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The Impact of Brief Imago-based skills training on Self-Compassion, Life Quality and Marital Commitment of Women Who Filed for Divorce in Neishabour City

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Abstract

The objective of the present study was to investigate the effect of brief imago-based skills training on self-compassion, quality of life, and marital commitment of women who filed for divorce. The research method was quasi-experimental with a pretest-posttest and follow-up design. The population included all women who filed for divorce, either referring or were referred to the psychological and counseling centers under the supervision of the Welfare Organization in Neighbor. The sample was selected purposively. Then, 30 women were randomly assigned to the experimental and the control groups (i.e., each group included 15 participants). Data collection instruments included Neff's Self-Compassion Scale (2003), the World Health Organization's short form of Quality of Life Scale (1989), and Adams and Jones' Marital Commitment Questionnaire (1997). Data analysis was performed through multiple analyses of variance using SPSS software (version 25). The results showed that brief imago-based skills training positively affected the self-compassion, quality of life, and marital commitment of women who filed for divorce. Furthermore, the effectiveness of imago-based skills training in self-compassion, quality of life, and marital commitment of women who filed for divorce was sustained. As a result, this treatment can be used by psychologists, counselors, and clinicians in psychological interventions related to self-compassion, quality of life, and marital commitment of women who filed for divorce.

Keywords: Imago-based skills training, Self-compassion, Quality of life, Marital commitment.

Introduction

Marriage is a commitment to love and responsibility for peace, happiness, and the transformation of family relationships. In addition, choosing a partner for marriage is a turning point and personal success (Gilman, 2022). Marriage has many benefits both for women and men (Huang, Chen, Hu, Ko, & Yen, 2020). For instance, it reduces stress and increases happiness (Chen & Chen, 2021). However, divorce is a social phenomenon that severely affects the lives of individuals (Oldham, 2021). It is a complex phenomenon which is viewed from different psychological, social and cultural aspects (Sbarra, & Whisman, 2022) The prevalence of divorce has increased in recent decades in the world (Sands, Thompson, & Gaysina, 2017; Ventura, Granadeiro, Lukacs, Kuepfer, & Catry, 2021). Including a range of negative consequences, divorce puts the families' level of mental health at risk (Raleyn & Sweeney, 2020). In recent years, this phenomenon has become an important social problem; it is increasing day by day. It has led to disintegration which has many negative consequences, including emotional and psychological problems for family members, various crimes, and the homelessness of many children. According to the reported statistics in Iran, 519250 marriages and 171246 divorces were registered in 2020. Moreover, in the first six months of 2021, 127318 marriages and 34659 divorces were reported. Therefore, the ratio of marriage to divorce is more than three to one (Statistics Center of Iran, 2022). These statistics show that the phenomenon of divorce is a fundamental issue that needs to be attended to.

Divorce seems very difficult for individuals, especially women who find it a major problem in their future relationships (Sbarra, Whisman, 2022). Therefore, it can be stated that women suffer from divorce more than men due to after-divorce circumstances. In fact, after divorce, women suffer from various psychological, emotional, communication, and social problems and injuries, including the reduction of self-compassion, quality of life, and marital commitment (Parker, Durante, Hill, Haselton, 2022).

Self-compassion is one of the most important components of mental health; it enables individuals to achieve happiness and psychological well-being through learning and performing related skills (Di Fabio & Saklofske, 2021; Tóth-Király & Neff, 2021). Furthermore, quality of life is the level of physical, psychological, and social well-being which is perceived by individuals. It shows the level of satisfaction of individuals with the gifts of life (Felce, & Perry, 1995). The World Health Organization defines the quality of life as an individual's perception of his position in life in terms of cultural context, value, and individual goals (Atanasova, & Karashtranova, 2016). Quality of life is a multifaceted and complex concept; however, it is definable and measurable. In studies on quality of life, there are two conceptual and objective approaches (Bhatti, Tripathi, Nagai, & Nitivattananon, 2017). These approaches mostly are used separately and rarely are used in combination. Quality of life is perceived in terms of conceptual dimensions and reflects people's assessment of their life situation, and is measured by conceptual indicators. Importantly, the conceptual quality of life is the cumulative level of satisfaction with different areas of life. Moreover, according to Nussbaum (1993), quality of life includes the acceptance of self, purpose in life, personal growth, environmental control, autonomy,

and positive relationships with others (Testa, & Simonson, 1996). The concept of quality of life is deeply rooted in the way we think about health.

