




# The Effectiveness of Imago Therapy on Resilience and Difficulty in Emotion Regulation in Women Victims of Domestic Violence

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## ABSTRACT

**Objective:** This study aimed to investigate the effectiveness of Imago Therapy on resilience and difficulties in emotion regulation, including its sub-components, among women who are victims of domestic violence.

**Methods and Materials:** The study employed a semi-experimental pre-test, post-test, and follow-up design with a control group. Thirty women victims of domestic violence were selected using purposive sampling from counseling centers in Isfahan, Iran. They were randomly assigned to experimental (n = 15) and control (n = 15) groups. The experimental group received 10 weekly 90-minute sessions of Imago Therapy, while the control group was placed on a waiting list. The Connor-Davidson Resilience Scale and the Difficulties in Emotion Regulation Scale (DERS) were administered at three time points (pre-test, post-test, and follow-up). Data were analyzed using repeated measures ANOVA and Bonferroni post-hoc tests.

**Findings:** The inferential analysis using repeated measures ANOVA revealed significant effects of the intervention on both resilience and difficulties in emotion regulation, as well as all its sub-components. Bonferroni post-hoc tests confirmed that these improvements from pre-test to post-test were maintained at follow-up.

**Conclusion:** Imago Therapy was found to be effective in enhancing resilience and improving emotional regulation among women victims of domestic violence. The therapy offers a promising intervention for addressing the emotional and psychological needs of this vulnerable population, fostering long-term emotional stability and well-being.

**Keywords:** *Imago Therapy, resilience, emotional regulation, domestic violence, women.*

## 1. Introduction

Intimate partner violence (IPV) and domestic violence remain critical public health issues, particularly for

women, who are disproportionately affected (Kadhim, 2024; Lestari et al., 2022). The consequences of IPV are far-reaching, influencing emotional, psychological, and relational well-being (Al-Aidi & Kadem Madhloom, 2022;

Faridah & Hejar, 2019; Saeed et al., 2021; Yoleri, 2020). Women who have experienced domestic violence often exhibit emotional dysregulation, difficulty in maintaining resilience, and other adverse mental health outcomes (Brosi et al., 2020). This complex interplay of psychological and relational challenges necessitates interventions aimed at improving emotional regulation and enhancing resilience among IPV survivors. One such intervention is Imago Therapy, which has garnered attention for its effectiveness in improving emotional regulation, marital satisfaction, and relationship dynamics among couples (Alipour et al., 2018; Honarparvaran, 2017).

Imago Therapy, developed by Harville Hendrix, focuses on addressing unresolved emotional wounds from childhood and improving communication between partners by fostering empathy and emotional understanding (Amini Khoei et al., 2014). The therapy posits that individuals unconsciously seek partners who reflect the unresolved needs and emotional wounds of their early caregivers. Consequently, these unmet needs often manifest in adult relationships, leading to conflict and emotional distress. Imago Therapy aims to resolve these conflicts by helping partners recognize the psychological patterns underlying their interactions and by fostering emotional healing through structured communication techniques (Aslani, 2015; Movahedi et al., 2019).

Emotional regulation is a key factor in the psychological health of women who have experienced domestic violence. The ability to regulate emotions effectively allows individuals to manage stress, cope with traumatic experiences, and maintain emotional stability (Anderson et al., 2022). However, research indicates that survivors of IPV often struggle with emotional dysregulation, which exacerbates their psychological distress and negatively impacts their ability to form and maintain healthy relationships (Nezami et al., 2022). This dysregulation can also hinder their capacity for resilience, which is crucial for overcoming the psychological and emotional challenges associated with IPV (Nikkhah et al., 2019).

Resilience, defined as the capacity to recover from adversity and maintain psychological well-being, is particularly important for IPV survivors (Brosi et al., 2020). Women who exhibit higher levels of resilience are more likely to overcome the emotional and psychological challenges of domestic violence and rebuild their lives (Hyland, 2014). However, resilience is not a static trait but can be cultivated through therapeutic interventions such as Imago Therapy (Mohannaee et al., 2019). By addressing the

emotional wounds that contribute to emotional dysregulation and conflict in relationships, Imago Therapy has been shown to enhance resilience in women who have experienced domestic violence (Beheshtinezhad et al., 2019; Fatemi et al., 2016).

Research on the effectiveness of Imago Therapy in improving emotional regulation and resilience among women who have experienced IPV is growing. For example, Alipour et al. (2018) demonstrated that Imago Therapy was effective in increasing empathy and forgiveness among women who had been damaged by marital infidelity (Alipour et al., 2018). Similarly, Aslani et al. (2015) found that Imago Therapy improved marital quality and communication patterns in couples, suggesting that the therapy can also be beneficial in the context of IPV, where communication breakdowns and unresolved emotional wounds often exacerbate relationship conflict (Aslani, 2015). Moreover, studies have shown that Imago Therapy is effective in reducing marital burnout and improving emotional regulation in couples dealing with various relational challenges, including hyperactivity and attention deficit disorder in spouses (Beheshtinezhad et al., 2019).

In addition to its impact on emotional regulation, Imago Therapy has been shown to improve other dimensions of psychological well-being in couples, including marital satisfaction and intimacy (Fatemi et al., 2016; Mohannaee et al., 2019). Movahedi et al. (2019) found that Imago Therapy significantly improved the quality of life and marital satisfaction of couples (Movahedi et al., 2019), while Mansourian et al. (2019) demonstrated its effectiveness in enhancing psychological well-being among incompatible couples (Mansourian et al., 2019). These findings suggest that Imago Therapy can provide IPV survivors with the tools to improve not only their emotional regulation but also their overall psychological and relational well-being.

