




# Comparison of the Effectiveness of Residential Group Therapy Based on Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) on Meaning in Life and Marital Satisfaction in Couples

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## ABSTRACT

**Objective:** The aim of this study was to compare the effectiveness of residential group therapy based on Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) on meaning in life and marital satisfaction in couples.

**Methods and Materials:** This research used a quasi-experimental design with a pre-test, post-test, and control group. The research population consisted of couples who sought counseling at family counseling centers and health houses in Birjand in 2021. From this population, 45 individuals were selected via convenience sampling and were randomly assigned to three groups: control group (15 participants), ACT group (15 participants), and CBT group (15 participants). The intervention sessions for the experimental groups were conducted by the researcher over 18 consecutive weeks, with each session lasting 2 hours. Following the intervention sessions, the Meaning in Life Questionnaire and the Marital Satisfaction Questionnaire were administered as post-tests, and the same questionnaires were administered again three months after the intervention as a follow-up. The results of the three groups were compared at both the post-test and follow-up stages. Statistical methods such as Multivariate Analysis of Variance (MANOVA), given the assumptions for parametric tests, and Analysis of Covariance (ANCOVA) were employed.

**Findings:** The results indicated no significant difference in the effectiveness of ACT and CBT group therapies in enhancing meaning in life and marital satisfaction. Additionally, comparisons of the mean scores of the experimental groups at the post-test and follow-up stages showed that the effects of the independent variables persisted in the follow-up stage, with no significant differences between the post-test and follow-up stages.

**Conclusion:** The study found no significant difference between Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) in improving meaning in life and marital satisfaction. Both therapeutic approaches

proved effective, highlighting the potential for their application in enhancing psychological well-being and relationship quality among couples.

**Keywords:** Residential Group Therapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Meaning in Life, Marital Satisfaction.

## 1. Introduction

The family is an important institution in human society, regarded as the most fundamental and primary social institution. Marriage is the first step in establishing this social institution. In all societies, marriage is considered a significant matter, and having a successful marital life is a major goal for most individuals. In other words, the family is the most crucial unit of society, and marriage is recognized as the most fundamental human relationship. It forms the initial structure for creating family relationships and the growth of future generations (Navabinejad et al., 2024). Marriage is the most sacred and complex relationship between two individuals of opposite sexes, encompassing vast and profound dimensions with multiple goals. It is a sacred bond between two individuals based on stable sexual, emotional, and spiritual relationships and is formed through religious, social, and legal contracts, creating commitments for the couple. Therefore, marriage is a delicate and complex decision that requires consideration of all aspects before any action, as well as an examination of the factors that could lead couples toward divorce (Darbani & Parsakia, 2022). Marriage is a vital process in human life and has existed in various forms throughout different periods and cultures. The purpose of marriage is to meet the essential needs of humans, such as procreation and raising children, achieving the highest level of friendship and intimacy, having a secure place for peace and flourishing skills, cooperation, helping each other in marital life, dividing responsibilities, and achieving human perfection and mental health (Zaheri et al., 2021). A married individual expects a new life filled with happiness and satisfaction. Thus, the success of a marriage or marital satisfaction is more important than the marriage itself (Mardani et al., 2022). Relationship or marital satisfaction has long been a focal point of research, with researchers striving to understand, influence, and predict couples' experiences (Fye et al., 2020). Marital satisfaction seems to be maintained when both partners actively engage in relationship maintenance strategies, such as positive communication and sharing responsibilities (Korporaal et al., 2023).

On the other hand, a review of studies on marital issues shows that having meaning in life can positively impact reducing marital problems and help improve the quality of couples' lives (Hashemizadeh et al., 2021). The meaning of life is a feeling of existential coherence that seeks to answer the question of what life is, discovering the purpose of life, achieving valuable goals, and consequently feeling complete and useful (Deb et al., 2024). The meaning of life can play a role in individuals' life beliefs and interpersonal relationships, and when tension in marital relationships increases, people perceive the tension as a threat to their meaning and quality of life. However, seeking meaning in life can moderate the stress caused by tense events and play an important role in experiencing positive emotions (Araqiyan et al., 2023). The feeling of meaning in life is a variable that, according to the researcher's hypothesis, can predict positive changes in individuals, especially post-traumatic growth. The meaning of life is the individual's perception and awareness of human nature, their existence, and the more important things they contemplate. It encompasses two aspects: the presence of meaning and the search for meaning (Zhang et al., 2021). The presence of meaning in life is experienced when an individual recognizes themselves and the world and identifies their purpose within it. The search for meaning is understood from two perspectives: first, as a lack or deficiency of meaning, and second, as a motivational force and fundamental psychological need for understanding one's existence (Travezaño-Cabrera et al., 2022). Numerous research findings have shown that the presence of meaning in life is a key element of emotional well-being and is significantly associated with various dimensions of personality, mental and physical health, coping with stress, adapting to conditions, religion, religious activities, and behavioral disorders (Shadkam et al., 2022).

Furthermore, the concept of marital intimacy has been highlighted as essential for enhancing family functioning and health. Research studies indicate that families where the husband and wife understand each other and share intimacy have better functioning, and women fulfill their roles more effectively (Bakhshi et al., 2019; Bakhshi et al., 2023). The results of Adegboyega's (2022) study indicate that marital

intimacy is one of the most important determinants of healthy family functioning (Adegboyega, 2022). Family functioning includes not only factors such as family welfare and parental education but also moral growth within the family, communication methods among family members, the appropriateness of family regulations, role distribution, the way family members deal with problems, emotional expression, fulfilling emotional needs, and more (Palimaru et al., 2022). Family functioning plays an important role in the biological, psychological, and social development of its members. It is a system in which the members interact with and influence one another. The interactions and functional patterns among family members contribute to family functioning. Optimal family functioning indicates that the interactions among family members effectively contribute to the achievement of the family's higher goals (Mohseni et al., 2017). Family functioning determines the mental health of the family and its members. Optimal family functioning leads to the formation of positive feelings toward one's spouse, while poor family functioning results in anger, hostility, and eventually weakens the immune system in family members (Van Es et al., 2023).

Additionally, the concept of marital satisfaction has gained attention as an important factor in enhancing family performance and health. Studies show that families in which spouses have mutual understanding and satisfaction tend to function better and fulfill their roles more effectively (Bakhshi et al., 2023). Research by Greef and Malherbe (2021) indicates that marital satisfaction is one of the most important determinants of healthy family functioning (Greef & Malherbe, 2021). Marital satisfaction is a complex process influenced by various factors such as education, socio-economic class, love, commitment, marital communication, conflict, gender, the presence of children, sexual relations, and the division of tasks at different times (Schoenfeld et al., 2023). In fact, what is even more important than the marriage itself is the success of the marriage and the satisfaction of married couples, which is governed by respect, commitment, and responsibility (Omidian et al., 2022; Tavakol et al., 2021; Zarei et al., 2023). Marital satisfaction is one of the most important factors affecting the family and helps maintain marital life. It is influenced by various factors such as personal characteristics, intellectual maturity, sexual satisfaction, marital boredom, and childhood experiences (Zarei et al., 2023). If marital satisfaction is achieved, couples can perform their roles effectively by accepting responsibilities, leading to higher intimacy, empathy, sacrifice, commitment, and mutual respect (Raygani et al.,

2022). Marital satisfaction plays a valuable role in mental health and is considered crucial for the continuation of a relationship (Hou et al., 2023).

