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Comparison of the Effectiveness of Emotion-Focused Therapy and Quality-of-Life-Based Therapy on Emotional Exhaustion in Women with Marital Conflict

Elham Elyasi[1], Seyed Mahmood Mirzamani Bafghi[2]✉, Mohammad Hatami[3]

1. PhD student in Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran
2. Department of Clinical Psychology, Baqiyatallah University of Medical Sciences Branch, Faculty of Medicine, Tehran, Iran, mirzamani@bmsu.ac.ir
3. Department of Clinical Psychology, Kharazmi University, Tehran, Iran

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ABSTRACT

Objective: The aim of this study was to compare the effectiveness of Emotion-Focused Therapy and Quality-of-Life-Based Therapy on emotional exhaustion among women experiencing marital conflict.

Methods: This study was a quasi-experimental design with a pretest–posttest three-group format (two experimental groups and one control group) along with a follow-up period. The study population included all married women who referred to clinics in District 5 of Tehran during the summer of 2023. Using convenience sampling, 45 married women were selected and randomly assigned into three groups: Experimental Group 1 (Emotion-Focused Therapy, 15 participants), Experimental Group 2 (Quality-of-Life-Based Therapy, 15 participants), and a Control Group (15 participants). Data were collected using the Emotional Exhaustion Questionnaire by Chen, Chang, and Wang (2019) and the Marital Conflict Questionnaire by Sanaei (2000). The intervention protocols included Emotion-Focused Therapy based on Johnson and Greenman (2008) and Quality-of-Life-Based Therapy sessions based on Frisch (2006). The research data were analyzed using SPSS version 24. After checking statistical assumptions, analysis of covariance (ANCOVA), two-way repeated-measures analysis of variance (mixed between–within subject's design), and Bonferroni post-hoc tests were used.

Results: The results showed that the mean scores of emotional exhaustions in the Quality-of-Life-Based Therapy group and the EFT group were significantly lower than those of the control group ($p < 0.05$). Furthermore, the mean emotional exhaustion scores in the Emotion-Focused Therapy group were significantly lower than those in the Quality-of-Life-Based Therapy group ($p < 0.05$).

Conclusions: The findings suggest that both EFT and Quality-of-Life-Based Therapy are effective in reducing emotional exhaustion among women experiencing marital conflict; however, EFT appears to have greater effectiveness.

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Introduction

Marriage is a long-term commitment between a woman and a man, and it is essential that both partners feel satisfied and happy in their marital life. However, due to the interactive nature of spousal relationships and the unique personalities of each partner, individuals cannot always see issues exactly as the other person does or may not wish to do so. Therefore, the possibility of conflicting viewpoints and desires exists, and it is natural for disagreements to arise or for certain needs to remain unmet. As a result, spouses may experience feelings of anger, disappointment, and dissatisfaction toward one another, which can lead to conflict. Thus, given the nature of the marital relationship, the emergence of disagreement and conflict in marriage is considered natural (M. B. Weirer, 2017).

Marital conflict arises from incompatibility between spouses in terms of needs and desires, methods of satisfying those needs, and irresponsible behaviors regarding marital relationships and marriage itself (Gottman & Tabarez, 2018). Marital conflicts may manifest in various forms such as physical aggression toward a spouse, emotional abuse, sexual misconduct, lack of responsibility by partners, extramarital relationships, sexual coercion, subtle arguments between spouses, and other forms of negative behavior (Zerach, Green, & Solomon, 2015). Marital conflict has harmful effects on the physical and psychological health of the family and is associated with consequences such as decreased academic performance of children, physical violence, and psychological disorders (Mohammad Sharouni, Shokri, Hosseinzadeh Taqavi, Danesh, & Barjalian, 2020).

In fact, the occurrence of marital conflict is one of the factors that can lead to separation and divorce. If these problems are managed and resolved effectively, marriage may not end in divorce. Furthermore, if such problems are not examined and identified scientifically, appropriate and rational solutions cannot be selected (Asghari Ganji & Tabaripour, 2022). Conflicts between spouses not only destabilize the family system but also disrupt the emotional and social development and later adjustment of the partners. Therefore, marital relationships can be considered both one of the deepest sources of human pleasure and one of the greatest sources of suffering for couples (Pepp, 2018).

