




The Role of Modern Marital Therapies: A Comparative Analysis of the Effectiveness of the Gottman Approach and Cognitive-Behavioral Therapy on Marital Satisfaction (A Case Study of Married Students at Islamic Azad University, Hamedan Branch)

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Gottman couple therapy and cognitive-behavioral couple therapy in improving marital satisfaction among married students at Islamic Azad University, Hamedan Branch.

Methods: The study utilized a quasi-experimental pretest-posttest design with a control group. A total of 45 married students were selected through convenience sampling and randomly assigned into three groups: Gottman couple therapy (n = 15), cognitive-behavioral couple therapy (n = 15), and a control group (n = 15). The intervention groups received 10 sessions of Gottman couple therapy or 8 sessions of cognitive-behavioral couple therapy, while the control group received no intervention. The ENRICH Marital Satisfaction Questionnaire (47-item short form) was used to assess marital satisfaction before and after the interventions. Data were analyzed using SPSS-24 software, employing multivariate analysis of covariance (MANCOVA) and one-way analysis of variance (ANOVA) to compare the effects of the interventions.

Findings: The results indicated that both Gottman couple therapy and cognitive-behavioral couple therapy significantly improved marital satisfaction compared to the control group ($p < 0.05$). The effect size analysis revealed that Gottman couple therapy had a greater impact ($\eta^2 = 0.789$) compared to cognitive-behavioral couple therapy ($\eta^2 = 0.721$), particularly in areas related to emotional communication, conflict management, and decision-making. However, the ANOVA results showed no statistically significant difference between the two intervention groups ($p > 0.05$), indicating that both approaches were similarly effective in enhancing marital satisfaction.

Conclusion: Both Gottman couple therapy and cognitive-behavioral couple therapy were effective in increasing marital satisfaction among married students, with Gottman couple therapy demonstrating a slightly greater impact. Given the shared

principles of these approaches, future research should explore the potential benefits of integrating them to create a more comprehensive intervention for couples.

Keywords: *Gottman couple therapy, cognitive-behavioral couple therapy, marital satisfaction, married students.*

1. Introduction

Marriage is one of the most significant human experiences in which two individuals establish a deep emotional, legal, and social bond, deciding to start a shared life (Defanti, 2025). This major life decision brings numerous challenges and opportunities. One of the most critical determinants of a successful and lasting marriage is the level of marital satisfaction between spouses (Amini et al., 2024; Ashkenazi et al., 2024; DeCrimp et al., 2021).

Marital satisfaction describes an individual's overall sense of contentment and happiness with their marital relationship (Fincham et al., 2018). Numerous studies have demonstrated that low levels of marital satisfaction are associated with an increased likelihood of divorce, depression, anxiety, and other psychological problems in couples (Wilcox et al., 2021). Therefore, addressing therapeutic strategies to improve this key factor in marital relationships is essential and crucial.

Marital satisfaction is defined as the degree of agreement and harmony that couples experience in various aspects of their marital life. Satisfaction is fostered through specific factors such as effective conflict resolution and engaging in shared activities that enhance happiness within the marriage (Sanagooei Zadeh, 2021). Marital satisfaction can also be defined as an individual's attitude toward their marital relationship (King, 2016). The quality of life and shared bond between spouses can be described as marital satisfaction, an element that encompasses thoughts, emotions, and behaviors related to the relationship with one's partner. Partners who report higher marital satisfaction and lower relational discord tend to experience fewer negative life events, better communication, increased mutual support and coping, fewer symptoms of psychological distress, and overall better health (Dobrowolska et al., 2020). Marital satisfaction has been defined as a positive attitude toward the marital relationship, which can range from desirable to undesirable behaviors (Kim et al., 2021). Hou, Jiang, and Wang (2019) conceptualized marital satisfaction as an objective feeling of contentment, compatibility between spouses, and the couple's enjoyment of all aspects of their relationship (Hou et al., 2019).