Over the past few decades, considerable attention has been given to treating distressed and conflicted couples among researchers and therapists. While the effectiveness of traditional couples therapy has been established, concerns about its limitations and long-term maintenance of changes led the founders of traditional couples therapy to create a new approach called integrative couples therapy. However, concerns about the long-term effects of couples therapy persist (Peterson et al., 2011). These concerns, along with deficiencies in first- and second-wave behavior therapy and the need to improve classical cognitive-behavioral therapy for addressing the apparent effects of language and cognition, led to the emergence of third-wave cognitive-behavioral therapies. One example of third-wave cognitive-behavioral interventions is Acceptance and Commitment Therapy (ACT). According to ACT, distress, conflict, and emotional distance in couples result from each partner's rigid and unhelpful control strategies and experiential avoidance within the marital relationship. Treating negative evaluative thoughts as real and acting upon them perpetuates the negative relational cycle in couples (Peterson et al., 2011; Vowles et al., 2018). ACT helps individuals accept thoughts and feelings instead of avoiding them, and with an awareness of core personal values in life, they can choose actions that align more closely with these values, rather than acting purely to avoid disturbing thoughts, feelings, memories, or impulses (Fernández-Rodríguez et al., 2023). The core processes of this therapy aim to teach individuals "how to detach from intrusive thoughts and how to better tolerate unpleasant emotions and feelings." Thus, ACT targets both the cognitive space where rumination and similar processes occur and the response to these cognitive experiences (Grau et al., 2023). Additionally, ACT includes components that, according to research evidence, lead to increased psychological flexibility (Tamimi et al., 2023). The absence of ACT components in reducing psychological distress, burnout, and stress justifies the necessity of conducting the present research. Moreover, evidence-based activities welcome the re-examination of intervention approaches for areas of developmental deficits (Bergman & Keitel, 2023).

Additionally, it seems that other educational programs aimed at increasing marital satisfaction should encompass factors that influence it and work to improve satisfaction in each of these dimensions. One therapeutic approach for enhancing marital satisfaction is Cognitive Behavioral

Therapy (CBT). CBT appears to be effective in this area because the cognitive-behavioral approach is based on the assumption that most problems and disorders stem from dysfunctional cognitive patterns, which in turn activate maladaptive behavioral and emotional responses. In fact, any behavioral, communicative, or psychological disorder can be explained by a dysfunctional cycle of cognition, emotion, and behavior, and the continuous reinforcement and repetition of this cycle (Wilhelm et al., 2019). The main goal of CBT is to address individuals' beliefs and behaviors, which influence their actions (Ciarrochi et al., 2020). Cognitive approaches hold that individuals' beliefs exacerbate illness, contribute to helplessness, and affect cognitive and behavioral engagement (Lewin et al., 2021). CBT is an empirical and structured therapy, meaning that the treatment principles and rules are predefined, and it is expected that therapists who adhere to these principles can achieve relatively similar outcomes (Manber et al., 2019). Although CBT does not place significant emphasis on diagnosing psychological disorders, diagnosis is important in this therapy as it can influence the types of techniques used for treatment (Shakerinasab et al., 2022). Despite the existence of various psychological therapies, CBT is among the most practical treatments for psychological disorders. In this method, individuals are taught to observe their thoughts from a broader perspective and develop a decentralized relationship with their mental content (Görmezoğlu et al., 2020). What matters in CBT is understanding that most thoughts are merely thoughts, not reality or objects (Hong et al., 2023). The simple act of recognizing thoughts can free the patient from distorted reality, often leading to greater insight and a sense of control over life (Hoppen et al., 2021).

The necessity of the present study lies in the fact that a marital relationship that is accompanied by feelings of satisfaction, happiness, and joy positively impacts the mental health of couples. Therefore, it can be said that the quality of the marital relationship and its various dimensions are crucial factors in maintaining a stable marriage. If couples can increase the level of satisfaction and happiness in their marital life, they will not only preserve the marital relationship but also protect the foundation of their family from harm. However, couples' feelings about their marital relationship change over time, and couples generally experience more happiness and positive emotions toward each other at the beginning of their marriage. Naturally, as time passes and couples face various marital challenges, the intensity of these positive emotions decreases. More importantly, couples may lack the necessary skills to

improve the quality of their marital relationship. Therefore, this can be facilitated through marital counseling and the application of effective interventions. In other words, CBT can be a suitable solution for making couples' relationships more enjoyable and restoring their positive feelings toward each other and their relationship. The aim of the present study was to compare the effectiveness of residential group therapy based on Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) on meaning in life and marital satisfaction in couples.

## 2. Methods and Materials

### 2.1. Study design and Participant

This research, in terms of its aim, falls under the category of applied studies, and in terms of research design, it was a quasi-experimental study with a pre-test, post-test, and control group design. The research population consisted of couples who sought counseling at family counseling centers and health houses in Birjand in 2021. From this population, 45 individuals were selected through convenience sampling at these centers and were randomly assigned into three groups: control group (15 participants), Acceptance and Commitment Therapy (ACT) group (15 participants), and Cognitive Behavioral Therapy (CBT) group (15 participants). The sample size included 45 participants, with 15 individuals in each group. The inclusion criteria were the absence of marital burnout, a minimum literacy level (reading and writing), and no severe psychiatric illnesses (based on self-reported psychiatric history). The exclusion criteria were missing more than two sessions and the use of psychiatric medications. The intervention sessions for the experimental groups were conducted by the researcher over 18 consecutive weeks, with each session lasting 2 hours. One experimental group received ACT, and the other received CBT. After the intervention sessions, the Meaning in Life Questionnaire and Marital Satisfaction Questionnaire were administered as post-tests. Three months after the intervention, follow-up tests were administered to the experimental and control groups, and the results of the three groups were compared. Two months after the post-test, to assess the durability of the effects of ACT and CBT, the research questionnaire was distributed among the participants for follow-up testing, and the required data were collected.

