	ISTDP	Control	-29.37	3.14	0.001

As shown in Table 3, significant differences were observed between the CBT and control groups, as well as between the ISTDP and control groups for both marital conflict and cognitive flexibility. However, no significant differences were found between the CBT and ISTDP groups.

To further analyze intergroup differences across phases, repeated measures comparisons were conducted. Table 4 presents the differences in marital conflict scores across the two assessment stages in each group.

**Table 4**

*Differences in Mean Scores of Marital Conflict Between Groups Across Assessment Phases*

Group	Baseline Phase (M)	Comparison Phase (M)	Mean Difference	Std. Error	Sig.	Effect Size
CBT	Pretest (169.41)	Posttest (131.03)	38.38	3.81	<0.001	0.71
ISTDP	Pretest (167.48)	Posttest (140.17)	27.31	4.37	<0.001	0.62
Control	Pretest (166.77)	Posttest (157.39)	9.38	4.17	0.884	—

As indicated in Table 4, the analysis of covariance revealed significant pretest–posttest differences in both the

CBT and ISTDP groups ( $p < 0.001$ ), while no significant difference was found in the control group ( $p = 0.884$ ).

**Table 5**

*Differences in Mean Scores of Cognitive Flexibility Between Groups Across Assessment Phases*

Group	Baseline Phase (M)	Comparison Phase (M)	Mean Difference	Std. Error	Sig.	Effect Size
CBT	Pretest (98.15)	Posttest (73.74)	24.41	3.55	<0.001	0.58
ISTDP	Pretest (101.80)	Posttest (71.37)	30.43	2.20	<0.001	0.64
Control	Pretest (98.92)	Posttest (100.74)	-1.82	2.83	0.532	—

As shown in Table 5, the analysis of variance revealed significant differences between pretest and posttest scores in both the CBT and ISTDP groups ( $p < 0.001$ ), whereas no significant difference was observed in the control group ( $p = 0.443$ ).

#### 4. Discussion and Conclusion

The aim of this study was to compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) on conflict resolution strategies and cognitive flexibility in incompatible couples. The findings demonstrated that both CBT and ISTDP significantly reduced marital conflict and improved cognitive flexibility compared to the control group. However, while both treatments were effective, there were nuanced differences in their outcomes: CBT was more effective in reducing marital conflict, whereas ISTDP produced greater gains in cognitive flexibility. These results affirm the importance of selecting therapeutic modalities

based on specific relational and psychological needs in couple therapy.

The significant reduction in marital conflict following CBT intervention aligns with existing literature emphasizing CBT's strength in addressing interpersonal dysfunction through cognitive restructuring and behavioral rehearsal. CBT interventions directly target maladaptive thoughts, irrational assumptions, and ineffective communication patterns that perpetuate conflict in marital relationships (Forouzani et al., 2024; Shafaghi, 2024). As seen in prior work by Bakhtiari (2024), CBT improved psychological flexibility among distressed women, thereby enabling more constructive engagement during conflict (Bakhtiari, 2024). Moreover, CBT promotes skills such as emotional regulation, problem-solving, and active listening, which are instrumental in reducing the intensity and frequency of disputes (Sheykhangafshe et al., 2023; Shojaeian et al., 2023). These mechanisms likely contributed to the notable decrease in conflict scores observed in the CBT group.

ISTDP, on the other hand, exhibited superior efficacy in enhancing cognitive flexibility, an outcome consistent with the theoretical orientation of psychodynamic therapy. ISTDP targets unconscious emotional conflicts and entrenched defense mechanisms that can impede adaptive cognition and emotional responsiveness (Kashefi et al., 2024; Sarafraz & Moradi, 2022). This finding is supported by the work of Parisuz et al. (2019), who noted significant improvements in interpersonal processing and emotional self-awareness following ISTDP among women with emotional divorce (Parisuz et al., 2019). ISTDP's focus on emotional insight, the resolution of internal conflicts, and the processing of repressed affect facilitates a shift in mental rigidity, thereby increasing the individual's capacity to entertain alternative perspectives and regulate emotional responses—core components of cognitive flexibility (Mobassem, 2022; Ranjbar Bahadori et al., 2022).

In comparing the two interventions, no significant difference was found between CBT and ISTDP in posttest scores for either marital conflict or cognitive flexibility, although effect sizes revealed a slight edge for CBT in conflict reduction and ISTDP in flexibility enhancement. This suggests that while both therapies are comparably effective in overall outcome, their mechanisms of change may differentially impact specific domains. Previous comparative research supports this conclusion. For instance, Shams et al. (2022) found that ISTDP was more effective than mentalization-based therapy in reducing emotional dysregulation and insecure attachment in women who had experienced marital infidelity (Shams et al., 2022), while CBT showed greater improvements in behaviorally measurable conflict indicators in studies such as those by Tavakoli et al. (2024) and Tahvilian (2023) (Tahvilian, 2023; Tavakoli et al., 2024).