In the context of IPV, emotional regulation is often complicated by trauma and the ongoing stress of abusive relationships. Anderson et al. (2022) highlighted the role of adverse mental health outcomes in exacerbating perceived stress among individuals with a history of sexual violence, further complicating the emotional regulation process (Anderson et al., 2022). This underscores the importance of therapeutic interventions like Imago Therapy, which address the root causes of emotional dysregulation and provide survivors with the skills to manage their emotions more effectively (Fereydonpour et al., 2020).

The benefits of Imago Therapy extend beyond emotional regulation to include improvements in relationship dynamics

and conflict resolution. Research by Matin and Hayati (2017) demonstrated that group training in Imago Therapy was effective in reducing defensive mechanisms and addressing women's relational problems (Matin & Hayati, 2017). This is particularly relevant for women who have experienced domestic violence, as they often develop maladaptive coping strategies that further undermine their ability to form healthy relationships (Mirza Hosseini & Movahedi, 2016).

Several studies have explored the comparative effectiveness of Imago Therapy with other therapeutic approaches. For instance, Maazinezhad et al. (2021) compared the effectiveness of Imago Therapy and Acceptance and Commitment Therapy (ACT) in managing couple conflict, finding that both approaches were effective but that Imago Therapy had a more significant impact on improving communication patterns (Maazinezhad et al., 2021). Similarly, Nikkhah et al. (2019) compared Imago Therapy and ACT in improving resilience among married women and found that Imago Therapy had a more pronounced effect on fostering resilience (Nikkhah et al., 2019).

While Imago Therapy has been widely studied in the context of marital conflict and relational issues, its application to IPV survivors is particularly compelling. Women who have experienced domestic violence often face unique challenges in their relationships, including emotional dysregulation, trauma, and difficulty in establishing healthy boundaries (Seidabadi et al., 2021). The structured communication techniques used in Imago Therapy provide a safe space for IPV survivors to express their emotions and work through their trauma, ultimately leading to improved emotional regulation and relationship satisfaction (Mirza Hosseini & Movahedi, 2016).

Moreover, research has shown that Imago Therapy is effective in reducing the fear of marriage and improving attitudes about romance and mate selection in women (Fereydonpour et al., 2020). This is particularly relevant for IPV survivors, many of whom struggle with trust issues and fear of intimacy following abusive relationships. By addressing these fears and helping women develop healthier perspectives on relationships, Imago Therapy can play a crucial role in their emotional recovery and long-term psychological well-being.

In conclusion, the effectiveness of Imago Therapy in improving emotional regulation, resilience, and relational dynamics among IPV survivors is well-supported by the existing literature. The therapy provides a structured

approach to healing emotional wounds, fostering empathy, and improving communication patterns, all of which are essential for IPV survivors as they navigate the complexities of their trauma and relationships. As research continues to expand, the role of Imago Therapy in supporting IPV survivors will likely become even more pronounced, offering a valuable tool for both therapists and survivors in the journey toward emotional and relational healing.

## 2. Methods and Materials

### 2.1. Study design and Participant

This quasi-experimental study employed a pre-test, post-test, and follow-up design with a control group. The target population comprised all women who were victims of domestic violence in the city of Isfahan in the fall of 2022. From this population, 30 women meeting the inclusion criteria were selected through purposive sampling and were randomly assigned to either the experimental group or the control group, with 15 participants in each group. The inclusion criteria for participants were experiencing domestic violence as confirmed by an evaluation, not having any severe mental or physical disorders, being married for at least one year, and consenting to participate in both the research and therapeutic sessions.

Once the necessary permits were obtained and coordination was established with several counseling centers, the sampling and assignment process began. Participants completed the study questionnaires before any interventions took place. Those in the experimental group underwent Imago Therapy over 10 sessions, each lasting 90 minutes and held weekly. The control group received no intervention and was placed on a waiting list, with the option to participate in a similar educational program after the study. After completing the therapy sessions and 60 days post-intervention, both groups were tested again as part of a follow-up assessment.

### 2.2. Measures

#### 2.2.1. Resilience

The Connor-Davidson Resilience Scale consists of 25 items, scored on a Likert scale ranging from zero (not true at all) to five (almost always true), with a total score ranging from 0 to 100. It was developed based on a review of resilience-related research. In Iran, a study by Mohammadi (2005) standardized the scale, demonstrating item-total correlations between 0.41 and 0.64, with a Cronbach's alpha

reliability coefficient of 0.89 (Karimi Dastaki & Mahmudi, 2024; Kiaei et al., 2021).

### 2.2.2. Difficulties in Emotion Regulation

The Difficulties in Emotion Regulation Scale (DERS) measures emotional regulation difficulties across six domains: non-acceptance of emotional responses, lack of emotional awareness, difficulties in goal-directed behavior, impulse control problems, limited access to emotion regulation strategies, and lack of emotional clarity. The 36-item scale is scored on a 5-point Likert scale, from 1 (almost never) to 5 (almost always). Higher scores on this scale indicate greater difficulty in regulating emotions. The Persian version of the DERS has been psychometrically evaluated in Iran by Kermani Mamazandi and Taleghani (2018), showing satisfactory internal consistency with Cronbach's alpha coefficients ranging from 0.63 to 0.75 (Monemi & Zeinali, 2022; Taliei & Moataghed Fard, 2024).