Furthermore, marital commitment is the strongest and the most stable predictor of the quality and stability of the marital relationship (Ellen Byrd, 2009; Bilal, Muhammad & Riaz, 2021). Marital commitment is a conjecture in which people have long-term views on their marriage, try for their relationship, take steps to maintain, strengthen and bond their union, and stay with their spouse even when marriage is not rewarding (Stets& Hammons, 2002). Although commitment or intention to continue a relationship is often considered a general construct, it is explicitly divided into three types (Adams & Jones, 1999). These three types of commitment include a) commitment to the spouse (i.e., a personal commitment which is based on the desire to remain in the relationship), b) commitment to marriage (i.e., moral commitment related to social or religious obligations of integration and responsibility) and c) compulsory commitment (i.e., trapping in a relationship due to the costs and the problems involved in terminating the relationship) (Adams & Jones, 1999; Burgoyne, B., Reibstein, Edmunds, & Routh, 2010).

In a study entitled "Marital commitment and quality of life in fertile and infertile couples", hahhossiani Tajik, Sayyadi & Taheri (2019) found that marital commitment had a significant relationship with the couples' quality of marital life. In addition, Dasht-e Bozorgi, Asgari & Asgari (2018) investigated the effect of the self-compassion-based intervention on loneliness and emotional regulation of women affected by marital infidelity. He showed that self-compassion-based intervention reduced loneliness and increased emotional regulation in women affected by marital infidelity. This effect was consistent after one month.

One of the psychological interventions to increase self-compassion, quality of life and marital commitment of women filing for divorce is the use of psychoanalytic approaches. This study examined the effectiveness of brief Imago therapy skills training, which is part of the psychoanalytic approach, in women filed for divorce. According to Imago therapy, marital conflicts and divorce occur when couples fail to meet each other's attachment needs (i.e., security, safety, and satisfaction) (Sharma & Joshi, 2015). Kramer, Conijn, Oijevaar &Riper (2014) investigated the effectiveness of Imago-based couple therapy in reducing couples' helplessness. The results showed that couple therapy based on the Imago approach significantly reduced the couples' helplessness.

Since couples' conflict has profound and destructive individual, social, economic, parental, and legal consequences (Mikhalitsianis, 2014), the importance of this research study is highlighted. This research study provides information on marital problems and family issues. It also helps improve the mental health and marital life of couples who refer to courts, specialized family counseling centers, educational counseling centers, and welfare and divorce prevention centers. So far, no published research has been conducted to examine the impact of education, skills based on imago, therapy, short-term, self-compassion, quality of life, marital commitment, women, and divorce applicants, so the present study can fill the gap. Accordingly, the objective of this study

was to investigate the effect of brief Imago-based skills training on self-compassion, quality of life, and marital commitment of women who filed for divorce.

Methods

The present study was applied in terms of purpose and quasi-experimental with a pretest-posttest design with a control group. It also included a two-month follow-up phase. The population included all women who filed for divorce, either referring or were referred to the psychological and counseling centers under the supervision of the Welfare Organization in Neishabour in 2021. The sample was selected purposively (based on the participants' low scores in Self-Compassion, Quality of Life, and Marital Commitment questionnaires). Then, randomly, 15 women were assigned to the experimental group, and 15 women were assigned to the control group. The sample size was determined by Cohen's table. In fact, at 95% confidence level, the effect size of.50, and test power of.80, 15 individuals were determined for each group. The inclusion criteria included filing for consensual divorce, having at least a diploma, spending more than two years of married life, being 20-50 years old, not participating in other treatment programs at the same time, not receiving individual counseling or medication, and declaring satisfaction with participating in treatment sessions during the research study. The exclusion criteria included the deficiency in the returned questionnaires and more than two absent sessions during Imago therapy. The experimental group received the intervention according to the theoretical assumptions of Imago therapy (Hendrix & Hunt, 2008) by the researcher at Afarinesh Counseling Center in Neishabour during eight sessions (one 90-minute session per week). However, the control group did not receive any treatment. A summary of the training sessions is presented in Table 1.