The decline in marital satisfaction has become one of the most prevalent issues in contemporary society. This decline

leads to increased marital conflicts and disputes, with destructive consequences that have gained significant attention among counselors and psychotherapists. One of the key factors influencing marital relationships and contributing to divorce is marital satisfaction (Saeimi et al., 2020). In this context, Hossein Ghorban and Abbaspour Azar (2019) stated that dissatisfaction among spouses significantly impacts other marital roles, such as parenting and work responsibilities, and serves as a critical predictor of divorce. Couples on the verge of divorce often cite neglect or lack of attention from their spouse, characterized by low satisfaction and emotionally detached relationships, as one of the primary reasons for seeking divorce (Hossein Ghorban & Abbaspour Azar, 2019).

The importance of focusing on marital satisfaction lies in the fact that high levels of marital satisfaction in romantic relationships are among the strongest predictors of physical health, psychological well-being, and overall life satisfaction. Establishing intimate relationships fosters happiness and social support among couples and acts as a protective buffer against stressors (Dugal et al., 2018). Failure to address marital satisfaction during young adulthood—a crucial stage for individual development—may lead to a crisis where dissatisfaction overshadows intimacy. While marital satisfaction contributes to both individual and relational well-being, it also serves as a primary factor in promoting health, adaptability, happiness, and meaningful living during young adulthood. Individuals in this stage are particularly vulnerable to relationship crises, and marital satisfaction can be a strong predictor of separation in midlife. Consequently, individuals who successfully resolve marital satisfaction issues in early adulthood are more likely to sustain a stable marital relationship in later years. Given this, it is essential to enhance marital satisfaction, particularly in early stages of marriage among younger generations, including university students. Identifying effective therapeutic interventions to address this issue is of paramount importance (Hamed et al., 2013).

Numerous theoretical perspectives have been proposed, and various studies have been conducted in this domain (Gurman et al., 2015). One of the therapeutic approaches aimed at enhancing marital satisfaction and reducing relational distress is cognitive-behavioral therapy (CBT)

(Villabø & Compton, 2019). Research has provided substantial evidence for the effectiveness of CBT in addressing marital life factors. For instance, studies (Babapour Kheiraddin et al., 2011; Kavitha et al., 2014; Khanjani Voshki et al., 2016) have highlighted the efficacy of CBT in improving marital satisfaction, adjustment, and quality of life. Similarly, research by Borhani Kakhki, Narimani, and Mousazadeh (2020) has demonstrated the positive and increasing effects of CBT on couples' satisfaction (Borhani Kakhki et al., 2020).

Cognitive therapy and cognitive-behavioral therapy are two terms used for a branch of treatment that focuses on the role of maladaptive thoughts as a key factor in behavioral and emotional problems. Cognitive therapy suggests that modifying an individual's destructive and negative thought patterns can lead to behavioral changes. In couples therapy, the goal of cognitive therapy is to alter incorrect beliefs about one's spouse and misconceptions regarding marital relationships. Cognitive-behavioral therapists do not solely focus on observable thoughts and behaviors; they also pay attention to the self-statements and internal dialogues individuals engage in (Dadashzadeh Sangari & Ghanbari, 2022). Moreover, specific strategies have been designed to address irrational thoughts in husbands, wives, and other family members. The process of cognitive therapy involves a clear analysis and evaluation of family dynamics. As a guide, the therapist educates families on how to assess their relationships, employing cognitive and behavioral strategies to foster change and strengthen family bonds (Mahallati et al., 2019).

When applying the cognitive-behavioral model, educating couples about this approach is crucial. The structured and participatory nature of CBT enables couples to fully grasp its principles and techniques. Initially, the therapist provides an overview of the model and periodically reinforces key concepts throughout therapy. Additionally, therapists often assign reading materials to couples as part of bibliotherapy, allowing them to engage with relevant texts and deepen their understanding. Homework assignments are also integral to the therapy process, as bibliotherapy encourages participants to stay engaged in treatment and take responsibility for their thoughts and behaviors. Therapists inform couples that sessions are structured to achieve mutually agreed-upon goals during the assessment phase. A key component of this process involves setting clear agendas for each session, along with establishing fundamental behavioral guidelines for clients inside and

outside the sessions (Dadashzadeh Sangari & Ghanbari, 2022; Dattilio & Beck, 2013).