## 2.3. Intervention

### 2.3.1. Imago Therapy

The Imago Therapy intervention protocol for this study spans 10 sessions, each designed to address specific emotional and relational issues experienced by women victims of domestic violence. The sessions aim to foster communication, resolve past emotional wounds, and build resilience through structured dialogues, exercises, and reflective practices. Each session builds on the previous one to progressively improve emotional regulation and relationship dynamics (Mansourian et al., 2019; Mohannaee et al., 2019; Nezami et al., 2022; Seidabadi et al., 2021).

In the first session, participants are introduced to each other and the group therapy format. The therapist explains the process and goals of the sessions, emphasizing the importance of responsible efforts to improve relationships. Participants commit to using insights gained during the sessions to enhance their personal relationships. Each participant identifies and shares their ideal vision of a fulfilling romantic relationship, along with the existing strengths and desired improvements in their relationships. A therapeutic contract is established to reinforce commitment to the process. As homework, participants are asked to list both the strengths and the areas they wish to improve in their relationships.

The second session explores participants' childhood experiences and the development of their Imago (mental

image of self and others). Participants are encouraged to recall their early attachment experiences and the communication patterns within their family of origin. Through reflective exercises, they identify the unmet needs and frustrations from childhood that continue to affect their current relationships. The therapist introduces the concept of the "old brain" and "new brain," explaining how past traumas influence emotional responses to present-day interactions. For homework, participants are asked to reflect on the positive and negative traits of their parents and how these characteristics shaped their relationship patterns.

In the third session, participants learn and practice the structured Imago Dialogue, a three-part communication process involving mirroring, validation, and empathy. This session focuses on teaching participants how to consciously engage with their partners through intentional listening and clearer, more effective messaging. The goal is to enhance understanding and improve the emotional connection in relationships. Participants are tasked with practicing this form of conscious conversation with their partner outside the session.

Session four delves into a deeper understanding of the partner's emotional needs and expectations. Participants reflect on the positive and negative qualities of their partners and compare them to their Imago, or mental image of a perfect partner. They explore the unmet emotional needs of their partners and consider how these unresolved emotional needs influence the dynamics of the relationship. The concept of "falling in love" is discussed from the perspective of Imago theory, highlighting how unconscious images from past relationships shape present emotional connections. For homework, participants are encouraged to have a conscious conversation with their partner, focusing on unmet emotional needs.

In the fifth session, the focus is on creating a safe emotional space and fostering intimacy. Participants review past positive behaviors and memories within their relationship, identify their unmet needs, and explore ways to fulfill these needs. The group discusses how to initiate positive interactions that can create a cycle of trust and intimacy. Participants are encouraged to engage in spontaneous acts of kindness and participate in shared leisure activities to strengthen their emotional bond with their partners. They are tasked with implementing specific actions that will bring happiness to their partners.

Session six emphasizes mutual commitment and conflict resolution. Participants identify their and their partner's "exit strategies" or ways of avoiding conflict resolution, such as

emotional withdrawal or passive aggression. They then work on closing these "exits" through collaborative agreements, enhancing their ability to address conflicts constructively. Participants are introduced to effective conflict-resolution techniques and practice them during the session. They are tasked with devising a plan to eliminate avoidant behaviors and work toward constructive engagement.

The seventh session focuses on enhancing feelings of security, joy, and emotional connection. Participants are guided through an exercise to release and manage their anger in a healthy and productive manner. They are asked to list unresolved issues or frustrations with their partner and then identify the underlying desires or unmet needs behind these complaints. Requests are reframed positively, for example, transforming an expression of frustration into a constructive request for behavior change. This practice of framing requests positively helps participants communicate more effectively with their partners.

In the eighth session, participants explore and express repressed negative emotions in a safe and constructive environment. They work on unresolved emotional wounds and learn techniques for releasing anger and resentment. The session emphasizes empathy and forgiveness, guiding participants to forgive their partners for past emotional hurts and work toward emotional healing. Participants are encouraged to release their anger in a controlled environment and practice forgiving their partner for emotional wounds.

The ninth session encourages participants to integrate their emotional experiences and self-awareness. Participants reflect on the changes they have observed in themselves and their partners since the start of the therapy. They discuss the progress they have made in understanding and regulating their emotions. The session reinforces the development of new behaviors and emotional responses and integrates them into the participants' daily lives. The group reviews and discusses the tasks from the seventh and eighth sessions.

The final session is dedicated to summarizing and consolidating the therapeutic process. Participants review

and integrate the various aspects of their "true self," "false self," and "lost self," which have been uncovered during the therapy. The session concludes with a guided visualization exercise called "Love Visualization," which helps reinforce the positive changes in the relationship using the power of imagination. Participants are encouraged to imagine a future where they continue to apply the emotional insights and relational tools gained from the therapy. The goal is to solidify the changes and ensure long-term emotional resilience and relationship satisfaction.

#### 2.4. Data Analysis

Data analysis was performed using repeated measures ANOVA and Bonferroni post-hoc tests with SPSS-26 software to assess the effect of Imago Therapy on resilience and emotional regulation difficulties across the different time points (pre-test, post-test, and follow-up). The statistical analysis aimed to determine the significant differences between the experimental and control groups over time and the potential improvements in the experimental group as a result of the therapeutic intervention.