Table 1. Summary of brief Imago therapy-based skills training sessions

Session	content
1	Establishing a good relationship between the counselor and the group members, being fa group rules, explaining how to measure body temperature, heart rate, and skin resistance, rules and framework of the program by the group manager, getting acquainted with the cor therapy, gestalt psychotherapy, body psychotherapy, and object relations
2	Teaching and practicing Imago conversation, studying involvement, practicing conscious c
3	Creating a safe zone, increasing intimacy and healing emotional wounds, examining the couples' intimacy, and creating a positive interaction cycle
4	Creating mutual commitment and ensuring integration, identifying conflicts and antagonisr to resolve these conflicts, increasing the level of intimacy and satisfying needs, identifying of conflicts, examining the extra-emotional dimensions of the body and its relationship avoidances, anxiety, and psychological trauma
5	Increasing the level of intimacy of women with their husbands
6	Expressing anger discharge in a safe and constructive environment, reducing and resolving p and healing emotional wounds, empathizing and forgiving each other, re-romanticizing

7	Reviewing sessions 5 and 6, self-integrating, deepening the emotional bond between w husbands, and increasing the feeling of security and pleasure
8	Being aware of the deepest psychological needs of women and increasing their personal gr conclusion

Instruments

1. *Self-compassion Scale*: This 26-item scale was developed by Neff (2003) to measure self-compassion. It includes the six subscales of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification in a 5-point Likert scale, which range from seldom to almost always. Concerning scoring, some items and subscales are inverse, and a higher score indicates more self-compassion. The psychometric properties of the scale have been confirmed in different studies. The correlation coefficient of the six factors of this scale and self-compassion (total scale) was confirmed at the significance level.001 (Neff, 2003). CFA by Raes, Pommier, Neff,K. & Van Gucht (2011) supported the same six-factor structure as found in the long form (Self-Kindness, Self-Judgement, Common Humanity, Isolation, Mindfulness, Over-Identification), as well as a single higher-order factor of self-compassion. For total score information, however, the SCS–SF has good internal consistency and a near-perfect correlation with the long SCS. The test-retest reliability over five months was found to be .71 (Raes, Pommier, Neff, K. & Van Gucht, 2011). This scale was standardized in Iran by Khosravi, Sadeghi, & Yabandeh (2014) Through exploratory factor analysis, the structure of the six-factor scale was confirmed, and the six factors were obtained. In addition, the total scale's validity was obtained through Cronbach's alpha coefficient of.86. It is worth mentioning that the Persian form of the scale, similar to the Latin short-form, includes 26 items in the Likert scale, which range from 1 (rarely) to 5 (almost always). It similarly examines the six subscales (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification). Furthermore, the total score in the six subscales shows the overall level of self-compassion. In the present study, the internal consistency of this questionnaire was calculated using Cronbach's alpha coefficient of 0.81.
2. Short Form-36 Health Survey: SF-36 was designed to measure physical and mental health based on 8 health concepts: physical and social functioning, role limitations due to physical and emotional problems, mental health, vitality, bodily pain, and general health perception.3-4-5- The scale was constructed to be suitable for use by anyone, irrespective of demographics or disease, and contains 36 items that are rated on 2 to 6 ordered categories.5 SF-36 is often considered a measure of HRQoL,6 due to the definitions of health and HRQoL being inconsistent but largely overlapping.7. SF-36 is conceptualized as a hierarchical

2-level structure where the 2 constructs of physical and mental health (component summary scores), mediated through the 8 health concepts (subscales), drive the item responses.3-4-5. Although this theory is largely consistent across studies, its empirical representations vary, which has resulted in various scoring methods and disparate association schemes linking the constructs, subscales, and items together. 8-9. The reliability of the scale was confirmed in the study by Bunevicius (2017). Also, the internal consistency was adequate for all (Cronbach $\alpha \geq .728$) but Social Functioning (Cronbach $\alpha = .527$) and General Health (Cronb each $\alpha = .693$) subscales. The validity of the scale was confirmed in the study by LoMartire, Äng, Girdle, & Vixner (2020). The scale-level indices unanimously supported an acceptable two-tier model fit {RMSEA: 0.041 (90% confidence interval [CI] 0.041-0.042); SRMSR: 0.038; TLI: 0.971; CFI: 0.976). In Iran, Nejat, Montazeri, Holakouie Naieni, Mohammad,& Majdzadeh, (2006) examined the reliability through the test-retest method with three weeks intervals. They turned out to be.70respectively. In the present study, the internal consistency of this questionnaire was calculated using Cronbach's alpha coefficient of 0.79.

