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Comparison of the Effectiveness of Compassion-Based Therapy and Relational Imagery Training on Post-Traumatic Growth in Women with Experience of Spousal Infidelity

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A B S T R A C T

The marital covenant is a highly prevalent human institution that is at times confronted with an issue known as infidelity or extramarital relationships. Extramarital relationships are among the factors that challenge family health and constitute one of the most significant threats to marital functioning, stability, continuity, and relational quality. Accordingly, the aim of the present study was to compare the effectiveness of compassion-based therapy and relational imagery training on post-traumatic growth in women who had experienced spousal infidelity. The present research employed a quasi-experimental method with a pretest–posttest control group design, along with a two-month follow-up phase. The statistical population consisted of all women who had been subjected to spousal infidelity and who presented through a public call and were referred by counseling centers in Shahinshahr, Isfahan, in 2022. From this population, 48 eligible volunteers were selected using a convenience sampling method and were included in the study. Ultimately, 48 participants (three groups of 16) were analyzed. The research instrument was the Posttraumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun. Data were analyzed using SPSS software and analysis of variance techniques. The results of the present study indicated that although both the compassion-based therapy group and the relational imagery training group demonstrated significant effectiveness at the posttest and follow-up stages in enhancing post-traumatic growth compared with the control group, and both interventions were effective, there was a statistically significant difference between the two intervention groups in terms of effectiveness at the posttest and follow-up stages. Compassion-based therapy was reported to be more effective in increasing post-traumatic growth among women with experience of spousal infidelity.

Keywords: *relational imagery, post-traumatic growth, compassion-based therapy*

1. Introduction

Marital relationships constitute one of the most central interpersonal systems shaping adult psychological well-being, emotional regulation, and identity development. Stability, trust, and emotional safety within marriage are strongly associated with mental health, relational satisfaction, and long-term psychosocial functioning, whereas disruptions to these core relational elements often generate profound psychological distress. Among the most severe relational stressors within marriage is spousal infidelity, which represents a major violation of relational trust and attachment security and is widely recognized as a traumatic interpersonal event. Empirical evidence consistently indicates that marital infidelity is associated with heightened levels of emotional dysregulation, shame, self-criticism, anger, depressive symptoms, and relational instability, particularly among women, who often experience infidelity as an assault on both relational identity and self-worth (Alipour et al., 2018; Jafari-Nasab et al., 2021; Rahimi Kelishadi, 2024).

Infidelity has increasingly been conceptualized not merely as a marital conflict but as a psychologically traumatic experience capable of eliciting trauma-like responses, including intrusive thoughts, emotional numbing, hypervigilance, and long-term disturbances in meaning-making and relational schemas. However, contemporary trauma research emphasizes that exposure to traumatic events does not exclusively result in psychopathology; rather, under certain psychological and contextual conditions, individuals may experience positive psychological changes following trauma, a phenomenon conceptualized as posttraumatic growth (PTG). PTG refers to enduring positive changes in self-perception, interpersonal relationships, and life philosophy that arise through the cognitive and emotional struggle with traumatic experiences rather than from the trauma itself (Wong & Yeung, 2017; Yuhan et al., 2021). In the context of marital infidelity, PTG may manifest as enhanced personal strength, greater emotional awareness, deeper relational insight, and the reconstruction of meaning following relational betrayal.

Despite growing recognition of PTG as a critical dimension of trauma recovery, women affected by marital infidelity often face significant barriers to growth, including pervasive self-blame, shame, emotional avoidance, and disrupted attachment representations. These factors may inhibit adaptive meaning-making processes and maintain maladaptive emotional cycles unless targeted psychological interventions are applied. Accordingly, recent research has increasingly focused on identifying therapeutic approaches that facilitate PTG by addressing underlying emotional regulation processes, self-relating styles, and relational schemas that are disrupted by infidelity (Niknam, 2024; Nikogoftar & Shourangiz, 2023).

Among the psychological mechanisms most consistently linked to PTG, self-compassion has emerged as a particularly robust predictor. Self-compassion involves responding to personal suffering with kindness, recognizing suffering as a shared human experience, and maintaining balanced emotional awareness rather than over-identification with distress. Empirical findings demonstrate that self-compassion buffers against shame and self-criticism, promotes emotional regulation, and supports adaptive cognitive processing following trauma, thereby creating conditions conducive to PTG (Misurya et al., 2021; Wong & Yeung, 2017). In populations exposed to diverse forms of trauma, including illness-related trauma, natural disasters, and interpersonal loss, higher levels of self-compassion have been consistently associated with greater PTG (Aliche, 2023; Fitria, 2024; Yuhan et al., 2021).

Compassion-Focused Therapy (CFT), developed to address high levels of shame and self-criticism, is explicitly designed to cultivate self-compassion through experiential, cognitive, and imagery-based techniques. CFT targets maladaptive threat-based emotional systems and strengthens soothing and affiliative emotional processes, which are often compromised in individuals exposed to interpersonal trauma. Empirical evidence supports the effectiveness of compassion-based interventions in enhancing PTG across clinical and non-clinical populations, including patients with chronic illness, caregivers, and women experiencing relational trauma (Ezzatpanah & Latifi, 2019; Kiarasi et al., 2022; Navab et al., 2019). More specifically, compassion-focused interventions have demonstrated efficacy in improving psychological well-being, reducing negative meta-emotions, enhancing marital adjustment, and fostering posttraumatic growth in women exposed to relational violence and extramarital relationships (Babsour & Karimi, 2025; Mardani & Tabaghdehi, 2025).

