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Emotion-Focused vs. Quality of Life Therapy: Strengthening Resilience, Reducing Emotional Fatigue, and Enhancing Marital Empathy in Women with Marital Conflict

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ABSTRACT

Objective: The aim of this study was to compare the effectiveness of Emotion-Focused Therapy (EFT) and Quality of Life Therapy (QoLT) on psychological hardiness, emotional fatigue, and marital empathy among women with marital conflicts.

Methods: This research employed a quasi-experimental design with a pretest–posttest and a three-group structure (two experimental groups and one control group), including a follow-up period. The statistical population consisted of all married women who attended a clinic in District 5 of Tehran during the summer of 2023. Using convenience sampling and considering inclusion and exclusion criteria, 45 married women were selected and randomly assigned to three groups: Experimental Group 1 (EFT, n=15), Experimental Group 2 (QoLT, n=15), and a Control Group (n=15). Data were collected using the Psychological Hardiness Scale (Kobasa, Maddi, & Kahn, 2002), the Emotional Fatigue Questionnaire (Chen, Chang, & Wang, 2019), the Marital Empathy Scale (Carey, Stefaniak, D'Ambrosio, Bish-Richard, & Bish-Richard, 2013), and the Sanaei Marital Conflict Questionnaire (1999). Intervention sessions included Emotion-Focused Therapy (Johnson & Greenman, 2008) and Quality of Life Therapy (Frisch, 2006). Data analysis was conducted using SPSS-24, applying descriptive statistics (mean and standard deviation) and inferential statistics, including analysis of covariance (ANCOVA), mixed-design repeated measures ANOVA (between- and within-subject factors), and Bonferroni post hoc tests after verifying statistical assumptions.

Results: The findings indicated that the mean scores of psychological hardiness and marital empathy in the EFT and QoLT groups were significantly higher, while emotional fatigue was significantly lower compared to the control group. Furthermore, participants in the EFT group showed significantly higher levels of psychological hardiness and marital empathy, as well as lower emotional fatigue, compared to those in the QoLT group.

Conclusions: Emotion-Focused Therapy is more effective than Quality of Life Therapy in enhancing psychological hardiness and marital empathy while reducing emotional fatigue among women with marital conflicts.

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Introduction

Marital conflict arises from the incompatibility between spouses regarding their needs and desires, the methods of fulfilling them, and irresponsible behaviors within marital relationships and marriage (Gottman, 2017; Sedaghatkhah et al., 2022). Marital conflicts manifest in various forms, including spousal abuse, mistreatment, sexual misconduct, lack of responsibility, extramarital affairs, sexual assaults, subtle arguments between spouses, and other maladaptive behaviors (Amouei et al., 2024; Zerach et al., 2015). Marital conflict has detrimental effects on the physical and mental health of the family and is associated with consequences such as reduced academic performance of children, physical violence, and psychotic disorders (Mohammad Sharooni et al., 2020).

One of the influential variables in marital conflict is marital empathy. Marital empathy can be defined as the ability to understand and actively respond to the thoughts, feelings, and needs of spouses and to help anticipate and prevent potential conflicts in marital life (KavehFarsani, 2021). Empathy is an essential ability that aligns individuals with the emotions and thoughts of others, connects them to the social world, fosters helping behaviors, and prevents harm to others (Jolliffe & Farrington, 2006; Samavi et al., 2022).

Alongside the emergence of marital conflict, psychological resilience is a crucial factor that contributes to the stability and strength of spousal relationships. Psychological resilience refers to an individual's capacity to be independent, valuable, efficient, and competent, employing rational coping strategies to solve problems and confront crises (Kiarostami et al., 2022; Samavi, 2022). Gucciardi (2017) defines psychological resilience as an inherent, goal-oriented, flexible, and efficient psychological trait aimed at establishing and maintaining goal-directed behavior. In essence, psychological resilience is a personality trait that enhances health, comprising beliefs about oneself and the world that protect individuals from internal and external stressors and enable them to successfully overcome challenging and threatening situations Rahmati and Naimikia (2015). Clough et al. (2002) suggest that factors such as challenge, commitment, emotional regulation, life control, self-efficacy, and interpersonal trust constitute psychological resilience. The concept is used to describe individuals who remain resistant under stressful and adverse conditions (Shaikh et al., 2017). Individuals with high psychological resilience are often self-motivated, flexible, socially adept, highly capable of managing stress, adapting to unforeseen

circumstances, and exerting maximum effort to achieve their goals (Crust & Clough, 2011). They can understand and control their environment to engage in meaningful and appropriate behaviors (Graber et al., 2015).