Another widely used therapeutic approach for addressing marital issues and enhancing marital satisfaction is the Gottman Method of Couples Therapy (GMCT). Developed by John Gottman and his colleagues, this approach focuses on building and strengthening emotional intimacy between partners through increased mutual understanding, constructive communication, and effective conflict resolution (Gottman, 2008).

The Gottman cognitive-systemic couples therapy approach is particularly beneficial in this context. This method helps individuals modify their perceptions, thoughts, and behaviors within the marital relationship. In addition to developing new communication strategies, it is crucial for couples to recognize the role that fear plays in their relationship. When an individual experiences excessive fear, it disrupts effective communication efforts. Couples are encouraged to set aside time alone to practice their skills, actively listen to each other, and use "I-statements" to express their concerns constructively. The use of Gottman's soft-start approach facilitates effective problem-solving by promoting positive and respectful dialogue (Capuzzi & Stauffer, 2016). GMCT is a research-based approach grounded in over 30 years of empirical studies on marital intimacy and conflict by John Gottman (Farhadnia, 2016). This method provides couples with a systemic and evidence-based framework for improving their relationship. Gottman (1999) emphasizes that couples must learn to de-escalate conflict, regain composure, and refocus their attention (Gottman, 1999). Regulating intense emotions not only enhances constructive dialogue but also significantly contributes to both emotional and physical well-being (Holzmann, 2015; Safarpour et al., 2022).

Given the importance of marital satisfaction and its impact on mental health and overall well-being, comparing the effectiveness of the Gottman approach and cognitive-behavioral therapy in a student population could yield valuable insights for the field of couples therapy. Accordingly, this study seeks to answer the following research question: What is the impact of the Gottman approach and cognitive-behavioral therapy on marital satisfaction among married students at Islamic Azad University, Hamedan Branch?

2. Methods and Materials

2.1. Study Design and Participants

This study aimed to determine and compare the effectiveness of Gottman couple therapy and cognitive-behavioral couple therapy on marital intimacy among students at Islamic Azad University, Hamedan Branch. In terms of purpose, this study was applied, and in terms of nature, it was quantitative. Additionally, this research was an experimental study utilizing a pretest-posttest design with a control group, classified as a quasi-experimental design. The study employed a three-group design, in which two experimental groups received Gottman couple therapy (X1) and cognitive-behavioral couple therapy (X2), while the control group did not receive any intervention. Marital intimacy was measured in all three groups before and after the intervention using a pretest (T1) and posttest (T2).

The statistical population of this study included all married students at Islamic Azad University, Hamedan Branch, during the 2023-2024 academic year. The sample was selected through non-random convenience sampling and was then randomly assigned into three groups: two experimental groups (each consisting of 15 individuals) and one control group (15 individuals). In total, 45 participants took part in the study.

The inclusion criteria consisted of a minimum education level of a high school diploma, no concurrent participation in similar therapeutic interventions, no history of divorce proceedings, no severe psychiatric disorders, no use of psychiatric medications, at least one year of marital life, and the ability of both spouses to participate in therapy sessions.

The data collection instrument used in this study was the Waring Marital Intimacy Questionnaire. After obtaining the necessary permissions and coordination, a call for participation in the educational workshops was issued. From the pool of volunteers, 45 individuals were selected and randomly assigned into three groups. The experimental groups underwent Gottman couple therapy (10 sessions of 90 minutes, adapted from Sakizadeh, 2013) and cognitive-behavioral couple therapy (8 sessions of 90 minutes, based on Dattilio & Beck, 2013). The control group did not receive any intervention. Finally, the Marital Intimacy Questionnaire was administered as a posttest in all three groups, and the responses were collected.