## 2.2. Measures

### 2.2.1. Meaning in Life

The Meaning in Life Questionnaire was developed by Steger, Frazier, Oishi, and Kaler (2006) to assess the presence of and search for meaning in life. Its validity, reliability, and factor structure have been examined in various studies with different samples. The Meaning in Life Questionnaire consists of two subscales that assess the presence of meaning in life and the search for meaning. According to Steger et al. (2006), the reliability of this scale for evaluating life was estimated at 0.86 for the presence of meaning subscale and 0.87 for the search for meaning subscale. Additionally, the reliability of the presence of meaning and search for meaning subscales was reported as 0.70 and 0.73, respectively. In Iran, test-retest reliability with a two-week interval was found to be 0.84 for the presence of meaning subscale and 0.74 for the search for meaning subscale (Eshtad, 2009). Cronbach's alpha for the search for meaning subscale was 0.75, and for the presence of meaning subscale, it was 0.78, indicating good internal consistency for the scale.

### 2.2.2. Marital Satisfaction

The ENRICH Marital Satisfaction Questionnaire, developed by Olson (1998), consists of 47 items and includes 12 subscales: idealistic distortion, marital satisfaction, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relations, parenting, family and friends, egalitarian roles, and religious orientation. This instrument uses a five-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree), where each item is scored from 1 to 5. The alpha coefficients for the ENRICH questionnaire subscales, as reported by Olson, Fournier, and Druckman (1989), were as follows: idealistic distortion (0.90), marital satisfaction (0.81), personality issues (0.73), communication (0.68), conflict resolution (0.75), financial management (0.74), leisure activities (0.76), sexual relations (0.48), parenting (0.77), family and friends (0.72), and egalitarian roles (0.71). The alpha coefficients for the ENRICH subscales in different studies ranged from 0.68 (for egalitarian roles) to 0.86 (for marital satisfaction), with an average of 0.79. Test-retest reliability of the questionnaire over a four-week interval ranged from 0.77 (for leisure activities) to 0.92 (for sexual relations and idealistic distortion), with an average of 0.86. In Iran, Soleimanian

(1994) was the first to calculate the internal consistency of the long form at 0.93 and the short form at 0.95 (Soleimanian, 1994). In a study by Mahdavian (1997), the reliability of the ENRICH test using Pearson's correlation coefficient and the test-retest method was calculated over a one-week interval as 0.937 for men, 0.944 for women, and 0.94 for men and women combined. For the subscales in the women's and men's groups, the coefficients were as follows: idealistic distortion (0.72), marital satisfaction (0.85), personality issues (0.76), communication (0.76), conflict resolution (0.76), financial management (0.81), leisure activities (0.63), sexual relations (0.69), parenting (0.87), family and friends (0.69), egalitarian roles (0.62), and religious orientation (0.73) (Mahdavian, 1997).

## 2.3. Interventions

### 2.3.1. Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioral intervention that emphasizes psychological flexibility through mindfulness and value-driven action. The primary goal of ACT is not to eliminate distressing thoughts or emotions but to help individuals accept them as part of their human experience, while committing to actions aligned with their core values. By cultivating awareness and acceptance, individuals learn to reduce experiential avoidance, fostering a more meaningful and fulfilling life. In the context of this intervention, couples are encouraged to explore their values, develop mindfulness skills, and practice committed action to enhance their sense of meaning in life and satisfaction in their relationship (Ghomian & Shairi, 2014; Peterson et al., 2011; Salehi & NajafiSoulari, 2016).

#### Session 1: Introduction and Therapy Agenda

In the first session, the primary goal is to provide an opportunity for participants to get acquainted with each other and the therapy objectives. The session focuses on building a therapeutic relationship and evaluating the severity of the participants' issues. The session also introduces mindfulness practices, beginning with an exercise called "Focused Attention." This helps participants become aware of their thoughts and feelings. The session concludes with an introduction to the structure and goals of future sessions.

#### Session 2: Behavioral Change and Mindfulness

This session introduces the concept of "creative hopelessness" through metaphors and discussion, aiming to highlight the participants' past ineffective coping strategies. Through mindfulness exercises, participants begin to

understand the connection between their thoughts and actions, helping them develop new perspectives on their behavior and emotional experiences.

#### Session 3: Acceptance and Values

The third session introduces the key concepts of acceptance and values. Participants explore their values, reflect on what matters most in their lives, and begin identifying actions that align with these values. Homework assignments are provided to help participants continue reflecting on their values outside of the therapy sessions.

#### Session 4: Clarifying Values and Setting Goals

This session focuses on clarifying values in greater detail and exploring the barriers to living in alignment with those values. Participants set goals based on their clarified values and are introduced to "committed action." A mindfulness exercise called "Body Scan" is conducted to deepen their awareness. Participants complete the "Valued Pathways" form to reinforce their understanding.

#### Session 5: Cognitive Defusion

In this session, the previous homework is reviewed, and the concept of "cognitive defusion" is introduced. Participants learn how to distance themselves from the negative impact of thoughts and language. Through mindfulness exercises, participants practice separating themselves from unhelpful thoughts, enabling them to engage in healthier behaviors. Additional homework is assigned to reinforce these practices.

#### Session 6: Committed Action

The session starts with a review of the progress so far, followed by a focus on committed action. Participants explore the importance of engaging in actions that align with their values, even in the presence of discomfort. Mindfulness practices and self-observation exercises help them remain aware of their thoughts and behaviors. Participants are given assignments to continue practicing committed action.

#### Session 7: Satisfaction and Commitment

This session introduces the concepts of primary and secondary suffering, discussing how avoidance behaviors can prevent individuals from finding true satisfaction. The session explores the barriers to commitment and satisfaction in life. A mindfulness walking exercise is conducted to encourage present-moment awareness. Homework is given to help participants further apply these concepts.

#### Session 8: Conclusion and Review

In the final session, participants revisit their values and the progress they have made. The therapist discusses the possibility of relapse and how to prepare for future challenges. Participants are encouraged to practice

mindfulness and committed action as lifelong habits. The session ends with goodbyes and a final "lifelong homework" assignment to continue integrating the lessons learned into their daily lives.

### 2.3.2. Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a well-established therapeutic approach that focuses on identifying and restructuring negative and dysfunctional thought patterns to improve emotional regulation and promote positive behavior changes. In the context of couples therapy, CBT aims to enhance marital satisfaction by addressing cognitive distortions, fostering effective communication, and promoting problem-solving skills. By challenging maladaptive beliefs and behaviors, couples can develop healthier perceptions of themselves and their relationship, leading to improved emotional connection and overall satisfaction. This intervention equips couples with practical strategies for managing conflicts and enhancing mutual understanding, which are key to maintaining a fulfilling relationship (Manber et al., 2019; Shakerinasab et al., 2022).

#### Session 1: Introduction

The first session begins with participant introductions, allowing each person to explain their reasons for joining the group and their expectations. The therapist provides basic information about Cognitive Behavioral Therapy (CBT) and the rationale behind the group therapy format. Confidentiality rules are emphasized to ensure participants feel safe sharing their experiences. The therapist explains the structure and rules for the sessions, followed by a preliminary exercise to familiarize participants with therapy tasks. A pre-test is administered to assess baseline symptoms.

