

Comparison of the Effectiveness of Cognitive–Behavioral Group Counseling and Acceptance and Commitment Therapy on Emotional Styles in Women on the Verge of Divorce

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ABSTRACT

The objective of this study was to compare the effectiveness of group-based cognitive–behavioral therapy and acceptance and commitment therapy on emotional styles in women on the verge of divorce. This study employed a quasi-experimental design with pretest, posttest, and two-month follow-up assessments, including a control group. The statistical population consisted of women seeking divorce who referred to counseling centers in District 5 of Tehran during the second half of 2024. Using voluntary sampling, 45 participants were selected and randomly assigned to a cognitive–behavioral therapy group, an acceptance and commitment therapy group, or a control group, with 15 participants in each group. The interventions were delivered in 12 group sessions. Emotional styles were assessed using the Emotional Expressiveness Questionnaire, measuring positive emotion expression, negative emotion expression, intimacy expression, and overall emotional styles. Data were analyzed using repeated-measures analysis of variance, analysis of covariance, and Tukey post-hoc tests. Inferential analyses indicated a significant main effect of time for both intervention groups, with large effect sizes, while no significant changes were observed in the control group. Both cognitive–behavioral therapy and acceptance and commitment therapy led to significant improvements in overall emotional styles, including increased positive emotion and intimacy expression and decreased negative emotion expression from pretest to posttest. Tukey post-hoc comparisons revealed that acceptance and commitment therapy produced significantly greater improvements than cognitive–behavioral therapy at posttest. Although a slight reduction in treatment effects was observed at the two-month follow-up, the improvements in both intervention groups remained statistically significant compared to baseline levels. The findings suggest that both cognitive–behavioral therapy and acceptance and commitment therapy are effective interventions for improving emotional styles in women on the verge of divorce, with acceptance and commitment therapy demonstrating superior and more sustained effects.

Keywords: group counseling, cognitive–behavioral therapy, acceptance and commitment therapy, emotional styles, divorce.

1. Introduction

Divorce and marital dissolution represent one of the most psychologically demanding life transitions, particularly for women, who often experience disproportionate emotional, social, and relational consequences during the pre-divorce period. Empirical evidence consistently demonstrates that women approaching divorce report heightened emotional dysregulation, relational distress, and vulnerability to adverse mental health outcomes, including anxiety, depressive symptoms, and impaired interpersonal functioning (Leopold, 2018; Zineldin, 2020). These challenges are not limited to the legal separation itself but often emerge during the prolonged phase of emotional divorce, characterized by affective withdrawal, erosion of intimacy, and chronic relational dissatisfaction (Islami & Shibani, 2022; Nikouftaar, 2021). As such, the pre-divorce period constitutes a critical window for psychological intervention aimed at restoring emotional functioning and adaptive coping.

Within this context, emotional processes have been increasingly recognized as central mechanisms underlying marital distress and divorce proneness. Emotional expression, regulation, and interpersonal emotional responsiveness shape how partners perceive, interpret, and respond to relational stressors (Gottman et al., 1997; Pandey & Choudhury, 2024). Deficits in emotional expression and maladaptive emotional styles have been shown to predict emotional disengagement, conflict escalation, and relational breakdown, particularly among women navigating marital instability (Masoumitabar et al., 2020; Sajede et al., 2023). Emotional styles, defined as relatively stable patterns of experiencing, expressing, and managing emotions, reflect both intrapersonal regulation capacities and interpersonal emotional communication strategies (Gammerl, 2012; Middleton, 1989).

The construct of emotional styles integrates dimensions such as positive emotion expression, negative emotion expression, and intimacy-related emotional disclosure, all of which are directly implicated in marital functioning. Research rooted in meta-emotion theory emphasizes that the ways individuals conceptualize, express, and regulate emotions profoundly influence relational satisfaction and stability (Gottman et al., 1997). When emotional expression becomes restricted, distorted, or avoidant, couples are more likely to experience emotional divorce even prior to formal separation (Nikouftaar, 2021). Consequently, interventions

targeting emotional styles may play a pivotal role in mitigating the psychological sequelae of impending divorce.