2.2. Measures

2.2.1. Marital Satisfaction

The instrument used to measure marital satisfaction was the 47-item ENRICH Marital Satisfaction Questionnaire (1998), in its short-form 47-item version, adapted from the study by Hosseini and Khajavi Zadeh (2016). This questionnaire assesses eleven dimensions, including conventional responses, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationships, marriage, relatives, gender role equality, and religious orientation. The questionnaire is scored using a Likert scale, ranging from strongly disagree = 1 to strongly agree = 5 for items (1-2-3-5-7-9-10-17-25-26-27-28-29-34-36-44). Conversely, for items (4-6-8-11-12-13-14-15-16-18-19-20-21-22-23-24-30-31-32-33-35-37-38-39-40-41-42-43-45-46-47), the scoring method is reversed, with strongly disagree = 5 and strongly agree = 1. A total score of 47 represents the lowest level of marital satisfaction, while a score of 235 indicates the highest level of marital satisfaction. A score of 141 serves as the cut-off point for marital satisfaction, where scores below 141 indicate low marital satisfaction, and scores of 141 and above indicate high marital satisfaction. This questionnaire was validated by Soleimani (1994) in a study examining irrational beliefs based on the cognitive approach in relation to marital dissatisfaction. The reliability and validity of the instrument were reported as 0.76 and 0.75, respectively, indicating appropriate psychometric properties for the present study (Hosseini & Khajouei Zadeh, 2016).

2.3. Interventions

2.3.1. Gottman Couple Therapy

The Gottman Couple Therapy intervention protocol, based on Sakizadeh (2013), was conducted over ten sessions (Saki Zadeh, 2013). The first session focused on establishing rapport, introducing the therapy framework, and assessing the couple's history and relationship dynamics. In the second session, couples were introduced to the concept of the "love map" and completed a related questionnaire to identify ways to strengthen their emotional connection. The third session emphasized increasing admiration and respect by identifying positive aspects of the partner and reinforcing affectionate interactions. The fourth session focused on enhancing the "emotional bank account" through active listening and effective communication skills. In the fifth session, couples

learned about mutual influence, emphasizing power-sharing and respect for each other's perspectives. The sixth session introduced conflict patterns, distinguishing between solvable and perpetual issues, and recognizing signs of destructive conflict escalation. The seventh session provided training on resolving solvable conflicts, teaching strategies such as a gentle start-up, repair attempts, self-soothing, and compromise. The eighth session addressed managing perpetual conflicts by identifying underlying dreams and values, as well as strategies for coping with ongoing issues. The ninth session guided couples in developing a shared meaning system to create deeper relationship satisfaction. The final session reviewed progress, reinforced learned strategies, and gathered feedback on the intervention experience.

2.3.2. Cognitive-Behavioral Couple Therapy

The Cognitive-Behavioral Couple Therapy intervention protocol, based on Dattilio and Beck (2013), was conducted over eight sessions (Dattilio & Beck, 2013). The first session introduced the cognitive-behavioral therapy (CBT) model, therapy goals, and the significance of structured assignments. The second session focused on identifying automatic thoughts, associated emotions, and cognitive distortions, incorporating thought recording and relaxation exercises. In the third session, couples explored and restructured maladaptive schemas by addressing core beliefs contributing to relationship conflicts. The fourth session introduced behavioral reframing techniques, including guided imagery and role-playing, to help couples practice constructive communication. The fifth and sixth sessions involved therapeutic interventions targeting communication skills, active listening, problem-solving, and behavioral agreements to foster relationship change. The seventh session addressed emotional regulation techniques, such as managing physiological responses, relaxation training, and reinforcing social support. The final session focused on assertiveness training, teaching couples how to express their needs effectively while reducing passive or aggressive

communication patterns, and concluded with a review of progress and termination of therapy.

