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Comparison of the Effectiveness of Solution-Focused Brief Therapy and Compassion-Focused Therapy on Marital Adjustment of Married Women

Masoumeh. Kheirkhah[1], Mustafa. Bolghan-Abadi[2*], Sepideh. Pourheydari[3]

[1] Ph.D. Student in Counseling, Department of Counseling. Ma.C. Islamic Azad University, Mashhad, Iran
[2] Department of Psychology, Ne.C., Islamic Azad University, Neyshabur, Iran
[3] Assistant Professor, Department of Psychology. Khorasan Institute of Higher Education, Mashhad, Iran

*** Corresponding author email address**: Mu.bolghanabadi@iau.ac.ir

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A B S T R A C T

Objective: This study aimed to compare the effectiveness of Compassion-Focused Therapy (CFT) and Solution-Focused Brief Therapy (SFBT) in improving marital adjustment among married women.

Methods and Materials: This applied and experimental study used a pretest–posttest–two-month follow-up design with a control group. The statistical population included married women who attended the Hazrat Zainab Cultural Center in Mashhad, Iran, during 2022–2023. Sixty eligible participants were selected through convenience sampling and randomly assigned to three groups (CFT, SFBT, and control), but due to attrition, 16 participants remained in the CFT group, 18 in the SFBT group, and 18 in the control group. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to measure marital adjustment. The CFT group attended twelve 90-minute weekly sessions based on Gilbert's model, while the SFBT group participated in six 90-minute sessions following the Diamond approach. Data were collected at three time points (pretest, posttest, and two-month follow-up) and analyzed using repeated measures analysis of variance with SPSS-27.

Findings: The results indicated significant main effects of time ($p < .001$, $\eta^2 = .76$) and group ($p = .004$, $\eta^2 = .20$) as well as a significant time × group interaction ($p < .001$, $\eta^2 = .59$) for marital adjustment. Post hoc Bonferroni tests showed that both the CFT and SFBT groups had significantly higher marital adjustment scores at posttest and follow-up compared with the control group ($p < .001$). However, no significant difference was found between the CFT and SFBT groups at either posttest or follow-up ($p > .05$).

Conclusion: Both Compassion-Focused Therapy and Solution-Focused Brief Therapy effectively improved and sustained marital adjustment in married women, with comparable therapeutic impact.

Keywords: *marital adjustment, solution-focused brief therapy (SFBT), compassion-focused therapy (CFT), married women*

1. Introduction

Marital adjustment is a key construct in family psychology, reflecting the degree to which couples experience harmony, satisfaction, and effective functioning in their relationship. Healthy marital adjustment not only fosters emotional stability and interpersonal satisfaction but also acts as a protective factor against psychological distress and relational breakdown (Rastgouftar & Khodadadi, 2024). Researchers have consistently found that marital adjustment influences multiple life domains, including mental health, family functioning, and child development (Carr & Utz, 2020). Conversely, low marital adjustment is strongly associated with emotional disorders such as depression, anxiety, and anger dysregulation, along with increased risk of separation and divorce (Rahimi et al., 2024). Consequently, improving marital adjustment remains a central focus of psychological interventions aimed at strengthening couples' well-being and relationship stability (Rezazadeh et al., 2024).

Among married women, marital adjustment holds unique significance due to the interplay of psychological, social, and cultural factors influencing their experiences. In many contexts, women bear a disproportionate emotional and caregiving load in marriage, making them more vulnerable to marital dissatisfaction and its psychological sequelae (Shirdel et al., 2023). Employment status, economic inequality, and perceived social support shape marital harmony and personal well-being among women (Rahimi et al., 2024). Moreover, gendered expectations and internalized self-silencing can hinder women's ability to express needs and regulate conflict effectively, reducing relational satisfaction (Naimipour et al., 2024). These dynamics underscore the necessity of therapeutic approaches that both target emotional resilience and strengthen adaptive interaction patterns to sustain marital harmony (Rastgouftar & Khodadadi, 2024).