The results also correspond with findings from Rasouljan et al. (2024), who observed improved emotional and cognitive flexibility following CBT in individuals with psychological distress, emphasizing the adaptability of CBT beyond individual psychopathology and into relational contexts (Rasouljan et al., 2024). Similarly, Sheykhgafshe et al. (2023) confirmed the utility of CBT in enhancing cognitive flexibility among individuals with obsessive-compulsive disorder, underscoring the therapy's generalizability across clinical populations (Sheykhgafshe et al., 2023). These results reinforce the notion that structured, skill-based interventions can exert considerable influence on executive functioning in emotionally charged relational settings.

The present findings further corroborate the effectiveness of ISTDP in promoting deep emotional processing and secure attachment in couples. Kashefi et al. (2023) demonstrated that ISTDP significantly improved self-differentiation and attachment behavior in women prone to marital infidelity (Kashefi et al., 2023). In another study, ISTDP was shown to reduce sensation-seeking and infidelity tendencies among married women, suggesting the method's value in addressing affect-laden and conflict-prone interpersonal dynamics (Kashefi et al., 2024). Ziapour et al. (2023) also reported increased sexual satisfaction and marital quality following ISTDP in depressed women, confirming the broad relational benefits of this depth-oriented therapy (Ziapour et al., 2023).

Another relevant dimension of the present study was the focus on cognitive flexibility as an essential construct in couple therapy. Cognitive flexibility, as defined in prior literature, encompasses the ability to revise beliefs in response to changing situational demands and to shift between multiple cognitive strategies in problem-solving (Pourjaberi et al., 2023). It has been increasingly recognized as a protective factor against impulsivity, emotional reactivity, and interpersonal rigidity—traits often implicated in dysfunctional marital patterns (Shojaeian et al., 2023). The significant improvement in cognitive flexibility observed in both experimental groups, and especially in ISTDP, reinforces its centrality in sustainable therapeutic change. This finding aligns with studies by Shafaghi (2024) and Zamanifar et al. (2022), which demonstrated the moderating role of flexibility in relationship satisfaction and conflict management (Shafaghi, 2024; Zamanifar et al., 2022).

Notably, the integration of findings from multiple studies highlights the complementary strengths of CBT and ISTDP. While CBT may be preferable in short-term interventions aiming at rapid conflict de-escalation and skill acquisition, ISTDP offers deeper change for couples dealing with entrenched emotional wounds and unconscious relational dynamics. This dual validation supports a more nuanced approach to treatment planning in marital therapy—one that is attuned to both observable behavior and internal emotional processing. Such integration is echoed in the work of Parvizi et al. (2025), who emphasized the need to tailor interventions to individual couple profiles rather than adopting a one-size-fits-all approach (Parvizi et al., 2025).

Despite the valuable insights gained from this study, several limitations must be acknowledged. First, the sample size was relatively small and restricted to a single geographic

region, which may limit the generalizability of the findings to broader populations or culturally diverse contexts. Second, although the study employed a randomized design, the use of self-report questionnaires introduces the possibility of response biases such as social desirability or underreporting of conflict. Third, the study did not include a follow-up phase, which restricts our ability to assess the durability and long-term effects of the interventions. Fourth, while the cognitive flexibility construct was assessed, other related executive functions (e.g., working memory, inhibition) that could have mediated therapy outcomes were not measured.

Future studies should aim to replicate these findings using larger, more diverse samples to enhance the external validity of results. Longitudinal research designs with follow-up assessments would be valuable in determining the stability of therapeutic gains over time. Further, including observational measures or partner-reports in addition to self-reports could provide a more comprehensive understanding of relational change. Comparative studies could also examine the integration of CBT and ISTDP techniques into a hybrid model and assess its effectiveness versus standalone methods. Moreover, exploring the role of therapist factors—such as expertise and therapeutic alliance—would offer deeper insights into the mechanisms underlying successful couple interventions.

Clinicians working with distressed couples should consider both the nature of the conflict and the psychological profile of the clients when selecting a treatment modality. CBT may be especially useful for couples seeking practical tools to manage conflict and improve daily interactions, while ISTDP may be more appropriate for those with longstanding emotional wounds and attachment insecurities. An integrative or sequential use of both approaches could also be explored for optimal outcomes. Practitioners are encouraged to maintain flexibility in therapeutic planning and to remain attentive to the evolving needs and responses of couples throughout the treatment process.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

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

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical Considerations

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

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