2.4. Data Analysis

The data analysis in this study was conducted using SPSS-24 software. Descriptive statistics, including mean and standard deviation, were used to summarize the demographic characteristics of the participants and the scores of marital satisfaction dimensions. To ensure the assumptions of parametric tests, Levene's test was performed to assess the homogeneity of variances. For hypothesis testing, multivariate analysis of covariance (MANCOVA) was used to compare the effectiveness of Gottman couple therapy and cognitive-behavioral couple therapy while controlling for pre-test scores. Additionally, one-way analysis of variance (ANOVA) was employed to examine potential differences between the two intervention groups and the control group. Effect size calculations were conducted to determine the magnitude of the impact of each intervention. A significance level of 0.05 was set for all statistical analyses.

3. Findings and Results

The study results showed that among the 45 students from Islamic Azad University, Hamedan Branch, who participated in three groups of 15 individuals each (control group, Gottman couple therapy group, and cognitive-behavioral couple therapy group), most participants in all three groups were between the ages of 31 and 40. Regarding educational attainment, the majority of participants in the control group held a bachelor's degree, in the Gottman couple therapy group held a master's degree or higher, and in the cognitive-behavioral couple therapy group, most participants held a bachelor's degree. In terms of marital duration, most participants in the control group had been married for more than 21 years, whereas in both intervention groups (Gottman and cognitive-behavioral therapy), the majority had been married for less than five years.

The statistical findings related to the dimensions of marital satisfaction are presented in Table 1:

Table 1

Statistical Indices of Marital Satisfaction Dimensions (M ± SD)

Dimension	Group	Phase	M (SD)
Contractual Response	Control	Pre-test	11.34 (2.13)
		Post-test	11.34 (2.20)
	Gottman Therapy	Pre-test	10.13 (3.02)

		Post-test	11.76 (2.73)
	CBT Therapy	Pre-test	10.20 (2.46)
		Post-test	11.23 (3.15)
Personal Issues	Control	Pre-test	10.43 (2.69)
		Post-test	10.48 (2.67)
	Gottman Therapy	Pre-test	11.46 (4.17)
		Post-test	11.48 (2.87)
	CBT Therapy	Pre-test	11.40 (3.66)
		Post-test	11.81 (4.14)
Marital Communication	Control	Pre-test	8.41 (2.69)
		Post-test	8.20 (2.74)
	Gottman Therapy	Pre-test	10.17 (3.96)
		Post-test	10.40 (3.29)
	CBT Therapy	Pre-test	10.53 (3.29)
		Post-test	10.70 (3.94)
Conflict Resolution	Control	Pre-test	15.09 (3.92)
		Post-test	15.08 (3.85)
	Gottman Therapy	Pre-test	16.53 (3.56)
		Post-test	16.76 (3.14)
	CBT Therapy	Pre-test	17.02 (4.62)
		Post-test	18.11 (4.79)
Financial Management	Control	Pre-test	15.62 (2.30)
		Post-test	15.47 (2.59)
	Gottman Therapy	Pre-test	14.64 (1.74)
		Post-test	16.50 (1.54)
	CBT Therapy	Pre-test	15.06 (1.79)
		Post-test	16.77 (2.68)
Leisure Activities	Control	Pre-test	12.31 (1.81)
		Post-test	12.28 (1.99)
	Gottman Therapy	Pre-test	11.16 (1.53)
		Post-test	12.23 (1.95)
	CBT Therapy	Pre-test	11.66 (2.16)
		Post-test	12.71 (2.23)
Sexual Relations	Control	Pre-test	19.13 (2.77)
		Post-test	19.27 (2.80)
	Gottman Therapy	Pre-test	17.93 (3.20)
		Post-test	20.11 (3.81)
	CBT Therapy	Pre-test	17.60 (3.16)
		Post-test	19.78 (2.64)
Marriage	Control	Pre-test	13.70 (1.92)
		Post-test	13.74 (1.87)
	Gottman Therapy	Pre-test	14.13 (1.92)
		Post-test	14.43 (2.03)
	CBT Therapy	Pre-test	14.06 (2.69)
		Post-test	14.96 (2.45)
Relatives	Control	Pre-test	14.70 (1.87)
		Post-test	14.74 (1.65)
	Gottman Therapy	Pre-test	13.53 (3.11)
		Post-test	14.70 (2.91)
	CBT Therapy	Pre-test	14.26 (2.34)
		Post-test	14.50 (1.46)
Gender Role Equality	Control	Pre-test	6.13 (0.94)
		Post-test	6.01 (1.26)
	Gottman Therapy	Pre-test	5.80 (1.14)
		Post-test	7.36 (1.38)
	CBT Therapy	Pre-test	6.06 (1.66)
		Post-test	7.17 (1.36)
Religious Orientation	Control	Pre-test	5.73 (2.31)
		Post-test	5.81 (2.27)
	Gottman Therapy	Pre-test	6.13 (2.47)
		Post-test	6.70 (2.03)

