

Comparison of the Effectiveness of Relational Imagery Therapy and Acceptance and Commitment Therapy on We-Ness Experience in Women Exposed to Marital Infidelity

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ABSTRACT

The aim of the present study was to examine the effectiveness of relational imagery therapy and acceptance and commitment therapy on we-ness experience in women exposed to marital infidelity. This study was conducted using a quasi-experimental method with a three-stage pretest, posttest, and three-month follow-up design, including a control group. The statistical population included all women aged 25 to 45 years who referred to Sina Counseling Center in Nowshahr and had experienced marital infidelity. Among them, 45 participants were selected purposively based on the inclusion criteria and were then randomly assigned to three groups of 15 participants each: relational imagery therapy, acceptance and commitment therapy, and control group. The data collection instrument was the We-Ness in Couple Relationships Questionnaire (Cruz et al., 2023). Each experimental group received its respective intervention in eight 90-minute sessions, held twice a week. The posttest was administered immediately after the intervention, and the follow-up phase was conducted three months later. The data were analyzed using multivariate mixed analysis of variance. The results showed that relational imagery therapy was more effective than acceptance and commitment therapy in enhancing we-ness experience ($p < .05$). These findings, while explaining the importance of relational imagery-based therapeutic interventions in improving the emotional and functional indicators of women harmed by marital infidelity, emphasize the necessity of applying this approach in couple counseling services.

Keywords: relational imagery therapy, acceptance and commitment therapy, we-ness experience.

1. Introduction

Marital infidelity is among the most destabilizing events in intimate relationships because it violates the implicit and explicit expectations through which partners organize trust, commitment, emotional safety, and shared identity. Although infidelity is often discussed as a relational crisis, its psychological consequences extend beyond the marital dyad and may include intrusive rumination, shame, anger, grief, decreased self-worth, emotional dysregulation, and profound disruption in the injured partner's assumptions about the relationship. Qualitative evidence has even conceptualized romantic partner betrayal as a potentially traumatic experience because it can disturb the betrayed partner's sense of safety, continuity, and relational meaning (Lonergan et al., 2021). In women exposed to marital betrayal, the experience may be especially complex because the injury is not limited to the discovery of an extramarital relationship; rather, it often becomes embedded in broader patterns of emotional distancing, unresolved conflict, weakened marital commitment, and distrust toward the spouse. Studies on couples involved in infidelity or marital incompatibility have shown that therapeutic approaches can improve psychological well-being and relational functioning when they directly address the emotional wounds, meanings, and communication failures associated with betrayal (Mansourian et al., 2018). Therefore, the clinical challenge in this field is not merely to reduce conflict, but to reconstruct the emotional, cognitive, and relational foundations that allow partners to experience themselves as a meaningful relational unit.

One of the central constructs that can explain this relational reconstruction is the experience of "we-ness." We-ness refers to the extent to which partners perceive themselves not only as separate individuals but also as members of a shared relational identity. It includes a sense of couple identity, emotional bonding, shared orientation toward the relationship, and perceived similarity or togetherness. In psychological terms, we-ness is not synonymous with dependence or loss of individuality; rather, it reflects the capacity of partners to integrate personal agency with mutual commitment, shared meaning, and coordinated relational functioning. Research on interactional settings has shown that we-ness is constructed through embodied, verbal, emotional, and relational processes that enable individuals to experience themselves as part of a shared interpersonal field (Heinonen & Tainio, 2022). Although some studies have examined we-ness

outside the couple context, such as collective role experience and compassion-related social processes, these findings also support the idea that shared symbolic experience can strengthen emotional connection and interpersonal responsibility (Pule & Gibney, 2023). In couple relationships, such shared identity becomes particularly important after betrayal because infidelity fractures the symbolic boundary of the "we" and transforms the partner from a trusted attachment figure into a source of threat, ambiguity, and emotional pain.

The deterioration of we-ness after marital infidelity is closely related to communication patterns, attachment-related expectations, marital satisfaction, and commitment. Couples' communication patterns are among the strongest relational mechanisms through which emotional closeness or distance is maintained. Ineffective communication, hostile interpretation, withdrawal, and defensive reactivity can intensify marital distress and reduce the likelihood of emotional repair. Prior research has shown that perceptions of parental bonding can predict couples' communication patterns, indicating that relational schemas formed in earlier attachment contexts may be activated in adult partnerships (Ehsanifard et al., 2021). Similarly, the mediating role of communication patterns in the relationship between differentiation of self and sexual satisfaction suggests that couple functioning is shaped by the interaction of self-regulation, interpersonal boundaries, and communicative responsiveness (Mam Salehi et al., 2020). In distressed couples, short-term strategic family therapy has been shown to reduce marital conflicts, highlighting the clinical value of structured relational interventions for couples experiencing persistent conflict (Darbani & Lotfi Kashani, 2020). Moreover, marital commitment appears to be a critical protective factor in the relationship between perceived self-sacrifice and marital satisfaction, suggesting that commitment may determine whether sacrifices are interpreted as meaningful relational investments or as sources of resentment (Mahmoudi, 2024). Relationship enrichment training has also been associated with marital commitment and marital attachment, further indicating that couples' relational bonds can be strengthened through targeted psychological education and intervention (Rahimipour, 2024).

