

Original research

Comparing the effectiveness of cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) on Hatfield's love model in heterosexual and unequal couplesMohammad Poloei¹, Hamid Yaghubi,² MohammadReza Saffariyan Tousi³**Abstract:**

Introduction: The aim of the present study was to compare the effectiveness of cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) on Hatfield's love model in heterosexual and unequal couples.

Research method: The present research method was a semi-experimental type, which was conducted as a pre-test, post-test, with a control group and a 1-month follow-up. The statistical population of the research included all the couples who referred to the welfare counseling and social emergency centers of Torbat Jam city. Among the statistical population, using the purposeful and available sampling method and based on the score of the Passionate Love Questionnaire by Hatfield and Rapson in the pre-test, 24 couples (24 men and 24 women) who met the entry and exit criteria were selected to The title of the selected sample, and were randomly replaced in 3 groups of 8 couples (8 men and 8 women) A, B and C (2 experimental groups and one control group) that group A received cognitive behavioral therapy, group B received acceptance and commitment therapy and Group C was the control group that did not receive treatment. In order to analyze the research data, multivariate covariance analysis and post hoc tests such as Benferroni were used.

Findings: Data were analyzed with SPSS-22 software. The results showed that both groups of cognitive behavioral therapy (CBT) and acceptance and commitment based therapy (ACT) were effective on Hatfield's love model in unequal couples. But this difference was not significant in Hatfield's love model. Therefore, these two methods can be used to improve marital relations.

Conclusion: Therefore, both cognitive behavioral therapy and therapy based on acceptance and commitment can be used to increase love and marital satisfaction between couples.

Keywords: acceptance and commitment-based therapy (ACT), cognitive and behavioral therapy (CBT), Hatfield's love model, dissimilar and unequal couples

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Introduction:

Marriage is the most fundamental human relationship for achieving emotional needs and security. Marriage is a symbol of social success that plays an important role in a person's health (1). In fact, marriage and forming a family is one of the most important phenomena in life, which can provide growth and prosperity for couples. Some experts of various social sciences believe that one of the main factors of marriage between men and women is the existence of commonalities between them, including; Temperament, culture, beliefs and convictions, social class, environmental and geographical conditions, and in general, the sameness and homogeneity of couples. Also, the results and researches show that the life of same-sex spouses will continue more likely. And in general, it can be stated that regardless of all the changes and transformations that have occurred during the recent centuries, people consider the principle of similarity and homogeneity in choosing a spouse according to an old tradition and sometimes unknowingly. In a brief but at the same time expressive definition, matchmaking can be defined as follows: "matchmaking is choosing a spouse from among matches and marrying people who have the most similarities in various aspects, which is opposite to matchmaking takes" (2).

Love is the factor that binds husband and wife and keeps them stable, After that, love and affection have a quality that can erase many tensions between couples and cover up self-centeredness (3) Hatfield (4) also divided love into two main types erotic love and companionate love (compassionate). Erotic love is characterized by intense emotions, sexual desire and intense intellectual engagement with the beloved (4). This love has a fast and fiery beginning and almost inevitably turns cold with the passage of time. Sometimes erotic love becomes a prelude to the cultivation of conversational love, which is a milder and more stable experience and is characterized by a feeling of mutual trust, reliability and warmth. They believe that the combination of erotic love and companionship is the best form of love. The research of Fricker and Moore (5) and Rafagnino and Podo (6) showed that one of the effective structures on marital relationship satisfaction is their lovemaking styles. Also, the research of Rafizadeh and Zare (7) showed that lovemaking styles predict emotional divorce.

