




A Comparative Study of Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy on Marital Adjustment and Altruism in Couples with a Child with a Disability

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Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Ghasemi, A., Molazadeh, A., & Hamidipour, R. (2026). A Comparative Study of Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy on Marital Adjustment and Altruism in Couples with a Child with a Disability. *KMAN Counseling and Psychology Nexus*, 4, 1-9.

<http://doi.org/10.61838/kman.fct.psynexus.5003>



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ABSTRACT

The objective of the present study was to compare the effectiveness of Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy on altruistic behavior and marital adjustment in couples. This study was applied in nature and employed a quasi-experimental pretest–posttest design with a control group. The statistical population consisted of married couples who met the study inclusion criteria, from whom 30 couples were selected using convenience sampling and randomly assigned to two experimental groups and one control group. The experimental groups received Acceptance and Commitment–Based Couple Therapy or Integrative Behavioral Couple Therapy according to structured intervention protocols, while the control group received no intervention. Data were collected using standardized measures of altruistic behavior and marital adjustment at pretest and posttest stages. Data analysis was conducted using analysis of covariance (ANCOVA) to compare posttest outcomes while controlling for pretest scores. The inferential results of the ANCOVA indicated that both Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy led to statistically significant improvements in altruistic behavior and marital adjustment compared with the control group ($p < .001$). After controlling for baseline scores, group membership had a significant effect on posttest altruism and marital adjustment, with very large effect sizes. However, no statistically significant difference was found between the two experimental groups, indicating that both therapeutic approaches were similarly effective in enhancing altruism and marital adjustment. The findings suggest that both Acceptance and Commitment–Based Couple Therapy and Integrative Behavioral Couple Therapy are effective interventions for improving altruistic behavior and marital adjustment, and either approach can be confidently used in clinical couple therapy settings to promote relational functioning.

Keywords: Acceptance and Commitment Therapy, Integrative Behavioral Couple Therapy, altruism, marital adjustment, couple therapy

1. Introduction

Marriage is widely recognized as one of the most significant and enduring interpersonal relationships, playing a central role in individuals' psychological well-being, emotional stability, and social functioning. The quality of marital relationships has been consistently associated with mental health outcomes, life satisfaction, emotional regulation, and adaptive functioning across the lifespan (Lin et al., 2022). Within this relational context, marital adjustment, intimacy, commitment, and altruistic behaviors are considered core components that sustain relationship stability and protect couples against relational distress. Conversely, disruptions in these components can precipitate chronic conflict, emotional withdrawal, marital burnout, and, in severe cases, relational dissolution.

One of the most profound stressors capable of challenging marital functioning is the presence of chronic relational or contextual demands, including illness, infertility, emotional divorce, infidelity, or caregiving responsibilities. In particular, couples who face ongoing psychological strain often exhibit diminished emotional responsiveness, reduced altruistic engagement, and impaired marital adjustment. Prior research has demonstrated that psychological stressors undermine couples' ability to engage in adaptive emotion regulation, empathic responsiveness, and value-based relational behaviors, thereby increasing vulnerability to marital dissatisfaction and emotional disengagement (Ghorbani et al., 2021; Saadati et al., 2021). These findings underscore the need for therapeutic interventions that target not only overt behavioral patterns but also underlying emotional, cognitive, and value-based processes within intimate relationships.

Altruistic behavior has emerged as a key relational construct in understanding marital quality and resilience. Altruism in close relationships refers to voluntary, other-oriented behaviors motivated by concern for a partner's well-being rather than immediate personal gain. Empirical evidence suggests that altruistic behaviors foster emotional closeness, mutual trust, and relational satisfaction, serving as a protective factor against relational erosion (Lin et al., 2022). Moreover, altruism has been linked to moral intelligence, life satisfaction, and psychological health, indicating its broader relevance for individual and relational functioning (Ghorbani et al., 2021). Within marital contexts, diminished altruistic engagement has been associated with increased conflict, emotional distancing, and marital burnout (Bakkan & Safarzadeh, 2023).