Another influential factor in marital conflicts is emotional exhaustion, defined as the internal depletion of physical or psychological energy that interferes with routine and desired activities, and is observable by affected individuals or caregivers. Emotional exhaustion is associated with psychological symptoms such as depression, anxiety, stress, and reduced quality of life both physically and psychologically (Kenworthy et al., 2014).

Given that multiple factors affect marital relationships and the quality of spousal interactions, it is necessary to employ therapeutic interventions and training to improve marital adjustment and interactions among couples experiencing marital conflict. One effective therapeutic approach is life-quality-based therapy. This approach is a novel, comprehensive method grounded in positive psychology, focusing on assisting clients in identifying, pursuing, and fulfilling their needs, goals, and aspirations in meaningful life domains (Lebow & Snyder, 2022). Another important approach for enhancing marital adjustment in couples experiencing conflict is emotion-focused therapy, which identifies, processes, and reorganizes emotional experiences to modify maladaptive interaction patterns and improve marital functioning (Bodenmann et al., 2020).

Marital conflict is the most common issue in spousal relationships, negatively affecting marital quality and leading to adverse physical, psychological, social, and spiritual outcomes. Unresolved conflict can harm the family and may even result in divorce (Cui & Fincham, 2010; Gager et al., 2016). Couples experiencing marital conflict often face challenges related to psychological resilience, emotional exhaustion, and marital empathy, highlighting the need for appropriate interventions. Since family health contributes directly to societal health, it is essential to use appropriate approaches to enhance the attributes of couples experiencing marital conflict and prevent emotional or formal divorce. Moreover, a review of the literature indicates a research gap in this area. Therefore, the present study aims to examine the effectiveness of emotion-focused therapy and life-quality-based therapy on psychological resilience, emotional fatigue, and marital empathy among women experiencing marital conflict, and to investigate whether there are differences in the effectiveness of these two therapies on these outcomes.

Material and Methods

The present study employed a quasi-experimental design with a pre-test, post-test, and follow-up, comprising three groups: two experimental and one control group. The study population included all married women who visited clinics in District 5 of Tehran during the summer of 2023. Using convenience sampling and based on inclusion and exclusion criteria, a total of 45 married women were selected and randomly assigned to three groups: Experimental Group 1 (solution-focused therapy, n = 15), Experimental Group 2 (life-quality-based therapy, n = 15), and a control group (n = 15).

Data were analyzed using SPSS version 24. Descriptive statistics included means and standard deviations, while inferential statistics involved testing statistical assumptions and employing analysis of covariance (ANCOVA), two-way repeated-measures analysis of variance (mixed-design ANOVA), and Bonferroni post hoc tests.

Measures

Psychological Resilience Scale: This 48-item scale, developed by Clough et al. (2002), assesses six subscales: challenge (8 items), commitment (11 items), emotional regulation (7 items), life control (7 items), self-efficacy (9 items), and interpersonal trust (6 items). Responses are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), yielding a total score range of 48–240, with higher scores indicating greater psychological resilience. Clough et al. (2002) confirmed content validity and reported a test-retest reliability coefficient of 0.90. Gheshlagh et al. (2018) reported Cronbach's alpha for the subscales as follows: emotional regulation = 0.77, life control = 0.78, challenge = 0.78, commitment = 0.74, self-efficacy = 0.78, interpersonal trust = 0.75, and overall scale reliability = 0.86.

Emotional Exhaustion Questionnaire: This 12-item questionnaire, developed by Chen et al. (2019), uses a 5-point Likert scale ranging from 1 (very low) to 5 (very high). Scores indicate levels of emotional exhaustion: 0–1 very low, 2–3 moderate, 3–4 high, and 4–5 very high. Chen et al. (2019) confirmed construct validity through factor analysis and reported a Cronbach's alpha of 0.94. Mahbubi Joughan, Lookzadeh et al. (2018) confirmed construct validity and reported reliability as 0.82.

Marital Empathy Scale: This 20-item scale, developed by Chung (2014), assesses marital empathy using a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). It comprises

two factors: emotional empathy (items 1, 2, 4, 5, 7, 8, 11, 13, 15, 17, 18) and cognitive empathy (items 3, 6, 9, 10, 12, 14, 16, 19, 20). Total scores range from 20 to 100, with higher scores indicating greater marital empathy. Chung (2014) confirmed content validity, with Cronbach's alpha for cognitive empathy = 0.71 and emotional empathy = 0.84. Rajabi et al. (2022) reported Cronbach's alpha = 0.90 and convergent validity with the Watson Empathy Scale = 0.65.