Recent psychological frameworks emphasize the role of self-compassion and solution-oriented change as powerful mechanisms for improving marital adjustment. Self-compassion, defined as extending kindness and understanding toward oneself during times of failure or suffering, protects individuals from the detrimental effects of self-criticism and shame (Pedro et al., 2019). In marital contexts, self-compassion helps women cope with relational disappointments and reduces self-blame during conflicts (Kermani Mamazandi & Tavana, 2024). Research demonstrates that self-compassion fosters emotion regulation and facilitates constructive communication, which are vital for maintaining closeness and satisfaction (EffatDoost Sani et al., 2024; Sünbüla & Güneri, 2019). Moreover, self-compassion acts as a mediator between attachment insecurity and psychological well-being, offering a pathway to reduce loneliness and emotional distress within marriage (Naimipour et al., 2024).

Compassion-Focused Therapy (CFT), developed by Gilbert, provides an empirically supported approach to enhance self-compassion and emotional balance (Craig et al., 2020). This model integrates mindfulness, affect regulation, and evolutionary theories of social emotions to help clients shift from threat-driven reactivity to a soothing, self-supportive orientation (Araghian et al., 2020). Empirical evidence shows that CFT effectively decreases self-criticism, improves emotion regulation, and strengthens resilience in individuals with relational distress (Khorrami Rounizi & Sajadian, 2024). In married women, cultivating compassion for oneself and one's partner reduces hostility, increases acceptance, and helps reframe conflicts from a non-judgmental perspective (EffatDoost Sani et al., 2024; Emirza & Bilgili, 2024). Clinical studies also confirm CFT's effectiveness in reducing psychological vulnerability and enhancing relational functioning among couples facing chronic interpersonal stress (Craig et al., 2020).

Parallel to compassion-based approaches, Solution-Focused Brief Therapy (SFBT) has emerged as a highly practical and strengths-oriented intervention for relational improvement. Rooted in social constructionist theory, SFBT emphasizes clients' existing resources and successes rather than deficits, encouraging the creation of preferred futures (Connie & Froerer, 2023). Instead of analyzing problems, SFBT invites couples to identify times when difficulties were managed more effectively and to build on those exceptions (Jenkins & Germaine, 2023). Evidence suggests that SFBT enhances self-efficacy, solution-building, and resilience in both individual and couple contexts (Razmgar et al., 2023; Taghavi et al., 2020). In marital therapy, SFBT has been shown to strengthen satisfaction and reduce conflict by fostering hope and practical problem-solving skills (Shariatzadeh Jenidi et al., 2021; Turns et al., 2019).

The theoretical foundation of SFBT aligns closely with Bandura's social cognitive theory, particularly the construct of self-efficacy, which refers to an individual's belief in their capacity to manage challenges and effect change (Bandura, 2023). Higher self-efficacy supports adaptive emotion regulation and effective conflict management in marriage (Bussey et al., 2020). By reinforcing moments of success and

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promoting actionable steps, SFBT strengthens clients' sense of agency and control over their relational dynamics (Jenkins & Germaine, 2023). Research further indicates that SFBT can help reduce maladaptive thought patterns and increase positive emotional engagement, which are critical for sustaining marital adjustment (Rezazadeh et al., 2024; Taghavi et al., 2020).

Cross-cultural findings also support the adaptability and effectiveness of both CFT and SFBT in non-Western contexts. For example, studies among Iranian married women have demonstrated that compassion-based interventions significantly enhance marital satisfaction, meaning in life, and tolerance of distress (Araghian et al., 2020; Oqili et al., 2023). Likewise, solution-focused methods have been shown to improve self-efficacy, reduce negative emotional cycles, and promote quality of life among women facing marital difficulties (Razmgar et al., 2023; Shariatzadeh Jenidi et al., 2021). These findings highlight the cultural resonance of interventions that integrate emotion-focused and resource-based strategies, making them particularly suitable for addressing marital challenges within collectivist and family-centered societies (Connie & Froerer, 2023; Rezazadeh et al., 2024).

