




The Effectiveness of Imago Therapy on Anxiety, Sexual Self-Efficacy, and Emotional Expression in Women Affected by Marital Infidelity

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ABSTRACT

The present study aimed to investigate the effectiveness of Imago therapy on anxiety, sexual self-efficacy, and emotional expression in women affected by marital infidelity. This research utilized a quasi-experimental design with a pre-test and post-test control group. The statistical population included all women referred to family counseling centers in Mashhad in 2022. A total of 40 participants were selected from the population using purposive sampling and were randomly assigned to experimental and control groups (17 participants in the experimental group and 23 in the control group). The experimental group received ten 60-minute Imago therapy sessions (two sessions per week). Research instruments included the Beck Anxiety Inventory (BAI) by Beck et al. (1988), the Sexual Self-Efficacy Questionnaire (SSEQ) by Vaziri and Lotfi Kashani (1999), and the Emotional Expression Questionnaire (EEQ) by King and Emmons (1990). Results from covariance analysis indicated that, after controlling for the pre-test effect, there was a significant difference between the mean scores of anxiety, sexual self-efficacy, and emotional expression in the experimental and control groups at the 0.01 level, and this difference was maintained in the follow-up phase. The findings suggest that emotion-based skills provide an effective approach to enhancing meta-emotion and reducing fear of intimacy and hostile attribution.

Keywords: Emotional Expression, Anxiety, Imago Therapy, Sexual Self-Efficacy, Women Affected by Marital Infidelity.

1. Introduction

Marriage represents the commitment and adherence of each spouse to one another and their mutual rights, forming the foundation of shared life (Moradi & Jafari, 2022). Over time, certain issues may affect marital relationships, one of which is marital infidelity (Ghasemi et al., 2023). Marital infidelity, in general terms, is defined as a breach of a two-person relationship, leading to varying degrees of emotional and physical intimacy with someone outside the relationship (Asadu & Egbuche, 2020). However, researchers have expanded this definition to include three forms: sexual infidelity (sexual relationship without romantic involvement), romantic infidelity (romantic involvement without any sexual relationship), and combined sexual and romantic involvement (Filimon et al., 2021). Statistics indicate that approximately 80% of divorces are due to infidelity (Salari, 2021), and 50 to 65% of marital therapy cases pertain to issues related to extramarital relationships (Gorjian Mehlabani et al., 2023). Recent studies with large samples show that approximately 22 to 25% of men and 11 to 15% of women in the United States report having engaged in sexual relations outside of marriage at least once. Annually, between 1.5% and 4% of married individuals engage in extramarital sexual activity, with men being twice as likely as women to engage in such relationships in the past year (Cornish et al., 2020).

Studies show that individuals' responses to infidelity bear similarities to the characteristic symptoms of post-traumatic stress disorder, including anxiety, confusion, anger, depression, and a decrease in self-confidence in both personal and sexual domains. Additionally, this reaction can lead to disrupted interpersonal connections and emotional issues (Barraca & Polanski, 2021). These cognitive-emotional challenges can result in negative behavioral responses from the betrayed individual (Kamali et al., 2020).

The revelation of infidelity can lead to feelings of depression, profound guilt, suicidal ideation, and acute anxiety, especially when it results in separation or the threat of divorce (Pramudito & Minza, 2021). Anxiety, as a consequence of spousal infidelity, is an emotional state characterized by tension, anger, worry, fear, and increased autonomic nervous system activity, resulting in elevated heart rate, blood pressure, and cardiac output (Abubakar et al., 2021). Anxiety may also involve relational dread, characterized by fear or anxiety about establishing connections with others (Wahyuni & Umam, 2022). Anxiety is the most common psychological reaction to new

experiences and changes and, like pain, serves as a warning signal, prompting individuals to take essential measures to confront or mitigate its effects (Sari et al., 2022).

