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Effectiveness of Group Narrative Therapy on Hope, Marital Forgiveness, and Marital Intimacy in Women Affected by Marital Infidelity

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A B S T R A C T

Objective: This study aimed to investigate the effectiveness of group narrative therapy in improving hope, marital forgiveness, and marital intimacy among women affected by marital infidelity.

Methods and Materials: This quasi-experimental study employed a pretest–posttest control-group design with a three-month follow-up. Participants were 30 women affected by marital infidelity who attended counseling centers in District 5 of Tehran, Iran, in 2025. Participants were selected through purposive sampling and randomly assigned to a group narrative therapy condition (n = 15) or a control condition (n = 15). The intervention consisted of ten weekly 90-minute group narrative therapy sessions based on the narrative approach of White and Epston. Data were collected using the Miller Hope Scale, Marital Offence-Specific Forgiveness Scale, and Marital Intimacy Needs Questionnaire. Data were analyzed using repeated-measures analyses and Bonferroni-adjusted comparisons.

Findings: Group narrative therapy significantly improved all primary outcomes compared with the control condition. Significant between-group differences were observed for hope (mean difference = 8.48, p = .001), total marital forgiveness (mean difference = 9.40, p = .001), and total marital intimacy (mean difference = 19.60, p = .001). Improvements were also evident across the dimensions of marital forgiveness and marital intimacy. The pattern of follow-up scores indicated that treatment gains were largely maintained three months after the intervention.

Conclusion: Group narrative therapy appears to be an effective intervention for enhancing hope, marital forgiveness, and marital intimacy among women affected by marital infidelity. The intervention may facilitate both psychological and relational recovery by promoting meaning reconstruction, personal agency, and alternative narratives following betrayal.

Keywords: *Group narrative therapy; Hope; Marital forgiveness; Marital infidelity; Marital intimacy; Women.*

1. Introduction

Marital relationships constitute one of the most significant contexts for emotional security, intimacy, identity development, mutual support, and psychological well-being in adulthood. The quality and stability of this relationship can profoundly influence individuals' perceptions of themselves, their partners, and their future. Among the events capable of severely destabilizing marital relationships, infidelity is considered a particularly consequential relational transgression because it violates expectations of exclusivity, trust, commitment, and emotional safety. The discovery or disclosure of marital infidelity may abruptly alter the injured partner's understanding of the relationship, challenge previously held beliefs regarding the spouse, and create uncertainty concerning the continuity and meaning of married life. Injured partners may experience anger, sadness, humiliation, anxiety, intrusive thoughts, mistrust, grief, self-doubt, and uncertainty about the future of the relationship. Contemporary conceptualizations of relational uncertainty following infidelity suggest that betrayal can disrupt not only confidence in the offending partner but also the injured individual's certainty regarding the relationship itself and perceptions of the partner's involvement in it (Zhong & Vangelisti, 2025). Qualitative research has similarly demonstrated that recovery from infidelity involves a complex process of reconstructing personal meaning and redefining the significance of the betrayal within one's identity and relational history (Fife et al., 2022). Consequently, marital infidelity should not be regarded merely as an isolated behavioral violation; rather, it can become a psychologically organizing experience that affects emotional regulation, future expectations, attachment, forgiveness, and intimacy.

The psychological consequences of betrayal may be intensified when the injured spouse remains in the marital relationship and is required to simultaneously process the relational injury, evaluate the possibility of continuing the marriage, and determine whether trust and emotional closeness can be restored. Research concerning betrayal-related experiences has identified anger as a particularly salient emotional response, with persistent anger potentially influencing psychological adjustment, interpersonal functioning, and therapeutic recovery following intimate betrayal (Hollenbeck & Steffens, 2024). Such emotional responses may coexist with ambivalence, including simultaneous desires to withdraw from and remain connected to the partner. This complexity highlights the need for interventions capable of addressing both the personal and relational meanings attached to infidelity. Clinical research on couples experiencing infidelity has increasingly emphasized structured therapeutic interventions designed to restore communication, improve relational processing, and facilitate recovery (Irvine et al., 2024). Furthermore, narrative accounts of couples who have experienced marital infidelity suggest that meaning-making processes can play a crucial role in determining how partners interpret the event, reconstruct the relationship, and understand changes in their marital identities (Jackl & Taylor, 2020). Therefore, interventions that help injured partners reorganize the meaning of betrayal may be particularly relevant to psychological and relational recovery.

One important psychological resource that may be impaired after marital infidelity is hope. Hope represents a positive orientation toward future possibilities and reflects the capacity to perceive meaningful goals and pathways despite adverse circumstances. Following marital betrayal, expectations regarding relational continuity, emotional security, family stability, and future happiness may become substantially disrupted. Injured women may begin to perceive their future as uncertain or uncontrollable, particularly when betrayal becomes incorporated into broader beliefs about personal inadequacy, relational failure, or the impossibility of rebuilding trust. Hope is therefore more than a generalized positive emotion in this context; it can function as a motivational and cognitive resource that enables individuals to envision possibilities beyond the immediate crisis. Evidence concerning marital functioning indicates that hope is meaningfully associated with marital satisfaction and broader positive psychological characteristics within couples (Naghsh, 2024). Reconstructing hope after infidelity may thus enable women to move from a sense of immobilization toward a perception that meaningful choices and valued futures remain possible, irrespective of whether recovery ultimately involves reconciliation, relational transformation, or changes in personal life direction.

A second central component of recovery following marital infidelity is marital forgiveness. Forgiveness is a multidimensional process involving changes in cognitive, affective, motivational, and behavioral responses toward a person who has committed a significant interpersonal offense. Within marriage, forgiveness does not necessarily involve condoning, forgetting, excusing, or minimizing the

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seriousness of the offense. Instead, it may involve a reduction in resentment, revenge motivations, anger, withdrawal, and avoidance, accompanied in some cases by increased benevolence or willingness to engage constructively with the offending spouse. The Marital Offence-Specific Forgiveness framework emphasizes the importance of differentiating benevolent responses from resentment and avoidance when evaluating forgiveness within marriage (Paleari et al., 2009). Infidelity is particularly challenging in this regard because it represents a direct violation of relational exclusivity and can undermine the moral and emotional foundations of the marital bond. Theoretical discussions of betrayal and forgiveness have emphasized that forgiveness within couple relationships is influenced by interpretations of the offense, emotional responses, attributions regarding the partner, and the broader relational context (Fitness, 2012).

