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Effectiveness of Quality of Life Therapy on Improving Psychological Capital and Emotion Regulation of Mothers of Patients with Neurological and Mental Disorders

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A B S T R A C T

The present study aimed to evaluate the effectiveness of quality of life therapy training in improving psychological capital and emotion regulation among mothers of patients with neurological and mental disorders in Isfahan city. The statistical population consisted of all mothers of patients with neurological and mental disorders who had files at the Nooralmahdi Rehabilitation Center in Isfahan. The sample of this study included 30 mothers of patients with neurological and mental disorders who met the research entry criteria and were then randomly assigned to either the control or experimental group. While the control group was on the waiting list, the experimental group received the quality of life therapy package in 8 sessions of 90 minutes each. The research tools were the Luthans Psychological Capital Questionnaire (2007) and the Garnefski Cognitive Emotion Regulation Questionnaire (2001). Both groups were assessed in two stages, pre-test and post-test. Descriptive statistics (mean and standard deviation) and inferential statistics (multivariate analysis of covariance) were used for data analysis and examination. The results indicated that psychological capital and its dimensions significantly improved, but emotion regulation did not change in either the adaptive or maladaptive dimensions. According to the findings of this study, it can be said that quality of life therapy training is effective for improving the psychological capital of mothers of patients with neurological and mental disorders, but other complementary psychological interventions are needed to improve emotion regulation in both adaptive and maladaptive dimensions.

Keywords: *Psychological Capital, Cognitive Emotion Regulation, Quality of Life*

1. Introduction

The vulnerability of mothers of patients with neurological and mental disorders does not depend on a single factor. There exists a complex interaction between genetic components, environmental factors, and potentially protective factors such as having a physically and mentally healthy mother (Basharpoor et al., 2019; Shur-Fen Gau, 2007). Therefore, prioritizing the psychological condition of these mothers is essential.

Psychological capital is a composite and integrated construct that encompasses four cognitive-affective components: hope, optimism, self-efficacy, and resilience. These components meaningfully contribute to an individual's life through an interactive and evaluative process (Saadati & Parsakia, 2023), sustaining the individual's effort to change stressful situations, preparing them for action, and ensuring their perseverance and resilience in achieving goals (Zhao et al., 2022).

Emotion regulation, as a psychological variable, has garnered the attention of many researchers. Numerous studies have shown that emotion regulation is linked to success or failure in various life domains (Hashem et al., 2023; Kazemi Rezaei et al., 2023; Mohammadi et al., 2023; Preece et al., 2023; Soleymany & Sarifi, 2023). Emotions play a crucial role in adapting to life changes and stressful events. Emotion regulation can be defined as processes through which individuals can influence which emotions they have, when they experience them, and how they express them. Increasingly, emotion regulation is being incorporated into models of psychological distress, and evidence has shown that individuals who are unable to manage emotional responses to everyday events may experience disorders such as depression and anxiety (Garnefski & Kraaij, 2006; Garnefski & Kraaij, 2007).

It is believed that efficiently regulating emotional experiences is crucial for psychological happiness, superior quality of life, and high mental health, and individuals regulate their emotional experiences in various ways, one of the most common methods being the use of cognitive regulation strategies (Besharat, 2016). Cognitive emotion regulation strategies are cognitive processes employed by individuals to manage emotionally provocative information. In this context, emotions are considered internal and external processes responsible for controlling, evaluating, and altering an individual's affective responses towards achieving their goals, and any impairment or defect in emotion regulation can make an individual vulnerable to psychological disorders such as depression and anxiety (Aldao et al., 2014; Tabrizchi & Vahidi, 2015).

Different methods have been used to improve emotion regulation (Aghaziarati et al., 2023; Ghasemkhanloo et al., 2021; Masumi tabar et al., 2020; Saadati et al., 2020; Samaeelvand et al., 2023; Shiroodaghaei et al., 2020; Solimannejad et al., 2019; Teymouri et al., 2020; Zare & Aghaziarati, 2018). Quality of Life Therapy (QOLT) may also be effective in enhancing psychological capitals and improving emotion regulation, representing a new therapeutic method in positive psychology aimed at promoting well-being, life satisfaction, and treating mental disorders such as depression. This therapy, designed by Frisch (2006), combines Aaron T. Beck's cognitive approach in clinical psychology, Mihaly Csikszentmihalyi's activity theory, and positive psychology by Seligman. Target groups include not only individuals with disorders like depression but also ordinary and healthy individuals seeking to enhance their well-being, mental health, and overall quality of life.

