

Comparing the Effectiveness of Transdiagnostic and Solution-based Therapy on the Tendency toward infidelity in Married Women

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ABSTRACT

Objective: This research aimed to compare the effectiveness of transdiagnostic and solution-based therapy on the tendency toward infidelity among married women in Isfahan.

Materials and Methods: The research employed a quasi-experimental pre-test, post-test, and follow-up design, with a sample consisting of 48 married women selected through purposive sampling based on inclusion and exclusion criteria and then randomly assigned into three groups of 16 (two experimental groups and one control group). While the control group was on a waiting list and received no training, the transdiagnostic experimental group underwent 10 sessions of 90 minutes each according to the unified transdiagnostic treatment protocol of Barlow et al. (2010), and the solution-based experimental group underwent 8 sessions of 90 minutes each based on a protocol adapted from De Shazer's "Key Concepts in Solution-based Therapy" (1985). All three groups filled out relevant questionnaires at three stages: pre-test, post-test, and follow-up. The research instrument was the tendency toward infidelity. Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures analysis of variance and Bonferroni post-hoc test) with SPSS-25.

Findings: Results indicated that both transdiagnostic and solution-based treatments were significantly effective in reducing the tendency toward infidelity compared to the control group, with transdiagnostic treatment being more effective. Hence, both transdiagnostic and solution-based therapy can be utilized to reduce the tendency toward infidelity among women.

Conclusion: This study underscores the potential of both transdiagnostic and solution-based therapies in mitigating the inclination towards infidelity in married women, with transdiagnostic therapy showing a more pronounced effectiveness.

Keywords: *Transdiagnostic Therapy, Tendency toward infidelity, Married Women*

1. Introduction

Family, as the most important social institution, is always vulnerable to various harms, and the intimate relationship between spouses can act as a strong shield to protect family members against these harms (Parsakia & Darbani, 2022). Among these, the relationship of women with their spouses plays a crucial role in the family's stability, and neglecting this significant matter can lead to boredom, domestic violence between couples, family breakdown, and ultimately an increase in social harms such as divorce, etc. (Tajalli & Sabaghi Renani, 2021). Furthermore, research indicates that women are more vulnerable to marital stress factors than men, and conflicts have a more negative impact on them (Zolfaghari et al., 2021), often experiencing more negative emotions. Among the wrong decisions that some spouses make in response to their dissatisfaction in married life is infidelity.

Infidelity is a challenging yet common topic and one of the clinical problems in couple therapy well-known to both therapists and clients. Infidelity can be defined as an attraction to someone other than one's spouse, which can occur in reality or imagination (Vowels et al., 2022; Wusu, 2022). Infidelity is one of the most damaging events that cause rifts in the family and will inevitably lead to distrust. Spouses, even if not explicitly stated, indirectly promise each other to remain faithful to their marital covenant and that their emotional and sexual intimacy will be exclusive to each other (Stamps, 2020). Therefore, any occurrence of infidelity leads to distress, intense emotional feelings in the other, and a decrease in marital quality (Shahabi & Sanagouye-Moharer, 2020). Despite social, cultural, and religious limitations regarding relationships with the opposite sex, what is happening is an increase in these relationships, not only before marriage but also among married individuals, especially in large cities, which increases the likelihood of divorce, such that there is a direct relationship between the statistics of secret relationships among couples and the breakdown of their marital life (Olamijuwon et al., 2021). In addition to the aforementioned factors, other factors such as psychological disorders, a need for a sense of freedom and independence, and adventure can also lead to infidelity (Aghili & Kashiri, 2022; Arianfar & Etemadi, 2016).

One of the methods that address the emotional process is unified transdiagnostic treatment devised by Barlow and his colleagues (Abdi et al., 2013; Barlow et al., 2010; Etemadi et al., 2017; Norton & Paulus, 2016; Samaelvand

et al., 2022; Samaelvand et al., 2023; Wilamowska et al., 2010). The transdiagnostic approach is cognitive-behavioral therapy enhanced with emotion regulation to benefit from a greater richness, helping clients effectively manage their negative emotions with the necessary skills (Abdi et al., 2013). In transdiagnostic treatment, there is a belief that focusing on disorder-specific processes limits the understanding of common factors among disorders. Therefore, it is better to emphasize shared emotional disorders with a transdiagnostic perspective (Etemadi et al., 2017); moreover, given the very high comorbidity of individual and couple harms, identifying transdiagnostic treatments can be effective in preventing the imposition of high treatment costs and wasting time due to addressing each of these harms separately (Norton & Paulus, 2016).