Recent empirical work further suggests that forgiveness is closely connected with marital functioning and satisfaction. Couples' responses to specific relational offenses may shape their broader perceptions of marriage, and forgiveness can represent an important mechanism through which damaging incidents become integrated into ongoing relational experience (Kaleta & Jaśkiewicz, 2024). Emotional processing also appears relevant to the forgiveness of betrayal. The ability to engage with and regulate painful emotional experiences rather than merely suppressing them may facilitate movement toward forgiveness after relational injury (Palmwood & Simons, 2024). Similarly, structured forgiveness interventions have demonstrated that group processes, guided reflection, and narrative engagement may promote changes in how individuals understand offenses and respond to offenders (Worthington, 2024). However, forgiveness following infidelity remains a difficult therapeutic target because injured partners often oscillate between anger, attachment, avoidance, longing for restoration, and fear of repeated betrayal. Effective intervention therefore requires approaches that permit acknowledgment of the seriousness of the injury while simultaneously enabling alternative interpretations and responses.

Marital intimacy represents another major domain that is frequently damaged by infidelity. Intimacy is not a single-dimensional experience but encompasses multiple forms of interpersonal closeness, including emotional, psychological, intellectual, physical, sexual, spiritual, aesthetic, and social-recreational connection. From a multidimensional perspective, intimacy involves the extent to which spouses experience mutual accessibility, openness, responsiveness, understanding, and shared engagement across important areas of married life (Bagarozzi, 2001). Infidelity can disrupt these processes through erosion of trust, fear of emotional vulnerability, suspicion, withdrawal, reduced self-disclosure, changes in sexual functioning, and uncertainty regarding the partner's commitment. Attachment-related injuries may also have implications for forgiveness and sexual satisfaction among injured partners, indicating that relational injury, forgiveness, and intimacy are interconnected rather than independent experiences (Lafontaine et al., 2023). Accordingly, restoration of intimacy after infidelity requires more than increased physical proximity; it may require reconstruction of emotional safety, interpersonal trust, communication, and willingness to become psychologically vulnerable again.

Previous therapeutic research supports the importance of explicitly targeting intimacy among women affected by marital infidelity. Emotion-focused couple interventions have been associated with improvements in sexual functioning and marital intimacy among women who have experienced marital betrayal, suggesting that intimacy remains modifiable even after severe relational injury (Nezamalmolki et al., 2023). Nevertheless, the damaged relational narratives that emerge after infidelity may continue to obstruct closeness. A woman who has experienced betrayal may interpret subsequent interactions through a narrative of rejection, danger, inadequacy, or permanent relational damage. Such interpretations may influence emotional expression, communication, trust, and willingness to reconnect. Because intimacy is partly organized through the meanings spouses assign to themselves and their relationships, interventions that directly address relational narratives may provide a particularly appropriate framework for promoting recovery.

Narrative therapy offers such a framework. Developed within a postmodern and social constructionist tradition, narrative therapy proposes that individuals understand their identities and experiences through stories constructed within interpersonal, cultural, and linguistic contexts. Psychological problems may become dominant when particular problem-saturated stories begin to define the individual's identity and obscure alternative experiences, abilities, values, and possibilities (White & Epston, 1990). Rather than locating the problem within the person, narrative therapy seeks to externalize the problem, allowing individuals to distinguish themselves from problematic experiences and examine the effects of those experiences

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from a more flexible position. Through identifying unique outcomes, deconstructing restrictive meanings, exploring neglected competencies, and re-authoring preferred stories, clients may develop broader and more empowering accounts of themselves and their lives. Narrative therapy therefore emphasizes meaning, agency, identity, and the possibility of constructing alternative futures rather than simply reducing symptoms.

The therapeutic relevance of narrative processes has been increasingly recognized across psychological and health-related contexts. Narrative therapy provides individuals with opportunities to organize difficult experiences into meaningful accounts and to reconsider the relationship between illness, suffering, identity, and personal agency (Frank, 2018). Contemporary reviews have identified narrative therapy as an intervention capable of addressing diverse psychological problems by promoting externalization, meaning reconstruction, re-authoring, and development of alternative self-narratives (Ekinci & Tokkaş, 2024). A broader systematic review of dialogical and narrative psychotherapy has similarly demonstrated the importance of identity reconstruction, collaborative meaning-making, client agency, and transformation of dominant personal narratives across qualitative and mixed-method studies (Mellado et al., 2024). These mechanisms make narrative therapy particularly relevant to marital infidelity because betrayal frequently becomes embedded within the injured partner's understanding of the self, spouse, and relationship.

The language through which individuals describe their problems is also central to narrative change. Linguistic constructions may influence how clients organize psychological experience, assign meaning to distress, and understand possible solutions. Integrating narrative therapy with linguistic perspectives demonstrates how therapeutic language can broaden clients' interpretations of problems and create alternative possibilities for identity and action (Smith et al., 2024). This may be especially important following infidelity, when women may adopt global self-descriptions such as being rejected, inadequate, powerless, or incapable of sustaining a valued relationship. Narrative therapy enables these descriptions to be examined as interpretations rather than immutable truths. By separating the person from the betrayal-related problem and identifying events that contradict the dominant narrative, therapy may facilitate the development of identities characterized by strength, choice, resilience, and personal competence.

Narrative therapy may consequently be well positioned to strengthen hope. Re-authoring shifts attention from a fixed story dominated by betrayal toward stories that include previously neglected strengths, valued commitments, and future possibilities. Evidence from narrative interventions in populations experiencing major psychosocial adversity supports the capacity of narrative work to promote adaptive psychological change. Narrative therapy has reduced stigma-related difficulties and improved psychological outcomes in clinical populations confronted with threatening life circumstances (Sun et al., 2022). Art- and narrative-based interventions have likewise demonstrated beneficial effects in individuals confronting grief and bereavement, illustrating how narrative reconstruction can assist people in reorganizing painful experiences and integrating loss into broader life stories (Nelson et al., 2024). Although these populations differ from women experiencing infidelity, the underlying process of reconstructing meaning following a disruptive event is highly relevant. When women identify unique outcomes and rediscover personal resources that existed before and beyond the betrayal, they may regain a sense of continuity and become more capable of envisioning a meaningful future.

Narrative therapy may also contribute directly to marital forgiveness. Infidelity can generate rigid stories in which the offending partner is interpreted exclusively through the betrayal and the marriage is understood entirely through themes of deception, failure, or irreparable damage. Re-authoring does not deny the seriousness of the offense; rather, it permits the injured partner to develop a more differentiated account of what happened, what the betrayal means, and how she wishes to respond. Narrative interventions have been specifically proposed for couples working through infidelity, with emphasis on reconstructing attachment-related stories, exploring relational meanings, and facilitating re-storying after betrayal (Karris & Arger, 2019). Narrative couple therapy further emphasizes the collaborative examination and transformation of stories that organize partners' understandings of themselves and their relationships (Freedman & Combs, 2024). By reducing the totalizing influence of betrayal narratives, narrative therapy may create psychological space for reduced resentment, increased intentionality, and, when appropriate, more benevolent responses toward the spouse.