Parallel to intrapersonal approaches such as CFT, relationally oriented interventions emphasize the restructuring of relational schemas, emotional communication patterns, and attachment dynamics disrupted by infidelity. Imago Relationship Therapy and its associated relational imagery training are grounded in the premise that adult relational distress is rooted in unresolved childhood

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attachment wounds that are reactivated within intimate relationships. Relational imagery training seeks to enhance awareness of unconscious relational patterns, facilitate emotional dialogue, and promote differentiation and empathy between partners. Within the context of marital infidelity, relational imagery training has been shown to improve marital distress, forgiveness, perspective-taking, emotional intimacy, and overall relationship quality (Aslani et al., 2015; Honarparvaran, 2017; Jafari-Nasab et al., 2021).

Empirical studies indicate that relational imagery-based interventions can positively influence psychological well-being and relational functioning among women affected by spousal infidelity by fostering emotional insight, restructuring maladaptive relational expectations, and facilitating conscious emotional communication (Alipour et al., 2018; Mansourian et al., 2019; Rahimi Kelishadi, 2024). These relational processes may indirectly support PTG by enabling adaptive meaning-making, restoring relational agency, and reducing emotional avoidance. However, while relational imagery training addresses interpersonal and attachment-based mechanisms of recovery, it may not directly target intrapersonal processes such as shame regulation and self-criticism, which are central barriers to PTG in infidelity-related trauma.

Recent integrative models of PTG emphasize that growth following trauma emerges from the interaction between intrapersonal regulatory capacities and interpersonal meaning-making processes. Self-compassion has been identified as a key mediating mechanism linking emotional processing to PTG across diverse trauma contexts (Aliche, 2023; Nikogoftar & Shourangiz, 2023). Structural and mediation studies further demonstrate that self-compassion operates as a central pathway through which emotional schemas, mindfulness, psychological flexibility, and emotional maturity influence PTG (Niknam, 2024; Nikogoftar & Shourangiz, 2023). These findings suggest that interventions directly enhancing self-compassion may exert stronger and more sustained effects on PTG compared to interventions that primarily target relational cognition and communication.

At the same time, relational interventions remain indispensable in the context of marital infidelity, where trauma is embedded within an ongoing relational system. Studies comparing relational and emotion-focused couple therapies indicate that both approaches yield improvements in psychological well-being, yet may differ in their impact on internal emotional regulation versus relational restructuring (Mansourian et al., 2019). Furthermore, research examining compassion-based and acceptance-based interventions in relational contexts highlights that compassion-focused approaches may produce broader gains in emotional regulation and relational quality by addressing both intrapersonal and interpersonal processes simultaneously (Sanati, 2024; Yadolahi et al., 2025).

Despite the growing body of literature supporting both compassion-based therapy and relational imagery training in populations affected by infidelity, several gaps remain. First, relatively few studies have directly compared these two theoretically distinct yet clinically relevant interventions with respect to their effects on PTG. Second, existing studies often focus on marital satisfaction, forgiveness, or emotional regulation outcomes, while PTG remains underexamined as a primary outcome in infidelity-related interventions. Third, women represent a particularly vulnerable population in the aftermath of spousal infidelity, yet comparative intervention research specifically targeting women's PTG remains limited (Mardani & Tabaghdehi, 2025; Sharma & Mishra, 2024).

Addressing these gaps is essential for advancing evidence-based clinical decision-making and optimizing therapeutic outcomes for women affected by marital infidelity. A comparative examination of compassion-based therapy and relational imagery training may clarify whether interventions emphasizing intrapersonal emotional regulation and self-relating styles yield differential benefits relative to interventions focusing on relational restructuring and attachment-based communication. Such comparative evidence can inform clinicians regarding the selection and integration of therapeutic approaches tailored to the psychological needs of women navigating infidelity-related trauma.

Accordingly, the present study aimed to compare the effectiveness of compassion-based therapy and relational imagery training on posttraumatic growth in women with experience of spousal infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design, and the research design used was a pretest–posttest control group design with a two-month follow-up phase. Each group was assessed three times: the first assessment involved administering a pretest prior to the intervention, the second assessment was conducted after completion of the interventions, and the third assessment took place two

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months after the completion of the intervention programs for all three groups. The statistical population of the present study consisted of all women who had experienced spousal infidelity and who either responded to a public call or were referred by counseling centers in Shahinshahr, Isfahan, in 2022. From this population, 48 eligible volunteers were selected through convenience sampling and were examined. The sample size was determined based on the common sample size in experimental studies, which recommend a minimum of 15 participants per group, while also considering inclusion criteria and potential attrition until the desired sample size was achieved. In this study, three groups of 15 participants (experimental and control), totaling 45 individuals, were initially selected, and considering a 20% attrition rate, 57 participants were recruited based on inclusion and exclusion criteria through convenience sampling. Subsequently, the selected sample was randomly assigned (random replacement based on group matching using initial data) to two intervention groups and one control group. It should be noted that ultimately, due to exclusion criteria and withdrawal of some participants, data from 48 individuals (three groups of 16) were analyzed. In this study, in addition to providing test instructions, participants were informed about the purpose of the research, the necessity of answering all questionnaire items, assurance of confidentiality and adherence to the principle of privacy, and their right to withdraw from the study at any stage of the research.