Marital Conflict Questionnaire: This 42-item questionnaire, developed by Sanai (Koraei & Pirsaghi, 2023), measures eight subscales: reduced cooperation, decreased sexual relationship, increased emotional reactions, increased reliance on children, increased personal relationships with relatives, reduced relations with spouse's relatives and friends, financial separation, and reduced effective communication. Responses are on a 5-point Likert scale (1 = never, 5 = always), with some items reverse-scored. Total scores range from 54 to 270, classifying marital conflict as: no conflict (12–90), normal conflict (90–111), above-normal conflict (111–190), and severe conflict (>190). Content validity was confirmed by Sanai (Koraei & Pirsaghi, 2023), with overall Cronbach's alpha = 0.96 and subscale reliability ranging from 0.61 to 0.89.

Interventions

Emotion-Focused Therapy (EFT): Emotion-focused therapy sessions were based on Greenman and Johnson (2013) protocol and conducted by the researcher in eight 60-minute sessions. Session content is summarized in Table 1.

Table 1. Summary of Emotion-Focused Therapy Sessions

Session	Content
1	Introduction, establishing rapport, exploring treatment motivation, explaining the concept of emotion, attention to pleasant and unpleasant emotional states
2	Acceptance and reflection of emotional experiences, identifying problematic interactions, assessing attachment obstacles, establishing therapeutic agreement, identifying negative interaction cycles
3	Exploring salient attachment experiences, uncovering fears and insecurities, acknowledging fundamental unacknowledged emotions
4	Clarifying key emotional responses, coordinating therapist and client perspectives, client acceptance of interaction cycles
5	Expression of emotions, enhancing identification of attachment needs, accepting emotions, deepening emotional engagement
6	Deepening emotional engagement, improving interaction patterns, focusing on self, redefining attachment
7	Reconstructing interactions, modifying events, symbolizing suppressed desires, facilitating new problem-solving strategies
8	Reconstructing interactions, discovering new solutions for longstanding problems, facilitating closure, connecting past and present patterns

Life-Quality-Based Therapy: The life-quality-based intervention followed Frisch (1998)protocol, delivered in eight 90-minute sessions, twice weekly. Session summaries are presented in Table 2.

Table 2. Summary of Life-Quality-Based Therapy Sessions

Session	Summary
1	Explaining study objectives and assessment procedures, introducing life quality and satisfaction concepts, discussing happiness, and theoretical foundations of life-quality principles
2	Working on self-confidence and self-esteem through daily life exercises, success journaling, BAT technique, and 30 principles of happiness; assigning homework exercises
3	Enhancing health via cognitive-behavioral principles, daily thought records, ABC technique, relaxation, and Zen-based exercises
4	Exploring goals, values, and spiritual life in relation to life satisfaction, goal-setting exercises, role-play techniques
5	Improving social relationships with friends, relatives, and neighbors; appreciation techniques; letter-writing skills; introduction of CASIO model for life-quality assessment
6	Review of previous session, CASIO model application in 16 life domains, enhancing happiness and satisfaction, teaching life-quality principles
7	Review of previous session, CASIO model applied to increase joy, implementation of techniques for goal achievement
8	Summary and review of previous sessions, application of CASIO model in diverse life contexts, final evaluation and consolidation of principles

Results

To compare paired mean scores across measurement stages, Bonferroni post hoc tests were conducted. The results are presented in table 3.

Table 3. Bonferroni Post Hoc Test for Psychological Resilience Across Measurement Stages