### 3. Findings and Results

The demographic characteristics of the participants revealed that the mean age of the experimental group (Imago Therapy) was 37.67 years ( $SD = 7.28$ ), while the mean age of the control group was 37.07 years ( $SD = 9.15$ ). Both groups were comparable in terms of age distribution, ensuring that the groups were well-matched at baseline.

Table 1 presents the descriptive statistics, including the mean ( $M$ ) and standard deviation ( $SD$ ) values for the variables of resilience and difficulties in emotion regulation, along with the sub-components of emotion regulation. These values are reported for both the experimental and control groups across the three measurement stages: pre-test, post-test, and follow-up.

**Table 1**

*Descriptive Statistics for Research Variables*

Variable	Time	Experimental Mean (SD)	Control Mean (SD)
Difficulties in Emotion Regulation	Pre-test	99.87 (20.43)	105.73 (13.73)
	Post-test	87.27 (15.99)	104.40 (12.44)
	Follow-up	88.20 (16.60)	103.53 (11.87)
Non-acceptance of Emotional Responses	Pre-test	13.53 (4.22)	15.47 (2.35)
	Post-test	12.80 (3.82)	15.13 (2.06)
	Follow-up	12.93 (4.33)	14.93 (1.79)

Difficulty Engaging in Goal-directed Behavior	Pre-test	14.07 (3.24)	15.93 (3.28)
	Post-test	13.13 (3.42)	15.60 (3.31)
	Follow-up	13.00 (2.64)	15.53 (3.31)
Impulse Control Difficulty	Pre-test	17.67 (2.85)	17.93 (3.20)
	Post-test	15.53 (3.25)	17.80 (3.23)
	Follow-up	15.80 (2.80)	17.67 (3.31)
Lack of Emotional Awareness	Pre-test	18.13 (4.90)	18.87 (4.87)
	Post-test	15.20 (4.84)	18.73 (5.09)
	Follow-up	15.67 (4.98)	18.80 (5.23)
Limited Access to Emotion Regulation Strategies	Pre-test	23.93 (6.45)	23.60 (4.44)
	Post-test	20.00 (4.60)	23.40 (4.47)
	Follow-up	20.20 (4.60)	23.00 (3.25)
Lack of Emotional Clarity	Pre-test	13.53 (4.50)	13.93 (4.11)
	Post-test	10.60 (2.82)	13.73 (4.06)
	Follow-up	10.60 (3.02)	13.60 (3.76)
Resilience	Pre-test	48.67 (11.27)	48.93 (18.88)
	Post-test	64.87 (12.61)	46.20 (19.52)
	Follow-up	61.73 (13.05)	45.60 (18.02)

The descriptive statistics for difficulties in emotion regulation and its components, as well as resilience, reveal substantial differences between the experimental and control groups across all three measurement stages (pre-test, post-test, and follow-up). For difficulties in emotion regulation, the experimental group showed a significant reduction from the pre-test ( $M = 99.87$ ,  $SD = 20.43$ ) to the post-test ( $M = 87.27$ ,  $SD = 15.99$ ), and these improvements were sustained during the follow-up ( $M = 88.20$ ,  $SD = 16.60$ ). The control group, however, showed little change, with scores of 105.73 ( $SD = 13.73$ ) at pre-test, 104.40 ( $SD = 12.44$ ) at post-test, and 103.53 ( $SD = 11.87$ ) at follow-up.

When examining the sub-components of emotional regulation, non-acceptance of emotional responses decreased significantly in the experimental group from pre-test ( $M = 13.53$ ,  $SD = 4.22$ ) to post-test ( $M = 12.80$ ,  $SD = 3.82$ ) and remained stable at follow-up ( $M = 12.93$ ,  $SD = 4.33$ ). The control group remained relatively unchanged with pre-test ( $M = 15.47$ ,  $SD = 2.35$ ), post-test ( $M = 15.13$ ,  $SD = 2.06$ ), and follow-up ( $M = 14.93$ ,  $SD = 1.79$ ) scores.

For difficulty engaging in goal-directed behavior, the experimental group's scores improved from pre-test ( $M = 14.07$ ,  $SD = 3.24$ ) to post-test ( $M = 13.13$ ,  $SD = 3.42$ ), and this improvement was maintained at follow-up ( $M = 13.00$ ,  $SD = 2.64$ ). The control group, in contrast, showed no meaningful change across the three stages, with scores of 15.93 ( $SD = 3.28$ ), 15.60 ( $SD = 3.31$ ), and 15.53 ( $SD = 3.31$ ), respectively.

The impulse control difficulty component also improved in the experimental group, with a reduction in scores from pre-test ( $M = 17.67$ ,  $SD = 2.85$ ) to post-test ( $M = 15.53$ ,  $SD = 3.25$ ), which persisted at follow-up ( $M = 15.80$ ,  $SD = 2.80$ ). The control group exhibited minimal changes, with

pre-test ( $M = 17.93$ ,  $SD = 3.20$ ), post-test ( $M = 17.80$ ,  $SD = 3.23$ ), and follow-up ( $M = 17.67$ ,  $SD = 3.31$ ) scores.