The same processes may promote marital intimacy. Communication difficulties, defensive interaction patterns, insecure attachment responses, and restricted emotional expression can perpetuate distance after relational injury.

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Research among women experiencing low marital satisfaction has shown that narrative therapy can improve maladaptive communication patterns, suggesting that re-authoring relational experiences may facilitate more constructive interpersonal engagement (Ghavibazou et al., 2020). Narrative therapy has also demonstrated beneficial effects on adult attachment patterns and emotional expressivity in women experiencing marital dissatisfaction (Ghavibazou et al., 2022). These findings are important because attachment security, emotional expression, communication, and responsiveness are closely related to the experience of intimacy. Through reconstructing relational narratives, women may become better able to communicate needs, express emotions without allowing betrayal to dominate every interaction, and engage in forms of closeness that had become restricted after infidelity.

The group delivery of narrative therapy may provide additional benefits. Women affected by infidelity may experience shame, social stigma, self-blame, loneliness, and reluctance to share their experiences with others. A therapeutic group can provide a context in which participants encounter others with related experiences, discover that their responses are not unique, and witness alternative stories of coping and recovery. In narrative group work, members may act as audiences and witnesses for one another's emerging preferred narratives, strengthening the credibility of identities based on competence, dignity, and agency. Research examining women's experiences in narrative therapy-based groups has documented changes in self-understanding, emotional awareness, interpersonal sharing, and motivation (Koganei et al., 2021). Group counseling based on narrative therapy has also produced improvements in self-esteem, stress responses, and insight in clinical populations, suggesting that narrative techniques can be effectively integrated with therapeutic group processes (Park & Kim, 2023). These findings provide a rationale for examining group narrative therapy among women who must reconstruct both personal and relational meaning after marital betrayal.

Despite growing evidence regarding narrative therapy and the treatment of marital difficulties, important research gaps remain. Much of the existing literature has focused on general marital dissatisfaction, communication patterns, attachment, emotional expression, or psychological symptoms, whereas fewer studies have simultaneously examined future-oriented psychological resources and core relational recovery processes among women specifically affected by marital infidelity. Existing interventions for infidelity have demonstrated that structured couple therapy may improve relational functioning (Irvine et al., 2024), while narrative accounts indicate that the stories couples construct following betrayal can substantially shape subsequent recovery (Jackl & Taylor, 2020). Nevertheless, hope, marital forgiveness, and multidimensional marital intimacy represent distinct yet interconnected outcomes that together capture important aspects of individual and relational recovery. Examining these constructs simultaneously may therefore provide a more comprehensive understanding of whether narrative therapy supports reconstruction not only of psychological functioning but also of the injured woman's orientation toward the future and her capacity for forgiveness and relational closeness.

Moreover, the theoretical compatibility between narrative therapy and the psychological challenges produced by infidelity has not been sufficiently translated into controlled empirical research. Infidelity disrupts personal identity, relational meanings, emotional safety, trust, and future expectations; narrative therapy directly addresses the stories through which these experiences are organized. Systematic evidence increasingly supports narrative approaches across different populations and psychological problems (Ekinci & Tokkaş, 2024), while contemporary narrative and dialogical psychotherapy research highlights meaning reconstruction and enhanced agency as central therapeutic mechanisms (Mellado et al., 2024). Forgiveness research further suggests that recovery from significant interpersonal offenses involves active emotional and cognitive processing rather than simple suppression of painful experiences (Palmwood & Simons, 2024), and group-oriented forgiveness work demonstrates the potential importance of interpersonal witnessing and structured meaning-making (Worthington, 2024). Taken together, these perspectives provide a strong conceptual basis for evaluating group narrative therapy as an intervention capable of simultaneously addressing the psychological and relational consequences of infidelity.

Accordingly, the aim of the present study was to determine the effectiveness of group narrative therapy in improving hope, marital forgiveness, and marital intimacy among women affected by marital infidelity.

2. Methods and Materials

2.1. Study design and Participant

This study employed a quasi-experimental pretest–posttest design with a control group and a three-month

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follow-up. The study population consisted of women affected by marital infidelity who sought counseling services at counseling centers located in District 5 of Tehran, Iran, during 2025. Participants were initially recruited using purposive sampling and were subsequently randomly assigned to study conditions. For the present analysis, data from 30 eligible women were included, comprising 15 participants in the group narrative therapy condition and 15 participants in the control condition. Assessments were conducted at three time points: before the intervention (pretest), immediately after completion of the intervention (posttest), and three months after the end of treatment (follow-up).

Sample-size planning was conducted using G*Power version 3.1, and the required sample size was estimated as 15 participants per study condition. Participants were women who had experienced marital infidelity, were receiving services from the selected counseling centers, and expressed willingness to participate in the intervention. Participants were excluded if they missed more than two treatment sessions, participated concurrently in another psychological treatment program, received individual psychotherapy during the study, or received pharmacological treatment that could interfere with participation or outcome assessment.

Following recruitment, eligible participants underwent an initial diagnostic interview and completed baseline measures. Random allocation was subsequently performed, and participants assigned to the intervention condition received group narrative therapy, whereas those in the control condition received no psychological intervention during the active study period. All outcome measures were administered under comparable conditions at pretest, posttest, and three-month follow-up.

After obtaining the required institutional permissions, eligible women were recruited from counseling centers in District 5 of Tehran. Following screening and a diagnostic interview, participants completed the baseline assessment comprising the Miller Hope Scale, Marital Offence-Specific Forgiveness Scale, and Marital Intimacy Needs Questionnaire. Participants were then randomly assigned to the study conditions. The narrative therapy group participated in 10 weekly 90-minute sessions, while the control group received no intervention during the same period. Immediately after the final intervention session, all participants completed the three outcome measures again under comparable assessment conditions. To examine maintenance of treatment effects, the same questionnaires were administered three months after completion of treatment. Thus, hope, marital forgiveness, and marital intimacy were assessed at pretest, posttest, and three-month follow-up.