From a clinical perspective, interventions for women affected by marital betrayal must address both the emotional injury of betrayal and the relational disconnection that follows it. One approach that directly targets relational images, unmet childhood needs, partner selection dynamics,

and emotional reconnection is Imago Relationship Therapy, referred to in the present study as relational imagery therapy. Imago Relationship Therapy was developed as an integrative couple therapy approach drawing from psychoanalytic, attachment, systemic, and humanistic traditions. Its central assumption is that individuals enter adult relationships with internalized relational images formed through early experiences, and that unresolved childhood wounds may be reactivated in intimate partnerships. Rather than viewing marital conflict as merely a behavioral problem, this approach interprets recurrent conflict as a pathway to understanding unmet needs and unconscious relational expectations. The theoretical alignment of Imago Relationship Therapy with common factors in marriage and family therapy has been emphasized, especially its focus on empathy, intentional dialogue, validation, emotional safety, and relational repair (Luquet & Muro, 2018). Other perspectives have also situated Imago therapy within broader spiritual, cultural, and relational frameworks for couples and marriage, indicating its flexibility in addressing both emotional and meaning-based dimensions of couple life (Vlaicu, 2018).

Empirical findings support the clinical relevance of Imago-based interventions for distressed couples. Group counseling based on the Imago relationship approach has been applied to develop marital relationships, suggesting that its structured exercises can enhance relational awareness and improve couple interaction (Guvén & Iskender, 2023). The online application of Imago Relationship Therapy has also been discussed, indicating that the approach can be adapted to contemporary therapeutic contexts while preserving its emphasis on healing through empathic dialogue and relational presence (Ben-Ari, 2022). In couples where one spouse has attention deficit hyperactivity disorder, mindfulness and Imago therapy have been compared in relation to intimacy and commitment, supporting the application of imagery-based relational approaches for couples facing complex interpersonal stressors (Beheshtinejad et al., 2022). In the context of marital infidelity, Imago-based couple therapy has been found effective in improving marital distress and quality of life among women affected by betrayal (Jafari Nasab et al., 2021). Similarly, relationship imagery therapy has been compared with positivity training in relation to relationship attributions, attitudes toward extramarital relationships, and differentiation of self, indicating that it can influence both cognitive and relational aspects of marital functioning (Najjar Asl et al., 2020). Imago therapy-based training has

also been associated with improvements in anxiety sensitivity, intolerance of uncertainty, mental health, and physical health indicators among couples on the verge of divorce, suggesting that its effects may extend beyond marital interaction to broader psychological functioning (Nadaf et al., 2021).

Recent studies have further expanded the evidence base for relational imagery therapy in marital and family psychology. Imago therapy has been reported to improve love styles and communication problems in married women, indicating its potential to reshape both affective orientation and interactional difficulties (Ghaffari et al., 2025). Imago therapy-based couples therapy has also been shown to increase marital forgiveness and the quality of marital relationships among discordant couples, which is especially relevant for women exposed to betrayal, for whom forgiveness and relational quality are often deeply challenged (Karami et al., 2025). In women affected by domestic violence, Imago Relationship Therapy has been compared with narrative therapy in relation to spouse selection regret, marital disenchantment, and resilience, suggesting that the approach may help women reinterpret relational experiences and strengthen adaptive coping after severe relational injury (Najjar Khodabakhsh et al., 2025). Among couples with a history of marital infidelity, Imago therapy-based couple therapy has been associated with improvements in positive emotion toward the spouse, alexithymia, and marital burnout, showing its capacity to address emotional expression and relational exhaustion (Rahimi Kelishadi, 2024). Relationship imagery therapy has also been compared with object relations therapy in relation to sense of coherence and self-regulation in women with repeated divorces, highlighting its relevance for reconstructing meaning and self-regulatory capacities in women with repeated relational disruptions (Hazratzadeh et al., 2023). Moreover, comparisons of meta-emotion-based therapy, narrative therapy, and Imago therapy on marital boredom among conflicted married women indicate that Imago therapy can be examined alongside other relationally oriented interventions in populations marked by emotional disengagement (Khalaj Asadi et al., 2024).

Another major therapeutic approach relevant to women facing marital betrayal is Acceptance and Commitment Therapy. ACT is grounded in contextual behavioral science and seeks to increase psychological flexibility through acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. Rather than attempting to eliminate painful internal

experiences, ACT helps individuals change their relationship with distressing thoughts, emotions, and memories so that behavior can be guided by values rather than avoidance. Meta-analytic evidence has supported the empirical status of ACT across psychological conditions and outcomes, emphasizing psychological flexibility as a core mechanism of change (Gloster et al., 2020). ACT has also been discussed in relation to the therapeutic relationship, including rupture and repair, which is particularly important in couple contexts where emotional injuries and relational ruptures are central clinical concerns (Walser & O'Connell, 2021). Internet-based ACT has shown efficacy for depressive symptoms, anxiety, stress, psychological distress, and quality of life, indicating that ACT processes can be effective across diverse delivery formats and mental health outcomes (Han & Kim, 2022). ACT has also been applied to medical and rehabilitation contexts, including self-management skills and psychological resilience in young and middle-aged patients after cardiac intervention (Cao et al., 2022), acquired brain injury rehabilitation through the BrainACT protocol (Rauwenhoff et al., 2023), and brief group interventions for psychosis and trauma with improvements in psychiatric symptoms, emotion regulation, and treatment compliance (Spidel et al., 2018).

