

Effectiveness of Group Imago therapy and Mindfulness therapy on the Attitude toward Extramarital affairs of Veterans in Mashhad City

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ABSTRACT

Aims Extramarital affairs are one of the main reasons for diverse and psychological trauma in marital life. This study aimed to compare the effectiveness of group imago therapy (Imagery psychotherapy) and group cognitive therapy based on mindfulness on the attitude toward extramarital relationships in the marital life of veterans in Mashhad.

Materials & Methods This experimental study was carried out on all married veterans in Mashhad city in 2020-2021, of which 1250 of them had referred to this center during the first quarter of 2020-2021, based on the information available in the Shahid Counseling Center. Forty-five couples were assigned to 2 experimental and control groups. The data were collected by the Mark Whatley Attitude to Extramarital Communication Scale. The training sessions were provided to the experimental groups by online mode through the live feature of Instagram during eight sessions of 60 minutes. The research was conducted using the pretest and post-test methods. Data were analyzed by SPSS 22 software using the ANCOVA test.

Findings There was no significant difference between the attitude scores toward extramarital relationships in the pretest stage ($p > 0.05$). There was no significant difference between the scores of the pretest and post-test stages in the subjects of the control group ($p > 0.05$). Also, no significant difference was observed between the mean of imago therapy and mindfulness groups in terms of tendency to extramarital relationships ($p = 0.911$).

Conclusion Both imago therapy and cognitive therapy based on mindfulness affect couples' attitudes toward extramarital relationships, and the rate of this attitude decreases in the couples; however, there is no significant difference in effectiveness between the two treatments.

Keywords Imagery Psychotherapy; Cognitive Psychotherapy; Group Psychotherapy; Extramarital Relations; Veteran

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Introduction

An extramarital relation is an emotional or sexual involvement outside of marriage that is kept from one's spouse and is one of the reasons for divorce. Lack of commitment to marital life by extramarital relationships always causes psychological injuries [1]. Making such relationships leads to consequences such as post-traumatic stress disorder, depression, anger, despair, loss of feeling or lack of self-confidence, identity, and feelings of emptiness and worthlessness in the betrayed person [2]. Extramarital relationships are one of the most important factors for divorce. Nearly one in four divorced people in the United States have reported involvement in such a relationship at least once in their marital life [3]. However, it is difficult to identify talented individuals and the context underlying these relationships [4]. Maintaining marriage requires sensitivity, intimacy, responsibility, trust, confidence, generosity, consideration, commitment, and loyalty. Spouses need friendship, companionship, and understanding; they must be forgiving, flexible, tolerate each other's mistakes, and appreciate what they are. It is only in this way that marriage reaches maturity and leads to love [5]. Hence, everything endangering marital life, the inability of spouses to establish intimate relationships, and overshadow issues such as interpersonal, sexual, family, and marital relationships have one root, which is the lack of "empathy" between spouses [6].

One of the factors affecting the tendency to extramarital affairs is the decrease of empathy in marital life [7]. Empathy is the institutionalized talent of individuals in controlling communication, supporting joint actions, and group strength. This ability plays an important role in the social arena to strengthening social behaviors and behaviors, leading to group strength. Empathy is a key factor for successful interpersonal actions, which is each person's emotional response to the emotional expressions of others [8], which has two components: cognitive and emotional. Emotional empathy is defined as "communicating with others while maintaining individuality." Such definitions based on individuality indicate that a person must experience some degree of development to communicate emotionally with others. Cognitive empathy can also be defined as the ability to know oneself in the presence of others, in which self-awareness and appropriate emotional development will be very important to create intimacy [9]. If we want to compare emotional and cognitive empathy, we describe it as follows: "cognitive empathy is having accurate knowledge about the emotional content of another person's mind and giving appropriate reaction to them [10].

Reducing couples' inclinations to a relationship outside of marriage and increasing empathy between them requires psychological interventions.