3. Marital commitment questionnaire (MCQ): The questionnaire has been developed by Adams and Jones in 1997 for research purposes and measures individuals' commitment to their spouse and marriage in three dimensions personal commitment, moral commitment, and structural commitment It has 44 questions whose answers are scored on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The questionnaire has a total score. The highest score that the subject obtains is 172 and the lowest score is 44. A score of close to 172 indicates high marital commitment and a score of close to 44 suggests low marital commitment. Adams and Jones evaluated the validity of the marital commitment questionnaire based on the validity of the correlation of subscales with each other and with the desired total score and obtained its reliability coefficients based on Cronbach's alpha to be 91%, 89%, and 86%, respectively, for the subscales of commitment to spouse, commitment to marriage and mandatory commitment (Adams &Jones, 1997). The Persian version of this questionnaire by Shahsiah et al was validated and its content validity was confirmed by the counseling professors at the university of Isfahan. Moreover, the reliability of MCQ based on Cronbach's alpha and test-retest methods was 85% and 86%, respectively(Shahsiah, 2009) Mohammadi, & Abbasi (2016) reported Cronbach's alpha coefficients of 0.79, 0.82, and 0.84, respectively, for the components of personal commitment, moral commitment, and mandatory commitment. In the present study, the internal consistency of this questionnaire was calculated using Cronbach's alpha coefficient of 0.83.

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participants + procedure + Instrument

Results

Each of the experimental and control groups included 15 women who had bachelor's degrees or master's degrees. The groups were homogeneous; there were few differences in terms of the groups' level of education. From among the 30 participants, 10 were employed in governmental organizations, 5 were employed in non-governmental organizations, and 15 were housewives. In addition, women were in the age range of 30 to 40 years. The homogeneity of the participants in terms of demographic characteristics would make the results valid.

Data analysis was performed through SPSS software (version 25). Despite the follow-up test, repeated measure analysis was used to compare the differences between the experimental and the control groups in terms of self-compassion, quality of life, and marital commitment of women. The reported descriptive statistics included mean and standard deviation, and $p < .05$ was considered significant in the analysis. In this research study, ethical considerations including observance of scientific honesty and trustworthiness, conscious consent to participate in the study, observance of the participants' right to remain anonymous, and the confidentiality of their data were considered.

Table 2. The mean and the standard deviation of the pretest, posttest, and follow-up session in the groups

Variable	Group	Pretest		Posttest		Follow-up	
		M	SD	M	SD	M	SD
Self-compassion	**Brief Imago therapy**	93.06	5.59	98.60	6.84	100.73	7.06
	Control	92.20	6.15	92.66	6.19	92.53	5.52
Quality of life	**Brief Imago therapy**	86.60	6.68	90.73	6.83	89.93	5.39
	Control	87.06	7.24	86.93	7.41	86	6.95
Marital commitment	**Brief Imago therapy**	132.40	17.88	138.40	19.30	138.53	18.86
	Control	132.66	18.12	133.80	19	134.06	19.22

As is evident in Table 2, brief Imago-therapy skills training improved the status of the participants in terms of self-compassion. The mean of self-compassion in the experimental group increased from 93.06 (the pretest) to 98.60 (the posttest). In addition, in the follow-up session, the mean was 100.73.

Table 3. Test results considering normality, homogeneity of variances, Sphericity, and M box

Variable	Group	Pretest	The homogeneity of the variances	Mauchly's test	p

		Shapiro-Wilk	Sig.	F Levene	Sig.			Greenhouse-Geisser
Self-compassion	**Experimental**	.967	.801	.011	.916	.738	.017	.793
	Control	.919	.186					
Quality of life	**Experimental**	.948	.496	.028	.868	.294	.001	.586
	Control	.957	.643					
Marital commitment	**Experimental**	.961	.716	.003	.955	.865	.140	.881
	Control	.901	.098					

As Table 3 shows, the results of the Shapiro-Wilk test were not significant. Thus, the condition for the normal distribution of scores was met. The results of Levene's test for equality of variances indicate the homogeneity of error variances in the two groups. In addition, the results of Mauchly's test of sphericity show that the condition of equality of variance/ covariance matrices and the assumption of sphericity was not met for marital commitment. Therefore, Greenhouse-Geisser correction was used. Finally, the results of Box's test of equality of covariance matrices were significant for the research variables ($P < .05$).