#### Session 2: Thoughts, Feelings, and Behaviors

This session focuses on explaining the connection between thoughts, feelings, and behaviors. Participants learn to differentiate between thoughts, emotions, and actions, and how dysfunctional thinking patterns influence behavior. Common cognitive distortions are introduced, and participants receive a worksheet to help them start identifying and challenging their own thoughts.

#### Session 3: Cognitive Restructuring

The homework from the previous session is reviewed, and the session introduces the four key steps for cognitive restructuring: identifying thoughts, evaluating them, changing them, and understanding the effects of revised

thoughts. Participants practice these skills in session and receive a worksheet for continued practice at home.

#### Session 4: Triggers and Chains

This session builds on the previous sessions by exploring the cause-response-consequence chain in greater depth. The therapist explains how consequences are part of a larger behavioral pattern. Strategies for breaking harmful behavior chains are introduced, and participants work on identifying these patterns in their own lives.

#### Session 5: Assertiveness

Participants review the previous homework, and the therapist explains the concept of assertive behavior. Participants are guided to visualize situations where being assertive is challenging and learn self-talk techniques to boost assertiveness. The differences between passive, aggressive, and assertive behaviors are discussed, along with examples of negative self-talk that hinder assertiveness.

#### Session 6: Impulsivity, Self-Control, and Mood Elevation

This session addresses impulsivity and self-control. Participants learn to identify impulsive behaviors and strategies to manage impulses more effectively. The session also introduces techniques for mood elevation, such as engaging in pleasant activities, and participants are given worksheets to plan these activities.

#### Session 7: Stress Management and Problem Solving

This session focuses on understanding stress, stressors, and stress management techniques. Participants learn strategies for effective problem-solving and are introduced to progressive muscle relaxation as a way to manage physical tension associated with stress.

#### Session 8: Self-Esteem

In this session, the therapist discusses the concept of self-esteem and how negative self-assessments contribute to low self-worth. Participants are guided through exercises aimed at improving self-esteem and receive a self-image worksheet to help them reflect on and enhance their self-concept.

#### Session 9: Final Session

The final session begins with a review of the previous homework and a discussion about the importance of continuing to practice the skills learned in therapy. The therapist assesses the progress made and evaluates the participants' newly acquired skills. Participants are encouraged to continue applying CBT techniques in their daily lives after the conclusion of the sessions.

### 2.4. Data Analysis

In this study, statistical methods such as Multivariate Analysis of Variance (MANOVA), given the assumptions for parametric tests, and Analysis of Covariance (ANCOVA) were used.

## 3. Findings and Results

As shown in the results presented in [Table 1](#), in the pre-test phase, the mean scores of the experimental and control groups on both variables—meaning in life and marital satisfaction—are nearly identical. However, in the post-test phase, the mean scores for the experimental groups increased for both variables. In contrast, only minor changes were observed in the control group from pre-test to post-test.

**Table 1**

*Descriptive Statistics for Research Variables by Group at Different Time Stages*

Stage	Variable	Acceptance and Commitment Therapy (ACT) M (SD)	Cognitive Behavioral Therapy (CBT) M (SD)	Control M (SD)
Pre-test	Meaning in Life	40.73 (6.45)	38.87 (8.58)	40.67 (9.03)
	Marital Satisfaction	124.13 (17.27)	126.47 (18.28)	127.67 (22.59)
Post-test	Meaning in Life	47.93 (9.27)	47.67 (6.53)	39.47 (7.29)
	Marital Satisfaction	144.87 (12.15)	147.13 (16.20)	127.53 (12.18)
Follow-up	Meaning in Life	44.13 (12.37)	45.80 (7.51)	40.67 (7.82)
	Marital Satisfaction	148.93 (16.81)	146.33 (21.13)	126.53 (14.43)

According to the results in [Table 2](#), the independent variables, namely residential group therapy based on Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT), significantly affected the

variables of meaning in life ( $F(2, 39) = 5.80, p < .01$ ) and marital satisfaction ( $F(2, 39) = 84.54, p < .01$ ) at a significance level of .01.

**Table 2**

*Results of One-Way ANCOVA Testing the Effect of Independent Variables on the Dependent Variables*

Dependent Variable	Mean Squares Between Groups	df	Mean Squares Error	F	Significance Level	$\eta^2$
Meaning in Life	726.62	2	363.31	5.81	.01	0.23
Marital Satisfaction	3390.57	2	1695.29	8.54	.01	0.31

To address this research hypothesis, a one-way analysis of covariance (ANCOVA) was used. The participants' pre-test scores in the two therapeutic groups were considered as

covariate variables, and their post-test scores were treated as dependent variables. The results are reported in [Table 3](#):

**Table 3**

*One-Way ANCOVA Results for Comparing the Effectiveness of the Two Therapeutic Methods in the Post-Test Phase*

Variables	Source of Variation	Sum of Squares	df	Mean Square	F	Significance Level
Meaning in Life	Group	0.37	1	0.37	0.01	.94
	Error	1799.46	27	66.65		
	Total	1800.8	29			
Marital Satisfaction	Group	26.12	1	26.12	0.13	.72
	Error	5486.2	27	203.19		
	Total	5780	29			

Based on the results of the ANCOVA test, there was no significant difference between the post-test scores of participants in the two therapeutic methods, Acceptance and Commitment Therapy and Cognitive Behavioral Therapy, for the variables of meaning in life and marital satisfaction.

#### 4. Discussion and Conclusion

The results showed no significant difference between Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) in the post-test for the variable of meaning in life. These findings are consistent with the prior studies ([Ghomian & Shairi, 2014](#); [Salehi & NajafiSoulari, 2016](#)). The ACT-based residential therapy aims to enhance acceptance of life's realities and, as a result, promotes problem-focused coping strategies in dealing with life events. This is achieved through the mechanism of accepting distressing and negative thoughts, feelings, memories, bodily sensations, and urges, and recognizing that these distressing symptoms are not obstacles to a meaningful and rich life, but rather integral parts of it. Active and effective confrontation with thoughts and feelings, avoidance of experiential avoidance, changing one's self-narrative from that of a victim, re-evaluating life values and goals, and committing to more socially oriented goals are considered the influential factors in this therapeutic method. The core processes of ACT teach individuals how to let go of cognitive suppression, detach from intrusive thoughts, replace the conceptualized self with the observing self, accept internal events instead of controlling them, clarify their values, and pursue them. By using techniques to clarify values, it becomes clear to group members that it is not the

