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Comparison of the Effectiveness of Imago Therapy and Cognitive-Behavioral Couple Therapy on Dimensions of Care in Relationships and Psychological Capital in Working Couples

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A B S T R A C T

Purpose: The purpose of this study was to compare the effectiveness of Imago therapy and cognitive-behavioral couple therapy on the dimensions of care in relationships and psychological capital in working couples.
Methods and Materials: This study employed an experimental design with a pre-test, post-test, control group, and follow-up. The statistical population comprised all working teacher couples in Tuyserkan, located in Hamadan Province, who were employed during the 2021–2022 period. From this population, 40 individuals were randomly selected and distributed into four groups (two experimental groups and two control groups), with 20 participants in the experimental groups and 20 in the control groups. The experimental groups received training through 10 sessions of Imago therapy and 10 sessions of cognitive-behavioral couple therapy, with each session lasting 90 minutes. The control groups did not receive any training. Data were collected using the Dimensions of Care in Relationships Questionnaire and the Psychological Capital Questionnaire. Multivariate repeated measures analysis of variance was used to analyze the study findings.
Findings: The results of the data analysis indicated that both Imago therapy and cognitive-behavioral couple therapy had a significant effect on the dimensions of care in relationships and the psychological capital of working couples ($p < 0.05$).
Conclusion: The findings of this study demonstrated that there was no significant difference between the effectiveness of Imago therapy and cognitive-behavioral couple therapy on the dimensions of care in relationships and psychological capital.
Keywords: *Imago therapy, cognitive-behavioral couple therapy, dimensions of care in relationships, psychological capital.*

1. Introduction

In the contemporary world, occupation and family are undoubtedly the most significant aspects of an adult's life (Mohammadi et al., 2021). In some cases, one or both of these factors can make life challenging and threaten an individual's mental health. The individual, social, and familial functioning of a society depends on the well-being of its members (Azimi et al., 2021). Among working couples, a form of conflict arises between their familial roles and professional responsibilities, leading to interference between the two domains (Faraji Pak et al., 2020). Studies conducted in this field suggest that work-family conflict in the lives of employed couples is associated with a wide range of negative consequences, such as reduced marital satisfaction and decreased enjoyment of life moments (Camgoz, 2014; Rafiaie, 2023; Wang et al., 2023).

Marriage, as a social phenomenon, holds considerable importance and serves as a crucial source of security for women and a significant platform for men to assume greater responsibility. This sense of security is achieved only through mutual understanding in marital relationships and the satisfaction of couples with their lives. It has been observed that couples with higher levels of social capital experience greater satisfaction in their married life. Commitment to marriage, fidelity to one's spouse, strong moral values, viewing one's spouse as a friend, commitment to sexual fidelity, a desire to be a good parent, faith in God and spiritual commitment, willingness to please and support one's spouse, companionship, and the desire to forgive and be forgiven are regarded as key indicators of social capital among spouses (Henderson et al., 2024; Mitchell et al., 2023).

One of the critical variables influencing the quality of couple relationships is caregiving. Caregiving in adult intimate relationships encompasses a wide range of behaviors that complement the couple's relationship, such as providing help, comfort, reassurance, a secure base, and encouraging autonomy (Kunce & Shaver, 1994; Mikulincer & Shaver, 2007). In this context, caregiving behaviors are aimed at fulfilling the needs of the partner and alleviating their distress (Knapp et al., 2016). Kunce and Shaver (1994) identified four dimensions of adult caregiving: (a) Sensitivity, which refers to the ability to notice and accurately understand distress signals and needs in a partner; (b) Proximity, which involves a tendency to provide physical and emotional closeness as a means of soothing a distressed partner; (c) Control, defined as a tendency to assume excessive responsibility for the partner's problem in a way that minimizes their opportunities to find their own solutions (as opposed to collaboration, which supports the partner's efforts to solve their own issues); and (d) Compulsion, which refers to an excessive and involuntary engagement in the partner's life and problems with minimal attention to their actual needs. Responsive caregiving has a strong positive association with marital stability (Feeney & Collins, 2003). Responsive caregiving is positively linked to relational satisfaction and trust in the care recipient, whereas it is negatively correlated with the care recipient's reported relational conflicts. Additionally, for both partners, compulsive and controlling caregiving are associated with higher relational conflicts and lower relational satisfaction (Péloquin et al., 2014). Positive caregiving dimensions (sensitivity and proximity) have a direct relationship with an individual's and their spouse's sexual satisfaction, whereas negative caregiving dimensions (control and compulsion) have an inverse relationship with sexual satisfaction (Péloquin et al., 2014; Rezapour Faridian et al., 2019). Moreover, the caregiving style of married and working individuals plays a crucial role in their level of marital commitment (Malek Asa et al., 2017).