Unified transdiagnostic treatment, based on cognitive-behavioral therapy focused on emotions and maladaptive emotion regulation strategies, is primarily concerned with emotional experience and response to emotions, aiming to identify and correct maladaptive emotions for adaptive emotional regulation, making processing in accordance with it easier and consequently turning off disproportionate emotional responses to internal and external cues (Wilamowska et al., 2010). It should be noted that in the transdiagnostic approach, emphasis is placed on both emotions and response to emotions, encompassing all emotions, both positive and negative, as sometimes negative emotions are generated from positive ones (Barlow et al., 2010). The focus in transdiagnosis is on a complete awareness of both positive and negative emotions and learning the correct way to respond to emotions in different and important situations. Clients learn the three-component model of thought, feeling, and behavior to better recognize their emotions in different situations and instead of surrender or avoidance, to more fully experience their emotions. Thus, one of the fundamental skills in transdiagnostic treatment is focused emotional awareness in the present moment, without personal judgment, and understanding the functional nature and adaptability of emotions, making tolerating emotions easier for the person. Consequently, individuals undergoing transdiagnostic training develop a sense of coherence and cognitive awareness (Samaelvand et al., 2022).

The short-term solution-based therapeutic approach is another therapeutic intervention devised by Steve de Shazer and Kim Berg (Nunnally, 1993). Solution-based therapy helps by discussing solutions, allowing clients to find solutions compatible with their perceptions; practical

solutions that the clients themselves discover and lead to new understanding about themselves and consequently cognitive and emotional changes, and enhance their ability to solve or manage their problems (Sehat et al., 2014; Sommers-Flanagan et al., 2015).

Solution-based therapists have a non-pathologizing view of the client and help them seek solutions to their problems. This approach emphasizes the here and now and sees change as inevitable. The focus is on aspects of the problem that are changeable, and the short-term nature of the therapy has made it widely accepted, even producing good results in emergency cases (Walter & Peller, 2013; Zimmerman et al., 1997) because the solution-based therapist helps the client develop exceptions, i.e., solutions that the client has previously used and found effective, reminding them of these and seeking change in behavior from the client's point of view, and in this way, creating and emphasizing solution-based narratives with the participation of the client (Jonidi et al., 2021; Stewart, 2011); thus, solution-based counseling is known as counseling of hope (Cepukiene & Pakrošnis, 2011; Corcoran & Pillai, 2007).

Given that empowering women is among the development goals of the current millennium, and psychological distress can lead to harmful family outcomes and damage to the important role of wife and motherhood (Parsakia & Darbani, 2022), neglecting the emotional and affective states of married women can lead to negative and irreversible experiences for them, their family, and society, which will be materially and spiritually more difficult and costly to resolve. Moreover, no research to date has compared the effectiveness of transdiagnostic and solution-based therapy on the tendency toward infidelity, and the results of this research can contribute to the improvement of family constructs, enrich the theoretical and research texts of dependent variables, and the educational-therapeutic methods of this research. Therefore, considering the importance of preserving and sustaining the family and preventing divorce, this research aims to compare the effectiveness of transdiagnostic and solution-based therapy on the tendency toward infidelity in married women.

2. Methods and Materials

2.1. Study design and Participant

Since selecting individuals to participate in such experiments is difficult, the selection and recruitment of

individuals were conducted purposively and conveniently, and the assignment of individuals to groups was random. Therefore, this research is semi-experimental in terms of method and applied in terms of purpose. The statistical population of the present study included married women from Isfahan, and the sample consisted of 48 married women who were selected through voluntary sampling with regard to inclusion and exclusion criteria. All individuals filled out the relevant questionnaire and then were randomly assigned to either the experimental or control groups. After obtaining ethical approval, while the control group received no training, the transdiagnostic experimental group underwent 10 weekly sessions of 90 minutes, and the solution-based experimental group underwent 8 weekly sessions of 90 minutes. At the end of the training sessions, a post-test was conducted for both experimental and control groups, and after 45 days, a follow-up was conducted. The inclusion criteria were: being married and having at least 10 years of marital life, literacy, no psychiatric disorders or addiction to substances or alcohol, and interest in voluntarily participating in the research and sharing experiences. The exclusion criteria were: concurrent participation in individual, couple, or group counseling sessions, disrupting the order of group training, not completing group assignments, absence of more than one session, and unwillingness to participate in or withdrawal from the research.