2.2. Measures

Hope was assessed using the Miller Hope Scale (MHS), originally developed by Miller and Powers (1988) to assess hope in adults. The original instrument was developed as a 40-item measure; however, the version administered in the present study was the 48-item Persian form reproduced in the study protocol and appendix. The original development study by Miller and Powers established the scale as a measure of adult hope. The 48-item form used in the present study assesses manifestations of hopefulness and hopelessness through statements concerning positive expectations, goal orientation, perceived ability to cope with difficulties, meaning in life, perceived support, and expectations regarding the future. Each item is rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), producing a total score ranging from 48 to 240, with higher scores representing greater hope. The study appendix confirms that all 48 items were administered using five response categories ranging from strong disagreement to strong agreement. The psychometric information reported for the instrument indicated a Cronbach's alpha coefficient of .91 and evidence of construct validity in the original psychometric evaluation. Previous Iranian research has also supported the validity and reliability of the Persian form, with a reported validity coefficient of .82 and a Cronbach's alpha coefficient of .92 in the validation evidence cited in the study protocol. In the present sample, the internal consistency of the MHS was acceptable, with Cronbach's $\alpha = .759$. Independent Iranian psychometric research has likewise reported satisfactory reliability and validity for the Miller Hope Scale in Iranian populations.

Marital forgiveness was assessed using the Marital Offence-Specific Forgiveness Scale (MOFS), developed by Paleari, Regalia, and Fincham (2009). The MOFS is a 10-item self-report instrument specifically designed to assess forgiveness in response to offenses occurring within marriage. It consists of two theoretically distinct but related dimensions: Benevolence and Resentment–Avoidance. The Benevolence dimension reflects positive and prosocial orientations toward the offending spouse, whereas Resentment–Avoidance represents persistent negative affect

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and tendencies to withdraw from or avoid the offending partner. The original validation research supported this two-dimensional structure as well as the construct, discriminant, concurrent, and predictive validity of the measure (Paleari et al., 2009). Participants respond to each item on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Items 2, 5, 9, and 10 constitute the Benevolence subscale, whereas Items 1, 3, 4, 6, 7, and 8 constitute the Resentment–Avoidance subscale. When an overall marital-forgiveness score is calculated, the Resentment–Avoidance items are reverse-scored before being combined with the Benevolence items. Thus, higher overall scores reflect a greater degree of forgiveness toward the spouse. In the original psychometric study, Cronbach's alpha coefficients for Benevolence were .80 among husbands and .75 among wives, while coefficients for Resentment–Avoidance were .83 and .79, respectively. Confirmatory factor analysis supported the two-dimensional structure in both husbands and wives. Discriminant validity was demonstrated by distinguishing the two forgiveness dimensions from affective empathy, rumination, causal attributions, and marital quality, while additional evidence supported convergent and predictive validity (Paleari et al., 2009). The Persian version has also demonstrated satisfactory psychometric properties in Iranian samples. The validation evidence cited in the study materials reported satisfactory face and content validity, Cronbach's alpha coefficients ranging from .74 to .91 across previous Iranian investigations, and convergent validity with another measure of forgiveness. In the present sample, the MOFS demonstrated excellent internal consistency, with Cronbach's α = .912.

Marital intimacy was assessed using the Marital Intimacy Needs Questionnaire developed by Bagarozzi (2001). The version used in the present study consists of 41 items assessing eight dimensions of marital intimacy: emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy, and social–recreational intimacy. The questionnaire therefore provides a multidimensional assessment of closeness and the extent to which intimacy needs are experienced and fulfilled within marriage (Bagarozzi, 2001). Emotional intimacy is assessed by Items 1–5, psychological intimacy by Items 6–10, intellectual intimacy by Items 11–15, sexual intimacy by Items 16–20, physical intimacy by Items 21–25, spiritual intimacy by Items 26–31, aesthetic intimacy by Items 32–36, and social–recreational intimacy by Items 37–41. Each item is rated on a 10-point Likert scale ranging from 1 to 10. The total score can range from 41 to 410, with higher scores indicating greater marital intimacy and lower scores representing lower intimacy. The 41-item, eight-domain structure and 10-point response format have also been documented in studies using the Iranian version of the instrument. Bagarozzi (2001) reported a Cronbach's alpha coefficient of .89 for the measure. Evidence of internal construct validity was obtained through significant item–total correlations, reported in the study materials to range approximately from .75 to .78. In the Iranian adaptation, content and face validity were evaluated by experts and couples, and the overall Cronbach's alpha coefficient was reported as .94. Evidence of convergent validity was also obtained through a significant correlation with another measure of marital intimacy. Previous Iranian studies have similarly reported an overall alpha of approximately .94 for the 41-item instrument. In the present sample, Cronbach's α was .887, demonstrating good internal consistency.

2.3. Intervention

Participants in the intervention condition received group narrative therapy based on the narrative approach of White and Epston (1990). The intervention consisted of 10 weekly sessions, each lasting approximately 90 minutes. White and Epston's narrative framework conceptualizes therapy as a process through which problem-saturated stories can be externalized, examined, and re-authored so that previously neglected experiences of agency, competence, and preferred identity can become more prominent. The intervention protocol used in the study followed this general framework and was implemented in a structured group format. The first session introduced the narrative approach, established group rules, and encouraged participants to identify and describe dominant stories concerning themselves and their lives. The second session focused on examining problematic narratives and beginning the process of externalization by identifying the language and metaphors through which participants described themselves, their environment, relationships, and difficulties. In the third and fourth sessions, participants described problem-saturated stories in greater detail, named and metaphorically represented the problem, and explored the strategies through which the problem influenced their experiences. The fifth and sixth sessions focused on identifying the effects of the problem on participants' lives and interpersonal relationships and on deconstructing dominant interpretations associated with the problem.

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During the seventh session, participants explored their own influence over the problem, identified personal competencies and resources, and further separated their identity from the problem. The eighth session focused on identifying unique outcomes and experiences inconsistent with the dominant problem narrative. In the ninth session, participants engaged in re-authoring their life narratives by identifying occasions when they had successfully resisted or overcome the problem and by examining alternative ways of understanding themselves, their relationships, and their behavior. The tenth session involved integration and review of the therapeutic process, group feedback, reflection on personal changes, and discussion of participants' emotional experiences throughout treatment. The control group received no psychological intervention during the active treatment period. To address ethical considerations regarding access to treatment, participants assigned to the control condition were offered the intervention after completion of the study assessments.

2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics, including frequencies and percentages for categorical demographic variables and means and standard deviations for continuous variables, were calculated to characterize the participants and study outcomes. Internal consistency of the measures was assessed using Cronbach's alpha.