The effects of sexual infidelity can lead to significant harm and feelings of betrayal, emphasizing the importance of understanding the role of sexual self-efficacy in marital relationships. Sexual self-efficacy encompasses an individual's belief in their ability to perform effectively in sexual activities, be desirable to their partner, and assess their competence in sexual behavior (Bond et al., 2020). Therefore, a high sense of sexual self-efficacy can result in satisfying sexual relationships and healthy sexual activities, consequently enhancing sexual health. High sexual self-efficacy contributes to increased self-esteem, positive feedback, spousal empathy, and sexual satisfaction (Assarzadeh et al., 2019). Research has shown that sexual self-efficacy is linked to a positive sexual self-concept and sexual self-esteem, which, in turn, supports higher levels of sexual satisfaction and marital compatibility (Minoosepehr et al., 2022).

Research indicates that the emotional and psychological harm inflicted by one partner on the other can lead to prolonged feelings of anger, betrayal, and resentment among couples (Greenberg et al., 2011). In this context, emotional expression can significantly impact marital satisfaction and stability (Nurdin et al., 2022). Emotional expression entails the display of positive or negative emotions through facial expressions, verbalization, or bodily gestures (Darbani et al., 2020). King and Emmons (1990) identified three core dimensions of emotional expression: expressing positive emotions, expressing intimacy, and expressing negative emotions. Individuals capable of recognizing their emotional states demonstrate greater skill in regulating and managing these emotions. In distressed couples, the inability to tolerate emotions in which they are entrapped exacerbates their disturbance, rendering issues increasingly unresolvable (King & Emmons, 1990). Such emotional strain is also evident in cases of marital infidelity (Keltner et al., 2019). Ruan et al. (2020) found that individuals betrayed by infidelity experienced elevated stress and negative emotions such as fear and anger and encountered challenges in managing stress and regulating their emotions (Ruan et al., 2020).

Post-infidelity treatment can be challenging, requiring therapists to exercise caution to avoid further harm to the betrayed partner (Ardeshiri Lordjani & Sharifi, 2018). Several theoretical models have been proposed to explain and treat women coping with marital betrayal. Among these,

one therapeutic model that effectively addresses issues arising from infidelity is Imago therapy or imagery-based relational training (Darbani et al., 2020). Imago therapy, developed in the 1970s by Hendrix, integrates foundational approaches in couple therapy, emphasizing two aspects: (1) understanding the impact of childhood experiences on marital dynamics and spouse selection, and (2) fostering communication skills among couples (Beheshtinejad et al., 2022). The Imago therapy perspective posits that childhood development stages, particularly the child's early relationship with parents, affect their marital relationships in adulthood. Spouse selection and marital relationships are not solely conscious processes; rather, they partly stem from the subconscious need to complete unfinished stages of childhood and heal emotional wounds from that period (Jalili et al., 2022). Imago therapy utilizes techniques allowing individuals to visualize distressing experiences, helping them dissolve these tensions and fostering profound and effective communication between spouses (Dehnavi et al., 2023). In this context, Mosavi and Etemadi (2020) and Moahadi et al. (2018) found that Imago therapy significantly reduced marital conflicts in women (Mosavi & Etemadi, 2020).

Given the growing issue of marital infidelity and its psychological, social, and cultural repercussions, along with its devastating effects on marital relationships, it is essential to employ effective interventions to support women impacted by this problem. The use of appropriate and emerging therapeutic methods, such as Imago therapy, and validating its effectiveness in improving psychological characteristics and restoring normalcy in women affected by infidelity, plays a crucial role. Therefore, this study aimed to examine the effectiveness of Imago therapy on anxiety, sexual self-efficacy, and emotional expression in women affected by marital infidelity.

