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Comparing Imago Therapy with Acceptance and Commitment Therapy in Effectiveness in Resolving Marital Conflicts and Improving Marital Intimacy

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Imago Therapy and Acceptance and Commitment Therapy (ACT) in resolving marital conflicts and enhancing marital intimacy among couples.

Methods: A quasi-experimental design with a pretest–posttest control group was used. The statistical population consisted of all couples who attended the Rasa Counseling and Psychological Services Center between February 20 and May 21, 2022. Using convenience sampling, 24 couples were selected and randomly assigned to two experimental groups and one control group (8 couples per group). Participants completed Sanaie's Marital Conflict Questionnaire (MCQ) and the Walker and Thompson Intimacy Scale (WTIS) before and after the interventions. The first experimental group received ten 90-minute sessions of Imago Therapy, and the second experimental group participated in nine 90-minute sessions of ACT. Data were analyzed using Analysis of Covariance (ANCOVA) and Multivariate Analysis of Covariance (MANCOVA).

Results: The results indicated significant differences between the experimental groups and the control group ($p < .05$). Both interventions effectively reduced marital conflict and increased marital intimacy. However, ACT produced significantly greater improvements in both variables compared to Imago Therapy.

Conclusions: Both Imago Therapy and ACT can serve as effective interventions for promoting marital adjustment by decreasing conflict and enhancing intimacy. Nevertheless, ACT appears to be the more powerful approach, suggesting that focusing on acceptance, mindfulness, and value-guided behavior may yield deeper and more lasting relational improvements.

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Introduction

Marriage marks the beginning of a shared life between a man and a woman. The marital bond enables couples to build a social unit known as the family, which serves as the cornerstone of society. Within this unit, individuals learn constructive social interactions, express love and empathy, and develop the emotional skills essential for a healthy life. The family provides the conditions necessary for satisfying physical, intellectual, and emotional needs; hence, all couples must acquire techniques for identifying and fulfilling their biological and psychological needs (Edalati & Redshank, 2020). Improving marital satisfaction is a key step toward reducing marital conflict, one of the most prevalent challenges facing couples globally (Sayers et al., 2020). Various factors—including disagreements, incompatibility, and differences in opinions—tend to provoke such conflicts (Koerner & Fitzpatrick, 2019). Conflicts may also emerge from discrepancies in partners' personal goals, motivations, values, or behavioral priorities (Zeidner & Kloda, 2019).

Beyond satisfaction, marital intimacy plays an equally important role in fostering understanding and resolving conflicts. Intimacy strengthens marital and family relationships and should be viewed as a product of relationship development that begins before marriage and continues throughout life. Most definitions of intimacy emphasize attachment behaviors, fulfillment of needs, and emotional connection. Intimacy entails the ability to engage deeply with others while maintaining individuality, which requires ongoing personal growth (Gottman & Gottman, 2017).

Numerous approaches have been developed to enhance marital intimacy. Among the most effective are Imago Relationship Therapy (Imago Therapy) and Acceptance and Commitment Therapy (ACT). A marriage cannot truly flourish unless partners possess appropriate relational skills. Imago Therapy equips couples with essential life skills, strengthens intimacy and satisfaction, reduces relational difficulties, and thus helps prevent marital breakdown. Family therapists typically examine individual problems within family contexts, emphasizing interpersonal processes rather than isolated psychological symptoms. Imago Therapy enables couples to uncover unconscious aspects of their relationships and identify the roots of their conflicts rather than addressing them superficially (Ebrahimi, Amini, & Deire, 2017).

Acceptance and Commitment Therapy (ACT) offers another effective avenue for resolving marital conflict. Unlike approaches that attempt to suppress distressing thoughts or emotions, ACT emphasizes psychological flexibility—teaching individuals to accept internal experiences and

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choose behaviors aligned with deeply held values (Zanganeh Motlagh et al., 2017). As noted by Sexton (1996; cited in Zinhari, 2018), conflict arises when one person's source of satisfaction causes deprivation for another. Systemic therapists further observe that marital conflicts often emerge from disputes to gain control over various power bases and resources (Yong & Long, 2018).