The inclusion criteria for participation in the study were as follows: female gender, experience of spousal infidelity, age under 50 years, literacy (ability to read and write), informed consent, presence of conflicts and problems related to marital satisfaction, willingness to continue the marital relationship with their spouse, not receiving psychological treatments during the group therapy sessions, interest in participating in educational sessions, and commitment to attend therapeutic educational sessions (individually). The exclusion criteria included: absence from more than two treatment sessions, use of psychiatric medications, substance addiction, and the presence of psychological disorders or a history of mental illness and hospitalization.

The procedure was conducted as follows: after obtaining ethical approval from the ethics committee, a number of women who had experienced spousal infidelity volunteered through a public call and referrals from counseling centers in Shahinshahr. Following interviews and screening based on inclusion criteria and demographic findings, eligible volunteers were selected. Subsequently, all three groups completed the resilience and marital adjustment questionnaires as a pretest. Participants who, based on the established cut-off points of the questionnaires, demonstrated moderate to low resilience (scores of 50 or below) and moderate to low marital adjustment (scores of 101 or below) were selected. Participants in the first group (compassion-based therapy) received compassion-based training in eight 90-minute sessions held once per week over a period of two months. Relational imagery training for the second group was conducted in ten 90-minute sessions, one session per week, over two months. The control group was placed on a waiting list and did not receive any intervention until after the posttest was administered. Subsequently, the posttest was conducted for all three groups, and finally, two months after the posttest, the follow-up assessment was administered. In order to adhere to ethical principles in research, relational imagery training was provided to the control group after the follow-up assessment.

2.2. Measures

Posttraumatic Growth Inventory by Tedeschi and Calhoun (PTGI): This questionnaire was developed by Tedeschi and Calhoun (1996) to measure the extent of personal gains following a traumatic event and consists of 21 items and five subscales, including relating to others (7 items), new possibilities (5 items), personal strength (4 items), appreciation of life (3 items), and spiritual change (2 items). Each item is rated on a 5-point scale ranging from 0 (I did not experience this change as a result of my crisis) to 4 (I experienced this change to a very great degree as a result of my crisis) (Tedeschi & Calhoun, 1996). The questionnaire measures three domains of positive posttraumatic change: (1) changes in self-perception (a total of 9 items from the personal strength and new possibilities subscales), (2) changes in relationships with others (7 items from the relating to others subscale), and (3) changes in philosophy of life (a total of 5 items from the spiritual change and appreciation of life subscales). The minimum score is 0 and the maximum score is 84. In the study by Tedeschi and Calhoun (1996), Cronbach's alpha coefficient for the total scale was reported as .90; for the subscales, it was .85 for relating to others, .84 for new possibilities, .72 for personal strength, .85 for spiritual change, and .67 for appreciation of life. Test–retest reliability coefficients over a two-month interval were reported as .71 for the total scale; .65 to .71 for the subscales of relating to others, new possibilities, and spiritual change; .37 for personal strength; and .47 for

appreciation of life (Tedeschi & Calhoun, 1996). In Iran, a study by Rajabi et al. (2013) reported Cronbach's alpha coefficients of .87 for the total sample, .75 for females, and .89 for males. For the subscales, coefficients ranged from .40 (appreciation of life) to .73 (new possibilities and personal strength) in the total sample; from .55 (appreciation of life) to .87 (new possibilities and personal strength) in females; and from .51 (appreciation of life) to .69 (relating to others) in males. The test–retest reliability coefficient over a two-month interval obtained from a sample of 50 participants was .63. Concurrent validity coefficients between the Posttraumatic Growth Inventory and the short form of the Stress-Related Growth Scale (Park et al., 1996) were reported as .71 for the total sample, .73 for females, and .54 for males. For the PTGI subscales, concurrent validity coefficients ranged from .40 (appreciation of life) to .60 (new possibilities and personal strength). These coefficients ranged from .47 (appreciation of life) to .62 (new possibilities) in females and from .07 (appreciation of life) to .62 (new possibilities) in males. Except for the subscales of appreciation of life and spiritual change, all coefficients were significant at the $p < .001$ level. In the present study, the reliability of this questionnaire was calculated as .89.