In order to have a successful life full of love and affection, couples need to establish a proper relationship, and this relationship together with love between couples requires providing psychological interventions and choosing the right approach, which is one of the effective approaches on couple's intimacy and reform. The style of making love between couples is cognitive behavioral therapy (8). In order to change maladaptive behaviors and achieve self-help, therapists emphasize not only cognitive reconstruction such as changing false expectations, ineffective schemas, negative self-concepts, negative self-talks and false and irrational beliefs, but also training social skills such as self-expression, problem solving, Muscle relaxation, interpersonal skills are also emphasized (9). Also, this approach is intrinsically respectful and collaborative and increases the self-control of the patient and reduces her destructive behaviors (10).

In the approach of cognitive-behavioral couple therapy, the source of marital problems is considered to be the ineffectiveness of the couple's skills in communicating with each other, the inability to solve interpersonal problems and conflicts, illogical cognitions and beliefs, and ineffective behaviors. The focus of cognitive-behavioral couple therapy sessions is on improving the interpersonal relationship of couples, so that they can resolve their interpersonal conflicts through behavioral strategies and cognitive reconstruction and be equipped with the necessary

social and cognitive skills to solve future problems. In this context, various studies indicate the effectiveness of cognitive behavioral therapy on intimacy and relationship improvement (11), marital satisfaction (5) and marital conflict (12). Another approach that is effective in reducing marital conflicts and couples' lovemaking styles is acceptance and commitment therapy (13).

Therapy based on acceptance and commitment, which is derived from the influence of the third wave of behaviorism, has been able to expand the traditional cognitive-behavioral therapy method, especially by using mindfulness and emphasizing values (2). It combines acceptance and mindfulness strategies with commitment and behavior change strategies in different ways and helps people in solving psychological problems, effective behavioral changes, and effective behavioral changes (14).

This approach is effective for solving marital discord and forgiveness in marital relationships, because in the process of forgiveness, avoiding the experience of negative emotions such as anger prevents the realization of forgiveness, but the treatment of acceptance and commitment by providing the context for experiencing these emotions and accepting them through Practical works and metaphors facilitate the process of forgiveness (15).

The main goal in this approach is for a person to create a fruitful and meaningful life for himself by effectively controlling the pains, sufferings and tensions that life inevitably creates for him. As a result of identifying the boundaries that have prevented people from living a desirable life, acceptance and commitment are the key components of therapy (16) (18) and marital problems (19).

Therefore, considering the importance of the health of married life and the role of love indicators on marital relationships and the need to intervene in this field and choose the appropriate approach in this field, the researcher in this research tries to investigate the difference between the effectiveness of cognitive and behavioral therapy (CBT) and therapy Acceptance and Commitment (ACT) is based on Hatfield's model of love in unequal couples.

Research method:

This research was practical and semi-experimental in terms of purpose, which was conducted as a pre-test, post-test, with a control group. The statistical population of the research included all the couples who referred to the welfare counseling and social emergency centers of Torbat-Jam city in 1401. From among the statistical population, using a targeted and available sampling method and based on Hatfield and Rapson's (1993) Love Questionnaire score in the pre-test, 24 couples (24 men and 24 women) who met the entry and exit criteria, were selected as samples and randomly replaced in 3 groups of 8 couples (8 men and 8 women) A, B and C (2 experimental groups and one control group). Group A received cognitive behavioral therapy, Group B received acceptance and commitment therapy, and Group C was the control group that did not receive treatment. Measuring tools:

Questionnaire of demographic characteristics: This questionnaire is used to obtain individual data and to check the demographic characteristics of the subjects, as well as to check the age match, education match, social match (occupation match), geographical match (place of birth) of the spouses (including: gender, age, age Spouse, age of marriage, age difference with spouse, region of residence, place of birth of self and spouse).

Passionate Love Scale (PL): The Passionate Love Scale was developed by Hatfield and Rapson (1993). This questionnaire contains 15 items, and the method of responding to this scale is based on the Likert scale and in a continuum from 1 to 9. Cronbach's alpha of the scale was reported as 0.87 and the cross-correlation analysis method was used to calculate its validity and it was reported as 0.79. In the Iranian sample, the reliability coefficient of this questionnaire in the research of Rafii Nia and Asghari (2006) for the love scale of Hatfield and Rapson's love scale is 0.82 (4).

