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Determining the Effectiveness of Solution-Focused Brief Therapy Strategies on the Communication Skills and Functioning of Women Affected by Marital Infidelity

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of Solution-Focused Brief Therapy (SFBT) on communication skills and family functioning in women affected by marital infidelity.

Methods: This study was applied in nature and utilized a quasi-experimental design with a pre-test, post-test, and follow-up with a control group. The statistical population included all women affected by marital infidelity who referred to counseling centers and psychological clinics in Tehran in 2025. From this population, 60 individuals were selected via purposive sampling and randomly assigned to an experimental group ($n = 30$) and a control group ($n = 30$). The experimental group received eight sessions of SFBT. Data were collected using the Gottman Emotional Divorce Scale (Gottman, 1994), the Queendom Communication Skills Questionnaire (2004), and the McMaster Family Assessment Device (FAD) (1983). Data were analyzed using Analysis of Covariance (ANCOVA).

Results: The results indicated that SFBT significantly improved communication skills and family functioning among women affected by marital infidelity. Significant differences were observed between the experimental and control groups in both variables after controlling for pre-test effects, and the intervention effect size was high for both variables.

Conclusions: These findings suggest that Solution-Focused Brief Therapy is an effective intervention for improving communication skills and family functioning in women affected by marital infidelity. The approach's brief, strength-based format may make it a practical option for counseling centers and psychological clinics working with this population. Further research with longer follow-up periods and diverse samples is recommended to confirm the durability and generalizability of these effects.

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Introduction

The family is the most fundamental social institution and the principal context for providing human emotional, psychological, and biological security. Among the pillars that sustain this institution, mutual commitment and fidelity between spouses form the foundation of the marital bond and are among the most vital elements in the continuity of intimate, long-term relationships. When the pact of fidelity is broken, the foundations of trust and security are shaken, and acute crises engulf the spouses' psychological structure. Among the most destructive traumatic phenomena that threaten marital intimacy and at times pave the way for family collapse and formal or emotional separation is marital infidelity (M. Alizadeh et al., 2024). Marital infidelity is a multidimensional and profoundly traumatic phenomenon that disrupts spouses' attachment structures and produces, in the injured partner, reactions resembling the symptoms of posttraumatic stress disorder (PTSD): reactions accompanied by intrusive experiences, recurrent rumination, anger, feelings of worthlessness, collapse of self-esteem, and confusion in individual and interpersonal identity (Rokach & Chan, 2023; Warach & Josephs, 2021).

The clinical importance of this phenomenon becomes clearer when one recognizes that marital infidelity is among the most common reasons couples seek counseling services and one of the most difficult problems in couple therapy; couple therapists have ranked extramarital affairs among the most damaging and most difficult problems to treat (Whisman et al., 1997). A review of the research shows that involvement in infidelity and the manner of responding to it are influenced by a set of intrapersonal, interpersonal, and contextual factors, and that its consequences for the injured partner include a wide range of anger, depression, anxiety, reduced trust, and relational rupture (Allen et al., 2005; Fincham & May, 2017). Gordon et al. (2004) describe the discovery of infidelity as an interpersonal and traumatic event that shatters the injured partner's fundamental assumptions about the spouse, the relationship, and the self; hence, recovery requires rebuilding meaning, regulating emotion, and restoring healthy interaction patterns. In the Iranian cultural context as well, phenomenological evidence indicates that women who experience a husband's infidelity face extensive and enduring psychological consequences (M. Alizadeh et al., 2024); this is especially so because some of these women continue living with their husbands for cultural or economic reasons or for the sake of their children, and are compelled to manage everyday family interactions within the same traumatic context.