Examples of effective therapies to promote couples' mental health are imago therapy and mindfulness. Imago therapy is a short-term treatment using behavioral techniques and practical skills and focusing on insights such as psychodynamic approaches. This approach is based on interpersonal theory, my and your philosophy, and observational learning theory [11]. Imago therapy considers the interaction of people with each other and emphasizes the communication model as a treatment center, regardless of individual and systemic perspective patterns. The management of the treatment by this method is the responsibility of the couples so that couples use the power of the relationship as a source of healing. Making contact between the spouses is one of the important aims of this treatment, which is facilitated or maintained. This treatment seeks to provide a safe environment for meeting expectations, needs, and demands and ultimately healing the remaining childhood problems by fostering empathy and mutual understanding through conscious dialogue [11]. According to imago therapy, the stages of a child's development, which are closely related to important people in their lives, affect their marital life. Accordingly, choosing a spouse is not 100% informed, and it is mostly done carelessly so that the uninformed mind intends to complete the developmental stages of childhood that in one or more of these stages suffers damage and needs healing. Whereas understanding this uninformed process in couples teaches behavioral techniques and practical skills to heal the problems of the childhood period and ultimately create healthy behavioral outputs. Thus, choosing a spouse and marital life, which has been uninformed, becomes an informed marriage [12].

Mindfulness can be defined as follows: "presence at the moment, without any judgment or prejudice about what is happening, that is, the experience of pure reality without explanation" [13]. People who have reached mindfulness perceive internal and external realities freely and without distortion, and they have many abilities in the face of a variety of thoughts, emotions, and experiences (pleasant and unpleasant) [14]. The treatment of mindfulness by utilizing the perceived cognitions and physical emotions in the present moment creates inner peace and increases the adaptation and tolerance of the person in the face of physical and psychological pressures [15]. Exercises focus on thoughts, feelings, and perceptions. The skills start with breathing and extend to all activities of life. Mindfulness increases people's perception of traumatic events and increases their resilience and strength in life control [16]. Mindfulness has been very successful in developing the quality of marital life, reducing stress, acquiring self-management skills, and emotion regulation [17]. In addition, research background has confirmed the effectiveness of both

treatments in reducing the marital problems of couples suffering from extramarital affairs. Among the related researches carried out inside and outside the country, the following can be mentioned:

Effectiveness of cognitive-based mindfulness therapy on emotional regulation, forgiveness and marital intimacy in women affected by infidelity [18]; effectiveness of imago therapy on marital reversal in divorced couples [19]; effectiveness of mindfulness-based education on empathy and aggression in the correctional center [20]; effectiveness of group therapy based on mindfulness, acceptance, and commitment on forgiveness, emotion regulation and marital intimacy in women affected by infidelity [21]; effectiveness of imago therapy on the rate of marital infidelity and emotional regulation of couples [22]; applying Hendrix's imago techniques [23]; evaluating the impact of imago therapy on intimacy, job burnout, and love styles in couples [24]; effectiveness of communication training based on imago therapy on emotion, marital boredom and sexual satisfaction of incompatible couples [25]; effectiveness of mindfulness on sexual satisfaction and marital intimacy [26]; role of mindfulness in sexual wellbeing, marital satisfaction, and self-esteem [27]; randomized controlled trial of imago relationship therapy: Exploring statistical and clinical significance of imago therapy on marital satisfaction [28].

There is no coherent research comparing the therapeutic couple and the individualist approaches. So far, researches have been focused on comparing peer-to-peer treatment approaches, which emphasize the cooperation between couples to start a change in the relationship in a common way. In this study, the effect of imago therapy (a method of couples' participation) was compared with the mindfulness method (a particular treatment method) on the tendency to extramarital relationships in couples. In this regard, couples with minimal conflicts were studied to evaluate each treatment approach's effectiveness better. Therefore, reducing the attitude towards extramarital relationships by the two therapeutic approaches could determine their better effectiveness.

Materials and Methods

This experimental study was carried out on married veterans in Mashhad city in 2020-2021, of which 1250 of them had referred to this center during the first quarter of 2020-2021, based on the information available in the Shahid Counseling Center. This is a quasi-experimental method with pretest and post-test design by the control group. After telephone and SMS (short message service) notifications, 120 couples met the inclusion criteria to participate in the study. Ninety-two couples were randomly selected using the Morgan table. Considering the withdrawal of a couple from this study, after matching based on age, marriage date, education,

and the score of the tendency to extramarital affairs in the pretest, 45 couples were assigned in 2 experimental groups and a control group (15 couples in each group). For the first (with the abbreviation A) and second (with the abbreviation B) experimental groups, imago therapy and mindfulness therapy were performed, respectively, and the control group (with the abbreviation C) did not receive any treatment. The inclusion criteria were having over 55 years old, having at least diploma education to follow up assignments, willingness to cooperate, receiving the intervention, and get a high score in the Extramarital Relationships Questionnaire. Participants who were absent for more than three sessions or did not meet the conditions of the research objectives were excluded from the study.