2. Methods and Materials

2.1. Study Design and Participants

This study is applied in its aim, utilizing a quasi-experimental design with a pre-test, post-test, and two-month follow-up, including a control group. The statistical population included all women referred to family counseling centers in Mashhad in 2022. The sample consisted of 50 participants, accounting for potential dropouts, who were selected through purposive sampling and randomly assigned to two groups: 25 in the experimental group and 25 in the control group. However, some participants were excluded

due to not meeting exit criteria, resulting in a final sample of 17 in the experimental group and 23 in the control group. Inclusion criteria included at least a high school education, women aged 20–50 years, a minimum of three years of marriage, experience of infidelity, and expressed consent to participate. Exclusion criteria included incomplete questionnaires, withdrawal from the study, absence from more than three sessions, and divorce. The experimental group received Imago therapy (an 8-session protocol, one 60-minute session per week), while the remaining 15 participants in the control group received no intervention. All ethical considerations were observed, including ensuring participants that all information would remain confidential and used solely for research evaluation, and they were free to withdraw at any time.

2.2. Measures

2.2.1. Anxiety

Developed by Beck et al. (1988), the BAI specifically measures the severity of clinical anxiety symptoms. This 21-item questionnaire requires participants to select one of four options indicating the degree of anxiety. Each question is rated on a four-point Likert scale from 0 to 3, giving a total score range of 0 to 63. Scores from 0–7 indicate no anxiety, 8–15 indicate mild anxiety, 16–25 indicate moderate anxiety, and 26–63 indicate severe anxiety. The internal consistency coefficient is 0.92, test-retest reliability over one week is 0.75, and item-total correlation ranges from 0.30 to 0.76. Psychometric testing of this inventory in an Iranian population yielded a validity coefficient of approximately 0.72, a test-retest reliability of 0.83 over one month, and a Cronbach's alpha of 0.92 (Fayyazi & Saberi, 2023).

2.2.2. Sexual Self-Efficacy

Developed by Vaziri and Lotfi Kashani (1999) based on Schwarzer's General Self-Efficacy Questionnaire (1999), the SSEQ contains 10 items scored from 0 to 3. Sexual self-efficacy reflects individuals' beliefs about their ability to perform effectively in sexual activities and be desirable to their partner, representing self-assessment of sexual competence and efficacy. The reliability of the SSEQ was established with a Cronbach's alpha of 0.86, Spearman-Brown split-half reliability of 0.81, and Guttman split-half reliability of 0.81. The questionnaire's content validity has been confirmed for use in Iran (Amiri Majd & Zari Moghadam, 2010).

2.2.3. Emotional Expression

Designed by King and Emmons (1990), this questionnaire assesses emotional expression through 16 items divided into three subscales: Positive Emotional Expression (items 1–7), Intimacy Expression (items 8–12), and Negative Emotional Expression (items 13–16). It uses a 5-point Likert scale from "Strongly Disagree" to "Strongly Agree," where a score of 5 represents "Strongly Agree" and a score of 1 represents "Strongly Disagree," yielding a total score range of 16 to 80. Higher scores indicate higher emotional expression, with a cutoff score of 40. The reliability of this scale, as assessed by Rafieinia, Rasoulzadeh Tabatabaei, and Azad Fallah (2006), was established with a Cronbach's alpha of 0.68 for the entire questionnaire and subscales for Positive Emotional Expression, Intimacy Expression, and Negative Emotional Expression at 0.65, 0.59, and 0.68, respectively. King and Emmons (1990) reported a Cronbach's alpha of 0.80 for the questionnaire in their study. Cronbach's alpha for Positive Emotional Expression, Intimacy Expression, and Negative Emotional Expression in this study were 0.87, 0.79, and 0.84, respectively (Dehnavi et al., 2023).

2.3. Intervention

2.3.1. Imago Therapy

Imago Therapy Protocol: The Imago therapy protocol was based on Hendrix's (1996) theory and conducted over ten 60-minute sessions, with participants meeting twice weekly. The session content was structured as follows (Beheshtinejad et al., 2022; Dehnavi et al., 2023; Jalili et al., 2022; Karimi & Ganji, 2016; Matin et al., 2022; Mosavi & Etemadi, 2020; Movahedi et al., 2018; Muro et al., 2016; Sharafi & Zadeh, 2017).

Session 1: This session aims to create a secure environment that encourages participants to engage in the program over the next six weeks or more. Women's partners are introduced to a structured communication tool, emphasizing that consistent use of this tool in all conflict situations can positively transform their marriages.