suffering or undesirable nature of circumstances (specific to these couples) that overwhelms individuals, but the meaninglessness of life that becomes catastrophic. Meaning is not only found in pleasure and happiness but also in suffering and death. Thus, finding meaning in life requires that values, goals, and criteria be deliberately processed, evaluated, and restructured within the individual. In this regard, Hayes (2005) demonstrated that ACT helps clients accept their emotions and cognitions, rather than focusing on removing harmful factors, freeing them from the controlling rules of problematic verbal expressions and reducing their conflict with them. Drawing on this scientific insight, Ghomian and Shiri (2014) in their study on the effectiveness of ACT showed that life-enriching strategies and accepting that life includes both pain and pleasure, along with accepting life's distress points, increase meaning in life among adolescents. The mechanism of this therapy is based on a process-oriented approach, which leads to greater acceptance of psychological experiences and increased commitment through flexible, adaptable, and meaningful actions, regardless of the content of psychological experiences ([Ghomian & Shairi, 2014](#)). Therefore, flexible understanding of life events leads to a transcendent interpretation of life concepts and helps individuals move beyond feelings of failure and loneliness. Additionally, through increased realistic thinking and reduced avoidance of psychological experiences, along with heightened awareness of the present moment, individuals learn to understand the true meaning of life and free themselves from the turmoil caused by avoiding unpleasant inner experiences. In other words, the main mechanism for the effectiveness of this therapy can be attributed to improved functioning



through enhanced psychological flexibility. Through this approach, individuals can overcome some of the suffering and thoughts related to life problems arising from living in semi-family centers and prepare themselves for a future rooted in a deep understanding of the meaning of life.

In explaining the impact of Cognitive Behavioral Therapy (CBT) on the meaning of life in couples, it can be said that CBT replaces negative and illogical thoughts and cognitive distortions with positive and logical thoughts. The goal is to challenge these dysfunctional thoughts and replace them with more adaptive, positive thoughts, which improves the individual's thinking and perception. Positive thoughts can explain the findings related to improved meaning in life. In CBT, strategies such as cognitive restructuring, evaluating the worst and best possible outcomes of a situation, assessing experiences, supporting cognitive logic, analyzing the downward arrow technique, identifying situational communication patterns, using Socratic questioning, and guided discovery are all aimed at improving the individual's perspective. CBT emphasizes that behavioral patterns are learned. Therefore, through CBT, negative attributions, distorted feedback, unrealistic goals, and dysfunctional behaviors can be adjusted and replaced with adaptive behaviors and realistic goals. Ultimately, the use of CBT techniques leads to a re-evaluation of individual thoughts and their correction, resulting in a more positive emotional experience for couples and an increased sense of meaning in life.

The results also showed no significant difference between ACT and CBT in the post-test for the variable of marital satisfaction. Based on Hayes et al. (2006), it can be explained that non-judgmental acceptance is crucial for marital satisfaction. At high levels of acceptance, individuals become aware of their psychological arousal (thoughts and feelings) without attempting to control or avoid them, which reduces the impact of these thoughts and feelings on their behavior. At low levels of acceptance, individuals engage in self-control strategies to alter their thoughts and feelings, which can negatively impact their behavior and performance. Thus, when individuals face stressful and challenging events, non-judgmental acceptance allows them to accurately assess the situation, and along with their commitment, they take the right course of action, which involves appropriate behavioral responses to stressors and challenges. For example, married employees were trained to move towards health rather than avoiding emotions, which improved their marital satisfaction. Another explanation is that in ACT, because of the combination of value-driven

actions and a willingness to engage in meaningful personal goals, individuals facing problems expressed their thoughts and feelings directly, valuing themselves and reducing anxiety, irritability, fear, and agitation. Additionally, cognitive processes such as exposure exercises, linguistic metaphors, and mindfulness techniques enabled individuals to maintain their health and energy and improve their performance, which contributed to an increase in marital satisfaction. Therefore, ACT-based group therapy can be an effective intervention in reducing marital dissatisfaction. In this therapy, instead of changing cognitions and challenging them, the goal is to enhance the psychological relationship with thoughts. Painful thoughts are transformed from obstacles to a meaningful life into normal human experiences that are part of a meaningful life. The techniques of this therapy place significant emphasis on reducing cognitive fusion (Kalal Ghochan Ataigh & Sarae, 2016). ACT-based group therapy encourages couples to connect with and be captivated by their true values in life, which can manifest in their relationships with their spouse throughout their lives. ACT-based group therapy, with its unique characteristics, helps couples experience emotions and experiences differently, reducing struggles with negative reactions and increasing the acceptance of thoughts. Consequently, couples in the experimental group were able to significantly reduce their sensitivities and control tendencies through acceptance and mindfulness exercises, which in turn led to a significant increase in their marital satisfaction.

Additionally, it can be explained that CBT, which focuses on understanding emotions and thoughts and changing the couples' thought patterns, helps couples understand each other better, strengthen their relationships, fulfill their responsibilities to each other, successfully resolve conflicts, make appropriate and constructive decisions to resolve disagreements, and experience greater satisfaction in expressing love, emotions, and sexual relations with their spouse. By recognizing their emotions and thoughts in different situations, CBT helps couples change their mental and cognitive representations of events, reducing incorrect beliefs about each other, and increasing their adaptability and satisfaction with their shared life. The cognitive-behavioral approach emphasizes the reciprocal influence between partners. One person's behavior triggers beliefs, emotions, and behaviors in their spouse, and the spouse's responses, in turn, evoke corresponding beliefs, emotions, and behaviors in the other partner. In this circular interaction, dysfunctional beliefs, emotions, and behaviors

can lead to numerous problems. CBT helps couples gain a better understanding of their own and their partner's beliefs and behaviors, which can effectively increase marital satisfaction.

## 5. Limitations and Suggestions

One limitation of this study is the relatively small sample size, which may limit the generalizability of the findings to broader populations. Additionally, the participants were selected through convenience sampling from family counseling centers, which might introduce selection bias, as the sample may not fully represent couples with more diverse backgrounds or issues. Another limitation is the reliance on self-report measures, which can be subject to biases such as social desirability and inaccurate self-perceptions. Furthermore, the study did not include long-term follow-up beyond three months, which limits the ability to assess the long-term efficacy of both therapeutic approaches.

Future research should consider replicating this study with larger and more diverse samples to increase the generalizability of the results. Longitudinal studies that track participants over a longer period would provide more insights into the sustained effects of Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) on meaning in life and marital satisfaction. Moreover, future studies could explore the moderating effects of individual differences, such as personality traits, relationship duration, or cultural factors, to better understand how these variables influence the effectiveness of these therapies. Additionally, incorporating objective measures, such as physiological assessments or observational data, could complement self-report measures and provide a more comprehensive understanding of therapy outcomes.