One of the factors influencing marital conflicts is emotional exhaustion, which is defined as an internal lack of physical or psychological energy perceived by affected individuals or caregivers that interferes with usual and desired activities. Emotional exhaustion has been shown to be

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associated with psychological symptoms such as depression, anxiety, stress, and quality of life in both physical and internal dimensions (Sanz-Blas, Buzova, & Nicolau Romero, 2019). Emotional exhaustion is considered an outcome related to mind–body functioning, activity, and motivation, and its effects may appear in various forms such as general mental fatigue, physical fatigue, reduced activity, and decreased motivation depending on its source (Rahnama, Bakhtiarpour, Bavi, Jayervand, & Dashtbozorgi, 2021).

Emotional exhaustion also describes a psychological state that results from ineffective coping strategies in response to stress. This syndrome gradually develops after prolonged exposure to emotional stressors and affects different aspects of life and overall quality of life (Khodaei, 2014). The increasing prevalence of marital conflicts in the contemporary world, along with the risk of separation and their negative effects on the psychological and social well-being of couples and their children, has led counselors and couple therapists to develop theories and intervention programs to help couples experiencing conflict or considering divorce. In the field of couple therapy and family interventions, various practical models have emerged based on different theoretical perspectives, all aiming to help couples prevent conflict, improve family functioning, and treat marital conflicts (Asghari Ganji & Tabaripour, 2022).

Since many factors influence the relationships between spouses and the quality of their interactions, the use of therapeutic techniques and educational interventions to improve interaction and marital adjustment among couples experiencing marital conflict appears necessary. One effective therapeutic approach is Quality-of-Life Therapy. Quality-of-Life Therapy is a relatively new and comprehensive approach grounded in the principles of positive psychology (Condard, Lieberman, Syed, & Rolf, 2015). In this approach, principles and skills are taught to help clients identify, pursue, and fulfill their needs, goals, and aspirations in valued life domains (Mota & Motas, 2015). The goal of Quality-of-Life Therapy is to enhance professional self-care or inner enrichment and to prevent burnout (Gazelle, Halal, Andrezza, et al., 2007).

In Quality-of-Life Therapy, self-care is equivalent to inner enrichment and is defined as a deep sense of calm, comfort, awareness, and readiness to face daily challenges in a thoughtful, loving, compassionate, and holistic manner (Frisch, 2006). Within this approach, principles and skills are provided to assist clients in identifying, pursuing, and fulfilling their needs, goals, and aspirations in valued areas of life (Mota & Motas, 2015). Previous studies have confirmed the effectiveness

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of Quality-of-Life Therapy in improving resilience among patients (Shafiei, Al-Yasin, & Shakeri, 2021), enhancing aspects of family mental health such as interpersonal relationship quality and meaning in life (Araqiyan, Nejat, Toozandehjani, & Bagherzadeh Golmakani, 2020), improving interpersonal relationships and distress tolerance (Araqiyan et al., 2020), enhancing emotional regulation and psychological well-being among patients (Yazdi, Saffarinia, & Zare, 2020), reducing marital conflicts and increasing intimacy, sexual functioning, and marital commitment (Chitsaz Esfahani, 2019), and improving the mental health of families of patients with chronic mental disorders (Kiani Vosoughi, 2018).

Conflict is the most common problem in couples' relationships, negatively affecting marital quality of life and leading to adverse physical, psychological, social, and spiritual consequences. Escalation of conflict and inability to resolve it may harm the family and even lead to divorce (Hooshmandi, Ahmadi, & Kiamanesh, 2019). Couples experiencing marital conflict often face numerous problems in their shared life, including emotional exhaustion, and therefore require appropriate interventions to reduce these difficulties. Since the health of society depends on the health of the family, and family health depends on the well-being of each spouse, it is essential to apply appropriate approaches to improve the characteristics of couples experiencing marital conflict and to prevent both emotional divorce and formal divorce. In addition, a review of previous studies reveals a research gap in this area. Therefore, the present study seeks to answer the following question: Is there a difference between Emotion-Focused Therapy and Quality-of-Life-Based Therapy in reducing emotional exhaustion among women experiencing marital conflict?