2.3. Interventions

The compassion-based intervention was implemented based on the concepts and structured self-compassion–focused therapeutic package developed by Gilbert (2009, 2014) and was delivered in eight 90-minute sessions. The program began with pretest administration, establishment of therapeutic rapport, clarification of group rules and goals, exploration of participants' expectations, and an introduction to the core principles of compassion-focused therapy, including assessment of shame, self-criticism, and self-compassion. Subsequent sessions focused on identifying and understanding the components of compassion, fostering warmth and kindness toward the self, recognizing shared human experiences of imperfection, and cultivating self-empathy to counter self-destructive emotions and shame. Participants were guided to enhance self-awareness, explore compassionate versus non-compassionate self-relating styles, and practice compassion-oriented cognitive and experiential exercises (e.g., compassion metaphors, acceptance of mistakes, and self-forgiveness). Later sessions emphasized mindful compassion practices, nonjudgmental acceptance, tolerance of distress, imagery-based compassion exercises, and learning different modes of expressing compassion (verbal, behavioral, situational, and sustained). Participants were also trained in writing compassionate letters to themselves and others and in daily recording of compassion-based real-life situations. The final session consolidated learned skills, reviewed and practiced all techniques, provided strategies for maintaining compassion-based coping in daily life, addressed participants' questions, administered the posttest, and coordinated the follow-up assessment.

Relational imagery training was conducted based on the Imago Relationship Therapy model developed by Hendrix (1990, 2013) and was delivered in ten 90-minute weekly sessions, with established validity and reliability in prior studies (Bagheri et al., 2019; Hashemi et al., 2021). The intervention began with pretest administration, orientation, contracting, and clarification of goals, emphasizing responsible commitment to relationship improvement and motivation through sharing marital histories and desired changes. Subsequent sessions focused on future relationship planning through identifying shared values, wishes, and relational ideals; increasing self-awareness by exploring childhood experiences, unmet developmental needs, and formative emotional wounds; and deepening partner understanding by examining positive and negative partner traits and their correspondence with internalized relational images. Core sessions addressed unresolved childhood issues and taught conscious dialogue skills (mirroring, validation, and empathy) to improve emotional communication. Additional sessions emphasized strengthening commitment by identifying and closing "exit behaviors," enhancing intimacy, fostering secure relational bonds, revisiting positive shared memories, increasing positive reciprocal behaviors, and reducing negative interaction patterns. Later sessions focused on learning new relational behaviors, constructive anger expression, emotional regulation, and transforming complaints into positive needs. The final sessions emphasized emotional release in a safe context, healing emotional wounds, integrating fragmented aspects of the self (lost, denied, false, and authentic selves), enhancing self-awareness of personal change, and consolidating gains, followed by administration of the posttest at the conclusion of the program.

2.4. Data analysis

In this study, data were analyzed using SPSS version 26 at a significance level of .05. To examine the equivalence of demographic variables, qualitative variables were analyzed

using the chi-square test, and quantitative variables were analyzed using analysis of variance. In descriptive statistics, mean and standard deviation charts were used, and skewness and kurtosis indices were employed to assess data normality. The results of Mauchly's test for equality of variances of differences were reported, and Box's M test was used to examine the assumption of homogeneity of covariance matrices, while Levene's test was applied to assess the homogeneity of variances. To test the research hypotheses, repeated-measures analysis of variance and Bonferroni post hoc tests were utilized.

3. Findings and Results

The majority of participants in all three groups were within the age range of 31–40 years (64.7% in the compassion-based therapy group, 70.6% in the relational imagery training group, and 76.5% in the control group). Given that the significance level of the chi-square (χ^2) test was reported to be greater than .05, it can be concluded that the groups were homogeneous with respect to age. The majority of participants in all three groups held a bachelor's degree (58.8% in the compassion-based therapy group, 70.6% in the relational imagery training group, and 52.9% in the control group), and since the significance level of the chi-square (χ^2) test was greater than .05, the groups were homogeneous in terms of educational level. The majority of participants in all three groups were employed in the public sector (52.9% in the compassion-based therapy group, 47.1% in the relational imagery training group, and 52.9% in the control group), and given that the significance level of the chi-square (χ^2) test was greater than .05, the groups were homogeneous with respect to employment status. The majority of employed participants in all three groups had one child (70.6% in the compassion-based therapy group, 70.6% in the relational imagery training group, and 64.7% in the control group), and since the significance level of the chi-square (χ^2) test was greater than .05, the groups were homogeneous in terms of number of children.

Table 1

Mean and Standard Deviation of Posttraumatic Growth

Groups	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Compassion-based therapy	38.03	2.37	46.18	2.27	46.18	2.48
Relational imagery training	37.98	1.93	42.53	2.03	41.88	1.90
Control	38.58	2.87	37.82	3.32	38.73	2.69

Based on the findings presented in Table 1, the mean scores of posttraumatic growth for the compassion-based therapy group at the pretest, posttest, and follow-up stages were 38.03, 46.18, and 46.18, with standard deviations of 2.37, 2.27, and 2.48, respectively. In the relational imagery training group, the mean scores at the pretest, posttest, and follow-up stages were 37.98, 42.53, and 41.88, with standard deviations of 1.93, 2.03, and 1.90, respectively. In the control group, the mean scores at the pretest, posttest, and follow-up stages were 38.58, 37.82, and 38.73, with standard deviations of 2.87, 3.32, and 2.69, respectively. The skewness and kurtosis values of posttraumatic growth were within the range of −2 to +2, indicating that all research variables were normally distributed and that parametric tests could be applied. Given that the significance level of Levene's test (homogeneity of variances) was reported to be greater than .05 ($p > .05$), the assumption of homogeneity of variances for posttraumatic growth was satisfied. Due to the significance of Mauchly's test (homogeneity of the covariance matrix) for posttraumatic growth, which indicated a violation of the sphericity assumption ($p < .05$), the results of the Greenhouse–Geisser correction, which is a more conservative approach, were reported.