Session 2: This session establishes a routine of weekly assignments for the women, encouraging accountability and active participation. It involves reviewing each participant's dialogue to ensure effective listening. Women are introduced to the impact of their early childhood experiences on their choice of partner, initiating the process of collecting

childhood memories to understand the deeper purpose of their relationships.

Session 3: At this stage, women are expected to have a solid understanding of the dialogue process. Imago worksheets are introduced to illustrate how partner selection often occurs unconsciously, influenced by the positive or negative traits of early caregivers. Participants begin recognizing their spouse as a partner rather than an adversary, despite current challenges. Specific exercises are used to foster empathy between partners.

Session 4: This session assesses the expanded levels of empathy among participants. Emphasis is placed on emotional security and creating a space that enhances the sense of safety and enjoyment. Participants develop a list of caring behaviors and surprises that, when enacted by one partner, make the other feel loved, secure, and valued.

Session 5: Participants learn the importance of emotional security when restructuring frustrations. They are encouraged to frame frustrations as unmet wishes and recognize how these frustrations relate to parts of themselves that feel unfulfilled. They are reminded that fulfilling these wishes is a gradual, challenging process, offering healing to both partners and the individual's own missing parts.

Session 6: The session involves a comprehensive review of behavioral requests expressed in a positive, actionable way. Participants are reminded that fulfilling these behaviors might take years, but they can bring healing to both partners. Couples are given exercises to express anger constructively within a secure boundary, with emphasis on understanding that anger often stems from past wounds. The importance of staying committed to the therapeutic plan is reinforced.

Session 7: This session focuses on strengthening partners' ability to work together and discuss conflicts more openly, fostering reduced resentment and enhancing understanding. Couples explore aspects of sexual compatibility and intimacy.

Session 8: Participants enhance their capacity to recognize and connect with their own and each other's feelings, observing their patterns of engagement and withdrawal in interactions. This session also focuses on differentiating partners as individuals, reinforcing healthy boundaries between self and other.

Session 9: This session encourages participants to become aware of internalized thoughts that lead to distress and impulsive behaviors. They learn to recognize their emotions and empathize with each other's immediate experiences. The importance of accepting and understanding

one’s own role in conflicts is emphasized, alongside learning relaxation techniques.

Session 10: In the final session, participants work on accepting and reintegrating previously denied or false aspects of themselves, aligning their internal polarities. They practice envisioning love and engaging in more mature, less defensive interactions. This session also fosters mutual support, satisfaction of each other’s needs, deeper emotional and sexual intimacy, and the development of new solutions for longstanding relational issues.

Table 1

Means and Standard Deviations of Study Variables

Variable	Group	Pre-test	Post-test	Follow-up
Anxiety	Experimental	42.73 ± 8.75	23.78 ± 4.51	25.15 ± 4.00
	Control	40.90 ± 10.58	40.54 ± 10.72	40.18 ± 10.17
Sexual Self-Efficacy	Experimental	10.84 ± 3.16	19.73 ± 1.99	14.42 ± 4.68
	Control	10.81 ± 3.18	11.04 ± 3.56	12.90 ± 4.78
Positive Expression	Experimental	14.42 ± 4.68	22.84 ± 3.04	22.15 ± 3.21
	Control	12.90 ± 4.78	13.04 ± 4.90	13.00 ± 4.85
Intimacy Expression	Experimental	12.26 ± 3.92	14.10 ± 2.96	14.36 ± 3.00
	Control	12.95 ± 3.86	13.31 ± 3.63	13.27 ± 3.85
Negative Expression	Experimental	13.68 ± 2.86	6.31 ± 1.24	6.78 ± 1.39
	Control	14.22 ± 2.58	14.50 ± 2.38	13.86 ± 2.59

According to [Table 1](#), the experimental group’s mean scores for anxiety and negative expression decreased more in the post-test than in the control group, and this change persisted in the follow-up phase. Additionally, scores for sexual self-efficacy, positive expression, and intimacy expression increased in the experimental group in the post-test, with this change persisting during the follow-up phase, while there was minimal change in the control group.