Material and Methods

The present study employed a quasi-experimental design with a three-group pretest–posttest format (two experimental groups and one control group) including a follow-up period. The statistical population consisted of all married women who referred to clinics in District 5 of Tehran during the summer of 2023. Using convenience sampling and considering the inclusion and exclusion criteria, 45 married women were selected and randomly assigned to three groups (n = 15 per group): Experimental Group 1: Emotion-Focused Therapy, Experimental Group 2: Quality-of-Life-Based Therapy and Control Group: No intervention.

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Data Analysis

Data were analyzed using SPSS version 24. At the descriptive level, means and standard deviations were calculated. At the inferential level, after testing statistical assumptions, analysis of covariance (ANCOVA), two-way repeated-measures analysis of variance (mixed between–within subject's design), and Bonferroni post-hoc tests were conducted.

Instruments

Emotional Exhaustion Questionnaire: The Emotional Exhaustion Questionnaire was developed by Chen, Chang, and Wang (2019) and consists of 12 items rated on a five-point Likert scale ranging from 1 (very low) to 5 (very high). A score of 1 indicates the lowest level of exhaustion and 5 indicates the highest. Score interpretation: 0–1: Very low exhaustion, 2–3: Moderate exhaustion, 3–4: High exhaustion and 4–5: Very high exhaustion.

Chen et al. (2019) confirmed construct validity using factor analysis and reported a Cronbach's alpha of 0.94. In a study by Mahboubi Jouqan, Asgari, Eghbali, and Aflatoon (2020), content validity was confirmed and reliability was reported as 0.82.

Marital Conflict Questionnaire: The Marital Conflict Questionnaire was developed by Sanaei (2000) and includes 42 items assessing eight subscales: Decreased cooperation, Decreased sexual relationship, Increased emotional reactions, Increased coalition with children, Increased relationship with one's own relatives, Decreased relationship with spouse's relatives and friend, Financial separation and Reduced effective communication.

Responses are rated on a 5-point Likert scale (1 = never to 5 = always). Items 3, 11, 16, 29, 30, 33, 56, and 67 are reverse-scored. Total scores range from 54 to 270, providing an overall marital conflict score. Classification levels: 12–90: No conflict, 90–111: Normal level of conflict, 111–191: Above-normal conflict and Above 190: Severe conflict. Sanaei (2000) confirmed content validity. The overall Cronbach's alpha was 0.96, and subscale reliabilities ranged from 0.61 to 0.89.

Intervention: Quality-of-Life-Based Therapy

The Quality-of-Life Therapy protocol was developed by Frisch (2006) and delivered in eight 90-minute sessions, held twice weekly. The second experimental group was delivered Emotion-Focused Therapy based on Johnson and Greenman (2008).

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Table 1. Summary of Quality-of-Life Therapy Sessions (Frisch, 2006)

Session	Content Summary
1	Introduction to study objectives and questionnaire assessment; obtaining informed commitment to attend sessions; introduction to quality of life, life satisfaction, happiness; explanation of fundamental principles of Quality-of-Life theory.
2	Enhancing self-confidence and self-esteem through daily life issues; identifying pathways to success; success journal assignment; BAT technique; daily activity recording and value clarification; introduction to 30 principles of happiness; homework exercises.
3	Focus on health using cognitive and behavioral principles; daily thought monitoring; ABC technique; relaxation training; Zen techniques.
4	Role of goals, values, and spiritual life in life satisfaction; goal-setting exercises; life-script technique.
5	Improving relationships with friends, relatives, and neighbors; gratitude techniques; letter-writing techniques (1 & 2); introduction of the CASIO model as five pathways; introduction of "C" (Circumstances) strategy and its application across 16 life domains.
6	Review of previous session; continuation of CASIO model; introduction of "A" (Attitude) as second strategy; introduction of "S" (Standards) as third strategy to enhance happiness and life satisfaction.
7	Review of previous session; introduction of "I" (Importance) as fourth strategy; introduction of "O" (Overall satisfaction) as fifth strategy; application of CASIO principles to enhance happiness.
8	Final review of quality-of-life principles; integration and application of CASIO across different life domains; comprehensive review of sessions; final evaluation.