Marital adjustment is also deeply intertwined with emotion regulation, an ability to modulate emotional responses and maintain constructive interpersonal interactions. Poor emotion regulation is linked to heightened irritability, interpersonal tension, and reduced intimacy (Falah Neudehi et al., 2023). Both CFT and SFBT indirectly enhance emotion regulation—CFT by promoting self-soothing and acceptance of emotions (Craig et al., 2020), and SFBT by empowering individuals to reframe experiences and adopt adaptive strategies (Jenkins & Germaine, 2023). These regulatory benefits not only reduce conflict but also sustain positive partner perceptions and mutual support (Gottman & Gottman, 2020).

Another essential dimension in understanding marital dynamics is the relational impact of self-criticism and negative automatic thoughts, which predict dissatisfaction and depressive symptoms in couples (Pedro et al., 2019). Compassion-based approaches address these maladaptive cognitions by fostering kindness and understanding toward oneself and one's partner, disrupting cycles of blame and rejection (Emirza & Bilgili, 2024). Likewise, solution-focused work helps clients detach from problem-saturated narratives and construct hopeful, growth-oriented perspectives (Jenkins & Germaine, 2023).

In Iran, marital stress is further influenced by sociocultural and economic pressures, including shifting gender roles, employment instability, and evolving expectations of intimacy (Rahimi et al., 2024; Shirdel et al., 2023). These stressors necessitate interventions that are both evidence-based and culturally adaptable. The hybrid use of compassion training and solution-focused methods aligns with the social and emotional needs of married women in this context, addressing self-worth, relational resilience, and practical coping mechanisms simultaneously (Oqili et al., 2023; Rezazadeh et al., 2024).

Despite promising evidence, comparative research evaluating the relative efficacy of CFT and SFBT in improving marital adjustment remains limited. While both approaches have demonstrated success independently, it is unclear whether one offers distinct advantages in fostering long-term relational satisfaction and emotional well-being among married women (Craig et al., 2020; Turns et al., 2019). Moreover, given cultural differences in emotional expression and gender expectations, understanding how these therapies function in Iranian populations can provide critical insights for tailoring marital interventions (EffatDoost Sani et al., 2024; Naimipour et al., 2024).

The present study was designed to address this gap by directly comparing the effectiveness of Compassion-Focused Therapy and Solution-Focused Brief Therapy on the marital adjustment of married women.

2. Methods and Materials

2.1. Study design and Participant

This study was applied in purpose and experimental in design, utilizing a pretest–posttest–two-month follow-up with a control group. The statistical population consisted of all married women who attended the Hazrat Zainab (SA) Cultural Center during 2022–2023. After the initial registration, participants were screened based on inclusion and exclusion criteria.

The inclusion criteria were having at least a high school diploma, not receiving simultaneous psychological treatment, being married, having at least one year elapsed since the start of marital life, and willingness to participate in the study. The exclusion criteria were absence from more than two sessions, separation from the spouse, and lack of consent to continue participation in the study.

From the eligible women, 60 participants were randomly selected and equally assigned to three groups (Compassion-Focused Therapy, Solution-Focused Brief Therapy, and

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control). During the study, two participants from the control group, two participants from the Solution-Focused Brief Therapy group, and four participants from the Compassion-Focused Therapy group withdrew. In the end, the control and Solution-Focused Brief Therapy groups each consisted of 18 participants, and the Compassion-Focused Therapy group consisted of 16 participants.

After obtaining all necessary approvals from the university and contacting the Hazrat Zainab Cultural Center for recruitment and sample collection, all participants completed the self-efficacy questionnaire before and after the group sessions. The researcher committed to adhering to ethical principles and providing the control group with the intervention after the study's completion. Compassion-Focused Therapy was delivered in 12 sessions of 90 minutes each, while Solution-Focused Brief Therapy was delivered in 6 sessions of 90 minutes each over a two-month period. Two months after the completion of the interventions, the follow-up phase was conducted.