To determine effectiveness, basic assumptions for the covariance analysis test were first examined. The Shapiro-Wilk test was used to assess the normality of score distributions, and the results were non-significant, indicating that the dependent variable scores were normally distributed. Levene’s test was used to examine homogeneity of variance errors. The results of Levene’s test indicated that the

2.4. Data analysis

Data analysis was conducted using multivariate covariance analysis with SPSS version 26.

3. Findings and Results

The mean and standard deviation of the age of participants in the control group were 36.24 and 5.52, respectively, while in the experimental group, they were 38.46 and 5.57.

variance errors in anxiety ($P = .364$, $F = .844$), sexual self-efficacy ($P = .114$, $F = 2.617$), positive expression ($P = .141$, $F = 13.303$), intimacy expression ($P = .373$, $F = .813$), and negative expression ($P = .189$, $F = 1.788$) were not significant at the .05 level, indicating that the groups were comparable. The M-box test results for homogeneity of variance-covariance were not statistically significant, meaning that the assumption of covariance matrix homogeneity was met. Additionally, there was no significant level of interaction between group and pre-test scores for anxiety, sexual self-efficacy, positive expression, intimacy expression, and negative expression ($P > .05$), indicating that the assumption of homogeneity of regression slopes was met, allowing for covariance analysis.

Table 2

Results of Covariance Analysis for Study Variables

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance	Eta Squared
Anxiety	Group	17.93	1	17.93	9.31	.004	.201
	Error	71.22	37	1.92			
	Total	49794.00	41				
Sexual Self-Efficacy	Group	14.00	1	14.00	10.17	.003	.216
	Error	50.90	37	1.37			
	Total	10424.00	41				

Positive Expression	Group	2.21	1	2.21	2.89	.004	.172
	Error	28.29	37	0.77			
	Total	14329.00	41				
Intimacy Expression	Group	1.02	1	1.02	2.31	.137	.059
	Error	16.40	37	0.44			
	Total	8117.00	41				
Negative Expression	Group	28.17	1	28.17	23.47	.001	.388
	Error	44.41	37	1.20			
	Total	5531.00	41				

Based on the results in Table 2, after adjusting for pre-test scores, there is a significant effect between groups for the variables of anxiety, sexual self-efficacy, positive expression, and negative expression. Therefore, it can be

concluded that Imago therapy has an impact on anxiety, sexual self-efficacy, positive expression, and negative expression. However, no significant difference was found for the variable of intimacy expression.

Table 3

Pairwise Comparison of Pre-test, Post-test, and Follow-up Stages

Variable	Stage 1	Stage 2	Mean Difference	Standard Deviation	P Value
Anxiety	Pre-test	Post-test	9.65	0.793	<.05
	Pre-test	Follow-up	9.15	0.854	<.05
Sexual Self-Efficacy	Pre-test	Post-test	-4.56	0.286	<.05
	Pre-test	Follow-up	-3.92	0.312	<.05
Positive Expression	Pre-test	Post-test	-4.27	0.332	<.05
	Pre-test	Follow-up	-3.91	0.313	<.05
Negative Expression	Pre-test	Post-test	3.26	0.686	<.05
	Pre-test	Follow-up	3.39	0.626	<.05

As shown in Table 3, there are significant differences between the pre-test and post-test, as well as follow-up stages, for the variables of anxiety, sexual self-efficacy, positive expression, and negative expression. This indicates that Imago therapy significantly changed the post-test and follow-up scores compared to the pre-test. Additionally, this change persisted during the follow-up period.