Ryce (1996) distinguished between constructive and destructive marital conflicts. Constructive conflicts involve minimal negative emotion and verbal aggression; partners seek resolution through mutual respect and trust. Conversely, destructive conflicts occur when communication breaks down and couples resort to blame, criticism, and emotional attack rather than problem-solving (Zeidner & Kloda, 2013). Conflicts represent turning points that can either strengthen or damage relationships. Constructively managed conflicts foster deeper understanding and closeness (Karairmak & Duran, 2018), while the effective handling of disagreements prevents stagnation and equips couples with adaptive coping skills for future stressors (Somohano, 2013).

Intimacy is therefore a central mechanism in preventing and resolving conflict. Clinical evidence indicates that many modern couples struggle to establish and maintain intimate bonds. Intimacy is inherently dynamic, encompassing emotional, cognitive, and behavioral dimensions of relationships. Its dynamic nature means that deficiencies in any one area affect the relationship as a whole. As such, intimacy drives marital well-being, compatibility, and happiness (Hamedi et al., 2015).

A growing body of research supports the efficacy of ACT for improving marital satisfaction and reducing conflict. For instance, Burpee and Langer (2015) found that both mindfulness and ACT interventions significantly enhanced marital satisfaction among 95 couples. Similarly, Zanganeh Motlagh et al. (2017) reported that ACT and emotion-focused couple therapy improved intimacy and reduced alexithymia.

Imago Therapy, introduced in the 1970s, integrates insights from childhood development and communication skills. The term *imago*, Latin for "image," reflects the notion that individuals retain both positive and negative internalized images of childhood caregivers. These unconscious images influence partner selection and relational dynamics (Hendrix, 2014; cited in Zinhari, 2018). Imago Therapy helps clients recognize how childhood experiences shape adult relationship patterns, including conflict, anger, and unmet needs. The approach combines practical communication skills

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with psychoanalytic and attachment-based principles—including Freud's psychoanalytic theory, object-relations theory, attachment theory, and social-learning theory. By guiding couples toward awareness of their unconscious motivations and relational projections, Imago Therapy helps them uncover the origins of their conflicts rather than masking the symptoms (Muro et al., 2015; Schmidt & Gelhert, 2016).

According to Hendrix (1996; cited in Hosseini, 2011), individuals are naturally drawn to partners who represent the fulfillment of unmet childhood needs—referred to as *imago matches*. In this process, the accumulated positive and negative messages from childhood are stored in the unconscious mind and later projected onto intimate relationships (Slip, 1995; cited in Hosseini, 2011). Hendrix and Hunt (2016) described Imago Relationship Therapy as a comprehensive approach integrating behavioral, cognitive, and affective techniques to promote mutual understanding and inner transformation between partners. The ultimate goal of Imago Therapy is to restore emotional and spiritual connection between couples and help them rediscover shared meaning and purpose within marriage (Hosseini, 2011).

Empirical studies support these benefits. Smith et al. (2015) found that an intensive two-day Imago Therapy program, based on *Getting the Love You Want*, led to significant improvements in marital adjustment lasting up to three months post-intervention. Similarly, Martin et al. (2011) concluded that Imago techniques enhance spousal communication, self-understanding, empathy for partners' childhood experiences, and self-confidence.

Despite the promising results reported in prior investigations, no study has directly compared Imago Therapy and ACT within the same experimental framework. Therefore, the present study seeks to determine whether these two therapeutic approaches differ significantly in their effectiveness at resolving marital conflict and enhancing marital intimacy among couples.