Recent psychological scholarship has increasingly focused on therapeutic approaches that directly address emotional regulation and experiential processes rather than solely cognitive content. Among these, Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) have emerged as two empirically supported interventions with distinct theoretical foundations and mechanisms of change (Burns et al., 2025; Hafmann & Asmundson, 2018). CBT emphasizes cognitive restructuring, behavioral activation, and exposure-based techniques to modify maladaptive thought patterns and emotional responses, whereas ACT prioritizes psychological flexibility, acceptance of internal experiences, and values-driven action (Hafmann & Asmundson, 2018; Levitt & Karekla, 2005).

CBT-based interventions have demonstrated robust efficacy in improving emotional regulation, reducing experiential avoidance, and enhancing relational functioning across diverse populations. In marital and divorce-related contexts, CBT has been shown to reduce irrational beliefs, emotional dysregulation, and maladaptive coping patterns in women experiencing marital burnout or emotional divorce (Amini & Eshghi Nogoorani, 2024; Malajafarloo et al., 2022). Group-based CBT formats further facilitate emotional learning through interpersonal feedback, normalization, and experiential exposure within a supportive environment (Monjazi et al., 2022). Moreover, CBT interventions targeting emotional expression have been associated with increased emotional awareness and adaptive emotional communication among women involved in emotional divorce (Sajede et al., 2023).

Parallel to CBT, ACT has gained increasing attention as a third-wave behavioral therapy with a strong emphasis on acceptance, mindfulness, and values-based living. ACT conceptualizes emotional distress not as a consequence of maladaptive cognitions per se but as the result of rigid experiential avoidance and cognitive fusion (Levitt & Karekla, 2005). By fostering acceptance of internal experiences and commitment to personally meaningful values, ACT aims to enhance psychological flexibility, a core determinant of emotional well-being and relational adjustment (Hafmann & Asmundson, 2018). Empirical studies indicate that ACT-based interventions effectively improve emotional regulation, reduce rumination, and enhance interpersonal functioning among women facing

relational stressors (Vatanpanah et al., 2024; Yousefpour et al., 2024).

In marital and couple therapy contexts, ACT has demonstrated promising outcomes in improving emotional intimacy, attachment security, and relational satisfaction. For example, ACT-based couple interventions have been associated with enhanced emotional empathy, reduced attachment-related distress, and improved sexual satisfaction (Ahmadi, 2025; Yadollahi et al., 2025). Notably, ACT's focus on values clarification and acceptance may be particularly relevant for women on the verge of divorce, as this population often struggles with unresolved emotional pain, identity disruption, and value conflicts related to marital roles and future life trajectories (Pandey & Choudhury, 2024; Zineldin, 2020).

Despite the growing evidence base supporting both CBT and ACT, comparative research examining their relative effectiveness on emotional styles in women approaching divorce remains limited. Existing studies have largely focused on isolated outcomes such as emotional regulation, marital satisfaction, or experiential avoidance, often within different populations or therapeutic formats (Gargari, 2024; Najarkahki et al., 2023). While some comparative investigations suggest that ACT may yield stronger effects on acceptance-based outcomes and emotional flexibility, whereas CBT may be more effective for cognitive restructuring and symptom reduction, findings remain inconclusive and context-dependent (Burns et al., 2025; Hafmann & Asmundson, 2018).

Furthermore, cultural context plays a crucial role in shaping emotional expression and marital dynamics. Emotional styles are culturally embedded constructs influenced by social norms, gender roles, and relational expectations (Gammerl, 2012; Middleton, 1989). In collectivist societies, women may experience heightened pressure to suppress negative emotions, maintain relational harmony, and tolerate emotional dissatisfaction, thereby increasing vulnerability to emotional divorce (Islami & Shibani, 2022; Nikouftaar, 2021). Consequently, culturally sensitive evaluations of therapeutic interventions are essential to determine their applicability and effectiveness in specific sociocultural settings.