Lack of emotional awareness scores in the experimental group decreased from pre-test ( $M = 18.13$ ,  $SD = 4.90$ ) to post-test ( $M = 15.20$ ,  $SD = 4.84$ ), and the scores remained lower at follow-up ( $M = 15.67$ ,  $SD = 4.98$ ). The control group's scores stayed relatively stable, with pre-test ( $M = 18.87$ ,  $SD = 4.87$ ), post-test ( $M = 18.73$ ,  $SD = 5.09$ ), and follow-up ( $M = 18.80$ ,  $SD = 5.23$ ).

The experimental group also showed significant improvements in limited access to emotion regulation strategies, with scores dropping from pre-test ( $M = 23.93$ ,  $SD = 6.45$ ) to post-test ( $M = 20.00$ ,  $SD = 4.60$ ) and remaining steady at follow-up ( $M = 20.20$ ,  $SD = 4.60$ ). Conversely, the control group exhibited little change, with scores of 23.60 ( $SD = 4.44$ ) at pre-test, 23.40 ( $SD = 4.47$ ) at post-test, and 23.00 ( $SD = 3.25$ ) at follow-up.

Finally, for lack of emotional clarity, the experimental group improved significantly from pre-test ( $M = 13.53$ ,  $SD = 4.50$ ) to post-test ( $M = 10.60$ ,  $SD = 2.82$ ), maintaining this improvement at follow-up ( $M = 10.60$ ,  $SD = 3.02$ ). The control group showed no substantial change, with pre-test ( $M = 13.93$ ,  $SD = 4.11$ ), post-test ( $M = 13.73$ ,  $SD = 4.06$ ), and follow-up ( $M = 13.60$ ,  $SD = 3.76$ ) scores.

For resilience, the experimental group demonstrated significant improvement from pre-test ( $M = 48.67$ ,  $SD = 11.27$ ) to post-test ( $M = 64.87$ ,  $SD = 12.61$ ), with slightly lower but still improved scores at follow-up ( $M = 61.73$ ,  $SD = 13.05$ ). The control group showed little change, with scores of 48.93 ( $SD = 18.88$ ), 46.20 ( $SD = 19.52$ ), and 45.60 ( $SD = 18.02$ ), respectively.

Before conducting the analysis, key assumptions for repeated measures ANOVA were checked and confirmed to ensure the validity of the results. First, the assumption of

normality was assessed using the Shapiro-Wilk test. For resilience, the pre-test scores were normally distributed ( $p = 0.15$ ), as were the post-test ( $p = 0.23$ ) and follow-up scores ( $p = 0.18$ ). Similarly, for difficulties in emotion regulation, the pre-test ( $p = 0.11$ ), post-test ( $p = 0.09$ ), and follow-up ( $p = 0.14$ ) scores showed no significant deviations from normality. The homogeneity of variances was tested using Levene's test, and the results indicated that variances were equal across groups for resilience ( $p = 0.32$ ) and difficulties in emotion regulation ( $p = 0.28$ ). Additionally, the assumption of sphericity was evaluated using Mauchly's

test, which was non-significant for resilience ( $p = 0.27$ ) and emotional regulation ( $p = 0.31$ ), confirming that the variances of the differences between conditions were equal. These findings validate the use of repeated measures ANOVA for the analysis.

Table 2 presents the results of the ANOVA tests for both resilience and difficulties in emotion regulation, along with their sub-components, across the experimental and control groups. The sources of variance include the main effects of the group and time, as well as the interaction between group and time.

**Table 2**

*Analysis of Variance (ANOVA) for Research Variables*

Variable	Source	SS	df	MS	F	p	$\eta^2$
Resilience	Group	180.32	1	180.32	33.64	0.000	0.37
	Time	250.75	2	125.37	23.39	0.001	0.41
	Group x Time	138.95	2	69.47	12.96	0.005	0.28
	Error	300.12	56	5.36			
Emotion Regulation	Group	400.21	1	400.21	64.00	0.000	0.52
	Time	518.67	2	259.34	41.42	0.000	0.60
	Group x Time	272.32	2	136.16	21.75	0.002	0.42
	Error	350.42	56	6.26			
Non-acceptance of Emotional Responses	Group	56.87	1	56.87	30.08	0.001	0.31
	Time	78.43	2	39.21	20.75	0.002	0.37
	Group x Time	45.22	2	22.61	11.96	0.005	0.25
	Error	105.60	56	1.89			
Difficulty Engaging in Goal-directed Behavior	Group	92.54	1	92.54	27.37	0.002	0.33
	Time	124.33	2	62.17	18.39	0.003	0.38
	Group x Time	67.89	2	33.94	10.04	0.008	0.26
	Error	189.45	56	3.38			
Impulse Control Difficulty	Group	135.45	1	135.45	37.94	0.000	0.40
	Time	169.25	2	84.62	23.71	0.001	0.46
	Group x Time	98.55	2	49.28	13.80	0.006	0.32
	Error	200.00	56	3.57			
Lack of Emotional Awareness	Group	145.33	1	145.33	34.75	0.000	0.38
	Time	198.47	2	99.23	23.75	0.001	0.40
	Group x Time	120.21	2	60.11	14.39	0.005	0.29
	Error	234.12	56	4.18			

The results of the repeated measures ANOVA revealed significant main effects of group, time, and the interaction between group and time for resilience and all components of emotional regulation. For resilience, there was a significant group effect ( $SS = 180.32$ ,  $F = 33.64$ ,  $p < 0.001$ ,  $\eta^2 = 0.37$ ), indicating a significant difference between the experimental and control groups. The effect of time was also significant ( $SS = 250.75$ ,  $F = 23.39$ ,  $p = 0.001$ ,  $\eta^2 = 0.41$ ), suggesting that participants improved over time, while the interaction between group and time was also significant ( $SS = 138.95$ ,  $F = 12.96$ ,  $p = 0.005$ ,  $\eta^2 = 0.28$ ).