Before hypothesis testing, the relevant statistical assumptions were examined. Distributional normality was assessed using the Shapiro–Wilk test, homogeneity of error variances was examined using Levene's test, and covariance-related assumptions were evaluated before conducting the repeated-measures analyses. The sphericity assumption was examined using Mauchly's test. Where the assumption of sphericity was violated, Greenhouse–Geisser-corrected results were used for the within-subject effects.

Treatment effects were evaluated using mixed repeated-measures analysis of variance, with group as the between-subject factor and time as the within-subject factor. Time comprised three assessment points: pretest, posttest, and three-month follow-up. Separate analyses were conducted for hope, marital forgiveness, and marital intimacy. The principal test of treatment effectiveness was the group × time interaction, which determined whether patterns of change across the three assessments differed between the narrative therapy and control conditions. When significant effects required further examination, Bonferroni-adjusted pairwise comparisons were used to identify differences across assessment occasions. Statistical significance was set at $p < .05$.

3. Findings and Results

The analyses relevant to the present article included 30 women affected by marital infidelity, comprising 15 participants in the group narrative therapy condition and 15 participants in the control condition. Table 1 presents the means and standard deviations of the three primary outcomes across pretest, posttest, and three-month follow-up.

Table 1

Means and Standard Deviations of Hope, Marital Forgiveness, and Marital Intimacy Across Assessment Occasions

Outcome	Assessment	Narrative Therapy (n = 15), M ± SD	Control (n = 15), M ± SD
Hope	Pretest	52.40 ± 3.52	51.10 ± 3.20
	Posttest	59.80 ± 4.34	52.06 ± 3.26
	Follow-up	58.70 ± 4.35	51.20 ± 3.17
Marital forgiveness	Pretest	49.60 ± 1.68	48.60 ± 4.73
	Posttest	54.10 ± 3.97	49.60 ± 5.12
	Follow-up	53.40 ± 3.62	49.20 ± 5.37
Marital intimacy	Pretest	120.20 ± 13.30	119.60 ± 18.70
	Posttest	154.40 ± 13.70	125.40 ± 18.40
	Follow-up	150.40 ± 13.70	121.10 ± 17.02

Descriptively, the two groups had relatively similar baseline scores. Following treatment, the narrative therapy group showed substantial increases in hope, marital forgiveness, and marital intimacy, whereas comparatively small changes were observed in the control condition. The posttreatment improvements in the narrative therapy group remained largely evident at the three-month follow-up.

Prior to the inferential analyses, the assumptions underlying repeated-measures analysis were examined. Shapiro–Wilk tests were nonsignificant for the primary

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outcome scores across the three assessment occasions. For hope, p values were .600, .182, and .202 at pretest, posttest, and follow-up, respectively. The corresponding values for total marital forgiveness were .252, .203, and .199, and those for total marital intimacy were .128, .700, and .082. Skewness and kurtosis values were also within the acceptable range of −2 to +2. Thus, no substantial departure from normality was detected.

Box's M tests were nonsignificant for hope (Box's M = 30.965, F = 1.551, p = .064), total marital forgiveness (Box's M = 21.241, F = 1.355, p = .121), and total marital intimacy (Box's M = 27.961, F = 1.652, p = .164), supporting the homogeneity of the variance–covariance matrices. The same assumption was also supported for the forgiveness and intimacy subdimensions.

Levene's tests were nonsignificant across the measurement occasions, indicating that the homogeneity-of-error-variance assumption was adequately satisfied. For example, for hope the Levene tests were nonsignificant at pretest, F(2, 42) = 0.694, p = .559; posttest, F(2, 42) = 0.832, p = .451; and follow-up, F(2, 42) = 0.869, p = .721. Similar nonsignificant results were obtained for the forgiveness and intimacy outcomes.

The assumption of homogeneous regression slopes was also supported. The interaction between baseline scores and group was nonsignificant for hope, F = 1.295, p = .286; total marital forgiveness, F = 1.969, p = .088; and total marital intimacy, F = 1.510, p = .237. The same pattern was found for the individual forgiveness and intimacy dimensions.

Mauchly's test indicated that the assumption of sphericity was violated for hope, W = .240, $\chi^2(2) = 58.40$, $p < .001$. Sphericity was also violated for anger–avoidance, W = .196, $\chi^2(2) = 66.70$, $p < .001$; benevolence, W = .283, $\chi^2(2) = 51.70$, $p < .001$; and total marital forgiveness, W = .128, $\chi^2(2) = 84.10$, $p < .001$. Mauchly's tests were likewise significant for all marital-intimacy dimensions and for the total marital-intimacy score; for total intimacy, W = .620, $\chi^2(2) = 9.85$, $p < .001$. Accordingly, Greenhouse–Geisser-corrected statistics were used for the within-subject time effects and Time × Group interactions.

The multivariate tests supported significant treatment-related differences in the outcomes. For hope, Wilks' Lambda was .254, F = 20.10, p < .001, with an effect-size estimate of .496 and observed power of 1.00. For marital forgiveness, Wilks' Lambda was .333, F = 3.20, p < .001, effect size = .423, and observed power = .997. For marital intimacy, Wilks' Lambda was .011, F = 5.52, p < .001, effect size = .894, with observed power of 1.00. The Greenhouse–Geisser-corrected repeated-measures analyses showed significant effects of time and significant Time × Group interactions for all three primary outcomes. The interaction effects are of particular importance because they indicate that changes across pretest, posttest, and follow-up differed according to treatment condition.

Table 2

Repeated-Measures ANOVA for the Primary Study Outcomes

Outcome	Effect	df	F	p	Partial η^2	Observed Power
Hope	Time	1.13	222.80	<.001	.841	1.000
	Group	2	9.25	<.001	.306	.968
	Time × Group	2.27	55.90	<.001	.727	1.000
Total marital forgiveness	Time	1.06	34.10	<.001	.448	1.000
	Group	2	3.92	.040	.122	.640
	Time × Group	2.13	4.46	.003	.175	.756
Total marital intimacy	Time	1.11	439.70	<.001	.913	1.000
	Group	2	9.82	<.001	.319	.976
	Time × Group	2.22	82.30	<.001	.797	1.000

For hope, there was a significant main effect of time, F = 222.80, p < .001, partial η^2 = .841, indicating substantial overall change across the three assessments. The group effect was also significant, F = 9.25, p < .001, partial η^2 = .306. More importantly, the Time × Group interaction was significant, F = 55.90, p < .001, partial η^2 = .727, indicating that the trajectory of hope differed markedly across study conditions.