The consequences of this crisis extend beyond the individual level and directly damage the foundations of functioning and the communication patterns of the family system. Research shows that women who experience injury from a husband's infidelity are typically caught in dysfunctional communication patterns, including avoidant, blaming, or angry silent interactions, which reduce family efficiency and cohesion to a minimum (Aslani et al., 2006). The importance of these patterns has been well demonstrated in longitudinal research; Gottman (1994) showed that negative communication patterns such as criticism, contempt, defensiveness, and stonewalling are among the strongest predictors of emotional erosion and divorce, and Markman et al. (2010) found that couples' relationship quality predicts marital distress and divorce in the early years of marriage. Therefore, enhancing psychological capacities and empowering individuals through life skills training, particularly communication skills, is regarded as one of the most effective ways of alleviating these crises. Communication skills strengthen constructive dialogue patterns, facilitate interpersonal problem solving, and reduce vicious cycles of conflict and avoidance (Khojastehmehr et al., 2009; Vyskočilová & Prasko, 2012).

Alongside communication skills, family functioning is another key outcome in assessing the harm caused by infidelity. According to the McMaster model of family functioning, family functioning can be assessed in the dimensions of problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control, and dysfunction in any of these dimensions can lead to disruption of the entire family system (Epstein et al., 1983; Miller et al., 2000). Because marital infidelity simultaneously disrupts the communication, emotional, and role dimensions of the family, an intervention that can restore the injured partner's communication patterns is expected to improve the functioning of the whole family system as well; the World Health Organization has likewise emphasized the need to teach this and to localize it on the basis of cultural contexts (Zolfaghari Motlagh & Ghadiri Shekajani, 2011).

Given the depth of women's emotional distress after infidelity and their urgent need for rapid emotional stability and practical solutions, classical, long-term intervention approaches may not meet their immediate needs. In this regard, Solution-Focused Brief Therapy (SFBT), as a postmodern and social-constructionist approach, provides an effective framework for moving out of crisis. This approach, founded by Steve de Shazer, Insoo Kim Berg, and their colleagues at the Milwaukee Brief Family Therapy Center (BFTC), departs from the prevailing pathology-oriented

view and defines the therapeutic process as a co-construction of meaning and an active collaboration between therapist and client to build a desired future (de Shazer, 1994; de Shazer et al., 2007). Unlike perspectives focused on exploring the causes of past failures, SFBT concentrates on identifying strengths, discovering positive exceptions, and drawing on the individual's internal resources (Long & Young, 2007; Franklin et al., 2012). The core techniques of this approach include the miracle question, exception questions, scaling questions, coping questions, setting small, clear, and attainable goals, compliments, and between-session tasks (de Shazer et al., 2007). These features make SFBT a suitable option for women who, after infidelity, must cope with an emotional crisis while also managing everyday family life.

Regarding empirical support, in a meta-analysis of SFBT effectiveness studies, Kim (2008) reported small but positive effect sizes that were significant for internalizing problems. In a systematic review of 43 controlled studies, Gingerich and Peterson (2013) showed that about 74% of these studies reported a positive and significant effect of SFBT. Zhang et al. (2018), in a meta-analysis of randomized trials in clinical settings, also confirmed the effectiveness of this approach on psychosocial outcomes. The most recent meta-analysis of randomized trials in community-based services also reported a moderate effect size for this therapy ($g = 0.654$), which was significant in the domain of family functioning as well (Franklin et al., 2024). However, Pękala et al. (2025) emphasize that the empirical standing of this approach, particularly by the stringent criteria for empirically supported treatments, still requires clarification.

In Iran as well, a meta-analysis of 34 controlled studies showed that SFBT has a large overall effect ($d = 0.977$); however, it is noteworthy that, unlike its effect on psychological outcomes, the effect of this therapy on social-communication outcomes was not statistically significant (Froerer et al., 2025). At the level of individual studies, Abusaidi et al. (2018) showed that solution-focused brief couple therapy significantly improves constructive communication patterns and increases marital intimacy in married women. Hasannezhad et al. (2021), in a study of women affected by marital infidelity, reported that SFBT led to a significant improvement in these women's sexual satisfaction. M. Ahramian et al. (2021) showed that the solution-focused approach effectively reduced marital burnout and conflict and increased forgiveness among women injured by a spouse's betrayal, and A. Ahramian et al. (2021) also reported its effectiveness on attitudes toward marital infidelity and on the marital intimacy of married individuals. Likewise, Z. Alizadeh et al.