The relevance of ACT to couple therapy lies in its emphasis on values-based action in the presence of painful emotions. Betrayal often triggers avoidance, rumination, attempts to control the partner, fusion with catastrophic thoughts, and rigid expectations about how healing must occur. ACT-based couple interventions can help partners recognize ineffective control strategies, reduce experiential avoidance, clarify shared values, and engage in committed behavior despite emotional discomfort. ACT has been adapted to target intimate partner violence, demonstrating its potential usefulness in relational contexts characterized by threat, dysregulation, and harmful interaction patterns (Reardon et al., 2020). Acceptance and commitment interventions have also been used in family and maternal contexts, such as combined transdiagnostic child therapy and maternal ACT for anxiety, depression, and COVID-19-related obsessive thoughts, suggesting that ACT processes can be applied to family-related distress and caregiving burden (Barimani, 2024). Psychological flexibility has been linked to resilience, burnout, and turnover intentions among critical care nurses during the COVID-19 pandemic, further supporting the protective role of flexibility under conditions of sustained stress (El-Ashry, 2024). In couple-related studies, reality-oriented ACT has been found effective on

emotion regulation and happiness of couples (Ashouri, 2022), and ACT has been compared with emotion-focused therapy in improving emotional self-regulation and psychological well-being among couples (Azandariani et al., 2022). ACT matrix training has also shown effectiveness on communication patterns among married women with avoidant and anxious attachment styles, which is highly relevant because attachment insecurity may intensify the emotional impact of infidelity (Jangi Roudi et al., 2024).

Evidence comparing ACT with other couple interventions suggests that ACT may be particularly helpful in modifying experiential avoidance, emotional dysregulation, and values-inconsistent relational behavior. Acceptance and commitment couple therapy has been compared with emotionally focused couple therapy on spiritual indicators such as patience and forgiveness in couples affected by extramarital relationships, suggesting that ACT may influence moral, emotional, and relational capacities involved in recovery from betrayal (Keyhan et al., 2022). Imago therapy psychoeducation and ACT have also been compared in improving communication patterns among couples seeking divorce, indicating that both approaches may target relational functioning but through different mechanisms: Imago therapy through empathic reconstruction and relational imagery, and ACT through acceptance, defusion, values, and committed action (Salarifar et al., 2022). Other couple and attachment-based interventions have shown that modifying hostile attribution and meta-anger in women seeking divorce requires attention to attachment-related emotional interpretations and anger processing (Khansari et al., 2022). Additionally, comparisons of Imago therapy and transactional analysis in improving communication skills, conflict resolution, and rejection sensitivity demonstrate that relational therapies can enhance key interpersonal capacities that may be weakened after betrayal (Jalili et al., 2022).

Despite the growing literature on Imago Relationship Therapy and ACT in couple distress, several conceptual and empirical gaps remain. First, many studies have focused on outcomes such as marital satisfaction, commitment, forgiveness, communication patterns, conflict, and psychological well-being, while the specific construct of wellness has received comparatively limited attention in intervention studies involving women exposed to marital infidelity. Second, although both relational imagery therapy and ACT are theoretically relevant to betrayal recovery, they may operate through different change mechanisms. Relational imagery therapy emphasizes reconstruction of the

relational bond through empathic dialogue, awareness of childhood wounds, reworking of partner images, and intentional connection, whereas ACT emphasizes psychological flexibility, acceptance of painful internal experiences, values clarification, and committed relational behavior. Third, women exposed to marital betrayal may require an intervention that not only reduces distress but also rebuilds shared identity and emotional connection. Therefore, comparing these two approaches on we-ness experience can clarify which therapeutic pathway is more effective for strengthening the sense of “us” after the relational rupture of infidelity.

The aim of the present study was to compare the effectiveness of relational imagery therapy and acceptance and commitment therapy on we-ness experience in women exposed to marital infidelity.

2. Methods and Materials

2.1. Study Design and Participants

This study was quasi-experimental and used a pretest, posttest, and follow-up design with a control group. The statistical population consisted of women exposed to marital infidelity in Nowshahr who were identified based on the study inclusion and exclusion criteria. Initially, 45 eligible individuals were selected using purposive sampling. Then, after completing the informed consent forms and the pretest, they were randomly assigned to three equal groups of 15 participants each, including two experimental groups and one control group, in order to reduce allocation bias. The first experimental group received training in relational imagery therapy-based skills, and the second experimental group received acceptance and commitment therapy training over a specified number of sessions, namely eight 90-minute sessions. The control group received no intervention during this period. After the completion of the interventions, the posttest was administered to all three groups, and the follow-up assessment was conducted three months later. Accordingly, the process of sample selection and random assignment to groups was implemented to enhance the internal validity of the study. The statistical population of this study included all married women aged 25 to 45 years who referred to the Nowshahr Counseling and Psychological Services Center, Sina Counseling Center, in 2025 and had experienced spousal infidelity. According to the statistics obtained from the center, their number was 125. To achieve sufficient statistical power, G*Power software was used. The total adequate sample size estimated by this software

was 45 participants. The sampling method was purposive. The inclusion criteria were an age range of 25 to 45 years, experience of marital infidelity by the spouse based on the individual’s self-report and/or confirmation by the relevant counselor or social worker, a minimum educational level of high school diploma, at least two months having passed since the spouse’s infidelity, absence of a psychological disorder at the time of the study based on clinical evaluation through an initial interview, and willingness to participate in the study. The exclusion criteria included absence from more than two therapy sessions, unwillingness to continue cooperation, and concurrent participation in other psychological treatments.