Despite the importance of caregiving in adult intimate relationships, the existing literature has primarily focused on the experiences of individuals who require support, with less attention paid to the caregiver (Feeney & Collins, 2003). Although caregiving is a universal human inclination, individuals vary significantly in their warmth and ability to respond sensitively to others' needs (Mikulincer & Shaver, 2007). According to Mikulincer and Shaver (2007), effective caregiving requires both intrapersonal and interpersonal regulation. First, it necessitates emotional regulation processes. Second, effective caregiving demands self-regulation in the realm of goals and motivations. Third, it involves interpersonal regulation, which includes synchronization and coordination between the caregiver and the care recipient to address existing issues (Mikulincer & Shaver, 2007). Consequently, individuals require psychological capital to enhance caregiving dimensions in relationships.

Another variable related to the quality of couple relationships is psychological capital (Saadati & Parsakia, 2023). Previous studies have examined the four components of psychological capital (self-efficacy, hope, optimism, and resilience) separately. These components collectively give meaning to an individual's life through an interactive and evaluative process, sustaining their efforts to cope with

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stressful situations (Erez & Judge, 2001). Psychological capital prepares individuals for action, ensuring their perseverance and resilience in achieving their goals (Mohammadi et al., 2021; Saadati & Parsakia, 2023). Hope is a positive motivational state that involves having clear life goals, along with the motivation to pursue them and the ability to identify appropriate pathways to attain them. Self-efficacy refers to an individual's judgment of their ability to perform a task (Haji Rostamloo et al., 2022; Sharifpour shirazi & Ghaderi, 2022). Optimism involves having positive expectations for future outcomes, which are perceived as stable, global, and internally controlled factors (Alijani et al., 2022; Khajovand Khoshel & Ghurbannejad, 2019). Resilience, in turn, is a positive adaptation to adversity, meaning that it is not merely passive resistance to stress or threatening conditions but an active and constructive engagement with one's environment (Darbani & Parsakia, 2023; Golparvar & Parsakia, 2023). Recent studies on psychological capital view these constructs as interconnected and consider their shared characteristics (Luthans & Youssef, 2017; Luthans, 2007). In other words, psychological capital is conceptualized as a higher-order construct, meaning that these four variables combine to create a synergistic whole, expected to have a greater impact on performance than each component individually. Therefore, psychological capital is defined as an individual's perception of self, having a goal for success, and maintaining perseverance in the face of challenges (Dello Russo & Stoykova, 2015). According to Seligman, psychological capital encompasses the positive aspects of human life. He argues that human and social capital are observable, measurable, and controllable, whereas psychological capital is more latent and challenging to assess and develop. Psychological capital is a composite and integrated construct that includes four cognitive-perceptual components: self-efficacy, hope, optimism, and resilience. Through an interactive and evaluative process, these components provide meaning to an individual's life, sustain their efforts to cope with stressful situations, prepare them for action, and ensure perseverance and resilience in achieving their goals (Dello Russo & Stoykova, 2015).

The intervention approaches used in this study to enhance caregiving dimensions in relationships and psychological capital were Imago therapy and cognitive-behavioral couple therapy (CBCT). This study aimed to compare the effectiveness of these two approaches on the aforementioned components.

The first intervention approach, Imago therapy, involves a process that equips couples with knowledge and awareness to help them recognize unconscious aspects of their relationship, enabling them to address conflicts at a deeper level rather than merely resolving them superficially (Dehnavi et al., 2023; Hendrix et al., 2015). Hendrix (2006), the founder of Imago therapy, believes that the Imago process requires individuals to acknowledge their emotional wounds and those of their partners, learn new skills, and reinterpret distressing and harmful behaviors. This process allows individuals to meet their partner's needs and reintegrate the lost and denied aspects of themselves, ultimately leading to psychological and spiritual growth. This approach integrates fundamental concepts from analytical theory, attachment theory, object relations theory, the "I-Thou" relationship theory, social learning theory, Gestalt psychology, and neuroscience (Hendrix et al., 2015). It emphasizes the impact of interpersonal interactions and challenges individual and systemic relationship paradigms. Imago therapy considers both intrapsychic and interpersonal dynamics, positing that current relational difficulties stem from disruptions in expected childhood attachments, which manifest in intimate relationships (Beheshtinejad et al., 2022; Nezami et al., 2022).