Table 2

Results of Repeated-Measures Analysis of Variance for Experimental Group 1

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.
Posttraumatic growth	Time effect	352.28	1.42	246.60	84.91	$p < .001$
	Group effect	658.97	1	658.97	37.43	$p < .001$
	Time × Group effect	408.13	1.42	285.70	98.37	$p < .001$

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The results presented in Table 2 indicate that the observed F value for the time effect on posttraumatic growth was 84.91, which was significant at the .001 level. The observed F value for the group effect was 37.43, which was significant at the .001 level. The observed F value for the interaction between time and group was 98.37, which was significant at the .001 level. All of these coefficients indicate that compassion-based therapy was effective in enhancing posttraumatic growth among women who had experienced spousal infidelity, and thus this hypothesis was confirmed.

Table 3

Results of Bonferroni Post Hoc Test for Experimental Group 1

Variable	Comparison Times	Compassion-Based Therapy Mean Difference	SE	Sig.	Control Group Mean Difference	SE	Sig.
Posttraumatic growth	Pretest–Posttest	−8.14	0.74	p < .001	0.75	0.36	p > .05
	Pretest–Follow-up	−8.14	0.74	p < .001	−0.15	0.18	p > .05
	Posttest–Follow-up	0.01	0.22	p > .05	−0.90	0.36	p > .05

The results presented in Table 3 indicate that the mean difference between the pretest and posttest and the mean difference between the pretest and follow-up for the posttraumatic growth variable in the compassion-based therapy group were −8.14 and −8.14, respectively, and were reported as significant at the .001 level (p < .001). This finding indicates that compassion-based therapy led to a significant increase in posttraumatic growth at the posttest and follow-up stages compared with the pretest. In contrast, the mean difference between the pretest and posttest and the mean difference between the pretest and follow-up for the posttraumatic growth variable in the control group were 0.75 and −0.15, respectively, which were greater than the .05 significance level (p > .05), indicating that no significant differences were observed across the testing stages in the control group.

Table 4

Results of Repeated-Measures Analysis of Variance for Experimental Group 2

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.
Posttraumatic growth	Time effect	87.72	1.81	48.44	22.95	p < .001
	Group effect	149.18	1	149.18	9.81	p < .001
	Time × Group effect	126.67	1.81	69.95	33.15	p < .001

The results presented in Table 4 show that the observed F value for the time effect on posttraumatic growth was 22.95, which was significant at the .001 level. The observed F value for the group effect was 9.81, which was significant at the .001 level. The observed F value for the interaction between time and group was 33.15, which was also significant at the .001 level. All of these coefficients indicate that relational imagery training was effective in enhancing posttraumatic growth among women who had experienced spousal infidelity, and therefore this hypothesis was confirmed.

Table 5

Results of the Bonferroni Post Hoc Test for Experimental Group 2

Variable	Comparison Times	Relational Imagery Training Mean Difference	SE	Sig.	Control Group Mean Difference	SE	Sig.
Posttraumatic growth	Pretest–Posttest	−4.55*	0.67	p < .001	0.75	0.36	p > .05
	Pretest–Follow-up	−3.90*	0.61	p < .001	−0.15	0.18	p > .05
	Posttest–Follow-up	0.64	0.46	p > .05	−0.90	0.36	p > .05

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The results presented in Table 5 indicate that the mean difference between the pretest and posttest and the mean difference between the pretest and follow-up for the posttraumatic growth variable in the relational imagery training group were −4.55 and −3.90, respectively, and were reported as significant at the .001 level ($p < .001$). This finding indicates that relational imagery training led to a significant increase in posttraumatic growth at the posttest and follow-up stages compared with the pretest. In contrast, the mean difference between the pretest and posttest and the mean difference between the pretest and follow-up for the posttraumatic growth variable in the control group were 0.75 and −0.15, respectively, which were greater than the .05 significance level ($p > .05$), indicating that no significant differences were observed across the testing stages in the control group.

Table 6

Comparison of Intervention Effectiveness on Posttraumatic Growth

Variable	Time	Interventions Compared	Mean Difference	SE	Sig.
Posttraumatic growth	Posttest	Compassion-based therapy vs. Relational imagery training	3.64*	0.89	p < .001
	Follow-up	Compassion-based therapy vs. Relational imagery training	4.29*	0.81	p < .001

The results presented in Table 6 indicate that there were significant differences between the compassion-based therapy and relational imagery training groups in terms of effectiveness on posttraumatic growth at the posttest and follow-up stages, and compassion-based therapy was reported to be more effective in increasing posttraumatic growth ($p < .001$).