Acceptance and Commitment Therapy (ACT): Treatment sessions were held in the form of eight 60-minute sessions once a week based on the ACT book in simple language, acceptance and commitment-based therapy by Harris (6), and the summary of the sessions is presented in Table 1.

Table 1: Summary of Acceptance and Commitment Therapy (ACT)

First session	Clarification of group rules, goals and expectations (familiarity and communication between members)
second session	Definition of the problem from the perspective of the couple and the counselor (problem formulation)
third session	Choosing a healthy relationship (motivation, desire and passion), Golzar's metaphor, continuing or ending the relationship
fourth Session	Familiarity with the functioning of the mind and how to get rid of destructive thoughts, weakening expectations (not eliminating them), teaching conflict resolution methods.
Fifth Session	Identification of common values and committed action, identification of couples' strengths
Sixth Session	Introduction and diagnosis of relationship barriers: disconnection, reaction, avoidance, inside your mind, neglected values (recognition and diagnosis of relationship barriers)
seventh session	Introduction of layers of fog: I wish, dos and don'ts, only if... (Introduction to psychological fog)
eighth session	Choosing an effective action according to values despite the presence of unpleasant thoughts and feelings, setting up a ceremony of forgiveness and an oath (implementing what has been learned)

Cognitive-behavioral therapy sessions were held in the form of eight 60-minute sessions once a week based on the book of Frey's cognitive-behavioral therapy group (7), the summary of the sessions is presented in Table 2.

Table 2: Summary of cognitive behavioral therapy (CBT) sessions

First session	Introduction and review of effective factors and history of treatment, communicating and expressing goals.
second session	Relaxation skill and doing many relaxation exercises
third session	Negative thoughts, the rate of success in identifying and stopping thoughts
fourth Session	Recognizing and categorizing beliefs

Fifth Session	Analysis of usefulness and similarity of beliefs
Sixth Session	Logical analysis of the definition of the word itself
seventh session	Teaching the characteristics of opposing beliefs
eighth session	Simulation of real situations

The data of the present study were analyzed with the help of SPSS-22 statistical software and using descriptive statistics (mean and standard deviation) and multivariate covariance analysis and Ben Feroni post hoc tests.

Findings:

In the following tables, the demographic characteristics of the participants are presented according to age and education

Table 3: Sample frequency distribution according to age and by groups

	CBT		ACT		control	
age	Frequency	Percent	Frequency	Percent	Frequency	Percent
20- 30	3	18.8	2	12.5	2	12.5
31- 40	6	37.5	8	50.0	7	43.8
41 to up	5	31.2	4	25.0	4	25.0
Total	16	100	16	100	16	100

The above table shows the frequency distribution of the sample according to education. As can be seen, most of the three groups of cognitive and behavioral therapy (37.5 percent), acceptance and commitment-based therapy (50 percent), evidence (43.8 percent) have diploma and postgraduate education.

Table 4: Descriptive indices of Hatfield's love model according to test stages and by groups

	CBT		ACT		control	
Education	Frequency	Percent	Frequency	Percent	Frequency	Percent
High school	3	18.8	2	12.5	2	12.5
Diploma's education	6	37.5	8	50.0	7	43.8
Bachelor's degree	5	31.2	4	25.0	4	25.0
Master's degree and higher education	2	12.5	2	12.5	3	18.8
Total	16	100	16	100	16	100

The table above shows the abundance of sample in education. As can be seen, most of the three groups of cognitive and behavioral therapies (37.5 %) of admission and commitment (50 %) are a certificate (43.8 %) with diploma and diploma.