The second intervention approach, CBCT, was selected based on its emphasis on attribution patterns in relationships. CBCT assumes that individuals bring unrealistic expectations, beliefs, and perceptions into relationships, which negatively impact marital satisfaction. This approach highlights the role of selective attention, attribution, expectations, assumptions, and standards in the development of marital conflict. The primary goal of CBCT is to restructure irrational beliefs and improve couples' communication and behavioral patterns (Fletcher et al., 2000).

Thus, given the increasing marital conflicts and the risk of separation, this study aimed to determine whether there is a significant difference between the effectiveness of Imago therapy and CBCT on caregiving dimensions and psychological capital in working couples and whether these effects persist during follow-up.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research and falls under the category of quasi-experimental studies, employing a pre-test, post-test, and follow-up design with a control group.

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The statistical population of this study consisted of all working teacher couples in Tuyserkan, located in Hamadan Province, who were employed during the 2021–2022 period. From this population, 40 individuals were randomly selected and assigned into three groups: two experimental groups and one control group (20 individuals in the experimental groups, with five couples in each, and 20 individuals in the control group, with five couples in each). The follow-up phase was conducted three months after the completion of the post-test.

The inclusion criteria for the study included having at least a high school diploma, being employed, and the absence of any diagnosed psychiatric disorders (such as major depression or bipolar disorder). The exclusion criteria included the need for antipsychotic medication, substance or alcohol dependence, and failure to attend all intervention sessions. Participants were randomly assigned to the experimental and control groups. After explaining the study objectives and ethical considerations, participants were invited to take part in the intervention. Before the implementation of the therapeutic approaches, both groups completed the pre-test by filling out the designated questionnaires. The intervention consisted of 10 sessions of Imago therapy and 10 sessions of cognitive-behavioral couple therapy (CBCT), conducted twice per week in a group format, with each session lasting 90 minutes. The sessions were administered by the researcher. No intervention was provided to the control group.

The ethical considerations in this study ensured that participation was entirely voluntary. Before the study began, participants were informed of the research objectives, procedures, and requirements. Participants in the experimental and control groups were given the right to withdraw from the study at any stage. Additionally, after the study was completed, control group participants were offered the opportunity to receive the same therapeutic intervention as the experimental groups in a similar therapeutic setting. All documents, questionnaires, and personal records remained confidential and were accessible only to the research team. Informed written consent was obtained from all participants.

2.2. Measures

2.2.1. Perceived Relationship Quality

The Perceived Relationship Quality Components (PRQC) Questionnaire, abbreviated in translation as the "Relationship Quality Components Questionnaire," was developed by Fletcher et al. (2000). This brief and valid questionnaire consists of 38 items across six dimensions: satisfaction, commitment, intimacy, trust, sexual passion, and love. Each dimension includes three questions rated on a seven-point Likert scale. The correlation coefficient between the PRQC and the intimacy scale was reported as 0.86, while its correlation with the marital compatibility scale was 0.74, indicating a high validity coefficient for the PRQC. Fletcher et al. (2000), in a study on individuals in stable and long-term relationships, reported satisfactory reliability for each dimension. The Cronbach's alpha coefficients for the dimensions of satisfaction, commitment, intimacy, trust, sexual passion, and love were 0.91, 0.96, 0.86, 0.78, 0.86, and 0.89, respectively, and 0.85 for the total questionnaire. The correlations among the six dimensions were reported as high, positive, and significant, with coefficients ranging from 0.13 to 0.79, with an average of 0.50. In a study conducted by Nilforoushan et al. (2010), the Cronbach's alpha coefficients for test-retest reliability of these dimensions were reported as 0.97, 0.79, 0.96, 0.91, 0.93, 0.94, and 0.95, respectively (Panahi & Fatehizadeh, 2013).