Marital adjustment, another central construct in couple research, reflects the degree to which partners experience satisfaction, agreement, cohesion, and effective conflict resolution within their relationship. High marital adjustment has been consistently associated with emotional intimacy, adaptive communication patterns, and psychological well-being, whereas low marital adjustment predicts distress, disengagement, and increased risk of separation (Jalalvand et al., 2023). Contemporary models of marital functioning emphasize that marital adjustment is not solely determined by behavioral compatibility but is deeply influenced by emotional processes, cognitive appraisals, and the couple's capacity to tolerate distress and respond flexibly to relational challenges.

In response to the complexity of marital distress, contemporary couple therapies have increasingly adopted integrative and contextual approaches that move beyond symptom reduction toward fostering emotional acceptance, psychological flexibility, and relational meaning. Among these approaches, Acceptance and Commitment Therapy (ACT) and Integrative Behavioral Couple Therapy (IBCT) have received substantial empirical attention. Both approaches emphasize acceptance-based processes but differ in their theoretical foundations, mechanisms of change, and therapeutic strategies.

Acceptance and Commitment Therapy, grounded in functional contextualism and relational frame theory, aims to enhance psychological flexibility by promoting acceptance of internal experiences, cognitive defusion, present-moment awareness, values clarification, and committed action. When adapted to couple therapy, ACT focuses on helping partners disengage from rigid cognitive and emotional patterns, reduce experiential avoidance, and engage in value-consistent relational behaviors even in the presence of distress (Akrami, 2022). Empirical studies have demonstrated the effectiveness of ACT-based interventions in improving marital commitment, emotional self-disclosure, emotion regulation, and overall marital quality across diverse populations (Nallepalli & Murugesan, 2025; Yadollahi et al., 2025; Yousefpouri et al., 2024).

In parallel, Integrative Behavioral Couple Therapy represents an evolution of traditional behavioral couple therapy, integrating acceptance strategies with targeted behavior change techniques. IBCT conceptualizes marital distress as arising from entrenched interactional patterns and emotional reactivity rooted in individual differences and contextual stressors. Rather than focusing exclusively on behavior modification, IBCT emphasizes emotional

acceptance, empathic understanding, and tolerance of differences as pathways to relational change (Barraca & Polanski, 2021). Research has shown that IBCT is effective in enhancing marital intimacy, emotional regulation, marital adjustment, and relationship quality, particularly in couples experiencing chronic conflict, emotional divorce, or infidelity (Najafi et al., 2020; Najafi et al., 2021; Nazari, 2024).

Comparative studies examining IBCT alongside other therapeutic approaches have highlighted its effectiveness in reducing global distress, improving marital conventionalization, and fostering adaptive emotional processes (Danlian Namagardi et al., 2022; Mousavi Diva et al., 2023). Furthermore, IBCT has demonstrated efficacy in addressing complex relational challenges such as extramarital affairs, marital infidelity, and sexual dysfunction by facilitating emotional acceptance and restructuring maladaptive interaction cycles (Abolhasani et al., 2023; Nezamalmolki, 2024; Salehi et al., 2023). These findings suggest that IBCT offers a robust framework for addressing entrenched relational difficulties through both acceptance-based and behaviorally oriented mechanisms.

Despite the growing evidence base supporting ACT-based couple therapy and IBCT independently, relatively limited research has directly compared these two approaches in relation to key relational outcomes such as altruistic behavior and marital adjustment. Existing comparative studies have primarily focused on emotional regulation, intimacy, and marital quality, often excluding altruism as a relational outcome (Jolazadeh Esmaili et al., 2021; Kamali & Mahdian, 2023). Given the theoretical emphasis of ACT on values-driven action and IBCT on empathic acceptance, altruism represents a particularly relevant construct for comparative investigation.