The findings of this study suggest that both ACT and CBT can be effectively implemented in clinical settings to address issues related to meaning in life and marital satisfaction. Therapists working with couples may benefit from integrating mindfulness and value clarification techniques from ACT, as well as cognitive restructuring techniques from CBT, to help couples improve their psychological flexibility and communication. Practitioners could also consider incorporating these therapies into preventive programs aimed at strengthening marital satisfaction, especially for couples facing stressors or life transitions. Training counselors and therapists in both therapeutic approaches could enhance the variety of

interventions available for couples in therapy, allowing for more personalized treatment plans.

## 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

This study adhered to all ethical principles. Initially, participants were informed about the research's objectives and procedures. All participants provided written informed consent. The study complied with all APA ethical standards and the Helsinki Declaration guidelines.

## References

- Adegboyega, L. O. (2022). Influence of Social Media on Marital Stability of Married Adults in Ilorin Metropolis. In *Families in Nigeria: Understanding Their Diversity, Adaptability, and Strengths* (Vol. 9, pp. 55-68). Emerald Publishing Limited. <https://doi.org/10.1108/S1530-35352022000018005>
- Araqiyan, S., Nejat, H., Tozandejani, H., & Baqerzadeh, Z. (2023). Comparing the effectiveness of life quality improvement skills therapy and compassion-based therapy on distress tolerance and meaning in life in women with conflict. *Psychological Methods and Models*, 11(39), 121-138. <https://ensani.ir/fa/article/441972/%D9%85%D9%82%D8%A7%DB%8C%D8%B3%D9%87-%D8%A7%D8%AB%D8%B1%D8%A8%D8%AE%D8%B4%DB%8C-%D8%AF%D8%B1%D9%85%D8%A7%D9%86->

- %D9%85%D9%87%D8%A7%D8%B1%D8%AA-%D9%87%D8%A7%DB%8C-%D9%85%D8%A8%D8%AA%D9%86%DB%8C-%D8%A8%D8%B1-%D8%A8%D9%87%D8%A8%D9%88%D8%AF-%DA%A9%DB%8C%D9%81%DB%8C%D8%AA-%D8%B2%D9%86%D8%AF%DA%AF%DB%8C-%D9%88-%D8%AF%D8%B1%D9%85%D8%A7%D9%86-%D9%85%D8%A8%D8%AA%D9%86%DB%8C-%D8%A8%D8%B1%D8%B4%D9%81%D9%82%D8%AA-%D8%A8%D8%B1-%D8%AA%D8%AD%D9%85%D9%84-%D8%A2%D8%B4%D9%81%D8%AA%DA%AF%DB%8C-%D9%88-%D9%85%D8%B9%D9%86%D8%A7%DB%8C-%D8%B2%D9%86%D8%AF%DA%AF%DB%8C-%D8%B2%D9%86%D8%A7%D9%86-%D8%AF%D8%A7%D8%B1%D8%A7%DB%8C-%D8%AA%D8%B9%D8%A7%D8%B1%D8%B6
- Bakhshi, H., Asadpour, M., & Khodadadizadeh, A. (2019). The relationship between marital satisfaction and depression in couples. *Scientific Journal of Qazvin University of Medical Sciences*, 11(2), 37-43. <https://www.sid.ir/paper/48875/fa>
- Bakhshi, H., Asadpour, M., & Khodadadizadeh, A. (2023). Correlation between marital satisfaction and depression among couples in Rafsanjan. *The Journal of Qazvin University of Medical Sciences & Health Services*, 2(11), 37-43. <https://www.sid.ir/paper/48875/fa>
- Bergman, M., & Keitel, M. A. (2023). At the heart of meaning-making: an acceptance and commitment approach to developing adaptive meaning following acute cardiac events. In *Navigating Life Transitions for Meaning*. Academic Press. [https://www.researchgate.net/publication/343186935\\_At\\_the\\_heart\\_of\\_meaning-making\\_an\\_acceptance\\_and\\_commitment\\_approach\\_to\\_developing\\_adaptive\\_meaning\\_following\\_acute\\_cardiac\\_events](https://www.researchgate.net/publication/343186935_At_the_heart_of_meaning-making_an_acceptance_and_commitment_approach_to_developing_adaptive_meaning_following_acute_cardiac_events)
- Ciarrochi, J., Bilich, L., & Godsell, C. (2020). Psychological flexibility as a mechanism of change in acceptance and commitment therapy. In *J Assessing Mindfulness* (pp. 51-75). [https://www.researchgate.net/publication/223996406\\_Psychological\\_flexibility\\_as\\_a\\_mechanism\\_of\\_change\\_in\\_Acceptance\\_and\\_Commitment\\_Therapy](https://www.researchgate.net/publication/223996406_Psychological_flexibility_as_a_mechanism_of_change_in_Acceptance_and_Commitment_Therapy)
- Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. *Psychology of Woman Journal*, 3(1), 46-55. <https://doi.org/10.52547/psychowoman.3.1.46>
- Deb, S., Thomas, S., Bose, A., & Aswathi, T. (2024). Happiness, meaning, and satisfaction in life as perceived by Indian university students and their association with spirituality. *Journal of religion and health*, 59(5), 2469-2485. <https://doi.org/10.1007/s10943-019-00806-w>
- Eshtad, E. (2009). *Examining the effectiveness of cognitive group therapy on the mental well-being of students* Master's thesis in Clinical Psychology, Tehran Institute of Psychiatry]. <https://www.sid.ir/paper/152621/fa>