Table 2. Emotion-Focused Therapy Sessions (Johnson & Greenman, 2008)

Session	Content Summary
1	Introduction to the therapeutic process, establishing rapport, explaining the goals and structure of Emotion-Focused Therapy (EFT), discussing confidentiality and session rules, and identifying major marital concerns and emotional experiences related to conflict.
2	Assessment of relationship patterns and conflict cycles between partners; identifying negative interaction patterns and emotional triggers that contribute to marital conflict.
3	Increasing emotional awareness; helping participants recognize and label primary and secondary emotions related to marital interactions and conflicts.
4	Exploring underlying unmet emotional needs and attachment concerns; helping participants express vulnerable emotions in a safe therapeutic environment.
5	Restructuring emotional experiences; encouraging new emotional responses and helping participants communicate emotions more constructively with their partners.
6	Strengthening emotional engagement and empathy; promoting understanding of each partner's emotional experiences and fostering emotional responsiveness.
7	Developing new patterns of interaction based on emotional awareness, empathy, and constructive communication; practicing adaptive responses to conflict situations.
8	Consolidation of therapeutic gains; reviewing progress, reinforcing newly learned emotional and communication skills, discussing strategies for maintaining improvements, and final evaluation.

Ethical Considerations

This study was conducted in accordance with ethical research principles. Participants were informed about the study objectives and procedures prior to participation and provided written informed consent. Participation was voluntary, and individuals were assured of their right to withdraw from the study at any time without penalty. Confidentiality and anonymity of

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participants' information were strictly maintained, and data were used solely for research purposes. After completion of the study, the intervention was also offered to the control group to ensure ethical fairness.

Results

To compare the effectiveness of Emotion-Focused Therapy and Quality-of-Life-Based Therapy on emotional exhaustion among women with marital conflict, a two-way repeated-measures analysis of variance (mixed design) was conducted. The results of this test and the examination of its assumptions are presented in table 3.

Table 3. Levene's Test for Homogeneity of Variances

Variable	F	df1	df2	Sig.
Emotional exhaustion (Pretest)	0.325	2	42	0.724
Emotional exhaustion (Posttest)	1.307	2	42	0.281
Emotional exhaustion (Follow-up)	1.832	2	42	0.173

As shown in Table 3, the results of Levene's test are not significant. Therefore, the null hypothesis of homogeneity of variances is confirmed.

Table 4. Multivariate Within-Subjects Effects for Comparing Emotional Exhaustion in Control and Experimental Groups

Effect	Test	Value	F	df Effect	df Error	Sig.	Effect Size
Time	Pillai's Trace	0.594	30.002	2	41	0.001	0.594
	Wilks' Lambda	0.406	30.002	2	41	0.001	0.594
	Hotelling's Trace	1.464	30.002	2	41	0.001	0.594
	Roy's Largest Root	1.464	30.002	2	41	0.001	0.594
Time × Group	Pillai's Trace	0.302	3.737	4	84	0.008	0.151
	Wilks' Lambda	0.707	3.882	4	82	0.006	0.159
	Hotelling's Trace	0.402	4.019	4	80	0.005	0.167
	Roy's Largest Root	0.367	7.709	2	42	0.001	0.269

Table 4 presents the multivariate test results for comparing emotional exhaustion scores among the control group, Quality-of-Life-Based Therapy group, and Emotion-Focused Therapy group across measurement stages. The results indicate that all multivariate tests are statistically significant, suggesting both a significant main effect of time (pretest, posttest, and follow-up) and a significant interaction effect between group and time, indicating differences among groups across measurement stages.

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Table 5. Univariate Within-Subjects Effects for Comparing Emotional Exhaustion in Control and Experimental Groups

Source	Assumption	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Time	Sphericity assumed	44.104	2	22.052	36.528	0.001	0.465
	Greenhouse-Geisser	44.104	1.916	23.023	36.528	0.001	0.465
	Huynh-Feldt	44.104	2	22.052	36.528	0.001	0.465
	Lower-bound	44.104	1	44.104	36.528	0.001	0.465
Time × Group	Sphericity assumed	11.852	4	2.963	4.908	0.001	0.189
	Greenhouse-Geisser	11.852	3.831	3.093	4.908	0.002	0.189
	Huynh-Feldt	11.852	4	2.963	4.908	0.001	0.189
	Lower-bound	11.852	2	5.926	4.908	0.012	0.189
Error	Sphericity assumed	50.711	84	0.604			
	Greenhouse-Geisser	50.711	80.457	0.630			
	Huynh-Feldt	50.711	84	0.604			
	Lower-bound	50.711	42	1.207			

Table 5 shows the results of the univariate within-subjects effects test comparing emotional exhaustion among the control group, Quality-of-Life-Based Therapy group, and Emotion-Focused Therapy group. The F values related to the interaction effect between time and group are significant at the 0.01 significance level ($p < 0.01$). This indicates a significant difference in the trend of changes in emotional exhaustion scores among the three groups across the measurement stages.