The data were collected by the Mark Whitley Attitude to Extramarital Communication Scale, which was presented to identify couples' attitudes towards extramarital communication. This questionnaire is a 12-item questionnaire formulated on a 7-point Likert scale [29]. The questionnaire was standardized by Abdollahzadeh in Persian [29]. Each item contains phrases about positive and negative feelings in dealing with extramarital affairs, in which the subject records their feelings in the form of responding to items in the range of 1 (strongly agree) to 7 (strongly disagree). The minimum and maximum scores of each person on this scale are 12 and 84, respectively. A higher score on this scale means a more relaxed attitude towards extramarital relationships and consequently a greater tendency to involvement in extramarital relationships. Whitley's research findings indicate the validity of this attitude [29] so that Cronbach's alpha from its internal consistency coefficient is 0.8. The Cronbach's alpha and retest coefficient were used to determine the reliability of this scale. The Cronbach's alpha and retest coefficients of the Extramarital Relationships Scale have been calculated as 0.71 and 0.87, respectively. In Abdollahzadeh's research [29], Cronbach's alpha coefficient of the scale was 0.84.

This study was approved by the Research Ethics Committee of the Ferdowsi University of Mashhad. Due to the importance of participants' satisfaction in the training course, general information, including the aims and methodology, was provided to them to decide to participate in the training course without any pressure or ambiguity. The researcher announced the right of each participant to withdraw from the study for any reason and at any time. All participants were assured that their privacy would be respected and their information would be protected, and this information would not be shared with any natural or legal person (even if they wish, even with their spouse). Participants were reassured that the necessary precautions had been taken to prevent any harm during the training.

At the beginning of the study, all participants were informed that the problems related to their marital life (including the results of homework, inviting them to start a marital discussion to assess the level of their relationship, etc.) would be safe in the private space of the Telegram application in any desired form (comment, audio or video) and would not be published. The couples were assured that they would be informed of the results of the analysis during the training and the final analysis of the research. Due to the limitations resulting from the Covid-19 pandemic and the impossibility of holding meetings, the training sessions were held online mode through the Instagram feature and during eight sessions of 60 minutes for the experimental groups. Each of the 60 subjects (30 couples) participated in separate imago therapy and mindfulness, and they asked their questions in the

desired format (comments, audio, or video files) and received their response by audio or video files at scheduled times outside of class time. In the first session of each treatment course, the training course and the necessity of the participants in the training course were mentioned. At the end of each session, besides emphasizing the repetition of the exercises mentioned during the training, assignments appropriate to the educational content were determined to be done at home. At the beginning of each session, the participants' homework was reviewed, the points of the previous session's exercises were mentioned, and objective examples of the participants' solved exercises were used to advance the educational aims. The framework of treatment sessions has been described in Tables 1 and 2.

Table 1) Imago therapy framework based on the Hendrix treatment plan ^[11]

Sessions	Content
1: Familiarity with the treatment program	Familiarity with the participants in the treatment course and creating a safe environment for carrying out therapeutic orders and doing homework; implementation of pretest; key concepts of imago therapy, treatment process, and the number of treatment sessions; explore couples' motivations for participating in this course; an overview of couples' problems in marital life; exploring the expectations of participants in the training period.
2: Imago conversation	Lecture on the evolution and structure of the brain and function of defense mechanisms; teaching the first and second stages of the three stages of imago conversation based on awareness in the relationship under the heading of reflection and approval; a typical argument and determination of homework (an imago conversation for a whole day, list of emotions, completing homework list).
3: Renewing childhood memories	Practicing the validation process of informed conversation; lecture on childhood experiences and spouse selection (recognizing each other's emotional wounds and familiarity with each other's needs); teaching the third of the three stages of imago conversation based on awareness in a relationship called empathy; practicing imago conversation and determination of assignment (guided illustration technique, completing failures sheet, completing homework table).
4: Recognize Imago	Completing each couple's "My Imago" forms and interpreting them; practicing the three stages of imago conversation and ensure the success of the couple in establishing a safe and healthy conversation; Lecture on creating empathy and re-imagining spouses (changing the attitude of couples towards each other from rival to ally and developing empathy); practicing parent-child conversation and embracing and assigning homework (talking about each other's wounds, completing homework tables).
5: Recreating romantic love	Lecture on recreating romantic love in a relationship (increasing intimacy and healing emotional wounds, create positive cycles of interaction); training to practice caring behaviors, help to complete the list of caring behaviors (training positive reciprocal behaviors and reduce negative behaviors); amazingly small practice tutorial (offering unexpected gifts); learning to practice deep smiles (doing fun joint activities) and homework (drawing a common relationship perspective, completing a dream relationship worksheet, completing homework list).
6: Growth and evolution program	Review common forms of relationship and discussion; lecture on growth and evolution programs (relationship between relationship enhancement and personal growth, mapping the couple's growth); training failure ladder practice (organizing failures to achieve the list of change requests) and determination of assignment (completing the negative behaviors restructuring form and restructuring negative behaviors, completing the assignment table).
7: Expressing anger and forgiveness	Reviewing negative restructuring behaviors and changing negative behaviors; lecture about expressing anger (expressing and venting anger in a safe environment, reducing and resolving past resentments); training to practice the container process (exercise to vent and control anger by a constructive-empathetic way and forgive each other for emotional trauma and decide to compensate) and determination of homework (registering the container, completing the task table).
8: Summary	Summary and conclusion; integration; discussion and exchange communication about the course; estimating differences and performing post-test.