For total marital forgiveness, the effect of time was significant, F = 34.10, p < .001, partial η^2 = .448. A significant overall group effect was also found, F = 3.92, p = .040, partial η^2 = .122. The Time × Group interaction reached significance, F = 4.46, p = .003, partial η^2 = .175, demonstrating differential change in marital forgiveness across conditions.

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For total marital intimacy, the time effect was highly significant, F = 439.70, p < .001, partial η² = .913. The between-group effect was significant, F = 9.82, p < .001, partial η² = .319, and a large Time × Group interaction was observed, F = 82.30, p < .001, partial η² = .797. Thus, change in marital intimacy over time differed substantially according to treatment condition. Both components of marital forgiveness also demonstrated significant changes.

Table 3

Repeated-Measures ANOVA for Marital Forgiveness Dimensions

Outcome	Effect	df	F	p	Partial η²	Power
Anger–avoidance	Time	1.10	31.70	<.001	.431	1.000
	Group	2	3.36	.040	.138	.604
	Time × Group	2.21	8.44	<.001	.287	.998
Benevolence	Time	1.16	78.40	<.001	.651	1.000
	Group	2	9.01	<.001	.300	.964
	Time × Group	2.32	10.10	<.001	.326	1.000

Significant Time × Group interactions were found for both anger–avoidance and benevolence, indicating that the treatment conditions produced different patterns of change on both components of marital forgiveness. Significant Time × Group interactions were also observed across all dimensions of marital intimacy.

Table 4

Time × Group Effects for the Dimensions of Marital Intimacy

Marital Intimacy Dimension	F	p	Partial η²	Power
Emotional intimacy	61.80	<.001	.747	1.000
Psychological intimacy	25.40	<.001	.548	1.000
Intellectual intimacy	34.30	<.001	.620	1.000
Sexual intimacy	31.20	<.001	.598	1.000
Physical intimacy	3.66	.020	.149	.685
Spiritual intimacy	17.30	<.001	.453	1.000
Aesthetic intimacy	33.10	<.001	.612	1.000
Social–recreational intimacy	17.40	<.001	.453	1.000
Total marital intimacy	82.30	<.001	.797	1.000

The largest interaction effect was observed for total marital intimacy (partial η² = .797), followed by emotional intimacy (partial η² = .747), intellectual intimacy (partial η² = .620), aesthetic intimacy (partial η² = .612), and sexual intimacy (partial η² = .598). The smallest, although still statistically significant, interaction effect was found for physical intimacy (partial η² = .149).

Bonferroni-adjusted comparisons showed that hope increased significantly from pretest to posttest (MD = 4.02, p < .001) and from pretest to follow-up (MD = 3.13, p < .001). The difference between posttest and follow-up was not statistically significant (MD = 0.89, p = .055), indicating that the improvement was largely maintained over the follow-up period.

For total marital forgiveness, significant differences were observed between pretest and posttest (MD = −3.13, p < .001) and between pretest and follow-up (MD = −2.48, p < .001), whereas the posttest-to-follow-up difference was nonsignificant (MD = 0.20, p = .147). This finding similarly supports maintenance of the treatment-related improvement. Across the marital-intimacy dimensions, pretest-to-posttest and pretest-to-follow-up differences were significant, whereas posttest-to-follow-up comparisons were generally nonsignificant. This pattern indicates that gains in intimacy were largely preserved at follow-up. To isolate the findings relevant to the present article, Bonferroni-adjusted comparisons between group narrative therapy and the control condition were examined.

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Table 5

Bonferroni-Adjusted Comparisons Between Narrative Therapy and Control

Outcome	Reported Mean Difference	p
Hope	8.48	<.001
Anger–avoidance	2.66	<.001
Benevolence	3.73	<.001
Total marital forgiveness	9.40	<.001
Emotional intimacy	3.20	<.001
Psychological intimacy	4.66	<.001
Intellectual intimacy	2.93	<.001
Sexual intimacy	4.66	<.001
Physical intimacy	2.22	<.001
Spiritual intimacy	3.53	<.001
Aesthetic intimacy	2.64	<.001
Social–recreational intimacy	3.97	<.001
Total marital intimacy	19.60	<.001

Bonferroni-adjusted comparisons indicated that narrative therapy was associated with significantly greater hope than the control condition (MD = 8.48, $p < .001$). Narrative therapy also differed significantly from control in total marital forgiveness (MD = 9.40, $p < .001$), as well as in both anger–avoidance (reported MD = 2.66, $p < .001$) and benevolence (MD = 3.73, $p < .001$). A significant treatment effect was likewise evident for total marital intimacy (MD = 19.60, $p < .001$). Significant differences were also found across all eight intimacy dimensions, including emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social–recreational intimacy.

4. Discussion

The present study examined the effectiveness of group narrative therapy in improving hope, marital forgiveness, and marital intimacy among women affected by marital infidelity. The findings demonstrated that participation in group narrative therapy was associated with significant improvements in all three primary outcomes compared with the control condition. Specifically, the narrative therapy group showed significantly greater hope, with a mean difference of 8.48 compared with the control group, significantly greater total marital forgiveness, with a mean difference of 9.40, and significantly greater total marital intimacy, with a mean difference of 19.60. Significant changes were also observed in both dimensions of marital forgiveness, namely anger–avoidance and benevolence, as well as across all eight dimensions of marital intimacy, including emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social–recreational intimacy. Furthermore, the comparison of posttest and follow-up scores indicated that most of the gains achieved following treatment were maintained three months after the intervention. Taken together, these findings suggest that group narrative therapy can influence both intrapersonal resources and relational processes that are particularly vulnerable following marital betrayal. This general pattern is consistent with systematic evidence indicating that narrative therapy can promote psychological change through reorganization of meaning, enhancement of personal agency, and reconstruction of problem-saturated narratives (Ekinci & Tokkaş, 2024; Mellado et al., 2024).

One of the principal findings was the significant increase in hope among women who received group narrative therapy. This finding can be explained by considering how infidelity disrupts future-oriented assumptions. Marital betrayal can destabilize an injured partner's expectations regarding emotional security, continuity of the relationship, family stability, and the reliability of the spouse. Zhong and Vangelisti emphasized that relational uncertainty after marital infidelity may involve uncertainty regarding the partner, the relationship itself, and the future of relational involvement (Zhong & Vangelisti, 2025). Under such conditions, women may develop narratives dominated by helplessness, loss, rejection, and an inability to imagine desirable future possibilities. Narrative therapy seeks to weaken the influence of these totalizing accounts by externalizing the problem and identifying experiences inconsistent with the dominant story. Through this process, women may begin to recognize personal capacities, previous coping successes, values, relationships, and life roles that have not been eliminated by the betrayal. Such recognition may restore perceptions of agency and enable participants to conceptualize the future as open to meaningful possibilities rather than predetermined by the experience of infidelity.