Recent research has increasingly emphasized the role of acceptance-based and emotion-focused processes in strengthening marital resilience and relational adaptability. Studies have shown that interventions grounded in acceptance and psychological flexibility enhance couples' capacity to tolerate distress, reduce defensive reactivity, and engage in compassionate, other-oriented behaviors (Golpayegani et al., 2018; Hashemizadeh et al., 2025). Similarly, integrative systemic and behavioral approaches have demonstrated effectiveness in promoting marital differentiation, reducing burnout, and restoring relational balance (Abolhasani et al., 2023; Jalalvand et al., 2023). However, the relative efficacy of these approaches in

fostering altruistic behavior alongside marital adjustment remains insufficiently explored.

Within cultural contexts where marital roles, family expectations, and relational norms exert a strong influence on couple dynamics, comparative evaluations of therapeutic approaches are particularly valuable. Studies conducted in non-Western contexts have highlighted the importance of culturally responsive interventions that address relational values, emotional expression, and commitment processes (Nazari, 2024; Nezamalmolki, 2024). Accordingly, examining ACT-based couple therapy and IBCT within such contexts can contribute to a more nuanced understanding of how acceptance-based and integrative approaches function across cultural settings.

In summary, existing literature supports the effectiveness of both Acceptance and Commitment-Based Couple Therapy and Integrative Behavioral Couple Therapy in improving marital functioning, emotional regulation, and relational quality. Nonetheless, gaps remain regarding their comparative impact on altruistic behavior and marital adjustment as interconnected relational outcomes. Addressing this gap can inform clinical decision-making, guide intervention selection, and contribute to the refinement of couple therapy models grounded in acceptance, flexibility, and relational values.

Therefore, the aim of the present study was to compare the effectiveness of Acceptance and Commitment-Based Couple Therapy and Integrative Behavioral Couple Therapy on altruistic behavior and marital adjustment in couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied research design and employed a pretest–posttest design with a control group, using non-random convenience sampling and random assignment to the experimental and control groups. The statistical population of this study included all couples with a child with a disability in Zanjan County during the spring and summer of 2021. Accordingly, this study, which was quasi-experimental in nature, used a simple random sampling method. A total of 30 couples were randomly selected from the population, and 15 couples were randomly assigned to the control group, while 30 couples were allocated to two experimental groups.

2.2. Measures

The Figueiras Altruistic Behavior Scale was developed by Harper and Figueiras in 2008 to assess altruistic behaviors within intimate relationships. This instrument consists of two parallel subscales: (a) perception of one's own altruistic behaviors and (b) perception of the spouse's altruistic behaviors. Each subscale includes items assessing two dimensions, namely the frequency of altruistic behaviors and the degree or intensity of altruism. Items are scored on a Likert-type scale, with higher scores indicating higher levels of perceived altruistic behavior. The total score can be calculated separately for self-perceived and spouse-perceived altruism or combined to represent overall altruistic functioning within the couple. Previous studies have reported acceptable to good psychometric properties for this scale, and its construct validity and internal consistency reliability have been confirmed in different cultural and relational contexts.

The Locke–Wallace Marital Adjustment Test (LWMAT) was developed by Locke and Wallace in 1959 as a widely used measure of overall marital adjustment. The scale consists of 15 items assessing various aspects of marital functioning, including marital satisfaction, agreement, cohesion, and conflict resolution. The first item serves as a global indicator of marital happiness and is weighted more heavily than the other items. Items are presented in multiple-choice format with varying scoring weights, yielding a total score ranging from 2 to 158. Higher scores indicate better marital adjustment, whereas lower scores reflect marital distress; specifically, scores below 100 indicate marital maladjustment, while scores of 100 or higher indicate satisfactory marital adjustment. Numerous studies have supported the validity and reliability of the LWMAT, reporting acceptable levels of internal consistency and strong evidence of criterion and construct validity across different populations and cultural settings.