2.2. Measures

2.2.1. Tendency Toward Marital Infidelity

To assess the participants' tendency toward infidelity, a researcher-constructed questionnaire was used. This 7-question questionnaire, based on the clinical experiences of the researchers of this study, was designed to measure the tendency toward infidelity. The measurement scale of this questionnaire is a 5-point Likert scale ranging from 1 for "strongly disagree," 2 for "disagree," 3 for "neutral," 4 for "agree," to 5 for "strongly agree," and an individual's score can vary between 7-35. The higher the individual's score, the higher the likelihood of current or future infidelity behavior. This questionnaire is short and single-dimensional with no subscales. The reliability of the questionnaire, based on Cronbach's alpha, was 0.977, and its validity was confirmed by experts as well as using confirmatory factor analysis.

2.3. Intervention

2.3.1. Unified Transdiagnostic Treatment

Transdiagnostic sessions derived from the Unified Transdiagnostic Treatment Sessions by Barlow et al. (2010) are presented in [Table 1](#):

Table 1

Unified Transdiagnostic Sessions

Session	Objective
First	Establish therapeutic alliance, pre-test assessment, acquaint members with different emotions, emotional disorders, and general principles of transdiagnostic treatment
Second	Develop emotional awareness and familiarize with the functional nature of emotions/ Teach the three-component model of emotional experiences
Third	Identify and track emotional experiences/ Monitor emotional experiences/ Introduce the OAC of emotions/ Introduce the concept of learned emotional responses/ Understand what emotional experience is and its role in life satisfaction
Fourth	Teach awareness of emotions and present-focused awareness/ Learn to observe experiences and non-judgmental emotional awareness
Fifth	Teach cognitive assessment, introduce thought traps and their impact on emotional experiences, and recognize ways to escape thought traps
Sixth	Teach the concept of emotional avoidance and its impact on emotional experiences/ Introduce strategies of emotional avoidance and identify thought traps involved in emotional avoidance, identify underlying beliefs of avoidance
Seventh	Introduce emotion-based behaviors/ Teach how EDBs impact emotional experiences and identify and respond to EDBs
Eighth	Teach understanding of bodily sensations and confront them/ Teach induction of symptoms/ Teach alternative ways instead of avoiding emotional experience
Ninth	Practice and repetition of identifying emotions, coping styles, cognitive assessment, identifying thought traps, and their role in emotional experiences/ Emotional experience and its role in life satisfaction
Tenth	Review and summarize the content and conclusion/ Post-test assessment

2.3.2. Solution-based Therapy

Solution-based therapy sessions according to the protocol adapted from the book “Key Concepts in Solution-

Based Therapy” (cited in [Nunnally, 1993](#)) is presented in [Table 2](#):

Table 2

Marital Burnout Management Training Sessions

Session	Objective
First	Creating therapeutic alliance, acquainting members with the general principles of solution-focused therapy/ Pre-test assessment
Second	Assisting participants to articulate their goals in a positive, concrete, and measurable manner.
Third	Helping participants understand that individuals have different interpretations of a common event to change perceptions more beneficially. Assisting in discovering and utilizing personal capabilities and resources for problem-solving.
Fourth	Assisting participants to recall positive exceptions in their life and create hope for solving or reducing their problems, removing damaging thoughts and behaviors, and improving self and others' understanding.
Fifth	Assisting the client to identify and make necessary changes for improving the relationship with their spouse using the miracle question.
Sixth	Assisting group members in finding ways that lead to relationship improvement, focusing on new solutions for a more solid relationship.
Seventh	Directing women's attention towards even small changes they've made, raising their hope and teaching self-assessment for greater realism and commitment.
Eighth	Reviewing and summarizing the content and conclusion/ Post-test assessment.

2.4. Data Analysis

Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures analysis of variance and Bonferroni post-hoc test) with SPSS-25.