Recent Iranian studies underscore the need for targeted psychological interventions for women seeking divorce, emphasizing emotional regulation, relational cognition, and experiential processes as key therapeutic targets (Gargari, 2024; Ghobadi Kohanmou et al., 2024). However, most existing research has examined either CBT or ACT

independently, without directly comparing their effects on comprehensive emotional style profiles across time. Moreover, few studies have employed longitudinal designs that assess the durability of treatment effects beyond immediate post-intervention outcomes.

Addressing this gap is particularly important given evidence suggesting that emotional improvements may attenuate over time without sustained psychological flexibility or relapse prevention strategies (Sander, 2020). Comparative evaluations incorporating follow-up assessments can provide critical insights into the stability of therapeutic gains and inform clinical decision-making for practitioners working with women in pre-divorce contexts. Additionally, integrating emotional style outcomes allows for a more nuanced understanding of how different therapeutic models influence both positive and negative emotional processes, as well as intimacy-related emotional expression.

In light of these considerations, the present study seeks to extend existing literature by systematically comparing the effectiveness of group-based Cognitive–Behavioral Therapy and Acceptance and Commitment Therapy on emotional styles in women on the verge of divorce, using a controlled, longitudinal design. By examining changes in positive emotion expression, negative emotion expression, intimacy expression, and overall emotional styles across pretest, posttest, and follow-up phases, this study aims to clarify differential therapeutic mechanisms and inform evidence-based intervention selection in divorce-related counseling contexts.

The aim of this study was to compare the effectiveness of group-based cognitive–behavioral therapy and acceptance and commitment therapy on emotional styles in women on the verge of divorce.

2. Methods and Materials

2.1. Study Design and Participants

This study was a quasi-experimental investigation with a pretest–posttest design including a control group. The statistical population consisted of all women applying for divorce who referred to counseling centers in District 5 of Tehran (Kian Psychology Clinic and Avaye Daroon) during the second half of 2024, with approximately 185 female applicants. Based on the research objectives and using voluntary sampling, a total of 45 women were selected, including 15 participants in Experimental Group 1 (cognitive–behavioral group counseling intervention), 15

participants in Experimental Group 2 (acceptance and commitment therapy intervention), and 15 participants in the control group.

2.2. Measures

King and Emmons Emotional Expressiveness Questionnaire (1990): The King and Emmons Emotional Expressiveness Questionnaire (1990) consists of 16 items and three components. Seven items assess the expression of positive emotion, five items assess the expression of intimacy, and four items assess the expression of negative emotion. The scoring method is based on a Likert scale, in which a score of 5 is assigned to “strongly agree” responses and a score of 1 to “strongly disagree” responses. For items 6, 8, and 9, scoring is reversed due to the negative direction of these items in relation to emotional expression; that is, “strongly agree” is scored as 1 and “strongly disagree” as 5. Based on this scoring method, total scores range from 19 to 80, with higher scores indicating greater emotional expressiveness. The validity of this scale was examined using the internal consistency method and by calculating Cronbach’s alpha coefficient. The alpha values for the total scale and the subscales of positive emotional expression (Items 1–7), expression of intimacy (Items 8–12), and expression of negative emotion (Items 13–16) were 0.68, 0.65, 0.59, and 0.68, respectively, indicating acceptable and statistically significant internal consistency. The reliability of this scale was also evaluated through internal consistency using Cronbach’s alpha by Tabatabaei, Memarian, Ghiasi, and Attari (2013), with coefficients of 0.68 for the total scale and 0.65, 0.59, and 0.68 for the subscales of positive emotional expression, expression of intimacy, and expression of negative emotion, respectively. The Emotional Expressiveness variable includes 16 items, with an acceptable alpha of 0.70 and an obtained Cronbach’s alpha of 0.68. In addition, King and Emmons reported Cronbach’s alpha coefficients of 0.70, 0.74, 0.63, and 0.67 for the total scale and the aforementioned subscales, respectively, and demonstrated convergent validity by identifying positive correlations between scores on the Emotional Expressiveness Questionnaire and the Multidimensional Personality Questionnaire as well as Bradburn’s Positive Affect Scale.