- Fernández-Rodríguez, C., Coto-Lesmes, R., Martínez-Loredo, V., González-Fernández, S., & Cuesta, M. (2023). Is activation the active ingredient of transdiagnostic therapies? A randomized clinical trial of behavioral activation, acceptance and commitment therapy, and transdiagnostic cognitive-behavioral therapy for emotional disorders. *Behavior Modification*, 47(1), 3-45. <https://doi.org/10.1177/01454455221083309>
- Fye, M. A., Chasek, C. T., Mims, G. A., Sandman, J., & Hinrichsen, A. (2020). Marital satisfaction during retirement. *The Family Journal*, 28(3), 313-318. <https://doi.org/10.1177/1066480720929689>
- Ghomian, S., & Shairi, M. R. (2014). The Effectiveness of Acceptance and Commitment Therapy for Children with Chronic Pain on the Quality of Life on 7 to 12 Year-Old Children. *International Journal of Pediatrics (Supplement 4)*, 2(2-3), 20-28. [https://ijp.mums.ac.ir/article\\_2995.html](https://ijp.mums.ac.ir/article_2995.html)
- Görmezoğlu, M., Bouwens van der Vlis, T., Schruers, K., Ackermans, L., Polosan, M., & Leentjens, A. F. (2020). Effectiveness, timing and procedural aspects of cognitive behavioral therapy after deep brain stimulation for therapy-resistant obsessive compulsive disorder: A systematic review. *Journal of clinical medicine*, 9(8), 2383. <https://doi.org/10.3390/jcm9082383>
- Grau, P. P., Sripada, R. K., Ganoczy, D., Weinstein, J. H., & Pfeiffer, P. N. (2023). Outcomes of Acceptance and Commitment Therapy for depression and predictors of treatment response in Veterans Administration patients. *Journal of affective disorders*, 323, 826-833. <https://doi.org/10.1016/j.jad.2022.12.025>
- Greef, P. A., & Malherbe, L. (2021). Intimacy and Marital Satisfaction in Spouses. *Journal of sex & marital therapy*, 27, 247-257. <https://doi.org/10.1080/009262301750257100>
- Hashemizadeh, F., Rezaei, S., & Montajebiyani, Z. (2021). The effectiveness of meaning-centered therapy combined with the meaning of life based on Mulla Sadra's philosophy on marital conflict. *Islamic Women and Family Studies Journal*, 9(24), 9-27. <https://www.sid.ir/paper/1031619/fa>
- Hong, F. Y., Chiu, S. I., & Huang, D. H. (2023). A model of the relationship between psychological characteristics, mobile phone addiction and use of mobile phones by Taiwanese university female students. *J Comput Hum Behav*, 28(6), 2152-2159. <https://doi.org/10.1016/j.chb.2012.06.020>
- Hoppen, L. M., Kuck, N., Bürkner, P. C., Karin, E., Wootton, B. M., & Buhlmann, U. (2021). Low intensity technology-delivered cognitive behavioral therapy for obsessive-compulsive disorder: a meta-analysis. *BMC psychiatry*, 21(1), 1-17. <https://doi.org/10.1186/s12888-021-03272-5>
- Hou, Y., Jiang, F., & Wang, X. (2023). Marital commitment, communication and marital satisfaction: An analysis based on actor-partner interdependence model. *International journal of psychology*, 54(3), 369-376. <https://doi.org/10.1002/ijop.12473>
- Kalal Ghochan Ataigh, Y., & Saraee, F. (2016). The effectiveness of acceptance and commitment therapy on marital adjustment, sexual satisfaction and satisfaction life women's. *Journal of Fundamentals of Mental Health*, 1(1), 527-523. [https://jfmh.mums.ac.ir/article\\_8331.html](https://jfmh.mums.ac.ir/article_8331.html)
- Korporaal, M., Broese Van Groenou, M. I., & Tilburg, T. G. V. (2023). Health problems and marital satisfaction among older couples. *Journal of Aging and Health*, 25(8), 1279-1298. <https://doi.org/10.1177/0898264313501387>
- Lewin, A. B., Peris, T. S., Bergman, R. L., McCracken, J. T., & Piacentini, J. (2021). The role of treatment expectancy in youth receiving exposure-based CBT for obsessive compulsive disorder. *Behaviour Research and Therapy*, 49(9), 536-543. <https://doi.org/10.1016/j.brat.2011.06.001>
- Mahdavian, F. (1997). *Examining the effect of marital communication training on mental health* Master's thesis in Clinical Psychology, Tehran Institute of Psychiatry, Tehran]. <https://www.noormags.ir/view/fa/articlepage/125816/%D9%85%D8%B9%D8%B1%D9%81%DB%8C-%D9%BE%D8%A7%DB%8C%D8%A7%D9%86-%D9%86%D8%A7%D9%85%D9%87-%D9%87%D8%A7-%D8%A8%D8%B1%D8%B1%D8%B3%DB%8C-%D8%AA%D8%A7%D8%AB%DB%8C%D8%B1-%D8%A8%D8%B1%D8%B4%D9%81%D9%82%D8%AA-%D8%A8%D8%B1-%D8%A8%D9%87%D8%A8%D9%88%D8%AF-%DA%A9%DB%8C%D9%81%DB%8C%D8%AA-%D8%B2%D9%86%D8%AF%DA%AF%DB%8C-%D9%88-%D8%AF%D8%B1%D9%85%D8%A7%D9%86-%D9%85%D8%A8%D8%AA%D9%86%DB%8C-%D8%A8%D8%B1%D8%B4%D9%81%D9%82%D8%AA-%D8%A8%D8%B1-%D8%AA%D8%AD%D9%85%D9%84-%D8%A2%D8%B4%D9%81%D8%AA%DA%AF%DB%8C-%D9%88-%D9%85%D8%B9%D9%86%D8%A7%DB%8C-%D8%B2%D9%86%D8%AF%DA%AF%DB%8C-%D8%B2%D9%86%D8%A7%D9%86-%D8%AF%D8%A7%D8%B1%D8%A7%DB%8C-%D8%AA%D8%B9%D8%A7%D8%B1%D8%B6>