4. Discussion

The present study sought to compare the effectiveness of compassion-based therapy and relational imagery training on posttraumatic growth among women who had experienced spousal infidelity. The findings demonstrated that both interventions were effective in significantly enhancing posttraumatic growth at the posttest and follow-up stages compared with the control group. However, the results further indicated that compassion-based therapy produced significantly greater improvements in posttraumatic growth than relational imagery training at both assessment points. These findings contribute meaningfully to the growing body of trauma and marital research by highlighting differential mechanisms of change underlying intrapersonal and relationally focused interventions in the context of infidelity-related trauma.

The observed effectiveness of compassion-based therapy in increasing posttraumatic growth is consistent with a substantial body of literature emphasizing the central role of self-compassion in trauma recovery. Self-compassion facilitates adaptive emotional regulation by reducing self-criticism, shame, and experiential avoidance, which are common psychological responses following marital infidelity. Women affected by infidelity frequently internalize the betrayal as a personal failure, leading to heightened self-blame and emotional dysregulation that obstruct constructive meaning-making. Compassion-based therapy directly targets these processes by activating the soothing and affiliative emotional system, thereby enabling individuals to engage with traumatic experiences without becoming overwhelmed (Ezzatpanah & Latifi, 2019; Kiarasi et al., 2022). The significant increases in posttraumatic growth observed in the compassion-based therapy group suggest that cultivating a compassionate stance toward oneself may provide a robust psychological foundation for growth following relational trauma.

These findings align with prior empirical studies demonstrating the efficacy of compassion-based interventions in fostering posttraumatic growth across diverse trauma populations. Research conducted with women exposed to chronic stressors, illness-related trauma, and interpersonal loss has consistently shown that compassion-focused therapy enhances psychological resilience, emotional integration, and positive reappraisal, all of which are core components of posttraumatic growth (Aliche, 2023; Fitria, 2024; Navab et al., 2019). Moreover, recent studies specifically focusing on women affected by extramarital relationships have reported that compassion-based therapy significantly improves psychological well-being, marital adjustment, and sexual self-efficacy by reducing negative meta-emotions and fostering adaptive self-relating styles (Babsour & Karimi, 2025; Mardani & Tabaghdehi, 2025). The present findings extend this literature by demonstrating that compassion-based therapy not only alleviates distress but also actively promotes positive psychological transformation following infidelity.

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The significant effect of relational imagery training on posttraumatic growth further supports the therapeutic value of relationally oriented interventions in the aftermath of marital infidelity. Relational imagery training, rooted in Imago Relationship Therapy, emphasizes the exploration of unconscious relational patterns, childhood attachment wounds, and emotional communication styles that shape adult intimate relationships. By facilitating conscious dialogue, empathy, and mutual understanding, this approach enables individuals to reconstruct relational meaning and regain a sense of agency within intimate relationships. The observed increases in posttraumatic growth in the relational imagery training group are consistent with previous research demonstrating that Imago-based interventions improve marital distress, forgiveness, emotional intimacy, and quality of life among women affected by infidelity (Aslani et al., 2015; Jafari-Nasab et al., 2021; Rahimi Kelishadi, 2024).

Relational imagery training may promote posttraumatic growth by enabling participants to reinterpret infidelity-related experiences within a broader relational and developmental framework. By understanding how unresolved childhood needs and attachment dynamics contribute to relational conflicts, individuals may experience enhanced self-awareness and interpersonal insight, which can facilitate meaning-making and relational growth. Previous comparative studies have shown that imagery-based and emotion-focused couple therapies positively influence psychological well-being by improving emotional expression and relational understanding (Mansourian et al., 2019). The present findings suggest that these relational mechanisms can extend beyond relationship satisfaction to support posttraumatic growth, particularly when individuals remain engaged in the marital relationship following infidelity.

Despite the effectiveness of both interventions, the superior impact of compassion-based therapy warrants particular attention. One plausible explanation for this finding lies in the differential focus of the two approaches. Compassion-based therapy primarily targets intrapersonal emotional regulation processes, such as shame, self-criticism, and emotional avoidance, which have been repeatedly identified as central barriers to posttraumatic growth. In contrast, relational imagery training primarily addresses interpersonal dynamics and relational schemas. While relational restructuring is undoubtedly important, posttraumatic growth is fundamentally an intrapersonal process involving cognitive-emotional integration and the reconstruction of personal meaning following trauma (Wong & Yeung, 2017; Yuhan et al., 2021). Interventions that directly enhance self-compassion may therefore exert a more immediate and sustained impact on posttraumatic growth by strengthening individuals' capacity to tolerate distress and engage in adaptive meaning-making.

This interpretation is supported by structural and mediation studies demonstrating that self-compassion serves as a key mediating variable between emotional schemas, psychological flexibility, and posttraumatic growth. Nikogoftar and Shourangiz showed that self-compassion mediated the relationship between emotional schemas and posttraumatic growth among widowed women, underscoring its central role in trauma-related growth processes (Nikogoftar & Shourangiz, 2023). Similarly, Misurya and colleagues highlighted the mediating role of psychological flexibility, which is closely linked to self-compassion, in the relationship between self-compassion and posttraumatic growth (Misurya et al., 2021). These findings suggest that compassion-based therapy may be particularly effective because it directly activates core mechanisms underlying posttraumatic growth.