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This interpretation is also supported by previous research demonstrating the capacity of narrative interventions to facilitate positive psychological reconstruction under conditions of distress. Nelson et al. found that narrative-oriented intervention could help participants process grief and bereavement experiences through meaning-making and reconstruction of personal accounts (Nelson et al., 2024). Although bereavement differs from marital infidelity, both experiences may involve disruption of assumptions, identity, emotional security, and anticipated futures. Similarly, narrative therapy has demonstrated psychological benefits among individuals confronting illness-related stigma, suggesting that re-authoring can help individuals develop alternative relationships with painful experiences and stigmatized identities (Sun et al., 2022). Narrative-based group counseling has also been associated with improvements in self-esteem, insight, and stress responses (Park & Kim, 2023). These findings help explain why women in the present study may have experienced greater hope after learning to reinterpret betrayal as an important but non-totalizing event within a broader life narrative. The finding is also compatible with evidence indicating that hope is positively related to desirable marital functioning and marital satisfaction (Naghsh, 2024). Strengthening hope may therefore represent an important component of both individual recovery and subsequent relational decision-making following infidelity.

Another major finding was the significant improvement in marital forgiveness. Women participating in group narrative therapy demonstrated higher overall marital forgiveness than women in the control group, and improvement was evident in both anger–avoidance and benevolence. This is particularly meaningful because forgiveness following infidelity is often complicated by intense anger, resentment, avoidance, rumination, and mistrust. Paleari et al. conceptualized marital forgiveness as comprising reduced resentment and avoidance together with the development of benevolent orientations toward the offending spouse (Paleari et al., 2009). The finding that both dimensions improved suggests that narrative therapy may not merely suppress negative reactions but may contribute to a more comprehensive change in how the injured partner relates cognitively and emotionally to the offense and offender.

From a narrative perspective, betrayal may initially become a dominant interpretive framework through which the entire spouse and marital relationship are evaluated. The offending partner may become understood exclusively as a betrayer, while the relationship may be reconstructed entirely through themes of deception, humiliation, or failure. Narrative therapy does not require women to deny these realities or minimize the seriousness of infidelity. Instead, externalization allows the injury and its consequences to be examined without permitting the experience to define the entirety of the woman's identity or relationship history. Re-authoring may subsequently permit more differentiated interpretations of what happened, what meanings were assigned to the event, and how the injured partner wishes to respond. This interpretation is consistent with the narrative approach proposed for couples recovering after infidelity, in which re-storying relational and attachment experiences can help partners reconstruct the meaning of the betrayal (Karris & Arger, 2019). Freedman and Combs similarly emphasize that narrative couple therapy works by exploring and reconstructing the stories through which partners understand themselves and their relationships (Freedman & Combs, 2024).

Previous findings on forgiveness further support this explanation. Fitness argued that forgiveness following relational betrayal is connected with emotional, cognitive, and relational processes through which individuals interpret offenses and reconsider their relationship with the offender (Fitness, 2012). Kaleta and Jaśkiewicz demonstrated that forgiveness is meaningfully associated with marital satisfaction and that reactions to marital offenses have broader implications for the quality of the relationship (Kaleta & Jaśkiewicz, 2024). Palmwood and Simons additionally found that the capacity to engage with painful emotions can facilitate forgiveness following betrayal (Palmwood & Simons, 2024). Narrative therapy may support such emotional engagement by allowing participants to articulate anger, humiliation, disappointment, and fear within a structured environment and then examine the meanings associated with these responses. The group context may further assist this process by permitting women to hear different ways of interpreting betrayal and recovery. Worthington's examination of group forgiveness processes similarly underscores the potential value of structured group experiences for promoting forgiveness-related change (Worthington, 2024). Thus, the increase in forgiveness observed in this study may reflect both individual narrative reconstruction and the interpersonal benefits of group-based processing.

The findings also demonstrated a substantial improvement in marital intimacy. Total marital intimacy was significantly greater in the narrative therapy group than in

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the control group, and significant effects were observed across emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social–recreational intimacy. The broad distribution of these effects is important because marital intimacy is multidimensional rather than restricted to physical or sexual closeness. Bagarozzi conceptualized intimacy as involving diverse forms of interpersonal connection, emotional sharing, psychological understanding, intellectual exchange, sexuality, physical closeness, spirituality, aesthetic experience, and shared recreational life (Bagarozzi, 2001). Infidelity may damage many of these domains simultaneously because the injury undermines trust, emotional safety, openness, and willingness to become vulnerable to the offending partner. Consequently, improvement across multiple dimensions suggests that narrative therapy may influence the wider organization of the marital relationship rather than a single isolated aspect of closeness.

This result is consistent with research showing that relational injuries and forgiveness are connected to sexual and relational functioning. Lafontaine et al. reported associations among attachment injury severity, injury-related stress, forgiveness, and sexual satisfaction, demonstrating that attachment-related betrayal can influence several interconnected areas of couple functioning (Lafontaine et al., 2023). Nezamalmolki et al. similarly found that psychological intervention could improve marital intimacy and sexual functioning among women affected by marital infidelity (Nezamalmolki et al., 2023). Although their intervention was emotion-focused rather than narrative, the convergence of these findings indicates that intimacy can be restored when therapy successfully addresses the psychological consequences of betrayal. The current findings extend this evidence by suggesting that narrative reconstruction can facilitate improvements not only in emotional and sexual aspects of intimacy but also in psychological, intellectual, spiritual, physical, aesthetic, and social–recreational domains.

The improvement in intimacy can also be understood through changes in communication, emotional expression, and attachment-related functioning. After infidelity, injured women may avoid self-disclosure, interpret ambiguous behavior as threatening, withdraw emotionally, or restrict physical and sexual closeness as protection against further injury. Ghavibazou et al. found that narrative therapy improved communication patterns among women with low marital satisfaction (Ghavibazou et al., 2020). In a subsequent study, narrative therapy was associated with improvements in attachment styles and emotional expressivity among women experiencing low marital satisfaction (Ghavibazou et al., 2022). These processes are directly relevant to intimacy because closeness depends on the ability to express emotions, communicate needs, tolerate vulnerability, and experience a sufficient level of relational security. By externalizing betrayal-related problems and constructing more flexible relational narratives, participants in the present study may have become less likely to interpret every marital interaction exclusively through the lens of infidelity. This may have provided greater psychological space for communication, shared experiences, emotional responsiveness, and gradual re-engagement with the spouse.