Group	Dependent Variable	Stage 1	Stage 2	Mean Difference	Standard Error	Significance
Control	Challenge	Pre-test	Post-test	-0.307	0.329	1.000
		Pre-test	Follow-up	-0.200	0.456	1.000
		Post-test	Follow-up	0.107	0.371	1.000
	Commitment	Pre-test	Post-test	-0.267	0.382	1.000
		Pre-test	Follow-up	-0.647	0.407	0.358
		Post-test	Follow-up	-0.380	0.296	0.619
	Emotional Regulation	Pre-test	Post-test	-0.260	0.300	1.000
		Pre-test	Follow-up	0.133	0.346	1.000
		Post-test	Follow-up	0.393	0.361	0.846
	Life Control	Pre-test	Post-test	-0.120	0.374	1.000
		Pre-test	Follow-up	0.267	0.452	1.000
		Post-test	Follow-up	0.387	0.324	0.719
	Self-Efficacy	Pre-test	Post-test	-0.533	0.620	1.000
		Pre-test	Follow-up	-0.333	0.985	1.000
		Post-test	Follow-up	0.200	0.750	1.000
	Interpersonal Trust	Pre-test	Post-test	-0.467	0.407	0.773
		Pre-test	Follow-up	-0.267	0.474	1.000
		Post-test	Follow-up	0.200	0.295	1.000
Life-Quality Therapy	Challenge	Pre-test	Post-test	-2.707	0.329	0.001
		Pre-test	Follow-up	-2.113	0.456	0.001
		Post-test	Follow-up	0.593	0.371	0.351
	Commitment	Pre-test	Post-test	-3.220	0.382	0.001
		Pre-test	Follow-up	-2.640	0.407	0.001
		Post-test	Follow-up	0.580	0.296	0.170
	Emotional Regulation	Pre-test	Post-test	-2.600	0.300	0.001
		Pre-test	Follow-up	-2.027	0.346	0.001
		Post-test	Follow-up	0.573	0.361	0.359
	Life Control	Pre-test	Post-test	-3.600	0.374	0.001
		Pre-test	Follow-up	-3.273	0.452	0.001
		Post-test	Follow-up	0.327	0.324	0.958
	Self-Efficacy	Pre-test	Post-test	-4.133	0.620	0.001

		Pre-test	Follow-up	-3.800	0.985	0.001
		Post-test	Follow-up	0.333	0.750	1.000
	Interpersonal Trust	Pre-test	Post-test	-3.240	0.407	0.001
		Pre-test	Follow-up	-2.693	0.474	0.001
		Post-test	Follow-up	0.547	0.295	0.214
Emotion-Focused Therapy	Challenge	Pre-test	Post-test	-6.133	0.329	0.001
		Pre-test	Follow-up	-5.600	0.456	0.001
		Post-test	Follow-up	0.533	0.371	0.473
	Commitment	Pre-test	Post-test	-6.000	0.382	0.001
		Pre-test	Follow-up	-5.493	0.407	0.001
		Post-test	Follow-up	0.507	0.296	0.283
	Emotional Regulation	Pre-test	Post-test	-7.067	0.300	0.001
		Pre-test	Follow-up	-6.467	0.346	0.001
		Post-test	Follow-up	0.600	0.361	0.312
	Life Control	Pre-test	Post-test	-6.733	0.374	0.001
		Pre-test	Follow-up	-6.227	0.452	0.001
		Post-test	Follow-up	0.507	0.324	0.377
	Self-Efficacy	Pre-test	Post-test	-8.933	0.620	0.001
		Pre-test	Follow-up	-8.867	0.985	0.001
		Post-test	Follow-up	0.067	0.750	1.000
	Interpersonal Trust	Pre-test	Post-test	-6.800	0.407	0.001
		Pre-test	Follow-up	-6.267	0.474	0.001
		Post-test	Follow-up	0.533	0.295	0.234

The paired comparisons for the control, life-quality-based therapy, and emotion-focused therapy groups are summarized in Table 3. In the life-quality-based therapy and emotion-focused therapy groups, significant differences were observed between pre-test and post-test scores as well as between pre-test and follow-up scores ($p < 0.05$). Comparison of mean scores across the three stages shows a significant increase in psychological resilience at post-test and follow-up compared to pre-test. No significant differences were found between post-test and follow-up scores ($p > 0.05$), indicating the stability of treatment effects over time. In the control

group, no significant differences were observed between pre-test, post-test, and follow-up scores ($p > 0.05$).

Table 4. Between-Subjects Effects for Psychological Resilience Components Across Groups

Source	Variable	Sum of Squares	df	Mean Square	F	Significance
Group	Challenge	520.355	2	260.178	13.464	0.001
	Commitment	383.192	2	191.596	13.101	0.001
	Emotional Regulation	1197.325	2	598.662	17.612	0.001
	Life Control	526.201	2	263.101	13.359	0.001
	Self-Efficacy	973.644	2	486.822	14.016	0.001
	Interpersonal Trust	321.170	2	160.585	14.191	0.001
Error	Challenge	811.589	42	19.324		
	Commitment	614.242	42	14.625		
	Emotional Regulation	1427.631	42	33.991		
	Life Control	827.181	42	19.695		
	Self-Efficacy	1458.756	42	34.732		
	Interpersonal Trust	475.273	42	11.316		

The between-subjects effects for comparing mean scores of psychological resilience among the control, life-quality-based therapy, and emotion-focused therapy groups are presented in Table 2. The F-values for all components of psychological resilience were significant ($p < 0.01$), indicating that the type of intervention significantly affected all dimensions of psychological resilience.