CBT Therapy	Pre-test	6.46 (3.06)
	Post-test	6.80 (2.56)

Table 1 indicates that the scores in the control group did not show significant differences between the pre-test and post-test. However, both the Gottman couple therapy and cognitive-behavioral couple therapy groups demonstrated higher post-test scores compared to their pre-test scores. This suggests that the dimensions of marital satisfaction increased among students at Islamic Azad University, Hamedan Branch, following the implementation of Gottman and cognitive-behavioral couple therapy.

To compare the differences in the effects of cognitive-behavioral therapy and the Gottman method on marital

satisfaction, a multivariate analysis of covariance (MANCOVA) was used. Cognitive-behavioral therapy and the Gottman method were considered as predictor variables.

Since the significance levels obtained from Levene's test for the marital satisfaction variable were greater than 0.05, it can be concluded that the error variances for both variables are equal. Therefore, all three assumptions required for using MANCOVA were met. The effect of Gottman couple therapy and cognitive-behavioral couple therapy on students' marital satisfaction is examined in Table 2.

Table 2

Testing the Effectiveness of Interventions

Predictor Variable	Criterion Variable	Sum of Squares	df	Mean Squares	F-Statistic	Significance Level	Effect Size
Gottman Couple Therapy	Marital Satisfaction	563.327	1	563.327	97.086	0.001	0.789
Cognitive-Behavioral Couple Therapy	Marital Satisfaction	364.378	1	364.378	67.079	0.001	0.721

As evident, the significance levels obtained for the effect of the predictor variables on the criterion variables were less than 0.05. Therefore, with 95% confidence, both Gottman couple therapy and cognitive-behavioral couple therapy had a significant effect on students' marital satisfaction. Additionally, the effect size indicates that Gottman couple

therapy was more effective in enhancing marital satisfaction among students and had a greater potential for increasing their satisfaction.

Finally, to compare the two methods, a one-way analysis of variance (ANOVA) was conducted (Table 3).

Table 3

Comparing the Effectiveness of Interventions

Variable	Model	Sum of Squares	df	Mean Squares	F-Statistic	Significance Level
Marital Satisfaction	Between Groups	807.066	2	403.533	2.71	0.078
	Within Groups	6255.087	42	148.931	-	-
	Total	7060.153	44	-	-	-

Given that the significance level obtained from the F-statistic for the marital satisfaction variable was greater than 0.05, it can be concluded with 95% confidence that there is no significant difference between the effects of cognitive-behavioral therapy and the Gottman method on marital satisfaction.

4. Discussion and Conclusion

Marital satisfaction, as one of the most important indicators of family health and marital stability, has

consistently attracted the attention of researchers and family therapists. In the modern era, where couples, especially married students, face numerous challenges in their shared lives, understanding and comparing the effectiveness of different therapeutic approaches in enhancing marital satisfaction is of particular significance. The present study aimed to compare the effectiveness of two well-established couple therapy approaches—Gottman couple therapy and cognitive-behavioral couple therapy—on marital satisfaction among married students to provide more effective strategies for improving marital relationships.