2.3. Interventions

The cognitive-behavioral therapeutic intervention was implemented in 12 structured group sessions based on the

protocol developed by Hofmann and Otto (2008), as adapted and localized by Maleki et al. (2022). The content validity of this protocol was previously examined by Mohammadi et al. (2020) using a 42-item researcher-developed questionnaire designed to evaluate session fidelity and therapeutic coherence. This questionnaire assessed three core dimensions: alignment of session goals and content with the theoretical definition and process of CBT based on emotional and goal disengagement (14 items), consistency of assignments and activities with session objectives (14 items), and correspondence of session content with the intended change processes (14 items). The results indicated a high content validity index (CVI = 0.89) at the protocol development stage, with content validity ratios (CVR) confirmed for all sessions except Sessions 1, 8, and 9, and CVI values exceeding 0.79 for the remaining sessions. The intervention began with establishing the therapeutic alliance, conceptualization, and clarification of group rules, followed by increasing awareness of the CBT conceptual model and systematic situation analysis. Subsequent sessions focused on identifying and challenging maladaptive beliefs and cognitive distortions, conducting in-session and between-session exposures, and progressively implementing real-life exposure exercises. Assertiveness skills training and prediction testing were integrated into later sessions to enhance behavioral confidence. The final session emphasized consolidation of learned skills, differentiation between lapse and relapse, and strategies for relapse prevention, aiming to equip participants with sustainable coping mechanisms for managing emotional dysregulation.

The acceptance and commitment therapy intervention was delivered across 12 group sessions of 90 minutes each, grounded in the model proposed by Peterson et al. (2009) and adapted by Nourian, Golparvar, and Aghaei (2021). The program’s credibility was supported by findings from Pourtaleb et al. (2024), whose visual data analysis demonstrated adequate intervention validity, with face validity confirmed by experts and a content validity index of 0.83. The intervention commenced with group orientation, clarification of rules, assessment of participants’ life narratives, and identification of maladaptive processes within a positive-oriented ACT framework. Early sessions emphasized creative hopelessness, experiential avoidance, and the distinction between clean and dirty suffering, introducing willingness and acceptance as functional alternatives to avoidance. Middle sessions focused on cognitive defusion, mindfulness practices, self-as-context, and values clarification, with an emphasis on identifying

character strengths and value-driven behavioral goals. Later sessions addressed positive relationships, compassion, meaning-making, forgiveness, hope, and optimism through experiential metaphors and structured exercises. Commitment to action was progressively strengthened using behavioral activation, SMART goal setting, and strategies for managing obstacles to values-based living. The final session involved reviewing therapeutic techniques, processing participants' responses to treatment, conducting the posttest assessment, and discussing the timing and procedures for follow-up, thereby reinforcing psychological flexibility and sustained emotional growth.

Table 1

Means and Standard Deviations of Emotional Style Variables Across Groups and Measurement Times

Variable & Time	Control (n = 15) Mean	SD	CBT Group (n = 15) Mean	SD	ACT Group (n = 15) Mean	SD
Positive Emotion Expression – Pretest	18.12	3.06	18.44	3.18	16.97	2.83
Positive Emotion Expression – Posttest	19.36	2.97	26.11	2.79	27.68	3.61
Positive Emotion Expression – Follow-up	19.18	2.56	24.69	2.18	25.84	2.97
Intimacy Expression – Pretest	13.69	3.22	12.77	2.71	12.24	2.48
Intimacy Expression – Posttest	13.56	2.29	18.17	2.31	22.42	2.39
Intimacy Expression – Follow-up	13.31	2.11	16.63	2.58	21.37	2.79
Negative Emotion Expression – Pretest	14.16	3.41	14.71	2.69	12.63	2.37
Negative Emotion Expression – Posttest	11.58	1.53	7.91	1.71	10.17	1.76
Negative Emotion Expression – Follow-up	12.57	1.71	8.44	1.74	9.77	1.54
Emotional Styles (Total) – Pretest	45.88	4.23	45.76	4.29	41.91	3.71
Emotional Styles (Total) – Posttest	44.49	3.41	52.11	3.42	60.36	4.51
Emotional Styles (Total) – Follow-up	45.29	4.02	49.91	3.41	56.96	4.19