Table 5: Descriptive indices of Hatfield's love model according to test stages and by groups

Variables	group	Pre -test		Post- test		Follow up
		mean	SD	mean	SD	
CBT		30.62	1.74	57.88	1.89	57.62
ACT		34.25	2.82	68.44	68.44	68.31
Control		32.12	2.33	2.31	31.33	31.75
						3.20

The results of Table 5 show that in the aftermath and follow -up of the Hatfield (passionate love) model, the subjects of ACT and CBT groups have a higher average control group subjects. Comparison of the averages shows that in both the ACT and CBT training groups, the average of pre -test scores increased to post -test and follow -up. But after the test, it has not changed significantly to the scores of the subjects of these groups. To respond to this research hypothesis, single variance analysis was used with repeated measurement. The results of the assumptions of the homogeneity of the variance are in Table 6.

Table 6: The results of Levin's test to check the equality of variance of Hatfield's love model in ACT and CBT groups

Variables	group		Pre -test		Post- test	Follow up
	F	sig	F	sig	F	sig
Hatfield's love	1.535	0.10	1.250	0.12	2.66	0.53

Table 6 shows that the same variance is realized in the Hatfield love model. The M. Box test also showed that the same as the variance matrix matrix has been realized ($0.05 < p$, $f = 4/4$, Boxose = 60.60). The results of the Bartlett Croit Test also indicated that there was a moderate and significant correlation between the dimensions of the Hatfield love model ($p < 0.01$, $353 = 353$). The results of the Croit Moghley test are in Table 7.p

Table 7: Results of Croit Moghley Support in Model Hatfield Love Model in Groups of ACT and CBT

Variable	W	χ^2	df	P	Correction of epsilon greenhouse geyser
Hatfield's love	0.04	137.91	2	0.0001	0.51

Table 7 shows that the assumption of sphericity regarding the variables has not been fulfilled ($P < 0.05$) and Greenhouse Geyser epsilon correction should be used to estimate the differences in these variables.

Table 8: Results of repeated measurement variance analysis for Hatfield's love model in ACT and CBT groups

Variable	Source of changes	sum of squares	Df	Average of squares	F	P	Eta squared
Hatfield's love	Time	9821.260	1	9821.260	1283.475	0.0001	0.96
	Intergroup time*group	5293.896	2	2646.948	345.912	0.0001	0.93
	error	344.344	45	7.652			
	group	15678.167	2	7839.083	20.828	0.0001	0.48
	between error groups	16936.917	45	376.376			

Table 8 shows that there is a significant difference between the ACT and CBT groups in the dimensions of Hatfield's love model according to the test and the interaction effect of the test, group membership and intergroup membership ($P < 0.01$). The results of repeated measures variance analysis showed that they are significant for Hatfield's love variable in time factor and group factor ($P > 0.01$). These results indicate that there is a difference between the experimental groups (two treatment groups) and the control group in Hatfield's love ($P > 0.01$). The eta square for the investigated variables is more than 0.10, which shows that the difference between the groups is significant. The results of Ben Feroni's post hoc test to compare the averages according to test stages and groups are given in Table 9.

Table 9: Ben Feroni's post hoc test to compare the mean of Hatfield's love model according to test stages in ACT and CBT groups

Variable	Base group and comparison group	difference averages	in	P
Hatfield's love	CBT and ACT	-8.292		0.126
	CBT and Control	16.792		0.0001
	ACT and Control	25.083		0.0001

The results of Table 9 show that in terms of comparing the two groups, the difference between the two intervention methods and the control group is significant for Hatfield's love, although no significant difference was observed between the two treatment groups. But comparing the difference between the averages of the two groups, ACT treatment has been more effective than CBT treatment on Hatfield's love.

Discussion and conclusion:

This research was conducted with the aim of comparing cognitive and behavioral therapy (CBT) and acceptance and commitment based therapy (ACT) based on the Hatfield love model in unequal couples. The results showed that both groups of cognitive behavioral therapy (CBT) and acceptance and commitment based therapy (ACT) were effective on Hatfield's love model in unequal couples. Although no significant difference was observed between the two treatment groups, but comparing the difference between the two groups' averages, the treatment based on acceptance and commitment to Hatfield's love was more effective than cognitive behavioral therapy. This result was in line with the findings of Halajian, Babakhani, Pouyamanesh and Jafari

(13), Shahbazfar, Zarei, Haji Alizadeh and Dartaj (20), Enmajib, Rajaizadeh, Bekai and Salimi (21) and Vaib et al. (19).