Table 2) Framework of group mindfulness intervention based on Crane treatment plan [13]

Sessions	Content
1: Familiarity with the treatment program and automatic guidance	Familiarity with participants in the course of treatment; implementation of pretest; introducing the course of mindfulness, aims, and necessities; familiarity with the automated navigation process and its comparison with mindfulness and presence at the moment; focusing the mind into one of the daily affairs such as taking a shower or eating while being present in the moment and performing deal with intuitive guidance by practicing eating a raisin.
2: Focus on the physical senses	Dialogue about the subjects' experiences in automatic guidance practice; training to focus on the physical senses; familiarity with the fact that physical senses are a way to enter the world of mindfulness; familiarity with how to deal with problems and obstacles and turning the mind to one of the daily activities in a different way, recording a daily report of one of the subjects' pleasant experiences during the day and physical examination practice.
3: Selecting the change path	Dialogue on the subjects' experiences about the physical examination exercise; mention the importance of choosing the path of change in life; teaching that thoughts should be considered thoughts rather than facts; and familiarity with the practice of sitting mental meditation with the help of three-step breathing.
4: Sustainable in the present moment	Discussion of subjects' experiences of sitting meditation practice with three-step breathing; living in the present moment; familiarity with the concept of contemplation in a sitting position with the help of four main components (breathing, sounds, thoughts, and body); practicing informed walking and discussing the concept of stress and the usual reactions of individuals coping difficult situations, positioning, and candidate reactions for replacement.
5: Accepting the present moment	Discussion about the subjects' experiences of practicing sitting meditation, breathing, and awareness of physical senses; introducing one of the difficult situations in training and examining its effects on the body; familiarity with the acceptance of the present moment; practicing sitting meditation with the help of awareness of physical movements while intentionally recovering from difficulties.
6: Impact of unstable morality	Discussing the subjects' experiences of practicing sitting meditation with the help of awareness of physical movements; familiarity with one of the possible problems during exercise and realizing its effects on the mind and body during treatment; identifying a sign of recurrence that may be different in each person; familiarity with the fact that unstable moods and negative thoughts limit our relationship and practicing alternative moods, thoughts, and perspectives.
7: Thoughts are not facts	Discussing the subjects' experiences of practicing moods, thoughts, and alternative insights, and breathing with reflection on physical senses; familiarity with the concept that your thoughts are not the fact, also, your injuries do not represent you, and you can do a lot of wonderful things for your healing; familiarity with the relationship between mood and activity; preparing a list of boring and refreshing daily activities and placing them in mastery and pleasure list; identifying the signs of recurrence of problems and familiarity with the methods of dealing with them; preventing recurrence and perform a selective exercise by mixing all previous exercises showing the subject's mastery.
8: Reviewing lessons	An introduction to ending reflection; review all the lessons for the future: what is most valuable in your life; a fresh start to life; mentioning tips about the regular repetition of exercises to maintain the balance of feeling and body; performing a post-test and choose the best homework.

Descriptive data were presented in the form of statistical means. In the inferential analysis section, analysis of covariance was used considering the independent design in the form of pretest, post-test, follow-up and comparing the three groups of participants, and distance scale of the tendency to extramarital affairs. An Independent T-test was used to ensure the comparison of scores in the pretest stage. Data were analyzed by SPSS 22 software. The normality of the data was assessed by the Shapiro-wilk test, and the data were normal.