The analysis of the research findings indicated no significant difference between Gottman couple therapy and cognitive-behavioral couple therapy in increasing marital satisfaction. However, these findings are consistent with numerous studies in this field (Azami & Nobakht, 2020; Durães et al., 2020; Mahallati et al., 2019; Vand, 2022).

To interpret these results, it can be stated that both approaches, despite differences in methodology and applied techniques, have effectively contributed to improving marital relationships.

A closer examination of the data reveals that the Gottman couple therapy approach, with an effect size of 78%, has had a significant impact on various dimensions of marital satisfaction, including emotional communication, conflict management, and joint decision-making. This approach, by focusing on fostering a positive relationship culture and emphasizing the importance of daily positive interactions (Soufi Amleshi et al., 2018), helps couples establish a strong foundation for their relationship. Particularly for married students, who often face time constraints and academic stress, this approach has proven effective in maintaining and enhancing relationship quality through communication skill training and strengthening emotional bonds (Azami & Nobakht, 2020).

On the other hand, the cognitive-behavioral couple therapy approach, with an effect size of 71%, has also shown significant results in improving marital satisfaction. This approach, by focusing on identifying and modifying maladaptive thought and behavior patterns (Shokoohi-Yekta et al., 2019), helps couples recognize and correct their irrational beliefs. Studies have shown that this approach is particularly effective in addressing practical issues in married life, managing stress, and improving communication patterns (Durães et al., 2020).

A noteworthy point in this study is the significant commonalities between these two approaches in terms of fundamental principles and ultimate goals. Both methods emphasize the importance of effective communication, conflict management, and the creation of a positive emotional environment (Soufi Amleshi et al., 2018). These shared elements, along with their mutual focus on teaching essential life skills, may explain the lack of a significant difference in their effectiveness in improving marital satisfaction.

The Gottman approach, by focusing on the "Four Horsemen" of destructive relationships and emphasizing the concept of the "Emotional Bank Account", helps couples break free from negative interaction cycles and adopt more

constructive behavioral patterns. Similarly, the cognitive-behavioral approach, by targeting maladaptive cognitions and teaching new behavioral skills (Gholamrezaei et al., 2016), follows a similar path toward improving marital relationships.

For married students, who constituted the target population of this study, both approaches have effectively helped manage the specific challenges faced by this group. Studies indicate that these couples often struggle with issues such as time constraints, financial pressures, and conflicts between academic and family roles (Shayan et al., 2018). By offering practical solutions for managing these challenges, both approaches have contributed to improving the quality of marital relationships.

Overall, the findings of this study suggest that selecting between these two methods, or combining them, should be based on the specific needs of couples, the nature of their problems, and their life circumstances. For married students, who face unique challenges, utilizing the strengths of both approaches can lead to better outcomes.

5. Suggestions and Limitations

One of the main limitations of this study was the reliance on a convenience sampling method, which may limit the generalizability of the findings to broader populations. Additionally, the study was conducted exclusively on married students at Islamic Azad University, Hamedan Branch, which may not fully represent the diversity of married couples in different socio-cultural contexts. Another limitation was the short duration of the intervention, which might not have allowed for a thorough assessment of the long-term effects of Gottman couple therapy and cognitive-behavioral couple therapy on marital satisfaction. Furthermore, self-report measures were used to assess marital satisfaction, which could be influenced by social desirability bias or subjective perceptions of the participants.

Future research should consider conducting longitudinal studies to examine the long-term effects of these therapeutic approaches on marital satisfaction. It is also recommended that future studies include a more diverse sample of married couples from different age groups, educational backgrounds, and socio-economic statuses to enhance the external validity of the findings. Additionally, employing mixed-method research designs that incorporate both qualitative and quantitative approaches could provide deeper insights into the mechanisms through which these therapies improve marital satisfaction. Finally, future studies should explore

the integration of Gottman couple therapy and cognitive-behavioral couple therapy to develop a more comprehensive and effective therapeutic model for enhancing marital relationships.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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