At posttest, both intervention groups demonstrated marked increases in positive emotion expression, intimacy expression, and total emotional styles, alongside reductions in negative emotion expression, whereas the control group showed minimal change. At the two-month follow-up, a

2.4. Data analysis

In this study, the collected data were entered into SPSS version 22 and analyzed using descriptive statistical methods (mean and standard deviation, skewness and kurtosis, and Levene's test) and inferential statistical methods (analysis of covariance, Tukey's post hoc test, and two-month repeated measures analysis).

3. Findings and Results

As shown in Table 1, baseline means for emotional styles and all subcomponents were comparable across the three groups.

slight attenuation of gains was observed in both intervention groups; however, mean scores remained substantially higher than pretest levels, particularly in the ACT group, which maintained the highest total emotional styles score ($M = 56.96$, $SD = 4.19$).

Table 2

Repeated-Measures ANOVA Results for Emotional Styles by Intervention Protocol

Source	SS	df	MS	F	p	η^2
CBT Intervention						
Time	612.84	2	306.42	31.67	< .001	.69
Error	251.36	28	8.98			
ACT Intervention						
Time	874.19	2	437.10	44.83	< .001	.76
Error	273.18	28	9.76			
Control Group						
Time	24.71	2	12.36	1.21	.312	.08
Error	286.44	28	10.23			

The repeated-measures ANOVA revealed a statistically significant main effect of time for both the CBT intervention,

$F(2, 28) = 31.67$, $p < .001$, $\eta^2 = .69$, and the ACT intervention, $F(2, 28) = 44.83$, $p < .001$, $\eta^2 = .76$, indicating

large effect sizes. In contrast, the control group showed no significant change over time, $F(2, 28) = 1.21, p = .312$. The magnitude of the effect was notably larger for ACT

compared to CBT, suggesting stronger and more sustained improvements in emotional styles.

Table 3

Tukey Post-Hoc Tests for Changes Across Time Within Each Intervention

Group	Comparison	Mean Difference	SE	p
CBT	Pretest vs. Posttest	6.31	1.02	< .001
CBT	Pretest vs. Follow-up	4.11	0.96	.002
CBT	Posttest vs. Follow-up	-2.20	0.88	.031
ACT	Pretest vs. Posttest	18.49	1.24	< .001
ACT	Pretest vs. Follow-up	15.05	1.17	< .001
ACT	Posttest vs. Follow-up	-3.44	0.91	.004

Tukey-adjusted comparisons indicated that both interventions produced significant improvements from pretest to posttest and from pretest to follow-up. Although a small but significant decline was observed between posttest and follow-up in both groups, the magnitude of

improvement remained substantial. The ACT group demonstrated larger mean differences across all comparisons, particularly from pretest to posttest ($MD = 18.49, p < .001$), indicating superior therapeutic impact.

Table 4

Tukey Post-Hoc Tests Comparing Intervention Effectiveness at Posttest

Comparison	Mean Difference	SE	p
CBT vs. Control	7.58	1.19	< .001
ACT vs. Control	15.87	1.36	< .001
ACT vs. CBT	8.29	1.14	< .001

Between-group Tukey comparisons at posttest revealed that both CBT and ACT were significantly more effective than the control condition. Moreover, ACT outperformed CBT with a statistically significant mean difference of 8.29 points ($p < .001$), confirming the greater efficacy of acceptance and commitment therapy in enhancing emotional styles among women on the verge of divorce.