Table 4. Analysis of variance (repeated measures) which compares pretest, posttest, and follow-up measures of self-compassion, quality of life, and marital commitment in the experimental and the control groups

Variable	Source of effect	Sum of squares	pdf.	Mean of squares	F	Sig.	Eta squared
Self-compassion	**Phase**	279.200	1.585	176.13	27.144	.001	.492
	phase*group	211.46	1.585	133.406	20.559	.001	.423
	error	288	44.384	6.489			
Quality of life	**phase**	55.556	1.17	47.29	5.93	.016	.175
	phase*group	103.82	1.172	88.57	11.097	.001	.284
	error	261.95	32.82	7.981			
Marital commitment	**Phase**	174.68	2	87.344	98.175	.001	.778
	phase*group	270.82	2	135.41	152.20	.001	.845
	Error	49.822	56	.890			

Table 4 shows that the intra-group effects of self-compassion, quality of life, and marital commitment in the pretest, posttest, and follow-up session were significant. In other

words, the experimental group's scores on self-compassion, quality of life, and marital commitment increased from the pretest to the follow-up phase.

Table 5. Results of Bonferroni post hoc test concerning self-compassion, quality of life, and marital commitment in women who filed for divorce

Variable	Group	Phases	Posttest	Follow-up
Self-compassion	**Experimental**	**Pretest**	5.53**	7.67**
		Posttest	---	2.13*
	Control	**Pretest**	.467	-.133
		Posttest	----	-.133
Quality of life	**Experimental**	**Pretest**	4.33**	3.33*
		Posttest	---	-.8
	Control	**Pretest**	-.133	-.933
		Posttest	----	-.933
Marital commitment	**Experimental**	**Pretest**	6**	6.133**
		Posttest	---	.133
	Control	**Pretest**	1.33	.267
		Posttest	----	.267

.01>*(P.05>**P

The results of Table 5 show that the difference between the pretest and the posttest in terms of self-compassion was 5.53, and the corresponding significance level was less than.05. Therefore, the women in the experimental group who underwent brief Imago therapy significantly improved after the intervention, and this trend was maintained in the follow-up phase.

Table 6. Results of analysis of variance (repeated measures) of inter-group effects of self-compassion, quality of life, and marital commitment

Variables	Source	Sum of squares	df	Mean of squares	F	Sig.	Eta squared	Effect size
Self-compassion	**Group**	476.1	1	476.1	4.39	.04	.14	.53
	Error	3033.33	28	108.33				
Quality of life	**Group**	187.78	1	187.78		.25	.05	.2
	Error	3831.78	28	136.85				
Marital commitment	**Group**	700.01	1	700.01		.42	.02	.12

Error	29345.11	28	1048.04

The results of repeated measures analysis of variance (see Table 6) show that there was a significant difference between the experimental and the control groups in terms of self-compassion (sig. =.05). In other words, the level of self-compassion in the experimental group compared to the control group increased. However, there was no significant difference between the two groups in terms of quality of life and marital commitment.

Discussion

The objective of the current study was to examine the effectiveness of brief Imago therapy skills training in self-compassion, quality of life, and marital commitment of women who filed for divorce. The results showed that teaching skills based on brief Imago therapy had a positive effect on the self-compassion, quality of life, and marital commitment of women who filed for divorce. In addition, the effectiveness of Imago therapy skills training in self-compassion, quality of life, and marital commitment was sustained. These findings are consistent with those of other studies in Iran (Nazarpour et al., 2021; Moazinejad et al., 2021; Bagheri et al., 2020; Amini & Ebrahimi, 2018) and other contexts (Gehlert et al., 2016; Smith et al., 2016; Lammer et al., 2016).

These findings can be explained by referring to the fact that communication imaging with improper patterns of life in the past can solve many problems which have destructive effects on physical and mental health in the current life. Thus, based on Imago therapy's perspective, the developmental stages of childhood, especially the first child's relationship with the parents, have a significant impact on his later life and, most importantly, on his marital relationship. According to this theory, it is believed that the choice of the spouse and the marital relations are not made consciously. An important part of it is unconscious; it is needed to complete the unfinished stages of childhood and to heal emotional wounds (Yazdani et al., 2015) which, according to Freud, exist in all human beings. Therefore, all human beings are faced with unfavorable images of childhood, and they are different just in terms of the intensity, color, or paleness of these images (Peck & Whitlow, 2019).