Commitment-based acceptance therapy helps people to experience negative thoughts and reactions related to their relationships in new ways by increasing awareness and conscious acceptance, and as a result, have less conflict with them. Avoidant thoughts and situations are considered as an obstacle to the growth and development of relationships, they should be separated from each other and accepted. Clarification of values and commitment to it creates an opportunity for behavior that increases satisfaction and consequently the quality of communication and reduces psychological and interpersonal suffering (22) in a way that reduces reactivity, fear and wrong judgments. Since it has been shown that these situations increase discomfort and interpersonal tension. Ultimately, the goal of therapy is based on acceptance and commitment to experiencing thoughts, feelings, and emotions in a natural way. The act of getting rid of negative thoughts made the women of the sample group not take their negative thoughts and judgments seriously and accept individual differences as a necessity in interpersonal interactions. Finally, by emphasizing the values, their commitment to intimate behaviors between them increases, and in this way, people's ways of loving are improved.

In terms of the effect of cognitive behavioral therapy, it can be said that according to this approach, the ineffectiveness of communication comes from the spouses' irrational beliefs about the relationship. And problematic cognitions create undesirable and ineffective behavior patterns. In this method, emphasis is placed on the role of selective attention, expectations, assumptions and documents in creating conflict between spouses. Cognitive behavioral therapist helps by focusing on irrational beliefs and cognitive restructuring which is one of the prominent methods of this approach. The therapist changes his beliefs with the aim of having a more rational evaluation according to the evidence. Cognitive behavioral therapy focuses on the connection between thoughts, feelings and behavior. And she believes that by rebuilding their thoughts, people gain the ability to deal with psychological pressures. Epstein and Zheng conducted a research on the effectiveness of the cognitive-behavioral approach in resolving couples' conflicts, and they found out that their differences can be created based on their knowledge about the mutual relationship and also the changed behavior of each one (23). And in explaining the more effective treatment based on acceptance and commitment compared to cognitive behavioral therapy, it can be said that people use a special style and method to love their spouse. And this style is influenced by the mutual and constant communication between husband and wife and their interpretation of their living environment. The stability of a love relationship originates from transitory intrapersonal and interpersonal factors. The purpose of treatment based on acceptance and commitment is to express thoughts and feelings naturally, resolve conflicts with spouse, start new and positive relationships to expand intimacy. Couples may have conflict and incompatibility over the years and constantly try to change each other. They try not to give up on interpersonal differences and use interpersonal control methods and hostility towards each other. And in therapy based on acceptance and commitment, it is believed that thoughts are the product of a natural mind and what turns thoughts into beliefs is the integration of the person with the content of thoughts. Mindfulness techniques in therapy based on acceptance and commitment lead to real seeing and acceptance of feelings. People who find situations and stimuli around them stressful due to interpersonal support. They spend money and therapy to escape anxiety and other negative experiences. As a result, they show inconsistent responses to emotions and lead to the reduction of marital conflicts, so this method can lead to the improvement of love styles among couples.

Research limitations: Among the limitations of this research, the availability of the sampling method and the small size of the sample and not considering other problems and crises in the lives of these families are investigated, therefore, one should be careful in generalizing the results to other groups.

Application of research: It is suggested that similar researches be carried out in other cities and other cultures on identical and non-identical couples so that the results of the researches can be compared. Finally, considering the effect of both treatments on love styles and improvement of marital relationship in couples, it is suggested. Therapists and counselors in the field of marriage should also use the results of research in premarital counseling and marital conflicts so that couples can start their married life with more knowledge so that the rate of divorce and marital heartbreak among young couples can be reduced.