2.2.2. Psychological Capital

The Psychological Capital Questionnaire (PCQ), developed by Luthans et al. (2007), consists of 24 items and assesses four subscales: hope, resilience, optimism, and self-efficacy. Each subscale contains six items. Participants respond to each item using a six-point Likert scale ranging from "strongly disagree" to "strongly agree." The total psychological capital score is calculated by summing the subscale scores. Confirmatory factor analysis has shown that this questionnaire possesses the factors and constructs intended by its developers, confirming its structural validity. The six-factor model provided a better fit with the data and aligned more closely with the theoretical model. The chi-square ratio for this questionnaire was 24.6, and the RMSEA and CFI indices were 0.08 and 0.97, respectively. The reliability of the questionnaire was established using Cronbach's alpha, yielding a coefficient of 0.85. In this study, validity was assessed through expert evaluation, which confirmed the validity of the instrument. To examine reliability, the questionnaire was administered to 32 individuals from the study population who were not part of the sample, and the Cronbach's alpha coefficient was calculated as 0.76 (Panahi & Fatehizadeh, 2013).

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2.3. Intervention

2.3.1. Imago Therapy

The Imago Therapy Protocol consisted of a group-based couple therapy intervention based on Hendrix's (2004) structured program (Hendrix et al., 2015). The intervention was conducted over 10 sessions, each lasting 90 minutes, with two sessions held per week.

The first session focused on establishing communication, where participants were introduced to the general rules of therapy, and their motivations for attending the sessions were explored. The therapist provided an overview of Imago therapy, assessed the nature of their relationship difficulties, and evaluated their goals and expectations for therapy.

In the second session, the structure of the brain and its defensive mechanisms were introduced. Couples explored the history of their intimate relationships, their communication patterns, and childhood frustrations that shaped their responses to relational conflicts.

The third session introduced the technique of conscious dialogue. Couples practiced the Imago dialogue, which included mirroring, validating, and understanding each other's perspectives to foster deeper communication.

In the fourth session, the practice of conscious dialogue continued with a stronger focus on empathy. The couples engaged in Imago dialogue with increased emotional attunement, practicing active listening, and acknowledging their partner's emotions through validation and mirroring techniques.

The fifth session explored childhood experiences and their influence on relationship dynamics. Couples participated in guided mental imagery exercises to understand how their early experiences shaped their partner selection process. They reflected on past memories and examined how these experiences unconsciously influenced their expectations from their partners.

In the sixth session, the concept of empathy was further developed. Couples engaged in parent-child dialogues and affectionate touch exercises. They began recognizing that their choice of partner was influenced by both the positive and negative traits of their childhood caregivers. Through this process, they started to view each other as allies rather than adversaries.

The seventh session focused on romanticization, where couples engaged in exercises designed to reignite the romance in their relationship. They practiced attentive behaviors, explored small moments of wonder, and engaged in shared laughter exercises to enhance positive relational experiences.

The eighth session introduced the transformation map. The therapist guided couples in understanding the importance of creating safety in their relationship for healing past wounds. Couples realized that their relational frustrations often stemmed from unmet desires. The session emphasized that healing their partner's wounds could lead to mutual growth and emotional restoration.

In the ninth session, the focus was on anger regulation. Couples learned strategies to manage anger, including precise behavioral change requests and expressing emotions safely. They practiced structured anger expression and learned that beneath anger lies emotional wounds. Through this process, couples acknowledged the importance of listening to each other's pain.

The tenth session served as a discussion and conclusion phase. Couples reflected on the strengths and weaknesses of the intervention. The therapist assessed their progress, facilitated a post-intervention evaluation, and guided them in strategies for maintaining their improvements.

2.3.2. Cognitive-Behavioral Couple Therapy

This intervention comprised 10 therapy sessions, each lasting between 60 and 90 minutes. The sessions were conducted twice weekly. Each session began with an introduction to its objective, followed by discussions and interactive learning. At the end of each session, a summary of the key points was provided, and participants were given assignments to complete before the next session. The content of the therapy sessions adhered to the structured cognitive-behavioral approach and was delivered in a step-by-step manner. A summary of the therapy sessions is provided in subsequent sections (Fletcher et al., 2000).

The first session aimed at building rapport between the therapist and participants. The couples were introduced to the principles of CBCT, therapy goals were outlined, and they were familiarized with the cognitive-behavioral model of couple therapy.

The second session introduced behavioral skills. Couples were encouraged to define their relational problems clearly, establish conditional agreements, and engage in behavioral commitments. They were assigned homework exercises to apply these concepts in their daily interactions.

The third session focused on communication and behavioral skills. The couples reviewed their homework assignments, learned the technique of role reversal, and

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practiced switching perspectives to foster mutual understanding.