2.2. Measures

Dyadic Adjustment Scale (DAS; Spanier, 1976): The Dyadic Adjustment Scale was developed by Spanier in 1976. It is a 32-item instrument for evaluating the quality of the marital relationship and determining overall marital indicators in couples. The total score of this scale ranges from 0 to 151. Responses are provided on a Likert-type scale. According to Spanier (1976), individuals scoring 101 or lower are considered maladjusted, and scores above this threshold indicate marital adjustment. Factor analysis has shown that the scale measures four dimensions of the relationship: dyadic satisfaction, dyadic cohesion, dyadic consensus, and dyadic affectional expression. Spanier (1976) reported an overall reliability coefficient of .96, indicating high internal consistency. The internal consistency of the subscales was also reported as good to excellent: dyadic satisfaction (.94), dyadic cohesion (.81), dyadic consensus (.90), and dyadic affectional expression (.73).

In Iran, this scale was standardized by Amoozgar and Hosseinnezhad (1995). It was re-administered after a 10-day interval to a sample of 120 couples (60 women and 60 men), and Pearson's product–moment correlation coefficient was used to assess score stability. The correlation coefficients for the total score and subscales across two administrations were .86 for the total score, .68 for the first subscale, .75 for the second, .71 for the third, and .61 for the fourth (Kermani Mamazandi et al., 2019). In the present study, the internal consistency of the items was calculated using Cronbach's alpha and found to be .77.

2.3. Intervention

The Compassion-Focused Therapy (CFT) intervention was conducted over 12 weekly 90-minute sessions based on Gilbert's model (2014). In Session 1, participants were introduced to CFT and trained in foundational mindfulness to increase awareness of thoughts and emotions, including learning the three emotional systems (threat, drive, and soothing) and practicing mindful breathing. Session 2 focused on deepening understanding of emotional systems and identifying personal threat triggers. Session 3 introduced self-compassion, using safe place imagery and writing a compassionate letter to oneself. Session 4 addressed internal barriers to compassion, such as guilt and shame, and practiced compassionate self-imagery. Session 5 taught acceptance and management of negative emotions through soothing rhythm breathing and emotion journaling. Session 6 advanced emotion regulation skills by practicing compassion flow in challenging emotional situations. Session 7 integrated compassion-based cognitive restructuring, helping participants identify and reframe self-critical thoughts with compassionate alternatives. Session 8 emphasized self-acceptance and reducing shame through compassionate self-talk and exploring deeper blocks to compassion. Session 9 expanded compassion outward by cultivating compassion toward others, particularly one's spouse, and applying it in real interactions. Session 10 enhanced compassionate communication, teaching active listening and empathetic conflict resolution through role-play. Session 11 consolidated skills by reviewing core practices (mindfulness, self- and other-compassion) and applying them to real-life marital challenges. Finally, Session 12 focused on maintaining gains and planning for continued practice, including reviewing progress and creating a personal plan for ongoing compassion-based exercises.

The Solution-Focused Brief Therapy (SFBT) intervention followed the Diamond approach (Connie & Furur, 2023) and consisted of six 90-minute sessions. Session 1 involved group introduction, goal-setting, and psychoeducation about self-efficacy, marital adjustment, and emotion regulation, using culturally tailored icebreakers and identifying personal goals. Session 2 guided participants to envision their preferred future, rate current progress on a

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0–10 scale, explore past positive actions, and receive group feedback and encouragement. Session 3 focused on recognizing changes and progress since the previous session, identifying personal strengths, and analyzing the impact of these changes on daily life and relationships. Session 4 revisited past successful experiences in managing emotions and relationships, identifying resources and strategies that had previously worked. Session 5 explored common obstacles, coping mechanisms, and supportive relationships or personal strengths that could be reused when challenges arise. Finally, Session 6 consolidated progress by reviewing achievements with scaling tools, planning to maintain improvements, defining methods to celebrate success, and developing a personalized future roadmap that included goals, support resources, and motivation strategies.