3. Findings and Results

The descriptive findings showed that the participating women were in the age range of 26 to 65 years. The majority of participants were in the 36-45 years age group, and the fewest were in the 56-65 years age group. In terms of education, in all three groups, most had a diploma level of education. In all three groups, most individuals had been married between 10-19 years. In the solution-based training group, most individuals had been married for 20-29 years. The fewest individuals in the transdiagnostic treatment and

control groups had been married for 40-49 years, while in the solution-based group, this period was 30-39 years.

Continuing with the results of the Shapiro-Wilk test (regarding the normal distribution of variables), the Levene's test (equality of variances among groups), the Box's M test related to the equality of variance-covariance matrices, and Mauchly's test in the sphere of sphericity for the variable of tendency toward infidelity are presented.

The results of the Shapiro-Wilk test indicated that for the tendency toward infidelity variable, at all three stages of the test, the distribution was normal ($p>0.05$). For the tendency toward infidelity, at all three stages of the test, the

distribution was not normal ($p<0.05$). The equality of error variance for all three components at all three stages of the test was established ($p<0.05$). The equality of variance-covariance matrices (through the Box's M test) was not established ($p>0.05$). Also, Mauchly's test for the tendency toward infidelity was significant ($p<0.05$), meaning that the sphericity assumption for this variable has not been met. In cases where the assumption of sphericity is not met, the Greenhouse-Geisser correction can be used in the final analysis tables. Table 3 presents the means and standard deviations of the pre-test, post-test, and follow-up stages of the tendency toward infidelity in the research groups.

Table 3

Mean and Standard Deviation of Tendency Toward Infidelity Variable in Research Groups at Three Time Stages

Variable	Time	Transdiagnostic Treatment		Solution-based therapy		Control	
		Mean	SD	Mean	SD	Mean	SD
Tendency Toward Infidelity	Pre-test	6.673	20.813	7.185	20.062	7.379	6.673
	Post-test	1.280	18.125	7.256	20.125	7.311	1.280
	Follow-up	1.448	17.812	7.378	20.375	6.946	1.448

As seen in Table 3, for the tendency toward infidelity, there were changes in the post-test and follow-up stages in the treatment groups compared to the control group. Data

of repeated measures analysis of variance for the tendency toward infidelity Table 4.

Table 4

Data of Repeated Measures Analysis of Variance (Repeated Measures) for Tendency Toward Infidelity

Variable	Source of Effect	SS	DF	MS	F	p	Eta-Squared	Power
Tendency toward infidelity	Within-group							
	Time	2004.260	1.045	1918.422	136.389	0.000	0.694	1.000
	Time×Group Interaction	1425.365	3.134	454.773	32.332	0.000	0.618	1.000
	Error (Time)	881.708	62.685	14.066	-	-	-	-
	Between-group							
	Group	2783.542	3	927.847	10.131	0.000	0.336	0.997
Error	5495.042	60	91.584	-	-	-	-	

Given the violation of the sphericity assumption and according to Table 4, for the tendency toward infidelity section, the within-group effect, the time factor ($F=36.389$, $df=1.045$, $p<0.01$), and the interaction of time and group ($F=32.332$, $df=3.332$, $p<0.01$) indicate that for tendency toward infidelity, there is a significant difference over time and interaction of time with group (three research groups) ($p<0.01$). The eta-squared for the time factor is 0.694, and for the interaction of time with group, it is 0.618, and the test power for both is 1. This finding indicates that 69.4% and 61.8% of the difference in tendency toward infidelity, respectively, are related to the application of the

independent variable (one of the treatment methods in the research) and are confirmed with 100% power.

Also, as seen in Table 4 in the between-group effect section, for the tendency toward infidelity ($F=10.131$, $df=3$), there is a significant difference ($p<0.01$). This means that the performed analysis of variance has shown a significant difference between the experimental groups (three treatment groups) and the control group. Due to the significant interaction of time with the group, the tendency toward infidelity, for possible pairwise differences between the experimental and control groups, a Bonferroni post-hoc

test was performed, which is presented in Table 5 at three

stages of pre and post-test and follow-up.