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Ethical considerations: In this research, ethical considerations included: written information about the research to the participants, giving assurance to the subjects about the confidentiality of the information and its use only in research matters, the voluntary participation of people in the study and obtaining written consent from the participants.

It should be noted that the code of ethics with ID IR.IAU.MSHD.REC.1400.077 was obtained for conducting the research.

Conflict of interest: There is no conflict of interest between the authors.

References:

1. Raymo JM, Park H. Marriage decline in Korea: Changing composition of the domestic marriage market and growth in international marriage. *Demography*. 2020; 57(1):171-94 .
doi.org/10.1007/s13524-019-00844-9
2. Pleger M, Treppner K, Diefenbacher A, Schade C, Dambacher C, Fydrich T. Effectiveness of Acceptance and Commitment Therapy compared to CBT: Preliminary results. *The European Journal of Psychiatry*. 2018;32(4):166-73 .doi.org/10.1016/j.ejpsy.2018.03.003
3. Nicolotti L, El-Sheikh M, Whitson SM. Children's coping with marital conflict and their adjustment and physical health: vulnerability and protective functions. *Journal of Family Psychology*. 2003;17(3):315 .doi.org/10.1037
4. Lenferink L, de Keijser J, Eisma M, Smid G, Boelen P. Online cognitive-behavioural therapy for traumatically bereaved people: study protocol for a randomised waitlist-controlled trial. *BMJ open*. 2020;10(9):e035050 .doi.org/10.1136/bmjopen-2019-035050
5. Fricker J, Moore S. Relationship satisfaction: The role of love styles and attachment styles. *Current Research in Social Psychology*. 2002;7(11):182-204.
6. Raffagnino R, Puddu L. Love styles in couple relationships: a literature review. *Open Journal of Social Sciences*. 2018;6:307-30.
7. Rafiezadeh F, Zarehneyestanek M. The Role of Lovemaking Styles in Predicting Emotional Divorce of women with marital conflict. *Biannual Journal of Applied Counseling* .2021; 11 (1): 39- 58. [in Persian]. doi: 10.22055/jac.2021.36329.1783