2.4. Data Analysis

After the completion of the sessions, posttest data were collected from all three groups. The collected data were analyzed using SPSS version 27, applying descriptive statistics (mean and standard deviation) and repeated measures analysis of variance (ANOVA).

3. Findings and Results

In this study, the demographic characteristics of the sample were described using descriptive statistics, including frequency, percentage, mean, and standard deviation. The mean ages of participants in the Compassion-Focused Therapy (CFT), Solution-Focused Brief Therapy (SFBT), and control groups were 39.95, 40.30, and 39.25 years, respectively, and a one-way analysis of variance (ANOVA) showed no statistically significant difference among the groups' mean ages ($p = .909$). Regarding employment status, 66.7% of the women were homemakers, and 33.3% were employed. Concerning educational level, 78.3% held a high school diploma, and 21.7% held a bachelor's degree. The distribution of demographic characteristics across the three study groups was relatively similar.

Table 1 presents the mean and standard deviation of the marital adjustment scores across the three measurement points for the three groups.

Table 1

Mean and Standard Deviation of Total Marital Adjustment Scores of Women by Study Groups (Pretest, Posttest, and Follow-up)

Stage	Compassion-Focused Therapy		Solution-Focused Brief Therapy		Control		Total	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Pretest	126.75	10.00	127.22	16.14	126.28	10.65	126.75	12.42
Posttest	143.25	10.55	146.17	14.96	126.56	10.51	138.48	14.91
Follow-up	143.69	10.59	145.72	13.86	127.78	10.65	138.88	14.21

Table 1 presents the mean and standard deviation of cortisol levels in the pretest and posttest for both groups. As shown, the mean cortisol level in the experimental group decreased from 12.3 µg/dL at pretest to 10.1 µg/dL at posttest. This reduction, with a lower standard deviation, indicates a meaningful and consistent change in the experimental group. In contrast, the control group showed only a slight decrease in cortisol levels, with a mean reduction from 12.5 µg/dL at pretest to 11.8 µg/dL at posttest. Although a decrease occurred, it was small and not statistically significant. These findings support the effectiveness of ACT-Compassion in reducing physiological stress related to salivary cortisol levels in the experimental group. The substantial cortisol reduction observed can be attributed to improved regulation of the HPA axis, while the minimal decline in the control group was likely due to biological adjustment from reduced hormone therapy without psychological support. This also indicates that psychological interventions can have a stronger impact on stress regulation than spontaneous biological processes, which is especially important for infertile women undergoing hormone treatment.

Table 2

Results of Repeated Measures ANOVA for Main and Interaction Effects on Marital Adjustment in Married Women

Source of Variation	SS	df	MS	F	p	Effect Size
Group Effect	5152.6	2	2576.3	6.16	.004	.20
Time Effect	5072.51	1.16	4359.11	157.51	< .001	.76
Time × Group	2273.61	2.33	976.92	3.35	< .001	.59

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Table 2 indicates that the main effect of time was significant ($p < .001$). The main effect of group was also significant ($p = .004$). Additionally, the interaction of time and group was significant ($p < .001$). The time effect indicates significant differences among pretest, posttest, and follow-up scores. The effect size for the main group effect shows that 20% of the variance in marital adjustment was explained by group membership. The time effect size shows that 76% of the variance in marital adjustment was explained by changes over time. The time × group interaction effect size shows that 59% of the variance in marital adjustment was due to time-related changes within at least one group.

To further examine pairwise differences in mean marital adjustment scores across the three measurement points, Bonferroni post hoc tests were conducted (Table 3).