Table 5

Bonferroni Post-hoc Test Data for Pairwise Comparison of Research Groups in Tendency Toward Infidelity

Variable	Row	Base Group	Comparison Group	Mean Difference	Standard Error	p
Time	1	Pre-test	Post-test	6.953	0.589	0.000
	2	Pre-test	Follow-up	6.750	0.576	0.000
	3	Post-test	Follow-up	0-.203	0.101	0.147
Tendency toward infidelity	4	Transdiagnostic Treatment	Solution-based Therapy	7-.875	1.953	0.001
	5	Transdiagnostic Treatment	Control	9-.146	1.953	0.000
	6	Solution-based Therapy	Control	1-.271	1.953	1.000

As seen in Table 5, tendency toward infidelity, there is a significant difference between pre-test and post-test and between post-test and follow-up ($p < 0.01$ or $p < 0.05$). However, there is no significant difference ($p > 0.05$) between the treatment groups. Moreover, the difference between the both experimental groups and the control group is significant, indicating the effectiveness of both treatments in reducing tendency toward marital infidelity ($p < 0.05$). On the other hand, transdiagnostic treatments showed a higher effectiveness than solution-based therapy ($p > 0.05$).

4. Discussion and Conclusion

The present research was conducted to compare the effectiveness of transdiagnostic and solution-based therapy on the tendency toward infidelity in married women. Results indicated that both transdiagnostic and solution-based treatments were significantly effective in reducing the tendency toward infidelity compared to the control group, with transdiagnostic treatment being more effective. Hence, both transdiagnostic and solution-based therapy can be utilized to reduce the tendency toward infidelity among women. The effectiveness of transdiagnostic therapy in reducing the tendency toward infidelity can be explained as follows: In transdiagnostic therapy, individuals learn how to confront their inappropriate emotions and respond to them in a more adaptive manner. This approach reduces the frequency and intensity of the use of maladaptive emotional habits and decreases potential harm. Moreover, it leads to an increase in social, communicative, behavioral, and psychological functioning (Parker et al., 2021). The ability to manage emotions helps individuals to recognize their emotions and become aware of how emotions affect behavior, thus, with greater understanding, exhibit a proportionate reaction to their emotions. Optimal

management of emotions, including happiness, sadness, fear, anxiety, etc., enables a person to identify both their own and others' positive and negative emotions and the impact of emotions on thoughts and behaviors, thereby exhibiting appropriate and adaptive behavior (Farchione et al., 2012; Samaelvand et al., 2022). It is confirmed that the emotional experience of women towards their spouses can impact their marital relationships (Mosadegh et al., 2023). Individuals in the family context experience some of the deepest feelings and emotions, including love, hate, anger, fear, sadness, and pleasure. The understanding of spouses about these intense emotions and their ability to discuss or manage them plays a very important role in their marital satisfaction. Individuals who have emotional expressiveness or positive emotional experience establish more effective communication and with the use of appropriate methods, have greater ability in solving conflicts and problems, are better at organizing situations, have more empathy, and are more sensitive to their spouse's feelings, all of which contribute to greater marital satisfaction (Keshavarz-Afshar et al., 2015). Thus, it can be said that marital satisfaction is always related to emotional experience in the family (Khosravi et al., 2021) such that the higher the positive emotional experience, the greater the marital satisfaction, and if the negative emotional experience is high, marital conflict increases and marital satisfaction decreases. Moreover, there is a relationship between positive and negative emotions and marital quality (Mehdigholi et al., 2022), and of course, the emotions individuals experience also affect their decision-making, such that married individuals may make decisions to cope with marital problems. One of the wrong decisions that some couples make in response to their dissatisfaction in married life is infidelity. Unified transdiagnostic therapy, which emphasizes emotions and maladaptive emotion

regulation strategies, and primarily focuses on emotional experience and response to emotions, seeks to identify and correct maladaptive emotions so that the regulation of emotional experiences occurs adaptively, making processing accordingly easier and consequently turning off disproportionate emotional responses to internal and external cues.