8. Esfandiyari Bayat D. Comparison of the effectiveness of group counselling based on rational, emotional and behavioral therapy (REBT) and acceptance and commitment therapy (ACT) on forgiveness of women affected by marital infidelity. *Journal of psychological science*. 2021;20(97):139-48 .doi: [20.1001.1.17357462.1400.20.97.13.0](https://doi.org/10.1001.1.17357462.1400.20.97.13.0) .[in Persian].
9. Dijkstra JM, Nagatsu T. Cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and Morita therapy (MT); comparison of three established psychotherapies and possible common neural mechanisms of psychotherapies. *Journal of Neural Transmission*. 2022;129(5-6):805-28.doi: [20.1001.1.17357462.1400.20.97.13.0](https://doi.org/10.1001.1.17357462.1400.20.97.13.0)
10. Moradi M, Banisi P, Zomorodi S. Investigating the effectiveness of cognitive-behavioral education on the spiritual health and resilience of housewives of Buin va Miandasht. *Annals of the Romanian Society for Cell Biology*. 2021:19013-22 .doi: [20.1001.1.17357462.1400.20.97.13.0](https://doi.org/10.1001.1.17357462.1400.20.97.13.0) [in Persian]
11. Pentel KZ, Baucom DH, Weber DM, Wojda AK, Carrino EA. Cognitive-behavioral couple therapy for same-sex female couples: A pilot study. *Family process*. 2021;60(4):1083-97 . doi.org/10.1111/famp.12696
12. Rafiei Saviri M, Chehri A, Hosseini S, Amiri H. Comparison of the effectiveness of couple therapy based on acceptance and commitment with cognitive-behavioral couple therapy on marital conflict and cognitive flexibility in married women with marital boredom .*Journal of Applied Family Therapy*. 2022;3(2):317-39 doi: [10.22034/afjt.2022.323087.1335](https://doi.org/10.22034/afjt.2022.323087.1335) .[in Persian]
13. Halajian Z, Babakhani V, Pooyamanesh J, Jafari A. Comparison of the Effectiveness of Acceptance and Commitment Therapy and Couple Therapy Based on Guttman Model on the Lovemaking Styles of Women Affected by Husband Infidelity. *Journal of Applied Family Therapy*. 2022;3(2):246-63 [10.22034/afjt.2022.340436.1556](https://doi.org/10.22034/afjt.2022.340436.1556) .[in Persian]
14. Hayes SC. Acceptance and commitment therapy: towards a unified model of behavior change. *World psychiatry*. 2019;18(2):226 .doi: [10.1002/wps.20626](https://doi.org/10.1002/wps.20626)
15. Grégoire S, Lachance L, Bouffard T, Dionne F. The use of acceptance and commitment therapy to promote mental health and school engagement in university students: A multisite randomized controlled trial. *Behavior therapy*. 2018;49(3):360-72 .doi.org/10.1016/j.beth.2017.10.003
16. Ziaee A, Nejat H, Amarghan HA, Fariborzi E. Existential therapy versus acceptance and commitment therapy for feelings of loneliness and irrational beliefs in male prisoners. *European journal of translational myology*. 2022;32.(1): 44- 59. doi: [10.4081/ejtm.2022.102171](https://doi.org/10.4081/ejtm.2022.102171)
17. Mohammadian S, Asgari P, Makvandi B, Naderi F. Effectiveness of acceptance and commitment therapy on anxiety, cognitive avoidance, and empathy of couples visiting counseling centers in Ahvaz City, Iran. *Journal of Research and Health*. 2021;11(6):393-402 . doi: [10.4081/ejtm.2022.102171](https://doi.org/10.4081/ejtm.2022.102171)
18. Lev A, McKay M. *Acceptance and Commitment Therapy for Couples: A clinician's guide to using mindfulness, values, and schema awareness to rebuild relationships*: New Harbinger Publications; 2017.
19. Wiebe SA, Johnson SM, Burgess Moser M, Dalgleish TL, Tasca GA. Predicting follow-up outcomes in emotionally focused couple therapy: The role of change in trust, relationship-specific attachment, and emotional engagement. *Journal of marital and family therapy*. 2017;43(2):213-26 .doi.org/10.1111/jmft.12199
20. Shahbazfar R, Zarei E, Hajializade K, Dortaj F. Comparing the Effectiveness of Cognitive-Behavioral Couple Therapy and Couple Therapy Based on Acceptance and Commitment Therapy in Improving Marital Quality of Non-clinical Couples. *Psychological Methods and Models*. 2021;12(43):100-13 .[10.30495/jpmm.2021.4726](https://doi.org/10.30495/jpmm.2021.4726) [in Persian]

21. Enjezab B, Rejaezadeh M, Bokaie M, Salimi H. The effectiveness of acceptance and commitment therapy (ACT) on sexual self-efficacy and sexual quality of life in reproductive-age women: A randomized controlled trial. *Journal of Sex & Marital Therapy*. 2021;47(8):764-72 . doi.org/10.1080/0092623X.2021.1944938 [in Persian]
22. Jamshidzahi B, Kahrazai F, Shirazi M. The efficacy of positive couple therapy and treatment based on acceptance and commitment on the desire for divorce. *Journal of psychologicalscience*. 2021;20(106):1881-95 .doi: [10.52547/JPS.20.106.1881](https://doi.org/10.52547/JPS.20.106.1881) [in Persian]
23. Hollon SD. *Cognitive Therapy in the Treatment and Prevention of Depression*1. The interpersonal, cognitive, and social nature of depression: Routledge; 2014. p. 133-51.