The results can additionally be interpreted in light of narrative meaning-making following infidelity. Jackl and Taylor showed that couples' narratives about infidelity can evolve over time, with meaning-making playing an important role in how the relationship and marital identity are reconstructed after betrayal (Jackl & Taylor, 2020). Fife et al. similarly emphasized that healing after infidelity and relationship disruption involves processes through which individuals reorganize their understanding of the experience and reconstruct their identities (Fife et al., 2022). These observations are consistent with the central premise of narrative therapy that psychological adjustment depends partly on how experiences are organized into personal stories. If betrayal remains the dominant organizing story, it may continuously reactivate anger, hopelessness, and relational withdrawal. If it can instead be integrated into a broader narrative containing agency, coping, values, strengths, and future possibilities, emotional and relational functioning may improve without requiring denial of the injury.

The group format may also have contributed significantly to the observed results. Infidelity is frequently accompanied by shame, embarrassment, self-blame, social withdrawal, and fears of judgment. Within a professionally structured group, women can encounter others who have experienced similar relational injuries and recognize that their emotional responses are understandable rather than signs of personal inadequacy. Narrative groups also enable members to witness one another's alternative stories and provide social acknowledgment of emerging identities and competencies. Koganei et al. documented meaningful psychological experiences among women participating in narrative therapy-based groups, including changes in self-understanding, interpersonal sharing, insight, and motivation (Koganei et al., 2021). Group-based narrative

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counseling has likewise shown benefits for psychological adjustment in other populations (Park & Kim, 2023). In the present study, the experience of being heard and witnessing others reconstruct their stories may have enhanced hope while reducing the isolation that maintains resentment and interferes with intimacy.

5. Conclusion

Finally, the maintenance of the improvements at the three-month follow-up strengthens the clinical significance of the findings. Hope, marital forgiveness, and marital intimacy improved from pretest to posttest, while differences between posttest and follow-up were generally nonsignificant, indicating that the therapeutic gains were largely preserved. This pattern may be related to the nature of narrative therapy, which aims to modify the meanings and identity narratives through which individuals understand themselves rather than merely teaching temporary symptom-control strategies. White and Epston's narrative framework emphasizes the development and reinforcement of alternative stories that become increasingly available as resources for future interpretation and action (White & Epston, 1990). Contemporary reviews similarly identify re-authoring, personal agency, reconstruction of meaning, and the development of alternative narratives as central mechanisms of narrative psychotherapy (Ekinci & Tokkaş, 2024; Mellado et al., 2024). Once participants begin to conceptualize themselves as capable individuals whose identities extend beyond marital betrayal, these alternative narratives may continue to influence future emotional and relational responses. Overall, the findings suggest that group narrative therapy may provide a coherent therapeutic framework for simultaneously strengthening future-oriented psychological resources, facilitating adaptive processing of marital offenses, and rebuilding multiple dimensions of intimacy following infidelity.

6. Limitations and Suggestions

Several limitations should be considered when interpreting the findings of the present study. First, the relatively small sample size limits the statistical representativeness and generalizability of the results to the broader population of women affected by marital infidelity. Second, participants were recruited through purposive sampling from counseling centers in a specific district of Tehran, meaning that women who seek professional counseling may differ from those who do not seek psychological services in motivation for change, severity of distress, socioeconomic characteristics, or willingness to disclose marital difficulties. Third, all major outcomes were measured using self-report questionnaires, which may be influenced by social desirability, response expectations, current emotional states, and participants' perceptions of the therapeutic process. Fourth, although participants were randomly allocated to conditions after recruitment, the overall quasi-experimental design and purposive recruitment procedure limit the strength of population-level causal conclusions. Fifth, the follow-up period was restricted to three months, and it therefore remains unclear whether improvements in hope, forgiveness, and intimacy persist over longer periods. Finally, marital infidelity is a heterogeneous experience, and potentially influential characteristics such as the duration, type, recurrence, disclosure circumstances, severity of relational conflict, partner participation in recovery, and time elapsed since discovery of infidelity were not examined as moderators of treatment response.

Future studies should replicate the present investigation using larger and more heterogeneous samples recruited from multiple counseling centers, geographic regions, and sociocultural contexts to determine the generalizability of the findings. Fully randomized controlled trials with active comparison conditions would provide stronger evidence concerning the specific efficacy of group narrative therapy relative to other established psychological interventions. Longer follow-up periods of six months, one year, or more are recommended to determine whether treatment gains remain stable over time and whether booster sessions are required. Future research could also incorporate clinician-administered assessments, behavioral indicators of couple functioning, partner reports, and qualitative interviews alongside self-report measures. Examining potential mediators would be particularly valuable; changes in narrative identity, perceived agency, self-blame, emotional processing, relational uncertainty, communication, attachment security, and meaning-making may clarify how narrative therapy produces improvements in hope, forgiveness, and intimacy. Researchers could also investigate whether intervention effects vary according to age, duration of marriage, number of children, duration and type of infidelity, time since disclosure, degree of partner remorse, relationship commitment, baseline marital satisfaction, and participants' intentions regarding continuation of the marriage. Comparative studies examining individual versus group narrative therapy and

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woman-only versus couple-based narrative interventions would further clarify which format is most appropriate for different stages of recovery after infidelity.

Counselors, family therapists, psychologists, and marital intervention centers may consider incorporating structured group narrative therapy into services for women experiencing the psychological and relational consequences of marital infidelity. Therapeutic programs can emphasize externalization of betrayal-related problems, identification of dominant problem-saturated stories, examination of self-blaming interpretations, recognition of unique outcomes and personal competencies, reconstruction of preferred identities, and development of alternative narratives concerning the future. Clinicians should avoid treating forgiveness as an obligatory therapeutic endpoint or equating forgiveness with reconciliation; instead, women should be supported in making autonomous and informed decisions regarding their relationships. Group facilitators should create a psychologically safe and confidential environment in which participants can discuss anger, grief, mistrust, fear, and ambivalence without judgment while witnessing alternative narratives of resilience and recovery. Because the present findings suggest benefits across several dimensions of intimacy, intervention programs should attend not only to emotional and sexual closeness but also to psychological, intellectual, physical, spiritual, aesthetic, and social–recreational aspects of the marital relationship. Follow-up or booster sessions may also be incorporated into clinical programs to reinforce preferred narratives, address emerging relational challenges, and support the continued application of therapeutic gains after formal treatment has ended.

Authors' Contributions

Authors equally contributed 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

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