Furthermore, compassion-based therapy may offer unique benefits in the context of marital infidelity by addressing forgiveness and emotional acceptance. Infidelity often elicits intense anger and resentment, which can hinder psychological recovery if not processed adaptively. Research has shown that compassion is positively associated with willingness to forgive infidelity and with reductions in hostility and emotional avoidance (Sharma & Mishra, 2024). By fostering a compassionate stance toward oneself and, indirectly, toward others, compassion-based therapy may facilitate emotional release and cognitive reappraisal, thereby enhancing posttraumatic growth more effectively than relationally focused interventions alone.

The sustained effects of both interventions at the follow-up stage further underscore their clinical relevance. The maintenance of posttraumatic growth gains suggests that both compassion-based therapy and relational imagery training equip participants with enduring psychological skills that continue to support growth beyond the immediate intervention period. This finding aligns with previous longitudinal research indicating that compassion-based and acceptance-based interventions produce lasting improvements in emotional regulation and relational quality (Sanati, 2024; Yadolahi et al., 2025). However, the greater stability of gains observed in the compassion-based therapy

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group may reflect the internalization of self-regulatory skills that are more readily generalized across life contexts.

5. Conclusion

Taken together, the findings of the present study highlight the importance of integrating both intrapersonal and interpersonal perspectives in interventions for women affected by marital infidelity. While relational imagery training effectively addresses relational meaning and communication, compassion-based therapy appears to provide a stronger foundation for posttraumatic growth by directly targeting self-related emotional processes. These results contribute to a more nuanced understanding of how different therapeutic mechanisms facilitate growth following relational trauma and underscore the value of compassion-based approaches in trauma-informed marital interventions.

Despite its contributions, the present study has several limitations that should be considered when interpreting the findings. First, the sample was limited to women from a specific cultural and geographical context, which may restrict the generalizability of the results to other populations, including men or couples from different cultural backgrounds. Second, the use of self-report measures may be subject to response biases such as social desirability or retrospective distortion. Third, although a follow-up assessment was conducted, the follow-up period was relatively short, limiting conclusions regarding the long-term sustainability of intervention effects. Finally, the absence of qualitative data restricted deeper exploration of participants' subjective experiences of posttraumatic growth.

Future studies are encouraged to replicate the present findings using more diverse samples, including men and couples, and across different cultural contexts. Longitudinal designs with extended follow-up periods would provide valuable insight into the durability of posttraumatic growth over time. Additionally, future research could examine mediating and moderating variables, such as self-compassion, forgiveness, or attachment styles, to clarify the mechanisms through which these interventions exert their effects. Incorporating qualitative or mixed-methods approaches may further enrich understanding of the lived experience of growth following infidelity.

From a clinical perspective, the findings suggest that compassion-based therapy can be a highly effective intervention for promoting posttraumatic growth in women affected by marital infidelity and may be prioritized when intense self-criticism and shame are prominent. Relational imagery training remains a valuable option for addressing relational meaning and communication, particularly when couples seek to continue the relationship. Practitioners may consider integrating compassion-focused techniques into relational interventions to enhance outcomes. Mental health professionals working with infidelity-related trauma should adopt trauma-informed, growth-oriented approaches that address both emotional regulation and relational reconstruction to support comprehensive recovery.

Authors' Contributions

M.H. conceptualized the study, designed the research framework, and supervised the implementation of the therapeutic interventions. L.M. was responsible for participant recruitment, data collection, and administration of the assessment instruments, as well as contributing to the intervention delivery. B.A. conducted the statistical analyses, interpreted the results, and drafted the initial version of the manuscript. All authors collaboratively contributed to revising the manuscript, approved the final version for publication, and accept full responsibility for the scientific integrity and accuracy of the study.

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. This study was approved by the Ethics Committee of Islamic Azad University, Rasht Branch (Approval ID: IR.IAU.RASHT.REC.1401.051), on January 29, 2023.

References

Aliche, C. J. (2023). The mediating role of positive reappraisal and self-compassion on the relationship between mindfulness and posttraumatic growth in patients with cancer. *South African Journal of Psychology*, *53*(1), 111-123. https://doi.org/10.1177/00812463221113445

Alipour, S., Ezazi Bojnourdi, E., Honarmand Dorbadam, M., Moosavi, S., & DashtBozorgi, Z. (2018). Effectiveness of Imago Therapy Training on Perspective Taking and Forgiveness in Females Damaged by Marital Infidelity. *jhpm.ir*, *6*(6), 46-52. https://doi.org/10.21859/jhpm-07047

Aslani, K., Jamei, M., & Rajabi, G. (2015). The effectiveness of relational imagery training on marital relationship quality. *Applied Psychology*, *9*(4), 37-53. https://apsy.sbu.ac.ir/article_96504.html?lang=en