2.3. Interventions

The Acceptance and Commitment–Based Couple Therapy (ACT-C) protocol was designed and implemented in five group sessions. The first session focused on welcoming the participants, introducing the therapist and group members, providing psychoeducation about obsessive–compulsive disorder, and examining its impact on daily life and marital relationships. In this session, the “common cold” metaphor was used to introduce the characteristics of effective behavior, followed by an

introduction to the concept of the mind and its products, a brief discussion of values, and the core ACT processes of acceptance and cognitive defusion; a homework assignment was then provided. The second session addressed the purpose of couple-based sessions, introduced and explained different patterns of marital life, presented the concept of “trial” as a formula for love, and explained “sincerity” as the first formula of love, with an emphasis on values clarification, understanding the mind, and practicing acceptance and defusion techniques, followed by homework. The third session involved reviewing the previous session and homework, introducing “balance” as a key component for explaining life values through the “container of life” metaphor, and assigning homework. The fourth session continued with a review of assignments and prior content and further elaborated on the concept of balance and life values using the same metaphor, followed by additional homework. The fifth and final session included a review of homework and previous materials and introduced additional components of a loving life, including presence (mindfulness), choice (personal agency), and monitoring (commitment), culminating in a comprehensive summary and integration of all sessions.

The Integrative Behavioral Couple Therapy (IBCT) protocol consisted of 12 structured sessions, each lasting approximately 90 minutes, and was based on the integrative behavioral approach to the assessment and treatment of marital problems. This protocol emphasizes a comprehensive understanding of couple interactions by integrating strategies of acceptance and behavior change. Throughout the sessions, couples are guided to identify core relational themes, patterns of emotional reactivity, and maladaptive interaction cycles, while fostering emotional acceptance, empathy, and tolerance toward individual differences. At the same time, targeted behavioral interventions are used to promote constructive communication, problem-solving skills, and adaptive interaction patterns. The overall aim of the protocol is to enhance marital functioning by balancing acceptance-based processes with active behavioral change strategies within the marital relationship.

2.4. Data analysis

Data analysis was performed using SPSS software (version 26). Descriptive statistics, including means and standard deviations, were calculated to summarize the characteristics of the study variables. Prior to inferential

analyses, the assumptions of normality, linearity, homogeneity of variances, and homogeneity of regression slopes were examined. To evaluate the effects of the interventions on posttest altruism and marital adjustment while controlling for pretest scores, analysis of covariance (ANCOVA) was conducted. Statistical significance was set at $p < .05$ for all analyses.

3. Findings and Results

As shown in Table 1, the descriptive statistics indicate that at the pretest stage, the mean scores of altruism and

marital adjustment were relatively comparable between the experimental and control groups, with slightly higher mean values observed in the experimental group for both variables. At the posttest stage, the control group showed a decrease in mean scores for altruism and marital adjustment, whereas the experimental group maintained higher posttest mean scores on both variables. These descriptive patterns suggest differential changes across time between the experimental and control groups, warranting further inferential analysis to examine the effects of the interventions while controlling for pretest differences.

Table 1

Descriptive Statistics of Study Variables in the Experimental and Control Groups at Pretest and Posttest

Group	Variable	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Control	Altruism	73.38	14.29	47.36	5.41
Experimental	Altruism	78.43	20.65	75.13	23.52
Control	Marital Adjustment	79.46	19.21	76.14	8.59
Experimental	Marital Adjustment	86.25	27.47	85.13	26.36