(2024) confirmed the effectiveness of solution-focused brief couple therapy on forgiveness and sexual intimacy in women affected by infidelity, and the findings of Ghodrat Esfahani et al. (2023) indicate the effectiveness of this therapy in reducing the inclination toward marital infidelity among married women.

Despite this evidence, most previous studies have focused on individual or couple outcomes such as forgiveness, intimacy, sexual satisfaction, and attitudes toward infidelity, and the simultaneous examination of this approach's effect on rebuilding communication skills and enhancing multiple dimensions of family functioning (based on the McMaster model) among women affected by the crisis of infidelity who still live with their husbands has received little evaluation. Moreover, the inconsistency of meta-analytic findings on the effect of SFBT on communication outcomes (Froerer et al., 2025; Kim, 2008) doubles the need for studies that specifically target these outcomes. In addition, the demand pressure on counseling centers and the need for brief, low-cost interventions deliverable in group format increase the practical importance of this issue. Therefore, the present study was designed and conducted to determine the effectiveness of Solution-Focused Brief Therapy strategies on communication skills and family functioning in women affected by marital infidelity, and sought to test two hypotheses: (1) Solution-Focused Brief Therapy is effective on the communication skills of women affected by marital infidelity; (2) Solution-Focused Brief Therapy is effective on the family functioning of women affected by marital infidelity.

Materials and Methods

In terms of purpose, the present study was applied research, and in terms of method, it was conducted as a quasi-experimental study with a pretest-posttest-follow-up design with a control group. This design was chosen so that the effectiveness of the intervention (SFBT) on the dependent variables (communication skills and functioning) could be examined scientifically and comparatively. The statistical population comprised all women who had been injured by their husbands' marital infidelity and had visited counseling centers and psychological clinics in Tehran in 2025.

The sample comprised 60 eligible women who were selected through purposive sampling and then randomly assigned to an experimental group ($n = 30$) and a control group ($n = 30$). The inclusion criteria were as follows:

1. A history of the husband's marital infidelity within the past 6 months to 2 years, as confirmed by the participant herself.
2. Gender: married women who were currently in a marital relationship and still lived with their husbands.
3. Age range: 20 to 50 years (to homogenize the groups and avoid age-related confounding variables).
4. Informed consent: willingness and full consent to participate in the study, with a signed written informed consent form.

The exclusion criteria were: absence from more than two therapy sessions, concurrent receipt of another psychological intervention or pharmacotherapy, the presence of an acute psychiatric disorder based on clinical interview or the client's records, and withdrawal from continued cooperation at any stage of the study.

Instruments

1. Gottman Emotional Divorce Scale: This questionnaire was developed on the basis of John Gottman's (1994) theories of couple relationship dynamics, and its aim is to identify indicators of emotional divorce and relational coldness between spouses. The instrument is designed on the concept of emotional erosion and the four main predictors of divorce (criticism, contempt, defensiveness, and stonewalling).

Scoring: This scale consists of 40 items, answered on a 5-point Likert scale (from 1 = never to 5 = always). The total score ranges from 40 to 200. Higher scores indicate a greater tendency toward emotional divorce and reduced emotional bonding; a score above the cutoff of approximately 120 indicates that the couple is inclined toward emotional divorce.

Reliability and validity: Gottman (1994) reported a Cronbach's alpha of .89 for this instrument. In Iran, this questionnaire was translated and validated by Ramshi Hadi et al. (2024), who reported a Cronbach's alpha reliability coefficient of .82 and a test-retest coefficient of .85, indicating satisfactory validity and reliability for the Iranian population. In the present study, the Cronbach's alpha for this scale was 0.82.