To conduct this study, Sina Counseling and Psychological Services Center in Nowshahr was selected as the site for sample recruitment and implementation of the interventions due to the high number of clients with problems resulting from marital infidelity, the researcher’s ease of access, the appropriate cooperation of the center’s specialized staff, and the availability of the necessary facilities for holding group sessions. All intervention sessions related to relational imagery therapy and acceptance and commitment-based couple therapy were held in person in the group session hall of this center. The sessions were conducted and facilitated by the center’s official therapist, who specialized in family counseling and had relevant practical experience. All stages of the study were carried out in accordance with approved therapeutic protocols and under the direct supervision of the supervisor. The implementation procedure was as follows: the pretest was conducted in mid-April 2025, and the therapeutic intervention period, with two sessions per week for each group, was implemented from late April to late May 2025. The posttest was administered immediately after the sessions ended, and the three-month follow-up phase was conducted in August of the same year. Ethical principles were observed throughout all stages of the study. Measures were taken to maintain the confidentiality of participants’ information by the officials and assistants, fully explain the objectives of the study to the participants, provide them with the actual results based on the collected data after completion of the study, and thank them for their cooperation. In addition, participants’ full freedom to enter or withdraw from the study at any stage, assurance of no psychological, social, physical, or financial harm or loss to them, and the researcher’s written commitment to compensate for any possible or unforeseen harm were among the ethical considerations observed. The relevant

research ethics approval was obtained from the university research ethics committee before the beginning of the study.

2.2. Measures

We-Ness in Couple Relationships Questionnaire (WCRQ): This questionnaire was developed by Cruz et al. (2023) and consists of 47 items and four subscales: couple identity with 25 items, couple bond with 10 items, relationship orientation with 9 items, and couple similarity with 3 items. The questionnaire is scored on a 7-point Likert scale ranging from strongly disagree, scored 1, to strongly agree, scored 7. Higher scores indicate a higher level of w-ness in the couple relationship. To examine convergent validity, the correlation of the questionnaire with the Relationship Satisfaction Scale was assessed; the obtained values for the four components of couple identity, couple bond, relationship orientation, and couple similarity were .71, .34, .23, and .27, respectively. To examine divergent validity, the correlation of the questionnaire with the Relationship Instability Scale was assessed; the obtained values for the four components of couple identity, couple bond, relationship orientation, and couple similarity were .46, .26, -.10, and -.10, respectively. All values were significant and indicated confirmation of the convergent validity of the developed questionnaire. The use of Cronbach's alpha coefficient to examine the reliability of the questionnaire also showed that its value was .97 for the total scale, .96 for the couple identity component, .93 for the couple bond component, .91 for the relationship orientation component, and .79 for the couple similarity component, all of which were acceptable. This questionnaire was standardized in Iran by Shakermi (2024) on 359 married individuals. After factor analysis of the questionnaire items, 46 items were confirmed across four components, and one item was removed because its factor loading was not significant and it did not belong to any of the questionnaire subcomponents. The final Persian version of the questionnaire includes 46 items and four components: couple identity with 25 items, couple bond and relationship orientation with 9 items each, and couple similarity with 3 items. To examine the convergent and divergent validity of the questionnaire, its correlations with the Marital Quality Questionnaire and the Marital Instability Questionnaire were calculated, and its convergent and divergent validity were confirmed. Cronbach's alpha coefficients for examining the internal consistency of the items were .96 for the total scale

and .96, .92, .89, and .86 for the other components, respectively.

2.3. Interventions

Imago Relationship Therapy was developed by Harville Hendrix. Drawing on psychoanalytic theories, attachment theory, and humanistic approaches, this therapeutic approach examines the influence of childhood experiences on adult relationships. The content of the sessions in the present study was developed based on the book *Getting the Love You Want: A Guide for Couples* by Hendrix and Elliott (2008) and was implemented with the experimental group in eight 90-minute sessions, held twice weekly. In the first session, interaction was established with the participants, and the goals and rationale of Imago Relationship Therapy and its role in couples' communication were explained. In the second session, negative emotions and childhood frustrations, their effects on marital relationships, the comparison of the spouse's characteristics with one's own mental image, and, reciprocally, the comparison of one's own characteristics with the spouse's mental image were examined. In the third session, the assignments from the previous session were reviewed and feedback was provided; participants became familiar with the positive and desirable characteristics of significant people in their own and their spouse's lives, became familiar with the spouse's beliefs, examined conditions for progress in marital relationships, and learned ways to identify commonalities with the spouse. In the fourth session, the previous session's assignments were reviewed and feedback was given; participants were trained in expressing and releasing anger in a safe and constructive environment with the aim of reducing past suffering and healing emotional wounds. In the fifth session, the previous assignments were reviewed and feedback was provided; participants were trained in how to express the spouse's positive and negative characteristics, establish mutual commitment, increase intimacy, and meet their own and their spouse's needs. In the sixth session, the previous assignments were reviewed and feedback was given; romantic memories were revisited, and relationships were improved with the aim of increasing intimacy and healing emotional wounds; unmet needs and wishes were identified, and pleasurable and recreational activities were practiced. In the seventh session, the previous assignments were reviewed and feedback was provided; participants were trained in learning new behaviors, increasing feelings of happiness and emotional bonding between partners, and expressing

requests and meeting needs. In the eighth session, emphasis was placed on maintaining and continuing the relationship and creating positive changes, and the sessions and learned strategies were summarized and reviewed.