To conduct pairwise comparisons of mean scores across measurement stages, the Bonferroni post-hoc test was used. The results are presented below.

Table 6. Bonferroni Post-Hoc Test (Within-Group Comparisons)

Group	Stage 1	Stage 2	Mean Difference	Std. Error	Sig.
Control	Pretest	Posttest	0.333	0.308	0.854
	Pretest	Follow-up	0.400	0.285	0.505
	Posttest	Follow-up	0.067	0.256	1.000
Quality-of-Life Therapy	Pretest	Posttest	1.667	0.308	0.001
	Pretest	Follow-up	1.333	0.285	0.001
	Posttest	Follow-up	−0.333	0.256	0.599
Emotion-Focused Therapy	Pretest	Posttest	1.733	0.308	0.001
	Pretest	Follow-up	1.800	0.285	0.001
	Posttest	Follow-up	0.067	0.256	1.000

Table 6 presents pairwise comparisons of emotional exhaustion scores across the measurement stages for each group. In both Quality-of-Life-Based Therapy and Emotion-Focused Therapy groups, significant differences were found between pretest and posttest as well as pretest and follow-up ($p < 0.05$). The results show that emotional exhaustion scores significantly decreased in the posttest and follow-up stages compared with the pretest.

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However, the difference between posttest and follow-up was not significant ($p > 0.05$), indicating stability of treatment effects over time. In the control group, no significant differences were observed between the pretest, posttest, and follow-up stages ($p > 0.05$).

Table 7. Between-Subjects Effects for Comparing Emotional Exhaustion Scores Across Groups

Source	Sum of Squares	df	Mean Square	F	Sig.
Group	48.637	2	24.319	20.018	0.001
Error	51.022	42	1.215		

Table 7 shows the results of the between-subjects effects test comparing emotional exhaustion scores among the control group, Quality-of-Life-Based Therapy group, and Emotion-Focused Therapy group. The obtained F value is statistically significant ($p < 0.01$).

Table 8. Bonferroni Post-Hoc Test (Between-Group Comparisons)

Dependent Variable	Group 1	Group 2	Mean Difference	Std. Error	Sig.
Emotional exhaustion	Control	Quality-of-Life Therapy	0.822	0.232	0.003
	Control	Emotion-Focused Therapy	1.467	0.232	0.001
	Quality-of-Life Therapy	Emotion-Focused Therapy	0.644	0.232	0.025

Table 8 presents pairwise comparisons of emotional exhaustion scores across groups. The results indicate that the mean emotional exhaustion scores of both the Quality-of-Life-Based Therapy group and the Emotion-Focused Therapy group were significantly lower than those of the control group ($p < 0.05$). Furthermore, the mean emotional exhaustion score in the Emotion-Focused Therapy group was significantly lower than that of the Quality-of-Life-Based Therapy group ($p < 0.05$).

Discussion

Based on the obtained results, in both the Quality-of-Life-Based Therapy and Emotion-Focused Therapy groups, the difference between the mean scores at the pretest stage and those at the posttest and follow-up stages was statistically significant. A comparison of the mean scores across the three stages showed that the mean emotional exhaustion scores at the posttest and follow-up stages significantly decreased compared with the pretest stage. However, the difference between the posttest and follow-up scores was not significant, indicating the stability of the treatment effects over time. In the control group, no significant differences were observed between the pretest, posttest, and follow-up stages, nor between the posttest and follow-up scores.

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Furthermore, the results indicated that the mean emotional exhaustion scores in both the Quality-of-Life-Based Therapy group and the Emotion-Focused Therapy group were significantly lower than those of the control group. Additionally, the mean emotional exhaustion score in the Emotion-Focused Therapy group was significantly lower than that in the Quality-of-Life-Based Therapy group.