Findings

Fifteen veterans and their wives in each group (90 people=45 couples) participated in the study. There was no significant difference between the participants' mean scores in the pretest stage

($p < 0.05$). Also, there was no significant difference between the subjects of the three groups, the scores of the tendency to extramarital affairs in the post-test stage ($p < 0.05$; Table 3).

Table 3) Comparison of statistical mean of extramarital affairs in the three studied groups (n=30 in each group)

Group	Pretest	Post-test	p-value
A	69.03±1.985	68.33±2.526	0.672
B	68.00±2.091	66.19±2.118	0.673
Control	70.59±1.699	70.83±1.748	0.349

Based on the effect rate ($\eta = 0.097$), it can be said that 9% of the attitude to extramarital affairs were the result of group imago therapies and mindfulness. There was no significant difference between the mean of imago therapy and mindfulness in terms of attitude to extramarital affairs ($p = 0.911$).

Discussion

As mentioned in previous studies such as research [7] of the important factors in extramarital relationships, one of the important predictors of extramarital relationships is empathy reduction between couples. On the other hand, relying on previous studies such as imago therapy [23] entitled imago therapy and empathy development, imago therapy directly targets empathy (especially emotional empathy) between couples. It increases empathy by strengthening the relationship between couples through various techniques, including imago conversation. Therefore, it can be concluded that empathy can be an important predictor in people's attitude to extramarital relationships. Imago therapy as a treatment aimed to promote empathy as a key element and significantly reduces people's tendency to extramarital affairs. Research [30] on the relationship between emotional empathy and personality types has shown that avoidant, isolated, and passive personality types generally show low levels of emotional empathy. It has been shown that the insecure-avoidant and disturbed attachment styles usually show low levels of emotional empathy [31]. Therefore, due to the random grouping of individuals, there is a possibility of individuals including avoidant, isolated, and passive personality types and individuals with insecure-avoidant and disturbed attachment styles in both groups. Therefore, due to the random grouping of individuals, there is a possibility of individuals including avoidant, isolated, and passive personality types, and individuals with insecure-avoidant and disturbed attachment styles in both groups, who resist treatment subsequent change in the level of emotional empathy. According to the studies such as research entitled "the relationship between early maladaptive schemas and the attitude to extramarital relationships mediated by the dimensions of mindfulness" [32], mindfulness has a mediating role between early maladaptive schemas and the attitude to extramarital relationships. Therefore, mindfulness is effective on cognitive marital empathy by solving early maladaptive schemas, and emotional empathy does not grow as much as cognitive empathy in this type of treatment. Finally, despite the positive and significant effects in reducing the couple's tendency to extramarital affairs, both A and B experimental groups have limiting effects on the level of emotional empathy. Findings showed that the couples with avoidant and ambivalent attachment styles, others under the influence of mind therapy and cognitive therapy based on mindfulness showed a decrease in the tendency to extramarital relationships. However, further research is recommended to determine the various dimensions of treatments effectiveness:

1- Double-blind tests are difficult to perform due to therapeutic approaches.

2- Researchers in this type of study should consider other strategies to minimize the risk of bias due to the knowledge of the subjects.

3- When couples experience conflict during exercise, the therapist can only lead them to a safe place in their minds according to the imago teachings, which is usually difficult to achieve in these stressful situations due to its purely mental nature. Therefore, it is suggested to use the combination of relaxation techniques of mindfulness therapy (such as 3-minute breathing, sitting reflection, etc.) considering their behavioral aspect and involve the couple in performing the behavioral technique.

4- According to research, couples often refer to marriage counseling centers in critical stages of the conflict, and conversational therapies in these stages help resolve conflicts between couples and increase empathy between them. However, it does not help eliminate the consequences of these conflicts (for example, broken blade of sanctity, disrespect for each other's families, etc.), which often exacerbate conflicts between couples and prevent them from working together. Therefore, it is recommended that at least one course of individual therapy, such as mindfulness therapy provided to couples before couple participation in the treatment period to achieve an appropriate level of mood.

Conclusion

Imago and cognitive group therapies based on mindfulness decreased couples' attitudes to extramarital relationships, but there was no significant difference in effectiveness between the two treatments.

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Ethical Permissions: This research has been approved by the Research Ethics Committee of the Ferdowsi University of Mashhad with the code of IR.UM.REC.1399.134.

Conflicts of Interests: This research is retrieved from the master's thesis of Mr. Vahid Ghasemzadeh Gangan, Department of Psychology, Faculty of Humanities, approved by the Institute of Higher Education of Motahari, and there is no conflict of interest.

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