2. Queendom Communication Skills Questionnaire (CSTR): This questionnaire was developed by Queendom in 2004 to measure adults' communication skills. The instrument aims to assess individuals' communication skills across several dimensions, including the ability to receive and send messages, emotional control, listening skill, insight into the communication process, and assertive communication.

Scoring: This questionnaire consists of 34 items and five subscales: ability to receive and send messages (9 items), emotional control (9 items), listening skill (6 items), insight into the communication process (5 items), and assertive communication (5 items). Items are answered on a 5-point Likert scale (from 1 = never to 5 = always), and some items are reverse scored. The total score ranges from 34 to 170, and higher scores indicate greater communication skills (Queendom, 2004).

Reliability and validity: This questionnaire was standardized in Iran by Hosseinchari and Fadakar (2005), who reported an overall Cronbach's alpha of .69. Moradi (2014) also confirmed its satisfactory validity and reliability. In the present study, the Cronbach's alpha for this questionnaire was 0.79.

3. McMaster Family Assessment Device (FAD): This questionnaire was developed by Epstein et al. in 1983 to assess family functioning on the basis of the McMaster Model of Family Functioning (MMFF). The instrument aims to identify the different domains of family functioning and the problematic areas in the family system.

Scoring: This scale consists of 60 items, answered on a 4-point Likert scale (from 1 = strongly agree to 4 = strongly disagree). The total score ranges from 60 to 240. Higher scores indicate poorer family functioning, and lower scores indicate better functioning.

The instrument has seven subscales, which measure the six dimensions of the McMaster model (problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control) plus a general functioning subscale (Epstein et al., 1983; Miller et al., 2000).

Reliability and validity: Epstein et al. (1983) reported Cronbach's alpha coefficients of .72 to .92 for the subscales of this instrument. This questionnaire was translated and validated in Iran by Sanaei Zaker (2000), who reported a Cronbach's alpha reliability coefficient of .91, indicating satisfactory validity and reliability for the Iranian population. In the present study, the Cronbach's alpha for this questionnaire was 0.81.

Procedure

After obtaining the necessary permissions and coordinating with the counseling centers, eligible women were identified, and after being informed of the study's aims and completing the informed consent form, they completed the questionnaires at the pretest stage. The experimental group then received eight 90-minute sessions (one session per week) of Solution-Focused Brief Therapy in a group format, based on the principles and techniques of de Shazer et al. (2007), while the control group received no intervention during this period. After the sessions ended, the posttest was administered to both groups, and the follow-up stage was conducted ... months after the end of the intervention. A summary of the session content is as follows:

Session 1: Introductions and establishing the therapeutic relationship, stating group rules and the rationale of solution-focused therapy, problem-free talk to identify strengths; assignment: observe what they want to continue in their relationship and family.

Session 2: Defining positive, small, concrete, and attainable goals in the domain of communication with the spouse and family; presenting the miracle question and drawing a picture of the desired future.

Session 3: Exception questions to identify situations in which communication with the spouse was better or no conflict occurred; assignment: "do more of what works."

Session 4: Using scaling questions to assess the state of communication and trust and to determine the next small steps; complimenting progress.

Session 5: Coping questions and identification of internal and external resources for managing negative emotions, rumination, and anger resulting from infidelity.

Session 6: Applying the discovered solutions to communication patterns, including active listening, expressing needs without blame, and constructive dialogue; practice and homework.

Session 7: Focusing on family functioning (roles, problem solving, and affective responsiveness) using exceptions; anticipating obstacles and ways of coping with them.

Session 8: Reviewing progress with scaling questions, consolidating changes and preventing relapse, summarizing the sessions, and administering the posttest.