In explaining the effectiveness of solution-based therapy in reducing the tendency toward infidelity, it can be said that one of the reasons people commit or desire infidelity is the lack of excitement and entertainment with their spouse and excessive preoccupation of the spouse (Corcoran & Pillai, 2007); often, people who connect with someone other than their spouse outside the family framework consider the third person as a friend with whom they can discuss feelings, dissatisfactions, hopes, and dreams and who understands them (Hasannejad et al., 2021; Jonidi et al., 2021). Solution-based therapists, through exception questions, make the client realize that they have faced similar issues in the past and were able to solve and overcome them, thus increasing their sense of empowerment to deal with the current situation and reducing their stress, reminding them of good past experiences. The therapist's questions also make the client recall times when they had greater satisfaction with their life and pay attention to what they were doing at that time that they are not doing now and what they were avoiding that they are now doing (Cepukiene & Pakrosnis, 2011). This reminiscing and reviewing of pleasant moments, in addition to increasing awareness, encourages them to continue life with their spouse. Moreover, the impact of language on the emotions we experience and consequently the type of behavior we perform and establishing effective communication cannot be denied, and one of the goals of solution-based therapy is to help the client make changes in their speech and focus on solutions instead of talking about the problem (Johnson, Amaluzza, & Booth, 1992). Thus, spouses can have a better feeling towards each other and establish a better relationship with each other, reducing the gap between them and making them less inclined to seek good feelings and emotions outside the marital relationship. Moreover, solution-based therapy changes spouses' perspectives towards difficult situations and gives them a more positive view of issues, thereby increasing their ability to face life's displeasures (Eakes et al., 1997) and by strengthening the client in creating suitable solutions and structuring existing solutions, increases the client's sense of self-efficacy and autonomy (Corcoran & Pillai, 2007), and

this assessment of solutions and structuring them warns them against unreasonable decisions such as infidelity. Solution-based therapy, in addition to examining what is currently being done and created, pulls out useless and inefficient patterns that do not have the necessary efficiency to solve marital issues or improve the relationship and replaces them with small and gradual positive changes (Walter & Peller, 2013). Also, by discovering exceptions, it revives hope in the client's heart to consider a better future for the relationship as close and attainable (Jonidi et al., 2021). Moreover, because in this approach it is believed that talking about the causes of problems and the difficulty of changing them causes a feeling of helplessness and despair in the client, with the miracle question, the therapist directs the client towards what changes are necessary and what they want to do to make this happen, thus increasing the sense of self-efficacy in the individual and believing that change is possible (Sommers-Flanagan et al., 2015); therefore, it is not unexpected that solution-based therapy can be effective in increasing satisfaction with marital life, greater compatibility, and consequently reducing the desire to establish a relationship with someone outside the marital framework.

5. Limitations and Suggestions

The study's findings are derived from a specific sample of 48 married women from Isfahan. This limits the generalizability of the results to other populations or demographics. Future research could benefit from a larger and more diverse sample to increase the generalizability of the findings. The primary tool used in this study was a self-reported questionnaire on the tendency toward infidelity. Self-reporting can introduce biases such as social desirability or inaccurate self-reflection. Future studies might incorporate more objective or varied measures, including observational or partner-reported data. The follow-up period after the therapy sessions was 45 days. This short-term follow-up might not adequately capture long-term effects or the sustainability of the treatment outcomes. Longer-term follow-up is needed to understand the enduring impact of these therapies. The study focused specifically on transdiagnostic and solution-based therapies. While these are valuable, other therapeutic approaches or combinations thereof may offer different insights or effectiveness profiles in addressing the tendency toward infidelity.

Therefore, future research should consider a broader demographic, including different age groups, socio-economic backgrounds, cultures, and even including male participants to explore the tendency toward infidelity and the effectiveness of interventions across a broader spectrum of individuals. Comparing the effectiveness of different therapeutic approaches (e.g., cognitive-behavioral therapy, psychoanalytic therapy) in reducing the tendency toward infidelity can provide a more nuanced understanding of what works best and for whom. Exploring the use of digital platforms for therapy (e.g., online counseling, apps) could widen access and perhaps offer new insights into effective interventions for reducing the tendency toward infidelity.

Practically, clinicians should consider the diverse needs and backgrounds of individuals when choosing a therapeutic approach. Tailoring therapy to the individual's unique emotional, cultural, and relationship context could enhance effectiveness. Moreover, practitioners should be aware of the potential for short-term changes and encourage ongoing support or follow-up sessions to maintain benefits.

By addressing these limitations and considering these suggestions, future research can build upon the findings of this study to offer more robust and comprehensive insights into the complex issue of infidelity in marital relationships.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. For the conduct of this research, an ethics code (IR.IAU.KHUISF.REC.1402.028) was obtained from the Department of Psychology of Islamic Azad University, Khorasgan branch.

Authors' Contributions

All authors equally contributed to this study.

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