Acceptance and Commitment-Based Couple Therapy was developed based on the principles of Acceptance and Commitment Therapy, founded by Steven Hayes and colleagues. The therapeutic protocol of the present study was developed based on the book *Acceptance and Commitment Therapy for Relationship Problems* by Low and McKay (2013) and was implemented with the experimental group in eight 90-minute sessions, held twice weekly. In the first session, group rules, goals, and expectations were clarified. In the second session, the problem was defined from the perspective of both the couples and the therapist, ineffective relational efforts were evaluated, and participants were assigned to identify ineffective problem-solving strategies and work with the “pit” metaphor. In the third session, healthy relationship choice, including motivation, willingness, and commitment, was addressed, and assignments included identifying the choice to remain in the relationship with the spouse, the “both of you get hurt” exercise, and the “garden” metaphor. In the fourth session, participants became familiar with the function of the mind and ways of disengaging from destructive thoughts, weakening expectations rather than eliminating them, and learning conflict-resolution and effective communication skills within the ACT framework; assignments included efforts to weaken expectations, distinguishing between values and expectations, efforts toward connection with the spouse, the exercise “How do I try to control my spouse?”, and the “tug-of-war with the monster” metaphor. In the fifth session, shared values and committed action were identified, couples’ strengths were recognized, and mastery of ACT hexaflex skills for moving toward values was emphasized; assignments included the “tenth wedding anniversary” exercise, the values gap exercise, and the funeral metaphor. In the sixth session, relationship barriers were introduced and identified, including disconnection, reactivity, avoidance, being caught inside the mind, and neglected values; assignments included identifying and recording relationship barriers for one week, the “passengers on the bus” metaphor, and efforts toward connection with the spouse. In the seventh session, the layers of fog were introduced, including wishes, shoulds and should-nots, “if only” thoughts, and being stuck in the past and future; assignments included practicing pause and delayed

response, as well as the exercise “What happens when you become fused with your thoughts?” In the eighth session, participants were guided to choose effective action and enact love in accordance with values despite the presence of unpleasant thoughts and feelings; assignments included practicing acceptance of reactions and living in the present moment, choosing a values-based direction and acting accordingly, and holding a forgiveness ceremony and pledge.

2.4. Data analysis

In this study, both descriptive and inferential statistical indices were used to analyze the data. Given the research design, Shapiro–Wilk statistical tests were first conducted to determine the equality of the groups in terms of the dependent variables at the pretest stage and to examine whether random assignment had successfully established group equivalence. In addition, to determine the effectiveness of relational imagery therapy-based skills training and acceptance and commitment therapy, multivariate mixed analysis of variance was used. Subsequently, post hoc tests were used to compare the significant effectiveness of the treatments with one another. The analyses were performed using SPSS version 26.

3. Findings and Results

The minimum age of the participants in this study was 25 years and the maximum age was 35 years. Moreover, given that the significance level was greater than .05, there was no significant difference among the three groups, and it can be stated that the three groups were homogeneous in terms of age. In addition, given that the significance level was greater than .05 ($p > .05$), comparison of the three groups showed no significant difference between the groups in terms of educational level, indicating that the three groups were homogeneous in terms of educational level. Given that the significance level was greater than .05 ($p > .05$), comparison of the three groups also showed no significant difference among the three groups in terms of occupational status, indicating that the three groups were homogeneous in this regard. The shortest duration of marriage among the participants in this study was 1 year, and the longest duration was 5 years. Moreover, given that the significance level was greater than .05, there was no significant difference among the three groups, and it can be stated that the three groups were homogeneous in terms of duration of marriage.

Table 1

Comparison of the Mean and Standard Deviation of We-Ness Experience Across the Three Groups at Pre-Intervention, Post-Intervention, and Follow-Up

Variable	Group	Pre-Intervention Mean	Pre-Intervention SD	Post-Intervention Mean	Post-Intervention SD	Follow-Up Mean	Follow-Up SD
We-ness experience	Relational imagery therapy	153.60	6.52	164.80	9.88	165.80	9.82
We-ness experience	Acceptance and commitment therapy	153.90	7.01	173.60	12.20	173.70	12.09
We-ness experience	Control group	154.20	7.57	156.60	8.10	155.80	8.08

Table 1 presents the mean scores of we-ness experience in the relational imagery therapy group, the acceptance and commitment therapy group, and the control group. As shown, there was no considerable difference in the mean score of we-ness experience among the three study groups at

the pretest stage. However, after the intervention, the intervention groups showed a substantial difference compared with the control group relative to the pre-intervention stage. This difference was also observable at the follow-up stage.

Table 2

Results of Multivariate Mixed Analysis of Variance on Communication Patterns, We-Ness Experience, and Emotion Regulation

Source	Test	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Assessment time	Pillai's trace	.999	4883.70	8	35	.001	.999
Assessment time	Wilks' lambda	.001	4883.70	8	35	.001	.999
Assessment time	Hotelling's trace	1116.20	4883.70	8	35	.001	.999
Assessment time	Roy's largest root	1116.20	4883.70	8	35	.001	.999
Assessment time × group	Pillai's trace	1.27	7.95	16	72	.001	.639
Assessment time × group	Wilks' lambda	.07	12.20	16	70	.001	.736
Assessment time × group	Hotelling's trace	8.38	17.80	16	68	.001	.807
Assessment time × group	Roy's largest root	7.74	34.80	8	36	.001	.886

As shown in Table 2, all tests, including Pillai's trace, Wilks' lambda, Hotelling's trace, and Roy's largest root, were significant, indicating that there was a significant difference in communication patterns, we-ness experience, and emotion regulation according to group, assessment time, and the interaction between group and assessment time.

Accordingly, the main hypothesis of the study was confirmed, and it can be concluded that there was a difference between the effectiveness of relational imagery therapy and acceptance and commitment therapy on we-ness experience in women exposed to marital infidelity.