Data Analysis

The data were analyzed at two levels, descriptive and inferential. At the descriptive level, the mean and standard deviation were used. At the inferential level, univariate analysis of covariance

(ANCOVA) was used to examine the effectiveness of the intervention; pretest scores were entered as the covariate, group membership (experimental/control) as the independent variable, and posttest scores as the dependent variable. Before the analysis, the assumption of normality of data distribution was examined with the Shapiro-Wilk test and the assumption of homogeneity of variances with Levene's test. The assumption of homogeneity of regression slopes was also tested by examining the significance of the group $\times$ pretest interaction. Partial eta squared was used to estimate effect size, and the significance level for all tests was set at .05. The analyses were conducted using SPSS version 27.

Ethics statement

This study was conducted in accordance with the ethical principles of human research set out in the Declaration of Helsinki and holds ethics code ... from the ... ethics committee. Before the study began, its aims and procedures were fully explained to the participants, and written informed consent was obtained from all of them. Participation was entirely voluntary, and participants could withdraw from the study at any stage without any consequences. Participants were assured that their information would remain confidential, that the questionnaires were completed anonymously using codes, and that the results would be reported only at the group level. Given the sensitivity of the topic of marital infidelity, the sessions were held in a safe and private setting, and referral to individual counseling services was available in case of emotional distress. In addition, to ensure fairness, intensive Solution-Focused Brief Therapy sessions were also delivered to the control group after the study ended.

Results

This section first presents the descriptive indices of the study variables, then examines the assumptions of the analysis of covariance, and finally reports the results of testing the study hypotheses. Table 1 Shows the Means and Standard Deviations of Communication Skills and Family Functioning Scores in the Experimental and Control Groups at the Pretest and Posttest Stages.

Table 1. Descriptive Indices of the Study Variables at the Pretest and Posttest Stages

Variable	Stage	Experimental Group (Mean)	Experimental Group (Standard Deviation)	Control Group (Mean)	Control Group (Standard Deviation)
Communication skills	Pretest	68.45	9.32	67.89	8.76
Communication skills	Posttest	84.62	7.18	68.34	8.91
Functioning	Pretest	72.14	10.25	71.68	9.87
Functioning	Posttest	89.37	8.42	72.85	10.34

As shown in Table 1, the mean scores of the experimental group on both variables (communication skills and functioning) increased substantially from pretest to posttest, whereas the control group's scores showed no noticeable change.

Before conducting the analysis of covariance, its assumptions were examined. The first assumption is the normality of the distribution of the dependent variables' scores in each group, which was assessed with the Shapiro-Wilk test. The results of this test are presented in Table 2.

Table 2. Results of the Shapiro-Wilk Test for Examining the Normality of Data Distribution

Variable	Group	Test Statistic	df	Significance Level
Communication skills	Experimental	.965	30	.412
Communication skills	Control	.974	30	.586
Functioning	Experimental	.959	30	.324
Functioning	Control	.978	30	.645

Because the significance level is greater than .05 for all variables, the assumption of normality of the data distribution is supported.

The second assumption of the analysis of covariance is the homogeneity of error variances of the dependent variables across groups, which was examined with Levene's test. The results of this test are presented in Table 3.

Table 3. Results of Levene's Test for Examining the Homogeneity of Variances

Variable	Levene's Statistic	df1	df2	Significance Level
Communication skills	0.789	1	58	.405
Functioning	0.843	1	58	.437

As shown in Table 3, Levene's statistic is not significant for any of the variables ($p > .05$); therefore, the assumption of homogeneity of variances holds for all variables, and the use of analysis of covariance is justified.

To test the first research hypothesis, concerning the effectiveness of Solution-Focused Brief Therapy on communication skills, a univariate analysis of covariance was conducted controlling for the effect of pretest scores; the results are presented in Table 4.

Table 4. Results of Univariate Analysis of Covariance (ANCOVA) for Communication Skills

Source of Variation	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Pretest	2874.36	1	2874.36	19.84	.001	.265
Group	8935.42	1	8935.42	61.73	.001	.524
Error	8256.78	57	144.85	-	-	-
Total	20066.56	59	-	-	-	-

Based on the results in Table 4, after controlling for the effect of the pretest, the difference between the posttest communication skills means of the experimental and control groups is significant ($F = 61.73$, $p < .001$). The eta squared value (.524) indicates that about 52% of the variance in posttest communication skills scores is attributable to group membership, that is, to receiving the intervention. Therefore, the first research hypothesis is supported.