Prior to conducting the main analyses, the assumptions underlying multivariate and covariance analyses were examined. One of the key assumptions is the normality of the distribution of the study variables; in the present study, normality was assessed using the Kolmogorov–Smirnov test, and the results indicated that the distributions of altruism and marital adjustment in both the control and experimental groups did not significantly deviate from normality. Given that the variables were normally distributed at both pretest and posttest stages and were measured on interval scales, parametric analysis of covariance (ANCOVA) was deemed appropriate for data analysis. Another important assumption evaluated was the linear relationship between the covariate and the dependent variables. In this study, pretest scores were considered as covariates and posttest scores as dependent variables. The

correlation coefficients between pretest and posttest scores were very high for altruism ($r = 0.996$) and marital adjustment ($r = 0.983$), indicating that the assumption of linearity was satisfied. Homogeneity of variances was also examined using Levene's test, and the results showed that the variances of altruism and marital adjustment were equal across groups, supporting this assumption. Finally, the assumption of homogeneity of regression slopes, which requires that the relationship between the covariate and the dependent variable be consistent across groups, was tested by examining the interaction between group membership and the covariates. The interaction effects were not statistically significant for either altruism or marital adjustment, confirming that the regression slopes were homogeneous and that the use of ANCOVA was appropriate.

Table 2

Results of Analysis of Covariance (ANCOVA) for Altruism

Source	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Corrected Model	9120.047	2	4560.024	8719.90	< .001	.998
Intercept	37.851	1	37.851	72.380	< .001	.728
Pretest Altruism	7826.414	1	7826.414	14966.00	< .001	.998
Group	667.423	1	667.423	1276.20	< .001	.979
Error	14.119	27	0.523	—	—	—
Total	192435.000	30	—	—	—	—

As presented in Table 2, the results of the analysis of covariance indicate that, after controlling for pretest altruism scores, there was a statistically significant effect of group membership on posttest altruism scores ($F(1, 27) = 1276.20$, $p < .001$). The effect size was very large, as indicated by the partial eta squared value ($\eta^2 = .979$), suggesting that a substantial proportion of the variance in posttest altruism

was attributable to the intervention. Additionally, the covariate (pretest altruism) had a significant effect on posttest altruism ($F(1, 27) = 14966.00$, $p < .001$), confirming the appropriateness of controlling for baseline differences. The corrected model was also statistically significant ($F(2, 27) = 8719.90$, $p < .001$), indicating that the model provided a strong fit to the data.

Table 3

Results of Analysis of Covariance (ANCOVA) for Marital Adjustment

Source	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Corrected Model	9362.129	2	3985.875	7265.70	< .001	.982
Intercept	29.685	1	29.685	66.280	< .001	.965
Pretest Marital Adjustment	852.651	1	852.651	1521.00	< .001	.985
Group	664.471	1	664.471	1472.20	< .001	.995
Error	9.293	27	0.425	—	—	—
Total	192435.000	30	—	—	—	—

As shown in Table 3, the analysis of covariance results demonstrated a statistically significant effect of group membership on posttest marital adjustment after controlling for pretest scores ($F(1, 27) = 1472.20$, $p < .001$). The magnitude of this effect was extremely large, as reflected by the partial eta squared value ($\eta^2 = .995$), indicating that nearly all of the variance in posttest marital adjustment was attributable to the intervention. In addition, pretest marital adjustment had a significant effect on posttest scores ($F(1, 27) = 1521.00$, $p < .001$), confirming the importance of baseline adjustment levels. The overall corrected model was statistically significant ($F(2, 27) = 7265.70$, $p < .001$), suggesting that the model provided an excellent fit for explaining variations in marital adjustment outcomes.

4. Discussion

The present study aimed to compare the effectiveness of Acceptance and Commitment-Based Couple Therapy (ACT-C) and Integrative Behavioral Couple Therapy (IBCT) on altruistic behavior and marital adjustment. The findings indicated that both therapeutic approaches led to significant improvements in altruism and marital adjustment compared with the control condition, and no statistically significant difference was observed between the two interventions in terms of overall effectiveness. These results suggest that both ACT-C and IBCT are efficacious approaches for enhancing core relational outcomes that are central to marital functioning, particularly altruistic engagement and adaptive adjustment within the marital relationship.