Table 3

Results of Mixed Analysis of Variance for Examining the Effects of Group and Assessment Time on the Dependent Variables

Source	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Within-subjects: Assessment time	We-ness experience	3733.50	1.01	3697.90	99.20	.001	.703
Within-subjects: Assessment time × group	We-ness experience	1607.80	2.01	796.20	21.30	.001	.504
Within-subjects: Error	We-ness experience	1579.80	42.40	37.20	—	—	—
Between-subjects: Group	We-ness experience	3004.80	2	1502.40	18.20	.001	.466
Between-subjects: Error	We-ness experience	3449.30	42	82.10	—	—	—

Based on the results of the mixed analysis of variance shown in Table 3, the main effect of assessment time and the interaction effect of group and assessment time on the

dependent variable were significant. According to the results reported in Table 3, the main effect of assessment time on the dependent variable was significant. This means that the

scores of we-ness experience among all participants, regardless of group membership, differed significantly across the pretest, posttest, and follow-up stages.

Table 4

Pairwise Comparison of the Mean Scores of the Relational Imagery Therapy and Acceptance and Commitment Therapy Groups Across the Three Research Stages for We-Ness Experience

Variable	Research Stage	Group	Comparison Group	Mean Difference	Significance Level
We-ness experience	Pretest	Relational imagery therapy	Acceptance and commitment therapy	-.333	1.00
We-ness experience	Pretest	Relational imagery therapy	Control	-.666	1.00
We-ness experience	Pretest	Acceptance and commitment therapy	Control	-.333	1.00
We-ness experience	Posttest	Relational imagery therapy	Acceptance and commitment therapy	-8.80*	.009
We-ness experience	Posttest	Relational imagery therapy	Control	8.26*	.015
We-ness experience	Posttest	Acceptance and commitment therapy	Control	17.06*	.001
We-ness experience	Follow-up	Relational imagery therapy	Acceptance and commitment therapy	-7.86*	.020
We-ness experience	Follow-up	Relational imagery therapy	Control	10.06*	.002
We-ness experience	Follow-up	Acceptance and commitment therapy	Control	17.93*	.001

The results of Table 4 show that the differences at the posttest and follow-up stages were significant in the intervention groups ($p < .05$), whereas at the pretest stage, the difference between the relational imagery therapy and acceptance and commitment therapy groups was not significant ($p > .05$). Based on the results of Table 3 regarding the interaction between stage and group, the calculated F value for the effect of stages, namely pretest, posttest, and follow-up, between the two intervention groups was significant at the .05 level for we-ness experience ($p < .05$). According to the results of Table 3 for the between-group factor, the calculated F value was also significant at the .05 level for we-ness experience ($p < .05$). Therefore, there was a significant difference between the mean scores of we-ness experience in the relational imagery therapy and acceptance and commitment therapy groups, and relational imagery therapy had a greater effect on we-ness experience. To examine the details of these effects, the interaction plots are reported according to the dependent variables.

4. Discussion

The present study aimed to compare the effectiveness of relational imagery therapy and acceptance and commitment therapy on we-ness experience in women exposed to marital

infidelity. The findings showed that the main effect of assessment time was significant, indicating that the participants' we-ness scores changed significantly from pretest to posttest and follow-up. The interaction effect of group and assessment time was also significant, meaning that the pattern of change across the three assessment stages differed according to group membership. Moreover, the significant between-group effect indicated that the intervention groups and the control group were not similar in their overall post-intervention outcomes. Pairwise comparisons showed no significant difference among the groups at the pretest stage, confirming the baseline comparability of the groups. However, significant differences emerged at posttest and remained significant at the three-month follow-up. These results suggest that both therapeutic interventions were effective in improving we-ness experience compared with the control condition, but relational imagery therapy demonstrated greater effectiveness in strengthening we-ness among women who had experienced marital infidelity.

This finding can be explained by the central assumptions of relational imagery therapy. Marital infidelity damages the injured partner's sense of emotional safety, trust, belonging, and shared identity. In such conditions, the woman may no

longer experience the marital relationship as a secure “we” but rather as a threatening relational space marked by betrayal, ambiguity, and emotional distance. Relational imagery therapy directly targets this damaged relational image by helping participants examine childhood emotional wounds, unconscious partner selection patterns, unmet attachment needs, and the repetitive cycles through which past injuries are reactivated in the marital relationship. Therefore, its greater effect on we-ness experience is theoretically expected, because the intervention does not merely teach communication skills; rather, it attempts to reconstruct the symbolic and emotional image of the marital bond. This interpretation is consistent with the view that Imago Relationship Therapy is aligned with common factors in marriage and family therapy, especially empathic dialogue, validation, emotional safety, intentional connection, and repair of relational rupture (Luquet & Muro, 2018). It also corresponds with the clinical emphasis of Imago therapy on helping couples transform conflict into a pathway for understanding unmet emotional needs and restoring attachment-based connection (Vlaicu, 2018).