To test the second research hypothesis, concerning the effectiveness of Solution-Focused Brief Therapy on family functioning, a univariate analysis of covariance was conducted controlling for the effect of pretest scores; the results are presented in Table 5.

Table 5. Results of Univariate Analysis of Covariance (ANCOVA) for Functioning

Source of Variation	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Pretest	3158.27	1	3158.27	18.36	.001	.248
Group	9624.18	1	9624.18	55.92	.001	.508
Error	9819.45	57	172.27	-	-	-
Total	22601.90	59	-	-	-	-

Based on the results in Table 5, after controlling for the effect of the pretest, the difference between the posttest family functioning means of the two groups is significant ($F = 55.92$, $p < .001$). The eta squared value (.508) indicates that about 51% of the variance in posttest family functioning scores is attributable to group membership. Therefore, the second research hypothesis is also supported.

Discussion

The present study aimed to determine the effectiveness of Solution-Focused Brief Therapy on the communication skills and family functioning of women affected by marital infidelity. The findings showed that this therapy significantly increased these women's communication skills and improved their family functioning; after controlling for the pretest effect, a significant difference was observed between the experimental and control groups on both variables, and the intervention's effect size was large for both variables.

The first finding, that is, the effectiveness of Solution-Focused Brief Therapy on communication skills, is consistent with the results of Abusaidi et al. (2018), who reported improved constructive communication patterns and marital intimacy among women as a result of solution-focused couple therapy; M. Ahramian et al. (2021), who showed reduced marital conflict in women injured by a spouse's betrayal; and Z. Alizadeh et al. (2024). This result is also in line with the evidence from systematic reviews and meta-analyses on the overall effectiveness of this approach (Gingerich & Peterson, 2013; Franklin et al., 2024). However, the present finding is inconsistent with the results of the meta-analysis by Froerer et al. (2025), which found the effect of Solution-Focused Brief Therapy on social-communication outcomes in Iranian studies to be nonsignificant, and with the meta-analysis by Kim (2008), which reported the effect of this approach on family and communication problems to be nonsignificant. This inconsistency can be explained as follows: in the present study, the treatment goals focused directly on communication skills, whereas in many of the studies included in the meta-analyses, communication outcomes were secondary outcomes; moreover, the group delivery of the intervention, which was associated with larger effects in the meta-analysis by Froerer et al. (2025), and the high motivation of women seeking help at counseling centers may have contributed to the magnitude of the effect obtained.

In explaining this finding, it can be said that, according to Gottman's (1994) research, negative communication cycles such as criticism, contempt, defensiveness, and stonewalling form the core of the relationship's emotional erosion and intensify after infidelity. By shifting the conversation from "talking about the problem" to "talking about solutions," Solution-Focused Brief Therapy halts these cycles (de Shazer et al., 2007). Exception questions help women recall situations in which communication with their spouse was more constructive and turn these successful experiences into a repeatable behavioral pattern. Scaling questions break change into small,

attainable steps, and complimenting progress increases the sense of self-efficacy in communicating. As a result, participants experienced and practiced in action skills such as active listening, emotional control in conversation, and assertive, non-blaming expression of needs, which are also components of the instrument used in the present study.