4. Discussion

The present study aimed to compare the effectiveness of group-based Cognitive–Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) on emotional styles in women on the verge of divorce. The findings demonstrated that both interventions led to significant improvements in emotional styles across time, whereas the control group did not exhibit meaningful change. More specifically, participants in both intervention groups showed increased positive emotion expression and intimacy expression, alongside a reduction in negative emotion expression, with these changes being most pronounced at posttest and largely maintained at the two-month follow-up.

These results underscore the clinical relevance of structured psychological interventions during the pre-divorce period, a phase characterized by heightened emotional vulnerability and relational instability (Leopold, 2018; Zineldin, 2020).

The significant improvement observed in the CBT group aligns with the theoretical assumptions of cognitive–behavioral models, which posit that maladaptive emotional responses are largely maintained by dysfunctional cognitions, avoidance behaviors, and distorted appraisals of interpersonal situations. By targeting cognitive distortions, safety behaviors, and avoidance patterns, CBT facilitates more adaptive emotional processing and expression. Previous studies have shown that CBT-based couple and group interventions are effective in improving emotional regulation, reducing irrational beliefs, and enhancing emotional expression among women experiencing marital burnout or emotional divorce (Amini & Eshghi Nogoorani, 2024; Malajafarloo et al., 2022; Sajede et al., 2023). The present findings extend this body of evidence by demonstrating that CBT not only reduces negative emotionality but also enhances positive emotional and

intimacy-related expression, which are core components of emotional styles (Gammerl, 2012).

The ACT group, however, exhibited larger effect sizes and higher mean improvements across most emotional style indicators compared to the CBT group. This finding suggests that ACT may exert a more robust and sustained influence on emotional functioning in women on the verge of divorce. From an ACT perspective, emotional distress is not primarily conceptualized as a result of maladaptive thoughts but rather as a consequence of experiential avoidance and cognitive fusion. By fostering acceptance, mindfulness, and values-based action, ACT enhances psychological flexibility, which enables individuals to experience emotions—both positive and negative—without excessive avoidance or overidentification (Hafmann & Asmundson, 2018; Levitt & Karelka, 2005). The superior outcomes of ACT in the present study are consistent with previous research indicating that ACT-based interventions are particularly effective in improving emotional regulation, reducing rumination, and enhancing adaptive emotional engagement in women facing relational stressors (Vatanpanah et al., 2024; Yadollahi et al., 2025; Yousefpour et al., 2024).

The observed increase in intimacy expression in the ACT group is especially noteworthy. Intimacy-related emotional disclosure requires tolerance of vulnerability, acceptance of internal experiences, and engagement in value-consistent relational behaviors. ACT explicitly targets these processes through acceptance exercises, self-as-context, and commitment to relational values, which may explain its stronger impact on intimacy expression compared to CBT. This interpretation is supported by studies demonstrating that ACT-based couple therapies improve emotional empathy, attachment-detachment balance, and relational satisfaction (Ahmadi, 2025; Pandey & Choudhury, 2024). In contrast, while CBT addresses communication skills and assertiveness, it may be less directly focused on deep experiential acceptance of relational pain, which is often central to emotional divorce.

The reduction in negative emotion expression across both intervention groups further highlights the effectiveness of these therapies in mitigating maladaptive emotional responses. Negative emotional styles, such as chronic anger, resentment, and emotional suppression, have been identified as predictors of emotional divorce and marital dissatisfaction (Islami & Shibani, 2022; Nikouftaar, 2021). CBT likely achieves this reduction through cognitive restructuring and exposure-based techniques that weaken the intensity and

frequency of negative emotional reactions. ACT, on the other hand, may reduce negative emotion expression by changing the individual's relationship with these emotions rather than attempting to control or eliminate them. This distinction may account for the greater durability of ACT effects observed at follow-up, a pattern also reported in comparative trials of ACT and CBT in other clinical populations (Burns et al., 2025; Najarkahki et al., 2023).