Material and Methods

This study employed a quasi-experimental design with pretest–posttest measurements and a control group. The statistical population consisted of all couples who visited the *Rasa Counseling and Psychological Services Center* between February 20 and May 21, 2022 (N = 26). Using Cochran's formula, a sample size of 24 couples was determined. Participants were selected via convenience sampling and randomly assigned to two experimental groups and one control group

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(8 couples per group). All participants completed Sanaie's Marital Conflict Questionnaire (MCQ) and Walker and Thompson's Intimacy Scale (WTIS) before and after the interventions. Both documentary (desk) and field (questionnaire) methods were used for data collection.

Inclusion Criteria

Couples were eligible for the study if they:

• were between 20 and 35 years old,

• were physically and psychologically healthy, and

• were experiencing marital difficulties.

Exclusion Criteria

Participants were excluded if they:

• were using psychiatric or psychotropic medications during the study period, or

• missed more than two therapy sessions in the experimental groups.

Instruments

Sanaie's Marital Conflict Questionnaire (MCQ): Developed by Sanaie (2000), this 42-item instrument assesses marital conflict based on clinical experience. It comprises eight subscales:

1. Reduced cooperation
2. Decreased sexual intercourse
3. Increased emotional reactions
4. Greater reliance on child support
5. Increased relationships with family members
6. Decreased relationships with spouse's relatives and friends
7. Separated financial affairs
8. Reduced effective communication

Items are rated on a five-point Likert scale (1 = never to 5 = always), with total scores ranging from 42 to 210.

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Walker and Thompson's Intimacy Scale (WTIS): The WTIS is a 17-item measure of affection and intimacy (Walker & Thompson, 1999) translated into Farsi by Sanaie (2000). In a pilot study involving 15 couples, Etamadi (2014) confirmed its face and content validity using expert evaluations. A subsequent doctoral dissertation reported high internal consistency ($\alpha = 0.96$; Etamadi, 2014). In addition, Khazaie (2007) found an 82% correlation ($p < .01$) between the WTIS and Bagarozzi's (2014) intimacy questionnaire, confirming criterion validity, and reported reliability of 0.85.

Scores are summed and divided by 17 to yield a final score ranging from 1 to 7, with higher scores indicating greater intimacy. A two-week pilot with 30 couples further supported strong reliability ($\alpha = 0.89$; Saadatmand et al., 2017).

Interventions

Imago Therapy: Based on Hendrix's approach (2013), the first experimental group completed ten 90-minute sessions:

• Session 1: Establishing rapport, enhancing motivation, and committing to improving the relationship.

• Session 2: Exploring childhood memories; identifying the imago structure; reviewing past intimate relationships and communication patterns; identifying key childhood wounds and adaptive responses.

• Session 3: Learning and practicing Imago dialogue techniques.

• Session 4: Gaining a comprehensive understanding of the spouse; identifying expectations and needs; examining hidden cognitive scripts shaping current interactions.

• Session 5: Creating a safe relational environment; strengthening intimacy; healing emotional wounds; fostering positive interaction cycles; reducing negative behaviors.

• Session 6: Reinforcing mutual commitment; identifying conflicts and conflict-resolution styles; enhancing intimacy and need satisfaction.

• Session 7: Building feelings of safety, connection, happiness, and emotional attachment.

• Session 8: Expressing anger constructively; addressing past emotional injuries.

• Session 9: Facilitating self-integration.

• Session 10: Reviewing all sessions, reinforcing self-integration, and administering the posttest.

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Acceptance and Commitment Therapy (ACT): The second experimental group completed nine 90-minute sessions (Nazari et al., 2017). After the pretest and initial orientation:

• Session 1: Introduction to ACT principles, including psychological flexibility, acceptance, awareness, and cognitive de-fusion.

• Session 2: Exploring self-image, personal narratives, attachment styles, values, and committed action.

• Session 3: Training in mindfulness techniques (emotional and wise awareness); discussing life and sexual satisfaction; exploring the impact of present-moment awareness.

• Session 4: Practicing non-judgmental observation and skill application; learning the "chance" technique and the hole-and-shovel metaphor.

• Session 5: Enhancing psychological awareness; learning value-driven actions, goal pursuit, and social lifestyle choices; identifying partner characteristics without judgment; learning the bus-and-train metaphor.