Table 3

Bonferroni Post Hoc Test Results for Marital Adjustment in Married Women

Reference Stage (Mean)	Comparison Stage (Mean)	Mean Difference	Standard Error	p
Pretest	Posttest	-11.91	0.91	< .001
Pretest	Follow-up	-12.31	0.96	< .001
Posttest	Follow-up	-0.40	0.21	.601

As shown in Table 3, the difference between pretest and posttest scores was significant ($p < .001$). Given the mean differences, scores increased significantly from pretest to posttest. The difference between posttest and follow-up was not significant ($p = .601$), indicating that scores remained statistically stable from posttest to follow-up. However, because Bonferroni analysis calculates group means collectively, it is important to also examine the main effects of group and time individually.

Since the group effect was calculated based on the total scores across all three stages, and both the main effects of time and group and their interaction were significant, Bonferroni pairwise comparisons were performed separately for each group at each stage (Table 4).

Table 4

Pairwise Differences in Mean Marital Adjustment Scores Between Groups Across Measurement Points

Stage	Group I	Group J	Mean Difference (I–J)	Standard Error	p
Pretest	Compassion-Focused	Solution-Focused	-0.47	4.35	1.000
	Compassion-Focused	Control	0.47	4.35	1.000
	Solution-Focused	Control	0.94	4.22	1.000
Posttest	Compassion-Focused	Solution-Focused	-2.92	4.21	1.000
	Compassion-Focused	Control	16.69	4.21	< .001
	Solution-Focused	Control	19.61	4.08	< .001
Follow-up	Compassion-Focused	Solution-Focused	-2.03	4.07	1.000
	Compassion-Focused	Control	15.91	4.07	< .001
	Solution-Focused	Control	17.94	3.95	< .001

As shown in Table 4, the Bonferroni post hoc test indicated that in the pretest stage, there were no significant differences among the study groups (CFT, SFBT, and control) in marital adjustment scores. However, in the posttest and follow-up stages, both experimental groups (CFT and SFBT) showed significantly higher marital adjustment scores compared to the control group ($p = .001$). In other words, marital adjustment in women who received CFT and SFBT increased significantly compared to the control group at posttest and follow-up. Additionally, there was no statistically significant difference between the CFT and SFBT groups at posttest and follow-up ($p > .05$).

Therefore, the results indicate that both experimental interventions (CFT and SFBT) were effective and had lasting effects on improving marital adjustment in married women; however, the difference in effectiveness between the two therapeutic approaches was not statistically significant. Consequently, the research hypothesis was rejected.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Compassion-Focused Therapy (CFT) and Solution-Focused Brief Therapy (SFBT) on improving marital adjustment

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among married women. The findings showed that both interventions significantly enhanced marital adjustment compared with the control group and that these improvements remained stable at the two-month follow-up. Importantly, no statistically significant difference was found between the effectiveness of CFT and SFBT. This outcome highlights that despite their different theoretical orientations—CFT's emphasis on emotional soothing and self-kindness and SFBT's focus on strengths and solution building—both methods provide comparable therapeutic benefits for relational functioning in married women.

One of the central explanations for the effectiveness of both CFT and SFBT relates to their shared ability to promote adaptive emotional regulation and reduce maladaptive cognitive and affective patterns. The sustained improvement in marital adjustment observed across follow-up assessments suggests that participants learned and internalized new strategies to manage conflict, interpret relational difficulties more constructively, and maintain emotional closeness. This is consistent with findings showing that CFT enhances the capacity to soothe threat-based emotions such as shame and self-criticism, leading to more secure and constructive relational engagement (Craig et al., 2020; EffatDoost Sani et al., 2024). Similarly, SFBT strengthens coping resources and encourages couples to build upon moments of relational success, increasing self-efficacy and resilience (Connie & Froerer, 2023; Jenkins & Germaine, 2023).