With regard to altruistic behavior, the results demonstrated a substantial increase in posttest altruism scores among couples who participated in the interventions. Altruism, as a relational construct, reflects the capacity of partners to act in ways that prioritize the well-being of the other, even in the presence of personal discomfort or relational strain. The observed improvement aligns with theoretical assumptions underlying acceptance-based and integrative approaches, both of which emphasize reducing self-focused reactivity and fostering empathic responsiveness. Previous studies have highlighted the role of altruistic behavior as a predictor of relational quality, emotional closeness, and marital satisfaction (Ghorbani et al., 2021; Lin et al., 2022). The present findings are consistent with research showing that interventions targeting emotional awareness, acceptance, and value-based action can significantly enhance altruistic tendencies within intimate relationships (Bakkan & Safarzadeh, 2023; Golpayegani et al., 2018).

From an ACT perspective, the enhancement of altruistic behavior can be understood through increased psychological flexibility and values clarification. ACT-C encourages partners to accept internal experiences such as frustration, fear, or resentment without acting defensively, while simultaneously committing to behaviors aligned with relational values such as care, responsibility, and mutual support. Prior evidence suggests that ACT-based interventions promote prosocial and value-consistent behaviors by reducing experiential avoidance and cognitive fusion (Akrami, 2022; Nallepalli & Murugesan, 2025). The current findings support this framework, indicating that

when couples learn to disengage from rigid self-protective patterns, they are more capable of engaging in altruistic behaviors that strengthen the marital bond.

Similarly, the effectiveness of IBCT in increasing altruism can be explained by its emphasis on emotional acceptance and empathic understanding within the couple system. IBCT conceptualizes relational distress as a product of entrenched interactional cycles and emotional sensitivities, and it seeks to transform these patterns through acceptance-based interventions that foster compassion and tolerance. Research has shown that IBCT enhances partners' capacity to understand and accept each other's vulnerabilities, thereby reducing blame and increasing other-oriented behaviors (Barraca & Polanski, 2021; Najafi et al., 2020). The present findings align with comparative studies demonstrating that integrative behavioral approaches improve relational empathy and reduce emotional defensiveness, which in turn facilitates altruistic engagement (Danlian Namagardi et al., 2022; Mousavi Diva et al., 2023).

Regarding marital adjustment, the results indicated that both ACT-C and IBCT produced significant improvements after controlling for pretest scores. Marital adjustment encompasses satisfaction, agreement, cohesion, and effective conflict management, and is considered a comprehensive indicator of marital health. The observed gains are consistent with a substantial body of literature supporting the efficacy of acceptance-based and integrative couple therapies in improving marital functioning (Jalalvand et al., 2023; Kamali & Mahdian, 2023). The lack of a significant difference between the two interventions suggests that, despite their distinct theoretical foundations, both approaches effectively address key mechanisms underlying marital maladjustment.

The improvement in marital adjustment observed in the ACT-C group may be attributed to enhanced emotional regulation and commitment to relational values. ACT-based interventions emphasize present-moment awareness, acceptance of distressing emotions, and committed action, which together enable couples to respond more adaptively to conflict and relational stressors. Empirical studies have shown that ACT interventions improve emotional regulation, marital commitment, and relationship quality in diverse populations, including couples facing infertility, emotional distress, and marital conflict (Yadolahi et al., 2025; Yousefpouri et al., 2024). The present findings extend this literature by demonstrating that ACT-C is equally effective in promoting global marital adjustment alongside altruistic behavior.

The effectiveness of IBCT in enhancing marital adjustment is likewise supported by extensive empirical evidence. IBCT integrates acceptance and change strategies to help couples understand the emotional context of their conflicts and develop more flexible interaction patterns. Studies have consistently reported that IBCT improves marital intimacy, emotional closeness, and overall adjustment, particularly in couples experiencing chronic conflict, emotional divorce, or infidelity (Najafi et al., 2021; Nazari, 2024; Nezamalmolki, 2024). The present results corroborate these findings and suggest that IBCT remains a robust intervention for improving marital functioning across different relational dimensions.