In the fourth session, communication skills were further refined. The therapist introduced the "Four Horsemen of Relationship Destruction" concept, which helped couples identify harmful communication patterns. They were taught alternative, constructive communication strategies for both speakers and listeners to replace maladaptive behaviors.

The fifth session introduced cognitive factors influencing relationships. Couples were guided through the concept of empathetic transfer, validation techniques, and the "pen and paper" exercise, which helped them express their emotions more effectively.

The sixth session explored the relationship between thoughts, emotions, and behaviors. Couples identified automatic thoughts that influenced their reactions to their partner's behaviors. The session emphasized how cognitive distortions impact relationship satisfaction.

In the seventh session, cognitive errors were addressed. Couples reviewed their homework assignments, examined common cognitive distortions in their relationship, and practiced strategies to reframe their negative thoughts.

The eighth session focused on impulsivity, self-control, and mood enhancement. Couples defined impulsive behaviors and discussed strategies for managing emotional reactions. Techniques for elevating mood and maintaining emotional stability were introduced.

The ninth session centered on problem-solving skills. The therapist explained stress and its impact on relationships, provided strategies for stress management, and introduced structured problem-solving techniques to help couples resolve conflicts more effectively.

The tenth and final session provided a summary and conclusion. The therapist reviewed the content covered throughout the sessions, consolidated key learnings, and evaluated whether the couples had achieved their therapy goals. Participants reflected on their growth, and the session concluded with expressions of gratitude and closure.

2.4. Data Analysis

In the descriptive analysis of the data, statistical indices related to each research variable were calculated. In the inferential statistics section, repeated measures analysis of variance (ANOVA) was employed using SPSS software to analyze the findings.

3. Findings and Results

The mean (standard deviation) age of participants in the experimental groups was 39.7 (8.4) years, while in the control groups, it was 37.6 (9.6) years. The minimum and maximum ages in the experimental groups were 28 and 55 years, respectively, while in the control group, they were 26 and 50 years.

Table 1

Descriptive Statistics of the Study Variables in the Experimental and Control Groups

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Dimensions of Care in Relationships	Cognitive-Behavioral Couple Therapy	38.06 (5.932)	43.65 (5.782)	42.32 (4.652)
	Control 1	35.00 (5.04)	35.10 (5.20)	-
	Imago Therapy	36.20 (5.66)	45.05 (5.33)	44.20 (5.26)
	Control 2	38.85 (5.41)	38.80 (5.41)	-
Psychological Capital	Cognitive-Behavioral Couple Therapy	36.60 (9.18)	44.58 (10.88)	43.06 (9.88)
	Control 1	33.53 (8.13)	33.60 (9.18)	-
	Imago Therapy	38.60 (9.19)	46.66 (8.87)	45.45 (8.85)
	Control 2	36.80 (9.10)	34.56 (8.10)	-

As estimated from Table 1, there is no significant difference between the effectiveness of Imago therapy and Cognitive-Behavioral Couple Therapy on the variables of dimensions of care in relationships and psychological capital. Therefore, both approaches are effective in improving and enhancing these variables.

The results of multivariate repeated measures analysis of variance among the studied groups on the variables of care in relationships and psychological capital showed that the between-subjects effect (group differences) was significant. Additionally, the within-subjects effect (time/repetition) for the study variables was significant, indicating that the mean values of the variables changed over time from pre-test to follow-up. This suggests that both therapeutic approaches were effective.

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Table 2

Results of Mixed-Design Repeated Measures ANOVA Across Three Measurement Phases for Study Variables in the Four Groups

Variable	Source	Factor	SS	df	MS	F	Sig	η^2
Psychological Capital	Within-group	Repetition	145.741	8	133.654	6.521	0.003	0.118
		Repetition * Group	73.254	7	9.254	1.365	0.123	0.055
		Error	1063.541	196	5.632	-	-	-
	Between-group	Group	75.321	2	86.587	0.235	0.452	0.003
		Error	1865.254	49	365.541	-	-	-
Dimensions of Care in Relationships	Within-group	Repetition	1827.465	4	456.866	610.345	0.001	0.926
		Repetition * Group	1287.117	8	160.890	214.939	0.001	0.898
		Error	146.713	196	0.749	-	-	-
	Between-group	Group	3800.772	2	1900.386	427.125	0.001	0.946
		Error	218.013	49	4.449	-	-	-

The significance level for the repetition factor was found to be less than 0.05, indicating that improvements in dimensions of care in relationships and psychological capital continued significantly over time. The significant interaction effect between the repetition factor and the independent variable (group) suggests that the four groups did not exhibit substantial differences in changes in the dimensions of care in relationships and psychological capital across the post-test and follow-up stages.