The improvement in marital adjustment through CFT aligns with previous evidence emphasizing the protective role of self-compassion in intimate relationships. Self-compassion helps individuals respond to marital conflict with understanding rather than defensiveness, disrupts cycles of blame, and cultivates acceptance of imperfection (Pedro et al., 2019). In Iranian samples, compassion-based interventions have been shown to reduce self-criticism and improve tolerance of emotional distress, which are central to sustaining marital harmony (Araghian et al., 2020; Khorrami Rounizi & Sajadian, 2024). Moreover, compassion interventions promote emotional balance and self-soothing, which are vital when navigating culturally sensitive expectations of women's roles in family life (Naimipour et al., 2024). By fostering kindness toward the self and one's partner, participants likely felt more capable of managing relational disappointments and maintaining satisfaction even under external stressors such as economic or social inequality (Rahimi et al., 2024).

The therapeutic outcomes of SFBT also confirm previous literature demonstrating its capacity to increase self-efficacy and solution orientation in marital contexts. Bandura's theory suggests that self-efficacy beliefs influence the ability to handle challenges effectively and remain persistent during difficulties (Bandura, 2023). Through goal setting, identifying exceptions, and amplifying successes, SFBT builds clients' confidence in their relational skills (Jenkins & Germaine, 2023; Taghavi et al., 2020). Iranian studies similarly found that SFBT improves marital satisfaction and adjustment by encouraging couples to create future-oriented narratives and identify coping resources (Razmgar et al., 2023; Shariatzadeh Jenidi et al., 2021). The women in this study likely benefited from reflecting on their marital strengths and engaging in structured conversations about their preferred future, which empowered them to reframe conflicts and reduce hopelessness.

A noteworthy aspect of the findings is the similar magnitude of improvement in CFT and SFBT, indicating that although these approaches employ distinct techniques, both converge on enhancing key relational processes. Both therapies strengthen emotional resilience, reduce negative cognitive cycles, and promote positive partner perceptions. CFT targets self-blame and emotional avoidance, while SFBT builds confidence and problem-solving capacity; together, these mechanisms produce comparable improvements in relational outcomes (Connie & Froerer, 2023; Craig et al., 2020). This is consistent with comparative work showing no significant difference between compassion-based and solution-focused approaches in improving marital satisfaction and life meaning (Araghian et al., 2020; Oqili et al., 2023).

The cultural adaptability of both interventions may also explain their success. In collectivist and family-centered societies, interventions must balance individual well-being with relational obligations (Shirdel et al., 2023). CFT resonates culturally by reframing self-care as a way to strengthen family stability and reducing the stigma around acknowledging personal distress (Khorrami Rounizi & Sajadian, 2024). Likewise, SFBT's future-focused and resource-based stance aligns with cultural values of perseverance and practical action (Connie & Froerer, 2023). This cultural fit likely enhanced participants' engagement and the durability of outcomes.

Another key finding is the maintenance of therapeutic gains at follow-up, indicating that participants continued to apply the skills learned. In CFT, exercises such as soothing rhythm breathing and compassionate self-talk have been

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shown to remain effective beyond the therapy context, promoting long-term self-regulation (EffatDoost Sani et al., 2024; Emirza & Bilgili, 2024). In SFBT, explicit goal setting and scaling empower clients to track and celebrate incremental progress, which reinforces ongoing improvement (Jenkins & Germaine, 2023). The stability of marital adjustment improvements echoes prior research demonstrating the enduring benefits of short-term psychological interventions when they successfully build self-efficacy and emotional resilience (Taghavi et al., 2020; Turns et al., 2019).

From a relational theory perspective, the results support models emphasizing that marital satisfaction is co-constructed through emotional safety and shared problem-solving. Gottman's work highlights the importance of positive affect and conflict management skills for sustaining intimacy (Gottman & Gottman, 2020). Both CFT and SFBT appear to provide pathways to this emotional safety—CFT by reducing threat-driven reactivity and SFBT by enhancing collaborative coping. These improvements are particularly relevant for married women, who often experience disproportionate relational stress and may benefit from frameworks that empower them without disregarding cultural and familial roles (Kermani Mamazandi & Tavana, 2024; Rahimi et al., 2024).