The stronger effect of relational imagery therapy may also be understood in light of the traumatic nature of romantic betrayal. Infidelity is not experienced merely as a marital disagreement; for many injured partners, it is a profound relational trauma that disrupts assumptions about loyalty, intimacy, and personal worth. Previous qualitative work has shown that romantic partner betrayal may function as a traumatic experience because it involves violation by an attachment figure and can produce enduring emotional and relational consequences (Lonergan et al., 2021). When betrayal disrupts the injured partner’s capacity to feel part of a shared couple identity, interventions that directly address emotional wounds, relational meanings, and attachment-based needs may be especially suitable. The findings of the present study are aligned with studies showing that Imago-based couple therapy improves marital distress and quality of life among women affected by marital infidelity (Jafari Nasab et al., 2021), enhances psychological well-being in incompatible couples involved in infidelity (Mansourian et al., 2018), and increases positive emotion toward the spouse while reducing alexithymia and marital burnout in couples with experience of marital infidelity (Rahimi Kelishadi, 2024). These convergent findings suggest that relational imagery therapy may be particularly effective in populations whose marital bond has been injured by betrayal because it addresses both emotional pain and the reconstruction of relational connection.

Another explanation for the present results is that we-ness experience depends on the restoration of mutual recognition, emotional responsiveness, and shared relational meaning. Relational imagery therapy uses structured dialogue processes that encourage participants to mirror, validate, and empathically understand the partner’s inner experience. These processes can reduce defensive responding and increase the capacity to perceive the relationship as a shared emotional field. Prior research has shown that Imago therapy can improve love styles and communication problems in married women (Ghaffari et al., 2025), increase marital forgiveness and quality of marital relationship among discordant couples (Karami et al., 2025), and improve intimacy and commitment among couples facing the interpersonal challenges associated with attention deficit hyperactivity disorder in one spouse (Beheshtinejad et al., 2022). The results are also consistent with studies reporting the effectiveness of Imago therapy-based training on anxiety sensitivity, intolerance of uncertainty, mental health, and physical health indicators among couples on the verge of divorce (Nadaf et al., 2021), and with evidence that relationship imagery therapy can improve relationship attributions, attitudes toward extramarital relationships, and differentiation of self among clients of psychological centers (Najjar Asl et al., 2020). Collectively, these studies support the idea that relational imagery therapy influences not only marital satisfaction but also the deeper cognitive-emotional schemas through which partners interpret themselves, the spouse, and the relationship.

The finding that acceptance and commitment therapy also improved we-ness experience compared with the control group is clinically meaningful. ACT helps individuals reduce experiential avoidance, weaken fusion with distressing thoughts, clarify values, and engage in committed action despite painful emotions. For women exposed to marital infidelity, these processes can reduce rigid emotional reactions, catastrophic interpretations, avoidance of relational dialogue, and ineffective attempts to control internal pain or the spouse’s behavior. The significant improvement observed in the ACT group is consistent with the broader empirical status of ACT, which has been supported across diverse psychological outcomes and clinical populations (Gloster et al., 2020). It is also in line with findings showing that internet-based ACT can reduce depressive symptoms, anxiety, stress, and psychological distress while improving quality of life (Han & Kim, 2022), and that ACT interventions can strengthen psychological resilience and self-management capacities in

stressful health-related contexts (Cao et al., 2022). Although these studies were not limited to marital betrayal, they support the general mechanism through which ACT may improve relational functioning: by increasing psychological flexibility and enabling individuals to act in accordance with values rather than emotional avoidance.

In couple contexts, the effectiveness of ACT may be specifically related to its ability to transform responses to pain, anger, disappointment, and mistrust. Betrayal often produces fusion with thoughts such as “the relationship is completely destroyed,” “I can never trust again,” or “my spouse’s behavior defines my worth.” ACT does not attempt to debate these thoughts directly; instead, it helps individuals observe them as mental events, make space for painful emotions, and choose behaviors consistent with values such as dignity, honesty, responsibility, or relational clarity. This interpretation is supported by research emphasizing ACT’s role in the therapeutic relationship, including rupture and repair (Walser & O’Connell, 2021), as well as its adaptation for intimate partner violence contexts, where safety, emotional regulation, values, and behavior change are central clinical issues (Reardon et al., 2020). The present findings are also consistent with couple-focused studies showing that ACT improves emotion regulation and happiness among couples (Ashouri, 2022), enhances emotional self-regulation and psychological well-being when compared with emotion-focused therapy (Azandariani et al., 2022), and improves communication patterns among married women with avoidant and anxious attachment styles (Jangi Roudi et al., 2024). Therefore, ACT can be considered an effective intervention for women facing betrayal-related distress, even if its effect on we-ness was weaker than relational imagery therapy in the present study.

The comparative superiority of relational imagery therapy over ACT may be due to the closer conceptual match between relational imagery therapy and the dependent variable of we-ness experience. We-ness is fundamentally relational: it reflects shared identity, emotional bonding, couple orientation, and perceived togetherness. Relational imagery therapy is designed around the reconstruction of the couple bond and the transformation of partner images, whereas ACT is primarily designed around psychological flexibility at the individual and relational levels. ACT can indirectly improve we-ness by helping participants act according to relational values, but relational imagery therapy may affect we-ness more directly by addressing the emotional and symbolic structure of the marital relationship itself. This interpretation aligns with findings that Imago

Relationship Therapy and narrative therapy can influence spouse selection regret, marital disenchantment, and resilience in women affected by domestic violence (Najjar Khodabakhsh et al., 2025), and that relationship imagery therapy and object relations therapy can improve sense of coherence and self-regulation in women with repeated divorces (Hazratzadeh et al., 2023). It is also compatible with evidence showing that Imago therapy can reduce marital boredom among conflicted married women when compared with other relational approaches (Khalaj Asadi et al., 2024). These studies indicate that relational imagery therapy may be especially powerful when the target outcome involves reconstruction of relational meaning, emotional connection, and the subjective experience of being part of a couple.