To further explore the significant differences among the groups at the post-test stage, a **Bonferroni post-hoc test** was conducted. The results indicated that there was no statistically significant difference between the two therapeutic approaches, confirming that both were equally beneficial in enhancing relationship care dimensions and psychological capital.

The post-hoc analysis using Bonferroni correction demonstrated that both Imago therapy and Cognitive-Behavioral Couple Therapy significantly improved the dimensions of care in relationships compared to the control group ($p < 0.05$). However, no significant difference was observed between the two therapeutic approaches in either variable, suggesting that both were equally effective in enhancing the quality of relationships and psychological capital among working couples.

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Table 3

Bonferroni Post-Hoc Test for Psychological Capital and Dimensions of Care in Relationships (Post-Test Stage)

Comparison	Mean Difference (Psychological Capital)	p-value (Psychological Capital)	Significant	Mean Difference (Dimensions of Care in Relationships)	p-value (Dimensions of Care in Relationships)	Significant
Cognitive-Behavioral Couple Therapy vs Imago Therapy	0.47	1.000	No	1.40	0.875	No
Cognitive-Behavioral Couple Therapy vs Control	-6.36	0.059	No	-8.55	0.004	Yes
Imago Therapy vs Control	-6.83	0.218	No	-9.95	0.002	Yes

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4. Discussion and Conclusion

The findings of this study demonstrated that both Imago therapy and Cognitive-Behavioral Couple Therapy (CBCT) were effective in enhancing dimensions of care in relationships and psychological capital among working couples. The results indicated significant improvements in both variables from the pre-test to post-test and from pre-test to follow-up, suggesting that the interventions had lasting effects. Furthermore, while there was a significant difference between the experimental and control groups, no meaningful difference was observed between Imago therapy and CBCT, indicating that both approaches were equally effective in improving relational care and psychological capital. These findings align with previous research highlighting the effectiveness of psychological and relational interventions in improving marital quality (Rezapour Faridian et al., 2019).

The observed improvements in dimensions of care in relationships are consistent with the theoretical underpinnings of both therapeutic approaches. Imago therapy emphasizes increasing awareness of unconscious relational patterns and developing a deeper understanding of the partner's needs (Beheshtinejad et al., 2022; Dehnavi et al., 2023). This framework aligns with attachment theory, which suggests that caregiving behaviors play a crucial role in relationship stability (Hendrix et al., 2015; Nezami et al., 2022). The results of this study reinforce previous findings indicating that structured therapeutic interventions, such as Imago therapy, enhance partners' responsiveness and caregiving behaviors, leading to improved relationship satisfaction (Dehnavi et al., 2023; Hendrix et al., 2015). Additionally, the improvements in the CBCT group align with studies demonstrating that cognitive restructuring and behavioral interventions foster more adaptive interactions between partners, thereby reducing relational distress and enhancing emotional support (Lan & Sher, 2019; Nik khah et al., 2019).

The effectiveness of CBCT in enhancing relationship care aligns with research emphasizing the role of cognitive distortions and maladaptive schemas in marital dissatisfaction. CBCT helps couples recognize and modify dysfunctional beliefs about relationships, leading to more adaptive communication and conflict resolution strategies (Allen & Lebow, 2023). Prior research has indicated that interventions focused on modifying cognitive biases and enhancing problem-solving skills significantly improve marital satisfaction (Akbari et al., 2021; Amini et al., 2021; Asadi et al., 2022). The findings of the present study corroborate these results, demonstrating that CBCT effectively improves relationship care by fostering more positive perceptions of the partner and increasing mutual support.

The sustained improvements in dimensions of care in relationships observed in the follow-up phase further support the long-term benefits of these interventions. This is consistent with studies that suggest relationship-focused therapies create enduring changes in how couples interact (Beheshtinejad et al., 2022; Dehnavi et al., 2023). The fact that no significant difference emerged between the two therapeutic approaches suggests that while they operate through different mechanisms—Imago therapy focusing on deep emotional connections and CBCT targeting cognitive restructuring—their overall impact on relationship care is comparable. This finding aligns with research suggesting that diverse therapeutic modalities can yield similar outcomes in relational satisfaction when they effectively target key mechanisms of change (Feeney & Collins, 2003).