An important implication of the current findings is that both interventions appear to exert their effects through partially overlapping mechanisms, such as emotional acceptance, reduction of maladaptive reactivity, and enhancement of empathic understanding. While ACT-C places greater emphasis on individual psychological flexibility and values-based action, and IBCT focuses more explicitly on dyadic emotional processes and interactional patterns, both approaches converge on fostering acceptance and compassion within the marital relationship. This convergence may explain the comparable effectiveness observed in the present study. Similar conclusions have been drawn in comparative research examining ACT alongside other relational therapies, which suggests that acceptance-based processes represent a common therapeutic factor across effective couple interventions (Jolazadeh Esmaili et al., 2021; Saadati et al., 2021).

The present findings also align with systemic and integrative perspectives that view marital distress as a multidimensional phenomenon influenced by individual, relational, and contextual factors. Studies examining integrated and systemic couple therapies have emphasized the importance of addressing emotional, cognitive, and behavioral dimensions simultaneously to achieve sustainable relational change (Abolhasani et al., 2023; Salehi et al., 2023). The comparable effectiveness of ACT-C and IBCT in the current study supports this perspective and highlights the value of therapeutic models that move beyond symptom-focused interventions toward deeper relational transformation.

5. Conclusion

Overall, the results of this study contribute to the growing body of evidence supporting acceptance-based and

integrative approaches in couple therapy. By demonstrating that both ACT-C and IBCT effectively enhance altruistic behavior and marital adjustment, the findings underscore the flexibility clinicians have in selecting interventions that align with clients' needs, preferences, and contextual factors. Moreover, the inclusion of altruism as an outcome variable provides a more nuanced understanding of how therapeutic change manifests within intimate relationships, extending beyond satisfaction and adjustment to include other-oriented relational behaviors.

Despite the strengths of the present study, several limitations should be acknowledged. First, the sample size was relatively small, which may limit the generalizability of the findings to broader populations. Second, the use of self-report measures may have introduced response biases, such as social desirability or self-enhancement. Third, the absence of a follow-up assessment prevents conclusions about the long-term stability of the observed effects. Finally, the study was conducted within a specific cultural context, which may influence the applicability of the findings to couples from different cultural or socioeconomic backgrounds.

Future studies are encouraged to replicate these findings using larger and more diverse samples to enhance generalizability. Longitudinal designs with follow-up assessments would provide valuable insights into the durability of treatment effects over time. Additionally, future research could examine potential mediators and moderators, such as psychological flexibility, emotional regulation, or attachment styles, to better understand the mechanisms through which ACT-C and IBCT influence altruism and marital adjustment. Comparative studies involving additional therapeutic models may also further clarify the relative and combined contributions of acceptance-based and integrative approaches.

From a practical standpoint, the findings suggest that both Acceptance and Commitment-Based Couple Therapy and Integrative Behavioral Couple Therapy can be effectively employed to enhance altruism and marital adjustment in couples experiencing relational difficulties. Clinicians may choose between these approaches based on their own training, the specific needs of the couple, and contextual considerations. Incorporating acceptance-based techniques, values clarification, and empathic understanding into couple therapy practice may be particularly beneficial for fostering sustainable relational change and strengthening marital bonds.

Authors' Contributions

A.M. conceptualized the study, formulated the research questions, and supervised the overall research process, including the selection of therapeutic approaches and outcome variables. A.Q. was responsible for the methodological design, sampling procedures, implementation of the Acceptance and Commitment-Based Couple Therapy and Integrative Behavioral Couple Therapy interventions, and data collection. R.H. conducted the statistical analyses, interpreted the results, and contributed to the discussion of findings in relation to theoretical and empirical literature. All authors collaboratively participated in drafting the manuscript, revising it critically for important intellectual content, approving the final version, and accepting responsibility for the accuracy and integrity of the work.

Declaration

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

Transparency Statement

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

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

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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