Table 5. Bonferroni Post Hoc Comparisons Between Groups

Dependent Variable	Group 1	Group 2	Mean Difference	Standard Error	Significance
Challenge	Control	Life-Quality Therapy	-2.371	0.927	0.043
	Control	Emotion-Focused Therapy	-4.809	0.927	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-2.438	0.927	0.036
Commitment	Control	Life-Quality Therapy	-2.096	0.806	0.039
	Control	Emotion-Focused Therapy	-4.127	0.806	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-2.031	0.806	0.047
Emotional Regulation	Control	Life-Quality Therapy	-4.167	1.229	0.005
	Control	Emotion-Focused Therapy	-7.269	1.229	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-3.102	1.229	0.046
Life Control	Control	Life-Quality Therapy	-2.473	0.936	0.034
	Control	Emotion-Focused Therapy	-4.836	0.936	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-2.362	0.936	0.046
Self-Efficacy	Control	Life-Quality Therapy	-3.222	1.242	0.039
	Control	Emotion-Focused Therapy	-6.578	1.242	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-3.356	1.242	0.030
Interpersonal Trust	Control	Life-Quality Therapy	-1.933	0.709	0.028
	Control	Emotion-Focused Therapy	-3.778	0.709	0.001
	Life-Quality Therapy	Emotion-Focused Therapy	-1.844	0.709	0.038

Pairwise comparisons of psychological resilience scores among the control, life-quality-based therapy, and emotion-focused therapy groups are presented in Table 3. The results show that

mean psychological resilience scores in the life-quality-based therapy and emotion-focused therapy groups were significantly higher than those in the control group ($p < 0.05$). Furthermore, mean scores in the emotion-focused therapy group were significantly higher than those in the life-quality-based therapy group ($p < 0.05$).

Discussion

Based on the results, in both the life-quality therapy and emotion-focused therapy groups, there were significant differences between the pre-test scores and the post-test and follow-up scores. Comparing the means across the three stages indicated that the mean scores of psychological resilience and marital empathy significantly increased in the post-test and follow-up stages compared to the pre-test stage, while the mean scores of emotional exhaustions decreased. The difference between post-test and follow-up scores was not significant, indicating the stability of treatment effects over time. In the control group, there were no significant differences between pre-test, post-test, and follow-up scores, nor between post-test and follow-up scores.

Moreover, the mean scores of psychological resilience and marital empathy in the life-quality therapy and emotion-focused therapy groups were significantly higher, and the mean scores of emotional exhaustions were lower, compared to the control group. Additionally, the mean scores of psychological resilience and marital empathy in the emotion-focused therapy group were significantly higher, and emotional exhaustion was lower, than those in the life-quality therapy group.

Regarding the effect of emotion-focused therapy on increasing psychological resilience in women experiencing marital conflict, the findings are consistent with previous studies. For instance, Zerach et al. (2015) demonstrated that emotion-focused therapy was effective in enhancing psychological flexibility and the sense of coherence in cardiovascular patients with obesity attending Shariati and Rajaee hospitals in Tehran. Similarly, the observed effect of life-quality therapy on increasing psychological resilience aligns with related studies.

Regarding the effect of emotion-focused therapy on reducing emotional exhaustion in women with marital conflict, the findings are consistent with previous research. For instance, Haeri nejad and Saffarinia (2023) found that emotion-focused therapy and acceptance and commitment therapy improved emotional self-regulation, psychological well-being, and resilience in couples with

marital discord residing in Qom. Similarly, the effect of life-quality therapy on reducing emotional exhaustion aligns with previous studies; for example, Shovaz et al. (2022) demonstrated that interventions based on life-quality skills and compassion significantly improved family mental health outcomes, including interpersonal relationships and tolerance of distress.

Concerning the effect of emotion-focused therapy on increasing marital empathy in women experiencing marital conflict, the findings are consistent with previous research. For example, Beasley and Ager (2019) reported that emotion-focused couples therapy positively influenced variables such as positive affect, negative affect, empathy, sexual intimacy, and relational attachment among couples attending counseling centers in Isfahan. Likewise, the effect of life-quality therapy on enhancing marital empathy is in line with prior studies; Haeri nejad and Saffarinia (2023) found that life-quality and compassion-based interventions significantly improved family mental health, including interpersonal relationship quality and the sense of meaningful life, among married female students experiencing marital conflict.

The present study, like other research in this field, faced certain limitations during implementation, including the lack of control over demographic characteristics such as age, gender, socioeconomic status, and cultural or ethnic background. Therefore, it is recommended that future studies, where possible, employ larger, randomized samples to enhance generalizability.

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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