In addition to relationship care, the results indicated that both Imago therapy and CBCT significantly enhanced psychological capital among working couples. Psychological capital, encompassing self-efficacy, hope, optimism, and resilience, has been identified as a critical factor in maintaining psychological well-being in the face of relational and occupational stressors (Luthans & Youssef, 2017; Luthans, 2007). The improvements in psychological capital observed in this study align with previous research indicating that structured psychological interventions enhance individuals' sense of agency and emotional resilience (Mathe et al., 2017).

The effectiveness of Imago therapy in increasing psychological capital may be attributed to its focus on fostering emotional awareness and self-reflection. By encouraging partners to recognize and address unresolved emotional wounds, Imago therapy enhances their ability to cope with relational challenges, which in turn contributes to higher psychological capital (Hendrix et al., 2015). This finding is consistent with studies suggesting that emotionally focused interventions improve self-efficacy and resilience by strengthening individuals' capacity for emotional regulation and adaptive coping (Rezapour Faridian et al., 2019).

Similarly, the impact of CBCT on psychological capital can be explained through its emphasis on cognitive restructuring and problem-solving. By helping couples develop more adaptive cognitive appraisals and coping

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strategies, CBCT fosters greater optimism and hope in managing relational and professional challenges (Erez & Judge, 2001). Prior studies have demonstrated that cognitive-behavioral interventions enhance psychological capital by reinforcing positive self-perceptions and increasing motivation to overcome difficulties (Parker et al., 2003). The findings of the present study support these conclusions, indicating that CBCT is an effective method for promoting psychological resilience and self-efficacy among couples.

The lack of a significant difference between the two intervention groups in terms of psychological capital further suggests that both approaches effectively contribute to emotional and cognitive well-being. This aligns with research indicating that diverse therapeutic approaches can enhance psychological resources when they facilitate self-awareness, positive reframing, and emotional regulation (Dello Russo & Stoykova, 2015). Given that both interventions led to sustained improvements in psychological capital during the follow-up phase, these findings underscore the long-term benefits of structured couple therapy in promoting psychological well-being.

The significant differences observed between the experimental and control groups highlight the necessity of therapeutic interventions in fostering relationship care and psychological capital. Without intervention, working couples may struggle to develop the necessary relational and psychological resources to navigate the complexities of balancing professional and familial responsibilities (Khajovand Khoshel & Ghurbannejad, 2019). These findings emphasize the importance of accessible couple therapy programs to support relational well-being, particularly among working couples facing heightened stressors.

Despite the significant findings of this study, certain limitations should be acknowledged. First, the sample was limited to working teacher couples in a specific geographical region, which may limit the generalizability of the findings to broader populations. Second, while the study utilized a randomized controlled design, the reliance on self-report measures may have introduced response biases, such as social desirability effects. Third, the study did not account for potential moderating variables, such as personality traits, cultural background, or prior therapy experiences, which may have influenced the effectiveness of the interventions. Finally, while the follow-up phase demonstrated sustained improvements, a longer follow-up period would be necessary to determine the long-term stability of these effects.

Future research should aim to replicate these findings in more diverse populations, including couples from different occupational backgrounds and cultural settings. Additionally, incorporating qualitative methodologies, such as in-depth interviews, could provide a richer understanding of the mechanisms underlying the observed changes. Further studies could also explore potential moderating variables, such as attachment styles, communication patterns, and levels of marital conflict, to determine which couples may benefit most from each therapeutic approach. Longitudinal studies with extended follow-up periods would be beneficial in assessing the long-term sustainability of the observed improvements. Finally, future research could compare these interventions with other therapeutic modalities, such as emotion-focused therapy or mindfulness-based couple interventions, to further delineate their relative effectiveness.

Given the demonstrated effectiveness of both Imago therapy and CBCT, mental health professionals should consider integrating these approaches into couple therapy programs, particularly for working couples experiencing relational and occupational stress. Training programs should be developed to equip therapists with the necessary skills to implement these interventions effectively. Additionally, accessible and affordable therapy services should be promoted in workplaces and community settings to support couples in maintaining healthy relationships. Given the sustained improvements observed in this study, ongoing booster sessions or follow-up interventions could be beneficial in reinforcing therapeutic gains. Lastly, educational initiatives aimed at enhancing couples' awareness of relational care and psychological capital could be implemented to promote healthier relationship dynamics and overall well-being.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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