The role of communication patterns also helps explain the findings. We-ness cannot be strengthened without changes in the way partners communicate, interpret, and respond to each other. Previous research has shown that parental bonding perceptions predict couples’ communication patterns, suggesting that early relational experiences may shape adult relational expectations (Ehsanifard et al., 2021). Communication patterns also mediate the relationship between differentiation of self and sexual satisfaction, indicating that individual self-regulation becomes relationally meaningful through communication processes (Mam Salehi et al., 2020). In the present study, relational imagery therapy likely improved we-ness by encouraging emotionally safe dialogue, reducing hostile interpretations, and helping participants understand the deeper needs behind conflict. This explanation is consistent with research comparing Imago therapy and transactional analysis in improving communication skills, conflict resolution, and rejection sensitivity among couples (Jalili et al., 2022), and with research comparing Imago therapy psychoeducation and ACT in improving communication patterns among couples seeking divorce (Salarifar et al., 2022). Attachment-related mechanisms may also be involved, as skills training based on the attachment model has been shown to affect hostile attribution and meta-anger in women seeking divorce (Khansari et al., 2022). Thus, the improvement in we-ness may be interpreted as the result of changes in emotional safety, communication, attributional patterns, and attachment-related responsiveness.

The maintenance of treatment gains at the three-month follow-up is another important finding. The persistence of improvement suggests that the interventions, particularly relational imagery therapy, produced effects that were not

limited to immediate post-session emotional relief. Instead, participants may have internalized new relational meanings, communication strategies, and emotion-regulation capacities that continued to influence their experience of the relationship after the intervention ended. The follow-up stability is consistent with evidence that relational and ACT-based approaches can influence durable psychological and interpersonal processes, including marital commitment, attachment, resilience, and values-based functioning (Rahimipour, 2024; Rauwenhoff et al., 2023). ACT-related findings in trauma and psychosis also suggest that even brief group interventions can improve emotion regulation and treatment engagement, which may help maintain therapeutic gains over time (Spidel et al., 2018). In addition, the role of psychological flexibility in resilience and burnout under high-stress conditions supports the idea that acceptance-based processes can remain useful after formal intervention has ended (El-Ashry, 2024). Therefore, although relational imagery therapy showed greater comparative effectiveness, both interventions appear to have contributed to sustained improvements in participants' relational functioning.

5. Conclusion

The present findings also have broader implications for couple therapy after infidelity. They suggest that when the clinical goal is to rebuild the injured partner's sense of shared identity and emotional belonging, therapies should move beyond symptom reduction and address the relational meanings of betrayal. ACT may help women tolerate painful internal experiences and act according to values, but relational imagery therapy may be especially effective in restoring the sense that the marital relationship can again become a meaningful emotional unit. The findings are consistent with studies emphasizing the effectiveness of couple-based and family-based interventions for marital conflict, commitment, forgiveness, and relational repair (Darbani & Lotfi Kashani, 2020; Keyhan et al., 2022; Mahmoudi, 2024). They also support the idea that structured relational interventions can help couples transform cycles of blame, avoidance, and emotional withdrawal into opportunities for understanding, responsibility, and reconnection. Accordingly, the results of this study contribute to the literature by showing that we-ness experience is a clinically relevant and sensitive outcome for evaluating therapeutic change in women exposed to marital infidelity.

The present study had several limitations. First, the sample consisted only of women aged 25 to 45 years who referred to one counseling center in Nowshahr; therefore, caution is required in generalizing the findings to men, couples from other regions, nonclinical populations, or individuals from different cultural and socioeconomic backgrounds. Second, the sample size was relatively small, although it was determined based on statistical power considerations. Third, the study relied on self-report measurement, which may be influenced by social desirability, emotional state, defensiveness, or participants' willingness to disclose relational experiences honestly. Fourth, the follow-up period was limited to three months, and therefore the long-term stability of therapeutic gains remains unclear. Fifth, the study focused on women who had experienced marital infidelity, but it did not examine the spouse's participation, the severity or type of infidelity, the quality of post-betrayal contact, or the couple's decision to continue or end the relationship.

Future studies are suggested to replicate this research with larger samples, longer follow-up periods, and participants from different cities and cultural contexts. It would also be valuable to include both partners in the assessment process in order to examine whether changes in women's we-ness experience correspond with changes in the spouse's emotional responsibility, communication behavior, and commitment to relational repair. Future research may compare relational imagery therapy and acceptance and commitment therapy with other evidence-based couple interventions, such as emotionally focused therapy, narrative therapy, and integrative behavioral couple therapy. Researchers are also encouraged to examine mediating mechanisms such as forgiveness, trust reconstruction, emotional regulation, psychological flexibility, attachment security, and communication patterns. In addition, qualitative studies could provide deeper insight into how women describe the transformation of we-ness after betrayal and which therapeutic components are perceived as most meaningful.

From a practical perspective, counselors and couple therapists working with women affected by marital infidelity should assess not only symptoms of distress but also the client's sense of shared identity, emotional connection, and relational belonging. Relational imagery therapy can be used when the primary therapeutic goal is to repair emotional disconnection, reconstruct the injured relational image, and strengthen empathic understanding between partners. Acceptance and commitment therapy can also be useful

when the client is highly fused with painful thoughts, avoids emotional processing, or struggles to act consistently with personal and relational values. In clinical settings, combining relational dialogue techniques with acceptance, defusion, values clarification, and committed action may provide a comprehensive framework for helping women process betrayal while making informed and psychologically flexible decisions about the future of the relationship.

Authors' Contributions

Authors equally contributed 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

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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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