- %D8%A7%D9%85%D9%88%D8%B2%D8%B4-%D8%A7%D8%B1%D8%AA%D8%A8%D8%A7%D8%B7-%D8%A8%D8%B1-%D8%B1%D8%B6%D8%A7%D9%85%D9%86%D8%AF%DB%8C-%D8%B2%D9%86%D8%A7%D8%B4%D9%88%DB%8C%DB%8C-%D9%88-%D8%B3%D9%84%D8%A7%D9%85%D8%AA-%D8%B1%D9%88%D8%A7%D9%86%DB%8C
- Manber, R., Bei, B., Simpson, N., Asarnow, L., Rangel, E., Sit, A., & Lyell, D. (2019). Cognitive behavioral therapy for prenatal insomnia: a randomized controlled trial. *Obstetrics and Gynecology*, 133(5), 911-919. <https://doi.org/10.1097/AOG.0000000000003216>
- Mardani, M., Marashi, S. A., & Abbaspour, Z. (2022). On the Causal Relationship Between Attachment Styles and Marital Satisfaction: Mediating Role of Gottman's Marital Communication Model. *Iranian journal of psychiatry and behavioral sciences*, 15(2), 1-8. <https://doi.org/10.5812/ijpbs.108339>
- Mohseni, M., Chimeh, N., Banaghi, L., & Mansouri, N. (2017). Comparing family functioning and emotional expression in families of patients with rheumatoid arthritis and schizophrenia. *Family Research Journal*, 27(44), 290-373. [https://jfr.sbu.ac.ir/article\\_95979.html](https://jfr.sbu.ac.ir/article_95979.html)
- Navabinejad, S., Rostami, M., & Parsakia, K. (2024). The Mediating Role of Emotional Intelligence In The Relationship Between Marital Conflicts And Tendency To Marital Infidelity In Couples. *Journal of Assessment and Research in Applied Counseling*, 5(1), 1-8. <https://doi.org/10.61838/kman.jarac.5.1.1>
- Omidian, M., Rahimian Boogar, I., Talepasand, S., Najafi, M., & Kaveh, M. (2022). The Cultural Tailoring and Effectiveness of Couples Coping Enhancement Training on Marital Adjustment of Wives. *Journal of Practice in Clinical Psychology*, 7(1), 43-52. <https://doi.org/10.32598/jpcp.7.1.43>
- Palimaru, A. I., Dong, L., Brown, R. A., D'Amico, E. J., Dickerson, D. L., Johnson, C. L., & Troxel, W. M. (2022). Mental health, family functioning, and sleep in cultural context among American Indian/Alaska Native urban youth: A mixed methods analysis. *Social Science & Medicine*, 292, 114582. <https://doi.org/10.1016/j.socscimed.2021.114582>
- Peterson, B. D., Eifert, G. H., Feingold, T., & Davidson, S. (2011). Using acceptance and commitment therapy to treat distressed couples: A case study with two couples. *Cognitive and Behavioral Practice*, 16(4), 430-442. <https://doi.org/10.1016/j.cbpra.2008.12.009>
- Raygani, F. S., Esazadeghan, A., & Zeinali, S. (2022). The Structural Relationships of Perfectionism with Marital Satisfaction: The Mediating Role of Psychological Flexibility and Metacognitive Beliefs. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, 11(7), 67-78. <https://doi.org/10.1001.1.2383353.1401.11.7.8.7>
- Salehi, A., & NajafiSoulari, F. (2016). *Based on acceptance and commitment therapy on post divorce adjustment, emotional well-being, loneliness and hope for divorced women* Master's thesis in Clinical Psychology, Islamic Azad University of Najaf Abad]. [https://journals.iau.ir/article\\_665274.html](https://journals.iau.ir/article_665274.html)
- Schoenfeld, E. A., Loving, T. J., Pope, M. T., Huston, T. L., & Stulhofer, A. (2023). Does sex really matter? Examining the connections between spouses' nonsexual behaviors, sexual frequency, sexual satisfaction, and marital satisfaction. *Archives of Sexual Behavior*, 46(2), 489-501. <https://doi.org/10.1007/s10508-015-0672-4>
- Shadkam, H., Abolqasem, Y., Firoozeh Zangeneh, M., Zabih, P., & Hossein, M. (2022). Designing an academic vitality model based on meaning and hope in life with the mediation of happiness in female high school students in Hamedan city. *Islamic lifestyle with a focus on health*, 6(4), 187-195. [https://www.islamiilife.com/article\\_185703.html](https://www.islamiilife.com/article_185703.html)
- Shakerinasab, M., Azimzadeh Tehrani, N., Rostami, T., & Parsa Nejad, M. (2022). The Effectiveness of Cognitive-Behavioral Therapy Based on Marlatt's Model on Craving and Addiction Quitting Self-Efficacy in Patients under Treatment with Methadone. *etiadpajohi*, 16(64), 241-258. <https://doi.org/10.52547/etiadpajohi.16.64.241>
- Soleimani, E. (1994). *Examining the effect of irrational thoughts on marital dissatisfaction* Master's thesis, Teacher Training University, Tehran]. [https://jwsp.s.alzahra.ac.ir/article\\_5359.html?lang=en](https://jwsp.s.alzahra.ac.ir/article_5359.html?lang=en)
- Tamimi, Y., Soleymani Zadeh, N., Eftekhari, N., & Nemati, Z. (2023). Acceptance and commitment therapy on social adjustment and anxiety in mothers of children with autism. *Middle Eastern Journal of Disability Studies---*, 10(1), 42. <https://ijbmc.org/index.php/ijbmc/article/view/350>
- Tavakol, Z., Nikbakht Nasrabadi, A., Behboodi Moghadam, Z., Salehiniya, H., & Rezaei, E. (2021). A review of the factors associated with marital satisfaction. *Galen Medical Journal*, 6(3), 197-207. <https://doi.org/10.31661/gmj.v6i3.641>
- Travezaño-Cabrera, A., Vilca, L. W., Quiroz-Becerra, J., Huerta, S. L., Delgado-Vallejos, R., & Caycho-Rodríguez, T. (2022). Meaning of life questionnaire (MLQ) in peruvian undergraduate students: study of its psychometric properties from the perspective of classical test theory (CTT). *BMC psychology*, 10(1), 206-214. <https://doi.org/10.1186/s40359-022-00913-6>
- Van Es, C. M., El Khoury, B., van Dis, E. A., Te Brake, H., van Ee, E., Boelen, P. A., & Mooren, T. (2023). The effect of multiple family therapy on mental health problems and family functioning: A systematic review and meta-analysis. *Family Process*, 62(2), 499-514. <https://doi.org/10.1111/famp.12876>
- Vowles, K. E., Witkiewitz, K., Sowden, G., & Ashworth, J. (2018). Acceptance and commitment therapy for chronic pain: evidence of mediation and clinically significant change following an abbreviated interdisciplinary program of rehabilitation. *J Pain*, 15(1), 101-113. <https://doi.org/10.1016/j.jpain.2013.10.002>
- Wilhelm, S., Steketee, G., Siev, J., Yovel, I., & Lit, K. (2019). Predictors and Moderators of Cognitive and Behavioral Therapy Outcomes for OCD: A Patient-Level Mega-Analysis of Eight Sites. *Behavior therapy*, 50(1), 165-176. <https://doi.org/10.1016/j.beth.2018.04.004>
- Zaheri, F., Dolatian, M., Shariati, M., Simbar, M., Ebadi, A., & Azghadi, S. B. H. (2021). The concept and aspects of a successful marriage as stated by successful Iranian couples and experts: A qualitative study. *Crescent Journal of Medical and Biological Sciences*, 7(2), 159-169. [https://www.researchgate.net/publication/340654390\\_The\\_Concept\\_and\\_Aspects\\_of\\_a\\_Successful\\_Marriage\\_as\\_Stated\\_by\\_Successful\\_Iranian\\_Couples\\_and\\_Experts\\_A\\_Qualitative\\_Study](https://www.researchgate.net/publication/340654390_The_Concept_and_Aspects_of_a_Successful_Marriage_as_Stated_by_Successful_Iranian_Couples_and_Experts_A_Qualitative_Study)
- Zarei, M., Teiri, F., Soufizadeh, N., Haji-Esmaeelpour, A., Gharibi, F., & Rasolabadi, M. (2023). Evaluating the relationship between sexual function and marital satisfaction in married Kurdish women in year 2016. *Chronic Diseases Journal*, 7(1), 22-27. <https://doi.org/10.22122/cdj.v7i1.378>
- Zhang, P., Ye, L., Fu, F., & Zhang, L. G. (2021). The influence of gratitude on the meaning of life: the mediating effect of family function and peer relationship. *Frontiers in psychology*, 12(7), 680-795. <https://doi.org/10.3389/fpsyg.2021.680795>