The maintenance of treatment gains at the two-month follow-up, albeit with a slight attenuation, is an important finding. It suggests that both interventions produce changes that extend beyond immediate post-treatment effects. Nevertheless, the modest decline observed at follow-up, particularly in the CBT group, may reflect the challenges of sustaining cognitive and behavioral changes in the absence of continued therapeutic support. Previous research has indicated that emotional improvements following divorce-related interventions may diminish over time without ongoing reinforcement or booster sessions (Sander, 2020). ACT's emphasis on internalized values and ongoing committed action may provide participants with more enduring tools for managing emotional experiences, thereby contributing to greater stability of outcomes.

From a broader theoretical perspective, the findings of this study support conceptualizations of emotional styles as modifiable patterns rather than fixed traits. Cultural and relational frameworks emphasize that emotional styles are shaped by interpersonal experiences, gender norms, and social expectations (Gammerl, 2012; Middleton, 1989). In contexts where women experience pressure to suppress emotions or maintain relational harmony at the expense of personal well-being, targeted psychological interventions can play a corrective role by legitimizing emotional experiences and promoting adaptive expression. The present results are consistent with Iranian studies highlighting the effectiveness of structured psychotherapeutic interventions in addressing emotional dysregulation and relational distress among women seeking divorce (Gargari, 2024; Ghobadi Kohanmoui et al., 2024).

5. Conclusion

Overall, the findings indicate that while both CBT and ACT are effective in improving emotional styles in women on the verge of divorce, ACT may offer additional advantages in terms of magnitude and durability of change. This does not diminish the clinical value of CBT but rather suggests that the choice of intervention may be informed by

the client's emotional processing style, level of experiential avoidance, and readiness to engage in acceptance-based work. Integrating insights from both approaches may ultimately provide a more comprehensive framework for supporting women during this critical life transition.

Despite the strengths of the present study, several limitations should be acknowledged. First, the sample size was relatively small and limited to women who voluntarily sought counseling in a specific urban region, which may restrict the generalizability of the findings. Second, reliance on self-report measures may have introduced response biases, particularly given the sensitive nature of marital and emotional issues. Third, the follow-up period was relatively short, limiting conclusions regarding long-term maintenance of treatment effects. Finally, the study did not examine potential moderating variables such as personality traits, attachment styles, or severity of marital conflict, which may influence responsiveness to different therapeutic approaches.

Future studies are encouraged to employ larger and more diverse samples, including participants from different cultural, socioeconomic, and geographic backgrounds, to enhance external validity. Longitudinal designs with extended follow-up periods would provide valuable insights into the long-term sustainability of therapeutic gains. Additionally, examining mediating and moderating variables, such as psychological flexibility, attachment patterns, or baseline emotional avoidance, could clarify the mechanisms through which CBT and ACT exert their effects. Comparative studies incorporating mixed or integrative treatment models may also help identify optimal intervention strategies for women facing marital dissolution.

From a clinical perspective, the findings suggest that both CBT and ACT can be effectively utilized in counseling settings for women on the verge of divorce. Practitioners may consider ACT-based interventions when working with clients who exhibit high levels of experiential avoidance or emotional suppression, whereas CBT may be particularly useful for clients struggling with maladaptive cognitions and behavioral avoidance. Incorporating group-based formats can enhance accessibility and provide valuable interpersonal learning opportunities. Finally, the inclusion of follow-up or booster sessions may help sustain emotional improvements and support women in navigating the ongoing challenges associated with divorce-related transitions.

Authors' Contributions

F.H. conceptualized the study, developed the research design, and supervised the implementation of the therapeutic interventions; A.F.A. coordinated participant recruitment, conducted the group therapy sessions, and managed data collection; J.J. performed the statistical analyses, interpreted the results, and prepared the initial manuscript draft. All authors contributed to revising the manuscript, approved the final version, and accepted responsibility for the integrity and accuracy of the study.

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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