• Session 6: Reviewing prior concepts; learning intimacy techniques, mental intimacy forms, and distress-tolerance strategies; learning the chess metaphor.

• Session 7: Practicing emotion regulation strategies and opposite-action techniques.

• Session 8: Receiving interpersonal effectiveness training and practicing communication skills.

• Session 9: Reviewing all sessions and completing the posttest.

Ethical Considerations

Participants were assured that their information would remain confidential. Couples in the control group were informed that they would receive the necessary therapeutic services after the study concluded.

Data Analysis

The study aimed to compare the effectiveness of Imago Therapy and ACT in resolving marital conflict and enhancing marital intimacy. Both descriptive statistics (frequency, percentage, minimum, maximum, mean, and standard deviation) and inferential statistics were used. Data normality was assessed using the Kolmogorov–Smirnov test, followed by Levene's test to evaluate homogeneity of variances. The research hypotheses were analyzed through Analysis of Covariance (ANCOVA) and Multivariate Analysis of Covariance (MANCOVA).

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Results

The study sample consisted of 24 couples who were randomly assigned to three groups: Imago therapy (n = 8 couples), Acceptance and Commitment Therapy (ACT) (n = 8 couples), and a control group (n = 8 couples).

Descriptive Statistics

Table 1 presents the descriptive statistics for marital conflict and its subscales in the three groups at the pretest and posttest stages.

Table 1. Descriptive statistics of marital conflict and its subscales in pretest and posttest

Variable	Group	Pretest Mean (SD)	Posttest Mean (SD)
Marital conflict	Imago	71.25 (1.03)	68.87 (0.83)
	ACT	71.00 (0.88)	67.00 (1.19)
	Control	71.87 (0.83)	72.87 (1.83)
Reduced cooperation	Imago	12.87 (0.83)	10.75 (1.28)
	ACT	12.50 (1.19)	8.87 (1.12)
	Control	12.25 (1.03)	12.62 (1.18)
Decreased sexual intercourse	Imago	15.87 (0.83)	13.75 (0.88)
	ACT	15.00 (1.12)	11.50 (1.19)
	Control	15.75 (0.88)	16.87 (0.83)
Increased emotional reactions	Imago	18.87 (0.83)	16.12 (0.83)
	ACT	18.62 (1.06)	12.87 (1.12)
	Control	18.25 (0.88)	19.00 (1.41)

As shown in Table 1, the mean scores of marital conflicts and its subscales decreased from pretest to posttest in both experimental groups, with larger reductions in the ACT group. In contrast, marital conflict scores in the control group slightly increased. Table 2 presents the descriptive statistics of intimacy.

Table 2. Descriptive statistics of intimacy in pretest and posttest

Group	Pretest Mean (SD)	Posttest Mean (SD)
Imago therapy	1.37 (0.51)	2.12 (0.83)
ACT	1.00 (0.75)	3.50 (0.92)
Control	1.87 (0.83)	1.50 (0.53)

The results show that intimacy increased in both intervention groups, with the largest improvement observed in the ACT group, whereas intimacy slightly decreased in the control group. Before hypothesis testing, the assumptions of parametric analysis were examined.

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Table 3. Kolmogorov–Smirnov test for normality

Variable	Stage	Z	p
Marital conflict	Pretest	1.228	0.098
Marital conflict	Posttest	0.891	0.406
Intimacy	Pretest	1.048	0.291
Intimacy	Posttest	1.042	0.227

The Kolmogorov–Smirnov test indicated that all variables had normal distributions ($p > .05$).

Table 4. Levene's test for equality of variances (posttest)

Variable	F	p
Marital conflict	1.929	> .05
Intimacy	2.790	> .05

Levene's test confirmed that the assumption of homogeneity of variances was met. To compare the effectiveness of the two interventions on marital conflict and its subscales, multivariate analysis of covariance (MANCOVA) was conducted.