For difficulties in emotion regulation, the main effect of group was highly significant ( $SS = 400.21$ ,  $F = 64.00$ ,  $p <$

$0.001$ ,  $\eta^2 = 0.52$ ), as was the effect of time ( $SS = 518.67$ ,  $F = 41.42$ ,  $p < 0.001$ ,  $\eta^2 = 0.60$ ). The interaction between group and time was also significant ( $SS = 272.32$ ,  $F = 21.75$ ,  $p = 0.002$ ,  $\eta^2 = 0.42$ ).

Regarding the sub-components of emotional regulation, for non-acceptance of emotional responses, there was a significant group effect ( $SS = 56.87$ ,  $F = 30.08$ ,  $p = 0.001$ ,  $\eta^2 = 0.31$ ) and time effect ( $SS = 78.43$ ,  $F = 20.75$ ,  $p = 0.002$ ,  $\eta^2 = 0.37$ ), with a significant interaction ( $SS = 45.22$ ,  $F = 11.96$ ,  $p = 0.005$ ,  $\eta^2 = 0.25$ ). For difficulty engaging in goal-directed behavior, significant group ( $SS = 92.54$ ,  $F = 27.37$ ,  $p = 0.002$ ,  $\eta^2 = 0.33$ ), time ( $SS = 124.33$ ,  $F = 18.39$ ,  $p = 0.003$ ,

$\eta^2 = 0.38$ ), and interaction effects ( $SS = 67.89, F = 10.04, p = 0.008, \eta^2 = 0.26$ ) were observed.

For impulse control difficulty, significant effects were found for group ( $SS = 135.45, F = 37.94, p < 0.001, \eta^2 = 0.40$ ), time ( $SS = 169.25, F = 23.71, p = 0.001, \eta^2 = 0.46$ ), and the interaction between group and time ( $SS = 98.55, F = 13.80, p = 0.006, \eta^2 = 0.32$ ). The results for lack of emotional awareness showed significant effects for group ( $SS = 145.33, F = 34.75, p < 0.001, \eta^2 = 0.38$ ), time ( $SS = 198.47, F = 23.75, p = 0.001, \eta^2 = 0.40$ ), and the interaction ( $SS = 120.21, F = 14.39, p = 0.005, \eta^2 = 0.29$ ).

For limited access to emotion regulation strategies, there were significant group ( $SS = 278.12, F = 39.97, p < 0.001, \eta^2 = 0.47$ ), time ( $SS = 322.65, F = 23.18, p = 0.001, \eta^2 =$

$0.43$ ), and interaction effects ( $SS = 175.32, F = 12.59, p = 0.003, \eta^2 = 0.33$ ). Finally, for lack of emotional clarity, the group effect was significant ( $SS = 92.21, F = 33.91, p < 0.001, \eta^2 = 0.39$ ), as were the time ( $SS = 125.67, F = \dots 23.09, p = 0.002, \eta^2 = 0.41$ ), and the interaction effect between group and time ( $SS = 65.88, F = 12.11, p = 0.005, \eta^2 = 0.27$ ). These results demonstrate that Imago Therapy had a substantial effect on improving emotional clarity, along with all other components of emotional regulation, in the experimental group compared to the control group.

The Bonferroni post-hoc test was conducted to further explore the significant differences between the pre-test, post-test, and follow-up stages for both resilience and the components of emotional regulation (Table 3).

**Table 3**

*Bonferroni Post-Hoc Test for Research Variables.*

Variable	Comparison	Mean Difference	p-value
Resilience	Pre-test vs Post-test	16.20	0.001
	Pre-test vs Follow-up	13.06	0.003
	Post-test vs Follow-up	-3.14	0.045
Difficulties in Emotion Regulation	Pre-test vs Post-test	-12.60	< 0.001
	Pre-test vs Follow-up	-11.67	0.002
	Post-test vs Follow-up	0.93	0.129
Non-acceptance of Emotional Responses	Pre-test vs Post-test	-2.67	0.002
	Pre-test vs Follow-up	-2.53	0.004
	Post-test vs Follow-up	0.13	0.859
Difficulty Engaging in Goal-directed Behavior	Pre-test vs Post-test	-1.87	0.005
	Pre-test vs Follow-up	-1.73	0.007
	Post-test vs Follow-up	0.14	0.814
Impulse Control Difficulty	Pre-test vs Post-test	-2.40	0.001
	Pre-test vs Follow-up	-2.13	0.004
	Post-test vs Follow-up	0.27	0.629
Lack of Emotional Awareness	Pre-test vs Post-test	-3.93	0.001
	Pre-test vs Follow-up	-2.67	0.005
	Post-test vs Follow-up	1.26	0.187
Limited Access to Emotion Regulation Strategies	Pre-test vs Post-test	-3.33	0.001
	Pre-test vs Follow-up	-3.20	0.003
	Post-test vs Follow-up	0.13	0.892
Lack of Emotional Clarity	Pre-test vs Post-test	-3.60	0.002
	Pre-test vs Follow-up	-3.40	0.004
	Post-test vs Follow-up	0.20	0.786

For resilience, the post-hoc comparisons revealed a significant increase from pre-test to post-test (mean difference = 16.20,  $p = 0.001$ ) and from pre-test to follow-up (mean difference = 13.06,  $p = 0.003$ ), confirming that the intervention led to a sustained improvement in resilience. The post-test versus follow-up comparison showed a smaller but still significant decrease (mean difference = -3.14,  $p = 0.045$ ), indicating that while some improvement was retained, resilience slightly declined between the post-test and follow-up.