Regarding the effect of Emotion-Focused Therapy on reducing emotional exhaustion among women experiencing marital conflict, the obtained results are consistent with findings from previous studies. For example, Azandriani et al. (2022), in a study on couples with marital maladjustment in the city of Qom, found that Emotion-Focused Therapy and Acceptance and Commitment Therapy were effective in improving emotional self-regulation, psychological well-being, and resilience among couples. Esmari Bordeh-Zard et al. (2021) also reported that Emotion-Focused Therapy significantly improved anxiety, depression, and difficulties in emotion regulation, as well as symptoms of binge-eating disorder, and that these improvements were maintained during follow-up. Similarly, Saemi et al. (2020) showed that Emotion-Focused Therapy, compared with the Gottman method, was more effective in improving four components of emotional regulation difficulties: non-acceptance of negative emotions, difficulties in goal-directed behavior, impulse control difficulties, and lack of emotional awareness.

To explain these findings, it can be argued that during therapeutic interactions, the therapist attempts to increase clients' awareness of spontaneous moments when the problem did not occur or was less severe. One method used to identify such exceptions is scaling questions. For example, the therapist may ask the client to rate their current situation on a scale from zero to ten, where zero represents the point at which the client decided to seek help and ten represents complete resolution of the problem. Even when problems are vague or unclear, clients are usually able to provide an objective numerical rating (Quick, 2008). In solution-focused approaches, clients are encouraged to find solutions that align with their own worldview. Rather than focusing on reducing problems, therapy emphasizes identifying solutions and asking questions such as: What would you like to do instead? (Bannink, 2007).

Another technique used with clients who feel overwhelmed by their problems is the miracle question. Through this method, clients are guided to imagine a future without the problem. For instance, the therapist may ask: Suppose that tonight, while you are asleep, a miracle occurs and

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your problem is solved. When you wake up tomorrow, how would you know that the problem has been resolved? This technique allows clients to envision desired changes and identify pathways toward solutions (De Shazer & Berg, 2007).

Overall, the techniques used in therapeutic interventions can help clients change their perspectives and attitudes toward life problems. By fostering positive feelings about themselves, highlighting strengths and successes, and shifting focus from problems to possible solutions, clients begin to perceive themselves as capable individuals. This improved psychological state enhances hope for recovery and encourages engagement in constructive activities, which ultimately contributes to a reduction in emotional exhaustion.

Regarding the effect of Quality-of-Life-Based Therapy on reducing emotional exhaustion among women with marital conflict, the results of the present study are also consistent with previous research. For example, Araqiyan et al. (2020) found that quality-of-life improvement skills and compassion-based therapy had significant effects on aspects of family mental health, including interpersonal relationship quality and distress tolerance. Kiani and Solti (2018) also reported that Quality-of-Life-Based Psychotherapy improved the mental health of families of patients with chronic mental disorders. Specifically, significant improvements were observed in psychosomatic symptoms, anxiety and insomnia, social dysfunction, and depression after the intervention.

These findings can be explained by the nature of Quality-of-Life Therapy, which is derived from a combination of cognitive approaches and activity theory. This approach emphasizes that happiness does not result from the absence of negative events or emotions; rather, it depends on how individuals cope with and respond to unpleasant experiences. In this way, the therapy enhances individuals' tolerance for distress and strengthens their ability to manage their environment. It helps individuals gain greater control over complex external activities and effectively utilize available opportunities. Such abilities enable individuals to respond thoughtfully and effectively when facing challenging situations.

Active participation in managing and mastering one's environment is considered an important component of positive psychological functioning, promoting self-control and self-care (Yazdi Ravandi, Taslimi, Haghparast, & Qalaeiha, 2016). In other words, Quality-of-Life Therapy teaches individuals that personal growth and flourishing depend on their own efforts rather than external substitutes. Consequently, when individuals encounter difficult situations and challenges, they are

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encouraged to develop their abilities, cultivate their talents, and acquire new skills. Facing such conditions strengthens individuals' problem-solving capacities (Rostami, Abolghasemi, & Narimani, 2013). Therefore, it can be concluded that Quality-of-Life-Based Psychotherapy contributes to reducing emotional exhaustion.

Like many other studies, the present research faced several limitations during implementation. One limitation was the lack of control over certain demographic variables such as age, gender, economic status, and cultural or ethnic background. It is recommended that future research compare Quality-of-Life-Based Therapy and Emotion-Focused Therapy with other positive psychology interventions, particularly well-being therapy, to further evaluate their effectiveness.

Data availability statement

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

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

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

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Conflict of interest

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

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