4. Discussion and Conclusion

The aim was to assess the effectiveness of Imago therapy on anxiety, sexual self-efficacy, and emotional expression in women affected by marital infidelity. The findings indicated that Imago therapy effectively reduced anxiety and enhanced sexual self-efficacy and emotional expression in these women. These results align with prior studies (Dehnavi et al., 2023; Karimi & Ganji, 2016; Matin et al., 2022; Muro et al., 2016). This outcome may be explained by the significant emotional and psychological effects that infidelity inflicts on affected women. Imago therapy serves as an effective treatment model for addressing and reducing these psychological symptoms. Through training in dialogue and listening skills, Imago therapy helps individuals minimize

judgmental and evaluative language, reducing defensiveness towards their partner.

The study also found that Imago therapy was effective in reducing anxiety among women affected by marital infidelity. This finding is consistent with prior results (Karimi & Ganji, 2016; Matin et al., 2022; Sharafi & Zadeh, 2017). Women affected by marital infidelity often experience fear, doubt, and shame in establishing close, intimate connections with their spouses, leading to high levels of anxiety. By primarily targeting relational issues, Imago therapy may improve overall mental health and relationship satisfaction, subsequently reducing anxiety in women impacted by infidelity. A healthy relationship positively influences mental health and reduces anxiety symptoms (Karimi & Ganji, 2016). Additionally, emotional expression promotes closeness, strengthens relationships, and consequently reduces anxiety. Women learn to adopt a positive, attentive attitude, valuing their partner's words, which reduces mind-reading and misunderstandings while fostering empathy and mutual understanding. Through techniques like mirroring and validation, Imago therapy supports individuals in improving past emotional experiences, empathy, and relational satisfaction.

The findings also showed that Imago therapy significantly enhanced sexual self-efficacy in women affected by infidelity. While previous studies had not specifically examined Imago therapy's effect on sexual self-efficacy, the current study suggests that this therapy can be effective in increasing sexual self-efficacy. Consistency and balance in sexual relationships are key to marital life. Due to the negative emotions and anxiety caused by infidelity, women often struggle with intimacy. Negative emotions lead to mood changes, which strain marital relationships and reduce emotional exchange between couples, fostering dissatisfaction. Imago therapy helps women acknowledge and understand their feelings, which fosters a positive self-image and self-worth, ultimately boosting confidence and pride in their sexuality. By enhancing self-awareness and relational understanding, Imago therapy gradually fosters improved marital life and sexual self-efficacy.

Finally, the study indicated that Imago therapy positively impacted emotional expression in women affected by marital infidelity, in alignment with the prior studies (Dehnavi et al., 2023; Muro et al., 2016). Imago therapy creates a safe space for these women to express their emotions and experiences. Positive emotions enhance similar feelings in the partner, while expressing negative emotions allows the partner to understand unmet emotional needs and respond appropriately (Dehnavi et al., 2023). Such conditions increase relationship satisfaction, quality, and commitment. Imago therapy aids individuals in understanding that their "threatened self" is often the source of their anxiety, providing insight into projected patterns from past experiences and teaching them to engage with their spouse based on current realities rather than past object representations. This shared space allows individuals to experience and manage emotions freely, fostering emotional awareness and mutual expression without relying on assumptions. In a secure, non-critical environment, women can express a range of emotions, such as anger, sadness, and compassion, which enhances emotional management. Through techniques to confront and challenge emotional resistance, Imago therapy enables women to increase their emotional expression following infidelity. Additionally, by fostering a deep emotional experience and expression, the therapy helps individuals reduce negative emotional expression and develop a more accurate self-perception, improving positive emotional expression and intimacy within relationships.

Overall, the findings demonstrate the effectiveness of Imago therapy in addressing anxiety, sexual self-efficacy,

and emotional expression in women affected by marital infidelity. These results provide therapeutic and educational implications for therapists and women impacted by infidelity, assisting in reducing challenges caused by this issue. However, the study encountered limitations, such as reliance on self-report questionnaires, purposive sampling, and restricting the sample to females, which suggests caution when generalizing these results. Future studies are encouraged to include interviews. Given gender differences in responses to sexual and emotional infidelity, it is also recommended that future research consider gender-specific samples and types of infidelity (sexual, emotional, or a combination) and assess intervention effectiveness for each infidelity type.

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

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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