Babsour, P., & Karimi, K. (2025). The effectiveness of group therapy based on self-compassion on psychological well-being and marital adjustment in women affected by domestic violence. *Ravanshenasi-ye Ruyesh*, *14*(1), 135-144. https://frooyesh.ir/browse.php?a_id=5739&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Ezzatpanah, F., & Latifi, Z. (2019). The effectiveness of acceptance, commitment, and compassion-based training on pain catastrophizing, distress tolerance, and post-traumatic growth in patients with fibromyalgia syndrome. *Health Psychology*(32), 127-142. https://civilica.com/doc/1906146/

Fitria, A. Z. N. (2024). Compassion for Trauma: Role of Self Compassion in Posttraumatic Growth of Fatherless Among Orphanage Adolescents. *Jurnal Ilmu Perilaku*, *8*(1), 22-32. https://doi.org/10.25077/jip.8.1.22-32.2024

Honarparvaran, N. (2017). The Effectiveness of Integrated Approach Imago Therapy and Object Relationship to Controlling Emotions Couples Treacherous. *Psychological Models and Methods*, *8*(27), 15-28. https://jpmm.marvdasht.iau.ir/article_2412.html

Jafari-Nasab, R., Safarian-Tousi, M. R., Naseri, N. S., & Akbari-Amrghan, H. (2021). The Effectiveness of Imago-Based Couple Therapy on Improving Marital Distress and Quality of Life in Women Affected by Marital Infidelity. *Applied Family Therapy*, *2*(4), 533-519. https://www.noormags.ir/view/en/articlepage/1995243/

Kiarasi, Z., Emadian, S. O., & Hassanzadeh, R. (2022). The Effectiveness of Compassion-Focused Therapy on Posttraumatic Growth and Body Image Fear in Females with Breast Cancer [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, *10*(12), 109-118. http://frooyesh.ir/article-1-2971-en.html

Mansourian, J., Khalatbari, J., Tarkhan, M., Ghorban Shirodi, S., & Zarbakhsh, M. (2019). Comparison of the effectiveness of imagotherapy and emotion-focused couple therapy on couples' psychological well-being Incompatible and involved with your home. *medical journal of mashhad university of medical sciences*, *61*(supplment1), 182-192. https://doi.org/10.22038/mjms.2019.13831

Mardani, P., & Tabaghdehi, A. F. (2025). The Effectiveness of Compassion-Focused Therapy on Negative Meta-Emotions and Sexual Self-Efficacy in Women Affected by Extramarital Relationships. *PWJ*, *6*(3). https://doi.org/10.61838/kman.pwj.6.3.3

Misurya, P., udgirkar, n., Shukla, V., & Anand, P. V. (2021). Self-Compassion and Post Traumatic Growth: The Mediating Role of Psychological Flexibility". https://doi.org/10.31234/osf.io/q5fjd

Navab, M., Dehghani, A., & Karbasi, A. (2019). The Effectiveness of Compassion-based Therapy on Post Traumatic Growth in Mothers of Children with Attention Deficit/Hyperactivity Disorder. *childmh*, *6*(1), 239-250. https://doi.org/10.29252/jcmh.6.1.20

Niknam, M. (2024). *Structural modeling for determining marital infidelity based on self-compassion with mediating role of emotional maturity*

Nikogoftar, M., & Shourangiz, K. (2023). Developing a Post-Traumatic Growth Model Based on Emotional Schemas with the Mediating Role of Self-Compassion Among Widowed Women Who Lost Their Husbands to COVID-19. *Journal of Positive Psychology Research*(2), 83-102. https://ppls.ui.ac.ir/article_27834.html?lang=en

Rahimi Kelishadi, H. (2024). *The effectiveness of imago therapy-based couples therapy on positive emotions towards spouses, alexithymia, and marital burnout in couples experiencing infidelity*

Sanati, Y. (2024). Investigating the effectiveness of cognitive-behavioral therapy on self-compassion and experiential avoidance in women who have experienced marital infidelity. *Aftj*, *5*(2), 112-120. https://doi.org/10.61838/kman.aftj.5.2.13

Sharma, R., & Mishra, S. (2024). Compassion on willingness to forgive infidelity in married couples. *Indian Journal of Positive Psychology*, *15*(2), 116-122. https://doi.org/10.1007/s12671-021-01631-7

Wong, C. C. Y., & Yeung, N. C. (2017). Self-compassion and posttraumatic growth: Cognitive processes as mediators. *Mindfulness*, *8*, 1078-1087. https://link.springer.com/article/10.1007/s12671-017-0683-4

Yadolahi, S., Mirzaei, S. H., & Soleimianian, A. A. (2025). Comparing the efficacy of counseling based on acceptance commitment approach and the compassion approach in a group way on emotion regulation and the quality of marital relationship in infertile women. *Journal of Psychological Science*, *24*(149), 287-305. https://psychologicalscience.ir/article-1-2488-en.html

Yuhan, J., Wang, D. C., Canada, A., & Schwartz, J. (2021). Growth after trauma: the role of self-compassion following Hurricane Harvey. *Trauma Care*, *1*(2), 119-129. https://doi.org/10.3390/traumacare1020011

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