According to Imago's therapy theory, such experiences in childhood can lead to communication problems in the life of couples (Yazdani et al., 2015). These communication problems cause psychological burdens and severe stress in each couple (Luquet, 2006). Stress creates feelings of failure and inadequacy. Following these experiences and self-evaluations, emotions such as shame and guilt would be aroused. Shame and guilt are self-conscious emotions, which are evoked through self-reflection and negative self-evaluation. This self-reflection can be implicit or explicit; it may be consciously experienced or occur beyond our consciousness; in any case, it is essentially about oneself (Tangi, 2004). On the other hand, it seems that the individuals are more anxious in dealing with this situation and experience a vicious cycle of stress and anxiety,

which leads to a decrease in the level of self-compassion associated with psychological capabilities such as happiness, optimism, satisfaction with life, increased motivation, healthy behaviors, positive body image, and adaptive coping behaviors (Allen et al., 2014). However, in the Imago therapy approach, the couples can honestly express their feelings through dialogues and specific and purposeful exercises in a safe environment which leads to the revelation of the real personality of the couples. Thus, proper revelation and recognition of self and childhood experiences would be increased; these experiences are reconstructed in the current relationship, thereby healing the childhood wounds and reducing their unconscious impact on the current relationship (Hendrix, 2006). It can be concluded that Imago therapy training helps the participants to distinguish between their mental images of important people in their lives and the real images of people in their current life (spouse) (Hendrix & Hunt, 1999). Thus, the individual has more control over the relationship, and by making informed decisions, he has a better and more favorable effect on his current relationship; he feels more satisfaction, which reduces stress and anxiety and leads to the improvement in the variables studied. Moreover, getting to know one's spouse and partner can facilitate understanding and can reduce stress and anxiety. Thus, it has a two-way effect on improving self-compassion, quality of life, and marital commitment (Whitton, Rhoades, Stanley, S. & Markman, 2008).

Furthermore, one of the three principles of conscious dialogue in Imago therapy (i.e., the first step) is mirroring. In this technique, the spouse restates what she heard - neither what she thinks was told nor what she wants to be told. This technique causes contact between spouses and makes them feel heard. The benefit of mirroring does not only affect the sender of the message. Since the receiver of the message needs active and intentional listening to hear correctly, this attentive focus will prevent him from responding based on defensive and immediate reactions. The objective of Imago therapy is to provide couples with three basic insights. First, the relationship is nothing but a reflection of each individual's reality. In other words, the marital relationship both is affected by and affects the interpersonal aspects. The treatment process tends to help the spouses to understand the concept of marriage and maintain a long-term relationship. Second, Imago therapy works intending to turn a child's negative experiences into healing and deep experiences in adulthood. This healing treatment targets childhood injuries to resolve marital conflicts and increase intimacy and bonds (Matin, Yoosefi, Solgi & Arjmand Mazidi, 2021). Third, the objective of treatment is to help the spouses to become personally integrated and experience a conscious relationship. The ultimate goal of therapy is to create a conscious relationship in which both spouses experience the revitalization and re-creation of their innate tendency to integration. Through Imago therapy, marital relationships and the couples' mental health would be maintained. In the present research sessions on creating a safe zone, increasing intimacy and healing of emotional wounds, examining the dimensions of couple intimacy, creating a cycle of positive interaction, creating mutual commitment and ensuring togetherness, identifying

conflicts and antagonisms and the style of resolving these conflicts And increase the level of intimacy and satisfaction of needs, identify ways to get rid of conflict, examine the extra-emotional dimensions of the body and its relationship with defenses, avoidances, obstructions, anxiety and trauma, increase the level of intimacy and intimacy of women with their husbands, expression Discharge anger in a safe and constructive environment, reduce and resolve past resentments and heal emotional wounds, empathize and forgive each other, close additional outlets and re-romanticize, deepen the emotional bond between women and their husbands and increase feelings of security and pleasure, awareness The subjects were provided with the necessary training on the deepest psychological needs of women and increasing their personal growth, so it is expected that these trainings could have been effective in increasing self-compassion, quality of life, and marital commitment of women seeking divorce.

Conclusion

In general, the results of the present study showed that brief Imago therapy skills training was effective in increasing the self-compassion, quality of life, and marital commitment of women who filed for divorce. As a result, this treatment can be used by psychologists, counselors, and clinicians in psychological interventions related to self-compassion, quality of life, and marital commitment of women who filed for divorce. It should be noted that this study was conducted in Neighbor. Thus, the generalizations of the findings should be made with caution. It is suggested that other studies replicate this study in other contexts and cultures and provide more treatment sessions.

Disclosure Statements

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