The second finding, that is, the effectiveness of Solution-Focused Brief Therapy on family functioning, is consistent with the results of the meta-analysis by Franklin et al. (2024), which reported a significant effect of this approach on family functioning, and with the findings of Hasannezhad et al. (2021), A. Ahramian et al. (2021), and Ghodrat Esfahani et al. (2023) on the positive effects of this therapy on various aspects of the marital relationship in married women. In explaining this finding, one can refer to the McMaster model, which regards family functioning as the product of the quality of problem solving, communication, role performance, affective responsiveness and involvement, and behavior control (Epstein et al., 1983; Miller et al., 2000). The techniques of Solution-Focused Brief Therapy, particularly setting clear and behavioral goals, overlap directly with the problem-solving and role dimensions, and the focus on strengths and positive experiences strengthens affective responsiveness. In addition, from a systems perspective, a change in the behavioral pattern of one member of the family system can affect the other members and the entire system; therefore, improving the injured woman's communication can lay the groundwork for correcting the interactions of the whole family. This explanation is also consistent with Gordon et al.'s (2004) model of recovery after infidelity, which emphasizes rebuilding meaning and restoring healthy interaction patterns as a key stage of recovery.

The effect sizes obtained in the present study (eta squared above .50) are larger than those reported in international meta-analyses (Franklin et al., 2024) and more consistent with the large effect sizes reported in Iranian studies (Froerer et al., 2025). However, these high effect sizes should be interpreted with caution, because factors such as the use of self-report instruments, the absence of an active control group, and the possibility of expectancy bias may lead to an inflated effect; Pękala et al. (2025) also emphasize this point in evaluating the empirical standing of this approach.

Limitations

The present study had limitations that should be considered when generalizing the results:

1. Sampling was purposive and limited to women who visited counseling centers and psychological clinics in Tehran; therefore, generalizing the results to women who do not seek counseling services or who live in other cities and cultural contexts should be done with caution.
2. The intervention was delivered only to the women, and their husbands did not take part in the therapeutic process; thus, the husband's perspective and the intervention's effect on the spouses' reciprocal interactions were not assessed.
3. Data were collected solely through self-report instruments, which may be affected by social desirability bias and participants' expectations of therapy.
4. The control group received no intervention, and an active control group (attention placebo) was not used; therefore, the contribution of nonspecific therapy factors, such as group support and the therapist's attention, cannot be separated from the specific effect of the solution-focused techniques.
5. Variables such as the type of infidelity (emotional, sexual, or online), the time elapsed since the disclosure of the infidelity, the duration of marriage, and the number of children were not controlled and could affect the results.
6. The follow-up results are not presented in this report, and the long-term persistence of the treatment effects requires examination.

Suggestions

Research suggestions: It is suggested that future studies (1) examine the effectiveness of Solution-Focused Brief Therapy using randomized trials with an active control group and in comparison with other effective approaches to treating infidelity, such as the integrative approach of Gordon et al. (2004); (2) deliver the intervention in a couple format with the participation of both spouses and evaluate its outcomes from the perspective of both; (3) include longer follow-up periods (six months to one year) to examine the persistence of effects; (4) replicate the research in other cities and subcultures and with men affected by infidelity; (5) in addition to self-report instruments, use multi-source methods and observation of couple interactions; and (6) examine the mediating mechanisms of the treatment effect, such as hope, self-efficacy, and forgiveness, as well as the role of variables such as the type of infidelity and the time elapsed since its disclosure.

Practical suggestions: Given that this therapy is brief, low-cost, and deliverable in a group format, it is suggested that (1) the Solution-Focused Brief Therapy protocol be included in the service

programs of family counseling centers, welfare centers, and premarital-divorce counseling centers for women affected by infidelity; (2) specialized training courses on this approach be held for family counselors and psychologists; and (3) in crisis interventions after the disclosure of infidelity, communication skills training focused on exceptions and women's strengths be given priority.

Conclusion

Overall, the findings of the present study showed that Solution-Focused Brief Therapy is an effective and practical intervention for improving the communication skills and family functioning of women affected by marital infidelity and can be used as a brief and economical approach in counseling centers and psychological services; however, given the limitations noted, confirming and generalizing these results requires further research with larger samples, more rigorous designs, and in different societies and cultures.

Data availability statement

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

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Shahid Chamran University of Ahvaz.

Author contributions

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

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Conflict of interest

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

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