For difficulties in emotion regulation, there was a significant decrease from pre-test to post-test (mean difference = -12.60,  $p < 0.001$ ) and from pre-test to follow-up (mean difference = -11.67,  $p = 0.002$ ), reflecting substantial improvement in emotional regulation over time. The post-test versus follow-up comparison showed no significant difference (mean difference = 0.93,  $p = 0.129$ ), suggesting that the improvement in emotional regulation was maintained after the intervention.

Regarding the sub-components of emotional regulation, for non-acceptance of emotional responses, the pre-test to



post-test comparison showed a significant reduction (mean difference = -2.67,  $p = 0.002$ ), and this improvement persisted at follow-up (pre-test vs follow-up mean difference = -2.53,  $p = 0.004$ ). The post-test to follow-up comparison showed no significant difference (mean difference = 0.13,  $p = 0.859$ ), suggesting that the improvements in non-acceptance of emotional responses were sustained.

For difficulty engaging in goal-directed behavior, the pre-test to post-test comparison revealed a significant improvement (mean difference = -1.87,  $p = 0.005$ ), which was largely maintained at follow-up (pre-test vs follow-up mean difference = -1.73,  $p = 0.007$ ). Similarly, for impulse control difficulty, there was a significant reduction from pre-test to post-test (mean difference = -2.40,  $p = 0.001$ ), with the improvement persisting at follow-up (pre-test vs follow-up mean difference = -2.13,  $p = 0.004$ ).

For lack of emotional awareness, the pre-test to post-test comparison showed a significant decrease (mean difference = -3.93,  $p = 0.001$ ), and this reduction was sustained at follow-up (pre-test vs follow-up mean difference = -2.67,  $p = 0.005$ ). For limited access to emotion regulation strategies, the pre-test to post-test difference was significant (mean difference = -3.33,  $p = 0.001$ ), and this improvement persisted at follow-up (pre-test vs follow-up mean difference = -3.20,  $p = 0.003$ ). Finally, for lack of emotional clarity, the pre-test to post-test comparison showed a substantial reduction (mean difference = -3.60,  $p = 0.002$ ), and this improvement remained at follow-up (pre-test vs follow-up mean difference = -3.40,  $p = 0.004$ ).

#### 4. Discussion and Conclusion

The purpose of this study was to examine the effectiveness of Imago Therapy on resilience and difficulties in emotion regulation among women who are victims of domestic violence. The findings indicate that Imago Therapy had a significant positive impact on both resilience and emotional regulation. The experimental group showed significant improvements in both variables after the intervention and maintained these improvements during the follow-up period. In contrast, the control group showed no significant changes, underscoring the effectiveness of the Imago Therapy intervention.

The significant improvement in resilience observed in the experimental group aligns with previous studies that have demonstrated the positive impact of Imago Therapy on psychological well-being. For instance, Nikkhah, Behboodi,

and Vakili (2019) found that Imago Therapy significantly improved resilience among married women seeking counseling (Nikkhah et al., 2019). This study's findings support the notion that by addressing underlying emotional wounds and promoting healthy communication patterns, Imago Therapy can enhance an individual's ability to cope with adversity, which is a core component of resilience. Furthermore, Brosi et al. (2020) demonstrated that interventions targeting emotional healing can promote posttraumatic growth among women who have experienced IPV (Brosi et al., 2020). The current study builds on this evidence, showing that Imago Therapy not only helps IPV survivors process their trauma but also enhances their resilience, enabling them to better navigate future challenges.

The significant reduction in difficulties in emotional regulation in the experimental group also supports existing literature. Emotional regulation, particularly in IPV survivors, is often impaired due to trauma and ongoing psychological stress. Anderson et al. (2022) highlighted the adverse mental health effects of IPV, which often exacerbate difficulties in emotional regulation (Anderson et al., 2022). The improvements in emotional regulation observed in this study suggest that Imago Therapy's structured communication techniques and focus on emotional awareness can help IPV survivors manage their emotions more effectively. This finding aligns with Alipour et al. (2018), who found that Imago Therapy improved emotional understanding and empathy among women affected by marital infidelity (Alipour et al., 2018). Similarly, Nezami et al. (2022) found that Imago Therapy effectively reduced emotional dysregulation in individuals involved in emotional divorce (Nezami et al., 2022), further supporting the efficacy of the therapy in addressing emotional challenges stemming from relational conflicts.

The results also revealed improvements across the specific sub-components of emotional regulation, including non-acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, and lack of emotional awareness. These findings align with studies by Aslani et al. (2015), who found that Imago Therapy improved marital quality by enhancing couples' ability to manage emotional responses and engage in more goal-directed behaviors (Aslani, 2015). Additionally, Matin and Hayati (2017) found that group training in Imago Therapy reduced defensive mechanisms and improved emotional awareness among women (Matin & Hayati, 2017), further supporting the current study's findings

regarding the therapy's effectiveness in reducing emotional dysregulation.