Table 5. Multivariate test results for marital conflict (Imago vs ACT)

Test	Value	F	df	p	Effect size
Pillai's Trace	0.835	5.765	7,8	0.001	0.835
Wilks' Lambda	0.165	5.765	7,8	0.001	0.835

The MANCOVA results revealed a significant difference between Imago therapy and ACT in reducing marital conflict and its subscales ($p < .05$). The effect size indicated that the intervention explained 83.5% of the variance in marital conflict outcomes. Overall, ACT produced greater reductions in marital conflict compared with Imago therapy. An analysis of covariance (ANCOVA) was conducted to examine group differences in intimacy. The results showed a significant difference between the two experimental groups ($p < .05$), indicating that both interventions improved intimacy, with ACT demonstrating a stronger effect.

Overall, the results demonstrated that both Imago therapy and ACT significantly reduced marital conflict among couples. ACT produced greater improvements in marital conflict and its subscales compared with Imago therapy. Lastly, both interventions increased marital intimacy, but ACT showed a stronger effect.

Discussion

The findings showed that Acceptance and Commitment Therapy (ACT) was significantly more effective than Imago Therapy in resolving marital conflicts and enhancing intimacy among

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couples. This result supports previous studies (Hashemi et al., 2021; Rafee et al., 2021; Farahanifar et al., 2019; Gehlert et al., 2017) reporting the therapeutic benefits of both methods. Specifically, ACT generated greater reductions in marital conflict and stronger improvements in intimacy scores than Imago Therapy.

According to behavioral theories of conflict (Street, 1994; Alavinia, 2015), effective conflict management relies on open communication, clear boundaries, and shared decision-making—all of which foster intimacy. ACT trains couples to accept their emotions, clarify personal values, and engage in committed action, helping them manage interpersonal tension mindfully (Bricker & Tollison, 2011; Fish et al., 2014). This process strengthens empathy and emotional awareness, leading to more authentic, value-based relationships.

Imago Therapy also improved participants' relationships by helping them explore unconscious images from childhood and transform adversity into mutual understanding (Muro et al., 2016; Fatemi et al., 2016). Through intentional dialogue and conscious conversation, it teaches couples to channel conflict into emotional growth and empathy rather than avoidance. Thus, while both therapies positively influenced marital dynamics, ACT produced more robust outcomes, possibly because of its emphasis on mindfulness, acceptance, and value-driven behavior.

The sub-hypotheses further confirmed the effectiveness of each treatment individually. Imago Therapy significantly reduced marital conflict and improved emotional and sexual intimacy (Nazarpour et al., 2020; Isapour Haftkhani, 2015). This approach helps partners recognize how childhood experiences shape adult relationships and promotes healing through conscious connection. Likewise, ACT proved highly effective for marital conflict reduction and intimacy enhancement. Its techniques of acceptance and commitment increased couple empathy, emotional regulation, and stability in relationships (Crosby & Twohig, 2016; Versbo et al., 2017).

In short, both approaches strengthened marital relationships, but ACT yielded greater overall improvements, suggesting its potential for broader clinical application.

Limitations

The study's small sample size, self-report instruments, and lack of control over contextual factors (e.g., socioeconomic status, family environment) limit generalizability. The cross-sectional design also prevents long-term causal inference.

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Future Directions

Employ mixed methods such as clinical interviews and structured observation for more accurate measurement.

Replicate the study across diverse cultural and demographic groups to enhance external validity.

Conduct longitudinal research over several years and include couples with children to assess long-term effects.

Investigate additional predictors of marital conflict and satisfaction, such as communication and parenting skills.

Explore ACT and Imago Therapy's influence on sexual satisfaction and mental health outcomes among married couples.

Practical Implications

Family counseling centers and relevant organizations should adopt standardized therapeutic programs based on ACT and Imago Therapy for conflict prevention and marital enrichment. Strengthening marital bonds not only enhances relationship quality but also supports public health and social stability. Couples preparing for marriage are encouraged to learn foundational communication and emotional skills through evidence-based counseling sessions.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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