It is also important to note that emotion regulation emerged as a critical underlying factor across both therapies. Emotion regulation difficulties are linked to irritability, interpersonal tension, and lower relationship quality (Falah Neudehi et al., 2023). CFT's mindfulness and compassionate imagery directly target emotional dysregulation, while SFBT's emphasis on coping resources indirectly fosters adaptive strategies (Craig et al., 2020; Jenkins & Germaine, 2023). Enhancing this skill may explain why participants could sustain marital harmony beyond the active therapy phase.

The present findings also align with evidence showing that empowering clients to reconstruct their identity narratives is beneficial. Self-silencing and internalized criticism have been associated with loneliness and marital dissatisfaction (Naimipour et al., 2024). Both therapies challenged these maladaptive narratives—CFT by fostering acceptance and worthiness and SFBT by creating new success-based stories (Connie & Froerer, 2023; Pedro et al., 2019). Such narrative change can be particularly valuable in Iranian cultural contexts, where gender norms and relational expectations may foster guilt and shame during marital conflict (Rahimi et al., 2024).

Finally, the similarity in effectiveness between the two approaches has practical implications. Clinicians can select either CFT or SFBT depending on client preferences, presenting problems, and therapist expertise. For women struggling primarily with self-criticism and shame, CFT might feel more congruent, while those seeking goal-oriented, pragmatic change might engage better with SFBT. The equivalence in outcomes suggests that offering choices can increase accessibility and acceptability of therapy (Connie & Froerer, 2023; Craig et al., 2020).

5. Limitations and Suggestions

This study, while informative, has several limitations that should be acknowledged. First, the sample consisted exclusively of married women from a single cultural and geographical context, limiting the generalizability of the findings to men, couples, or populations with diverse sociocultural backgrounds. Second, the sample size was relatively modest, and attrition occurred in both intervention groups, which may reduce statistical power and increase the risk of Type II error when detecting subtle differences between CFT and SFBT. Third, the follow-up period was limited to two months; while results were stable during this period, longer-term maintenance of gains remains unknown. Additionally, self-report measures were used to assess marital adjustment, which can be influenced by social desirability and response bias, particularly in cultural settings where marital dissatisfaction may be stigmatized. Finally, the absence of process measures, such as direct assessments of self-compassion or self-efficacy change, limits insight into the mechanisms driving improvement.

hFuture research should consider expanding the scope of study populations to include men and couples from diverse backgrounds to explore potential gender or cultural differences in response to CFT and SFBT. Larger and more heterogeneous samples could increase the external validity of the findings. Longitudinal studies with extended follow-up periods would be valuable to determine the durability of therapeutic effects over time and identify factors influencing relapse or maintenance of marital adjustment. Incorporating multi-method assessment, such as observational coding of couple interactions or physiological measures of emotion regulation, could provide richer insights into therapeutic processes beyond self-report. Further studies could also examine the role of moderators such as baseline self-compassion, attachment style, and relationship length in predicting treatment responsiveness. Finally, comparing

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CFT and SFBT with integrative or hybrid models might reveal whether blending compassion training with solution-focused techniques can yield synergistic benefits for complex relational difficulties.

Clinically, the findings support the use of both CFT and SFBT as accessible, brief, and culturally adaptable interventions for improving marital adjustment among women. Practitioners may choose either approach based on client needs and therapy goals, emphasizing self-kindness and emotional safety for those with deep-seated self-criticism or focusing on solutions and resilience for those motivated by pragmatic change. Incorporating culturally sensitive examples and language is essential to increase engagement and acceptance. Practitioners might also consider integrating elements of both therapies—such as combining compassion-based emotional regulation techniques with solution-focused goal setting—to tailor treatment for couples with multifaceted relational stressors. Additionally, providing booster sessions or structured self-practice plans may help sustain gains beyond the active therapy phase and empower clients to maintain relational well-being autonomously.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study has been approved by the Research Ethics Committee of Islamic Azad University, Mashhad Branch, under the ethics code IR.IAU.MASHD.REC.1404.019.

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