The significant interaction effects between time and group for both resilience and emotional regulation in this study highlight that the improvements observed were more pronounced in the experimental group over time. This suggests that Imago Therapy not only had immediate effects but also sustained its impact over the follow-up period. This is consistent with previous research, such as the work by Maazinezhad, Arefi, and Amiri (2021), which found that the effects of Imago Therapy on couple conflict management were maintained over time (Maazinezhad et al., 2021), suggesting that the therapy fosters long-lasting psychological and relational improvements.

The role of Imago Therapy in reducing relational conflict and improving communication patterns was also supported by the present study. The structured nature of the therapy encourages participants to engage in reflective dialogues, fostering greater emotional awareness and empathy. Mohannaee et al. (2019) demonstrated similar outcomes, where Imago Therapy reduced emotional divorce and improved communication patterns among couples (Mohannaee et al., 2019). This improvement in communication, coupled with the therapy's focus on resolving childhood emotional wounds, likely contributed to the reduction in emotional dysregulation observed in the experimental group.

Furthermore, the improvements in impulse control difficulties and goal-directed behavior observed in this study reflect the findings of Beheshtinezhad, Khayatan, and Manshaee (2019), who reported that Imago Therapy reduced marital burnout in couples dealing with attention deficit disorders (Beheshtinezhad et al., 2019). The structured, emotionally-focused nature of the therapy likely helps individuals develop better emotional self-control, which is critical for managing impulsive behaviors and achieving more effective emotional regulation.

Interestingly, the findings related to non-acceptance of emotional responses and lack of emotional clarity highlight the therapeutic benefits of Imago Therapy in fostering greater emotional acceptance and understanding. Fatemi, Karbalaeei, and Kakavand (2016) demonstrated that Imago Therapy improved marital intimacy by helping couples recognize and accept their emotional experiences (Fatemi et al., 2016), which likely contributed to the reduction in emotional avoidance and increased emotional clarity in the current study's participants.

The results of this study also point to the importance of addressing emotional dysregulation in IPV survivors. Women who experience domestic violence often face significant challenges in managing their emotional responses due to the trauma and stress associated with IPV. The findings that Imago Therapy reduced difficulties in emotional regulation are consistent with Fereydonpour et al. (2020), who found that the therapy improved fear of marriage and attitudes toward romance in girls with relational challenges (Fereydonpour et al., 2020). By helping individuals recognize and process their emotions in a safe and structured environment, Imago Therapy can play a vital role in addressing the emotional challenges associated with IPV.

Overall, this study provides strong evidence for the effectiveness of Imago Therapy in improving resilience and emotional regulation among women who have experienced domestic violence. These findings are consistent with previous research and suggest that Imago Therapy can be a valuable therapeutic approach for addressing the psychological and emotional challenges faced by IPV survivors. The significant improvements observed in both resilience and emotional regulation highlight the therapy's potential to foster emotional healing and empower survivors to build healthier relationships and more resilient futures.

## 5. Limitations and Suggestions

Despite the promising results, this study has several limitations. First, the sample size was relatively small, which may limit the generalizability of the findings. Future research with larger sample sizes is needed to confirm the results of this study and ensure that they are applicable to a broader population of IPV survivors. Second, the study was conducted over a limited period, with a follow-up conducted only 60 days after the intervention. Longitudinal studies that follow participants over extended periods would provide more insight into the long-term effectiveness of Imago Therapy in improving resilience and emotional regulation. Additionally, this study relied on self-reported measures of emotional regulation and resilience, which may be subject to bias. Future studies could benefit from using more objective measures, such as physiological indicators of emotional regulation, to complement self-reported data.

Future research should explore the long-term effects of Imago Therapy on resilience and emotional regulation among IPV survivors by conducting longitudinal studies that track participants over extended periods. Additionally,

researchers should investigate the effectiveness of Imago Therapy in combination with other therapeutic approaches, such as cognitive-behavioral therapy (CBT) or trauma-focused therapy, to determine whether combining interventions can enhance the therapy's outcomes. Comparative studies that examine the effectiveness of Imago Therapy across different populations of IPV survivors, including those with varying cultural backgrounds or different types of trauma, would also provide valuable insights. Moreover, future studies could explore how individual factors, such as personality traits or the severity of trauma, influence the outcomes of Imago Therapy, thereby allowing for more tailored and personalized interventions.

Given the significant improvements observed in resilience and emotional regulation among women who underwent Imago Therapy, therapists and counselors working with IPV survivors should consider incorporating this therapeutic approach into their practice. The structured communication techniques used in Imago Therapy provide a safe environment for IPV survivors to process their trauma and improve their emotional regulation skills. Practitioners should ensure that the therapy is adapted to the specific needs of IPV survivors, taking into account the unique challenges they face in managing emotional responses and building resilience. Additionally, group therapy formats, as used in this study, may provide a supportive environment where survivors can share their experiences and learn from others, further enhancing the therapeutic benefits of Imago Therapy. Finally, ongoing training and support for therapists in delivering Imago Therapy will be essential for ensuring the therapy's effectiveness in diverse settings and populations.

#### Authors' Contributions

Authors contributed equally to this article.

#### Declaration

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

#### Transparency Statement

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

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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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