This approach offers principles and skills to help clients in cognitive correction, pursuing and fulfilling needs, goals, and desires in significant and valuable life areas. The 16 main life domains focused on in interventions include: 1) Physical health and wellness, 2) Self-esteem, 3) Goals and values, 4) Money and materials, 5) Work, 6) Recreation and entertainment, 7) Learning, 8) Creativity, 9) Helping others, 10) Love, 11) Friends, 12) Children, 13) Relatives, 14) Home, 15) Neighbors, 16) Community, 17) Religion. In this model, positive psychology and health psychology are combined with cognitive approaches (Miller et al., 2013; Udaykar et al., 2023; Viegas et al., 2023). This therapeutic method is based on a five-path model briefly called (CASIO), consisting of 1) Objective features and life conditions (C), 2) Attitudes (A), 3) Satisfaction criteria (standards) (S), 4) Evaluating satisfaction domains by importance (I), 5) Overall life satisfaction (O). Clients learn how to increase their satisfaction and happiness by changing these five roots (Ghamari & Khoshnam, 2021; Panayiotou et al., 2021). Moreover, the principles addressed in this method are composed of concepts, attitudes, skills, strengths, and positive schemas or beliefs that contribute to improving happiness, well-being, and sustainable life satisfaction. CASIO provides five concepts for creating satisfaction in these areas, based on achieving satisfaction between what an individual wants and what they have, thereby enhancing life quality (Bai et al., 2022; Otared et al., 2021).

Despite the examination of the effect of Quality of Life Therapy on various disorders, no study has been found based

on the effectiveness of Quality of Life Therapy on improving psychological capital and emotion regulation among mothers of patients with neurological and mental disorders. Given the above, it seems that Quality of Life Therapy could effectively impact the cognitive and emotional mechanisms of mothers of patients with neurological and mental disorders, improving their psychological capital and emotion regulation towards their well-being. The results of this research could be beneficial in developing therapeutic and preventive formats for the psychological issues of mothers of patients with neurological and mental disorders. Therefore, in the present study, the effect of Quality of Life Therapy on improving psychological capital and emotion regulation was investigated.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental design with an experimental and control group, with pre-test and post-test. The study population consisted of all mothers of patients with neurological and mental disorders who had files at the Nooralmahdi Comprehensive Rehabilitation Center during 2015-2016. Given the intervention nature of this study, 30 mothers of patients with neurological and mental disorders who met the entry and exit criteria were selected and randomly assigned to the experimental and control groups.

The entry criteria for this study were: 1) Having a child with a neurological and mental disorder, 2) Having a file at the Nooralmahdi Center, 3) Preferably reading and writing literacy of at least sixth grade, 4) Physical and mental health sufficient for attending educational classes (assessed through a brief clinical interview by the researcher), 5) Willingness to participate in all sessions.

Exit criteria in this study included: 1) Absence in more than one educational session, 2) Repeated tardiness in sessions, 3) Disregard for related topics and creating disorder during sessions, 4) Acute physical and psychological disorders, 5) Participation in other educational courses, 6) Unwillingness to attend sessions.

To conduct the research, among the rehabilitation centers for neurological and mental disorders in Isfahan, the accessible Nooralmahdi Comprehensive Rehabilitation Center was selected, and its management was invited to collaborate. Then, 30 mothers were selected based on the entry and exit criteria and randomly assigned to the experimental and control groups. While the control group was on the waiting list, the experimental group mothers received the Quality of Life Therapy method (along with tasks during sessions, home assignments, and group discussions) in 8 sessions of 90 minutes each, twice a week at the Nooralmahdi Rehabilitation Center, accessible to all the concerned mothers. In each session, hospitality was extended to the mothers. Finally, in the ninth session, while reviewing past sessions, the post-test questionnaires were re-administered. It is worth mentioning that both groups responded to the research tools in both the pre-test and post-test phases.

2.2. Measures

2.2.1. Psychological Capital

The Luthans Psychological Capital Questionnaire is the most common tool for measuring psychological capital. This questionnaire consists of 24 items and 4 subscales, each subscale containing 6 items. Respondents rate each item on a six-point scale ranging from (strongly disagree to strongly agree). To calculate the psychological capital score, the score of each subscale is first obtained separately, and then their sum is considered as the total psychological capital score. The results of the confirmatory factor analysis indicated that this test possesses the factors and constructs intended by its creators. In fact, the results of the factor analysis confirmed the construct validity of the test. Also, in this study, the reliability of this questionnaire was obtained through Cronbach's alpha as 0.85 (Luthans et al., 2007). In the present study, internal consistency was calculated for the entire scale and the subscales, which was confirmed for the entire scale (0.931) and the subscales.

2.2.2. Cognitive Emotion Regulation

The Cognitive Emotion Regulation Questionnaire, a self-assessment tool, was designed in 2001 by Garnefski et al.. This questionnaire specifically addresses individuals' thoughts following negative experiences. The original version of this questionnaire includes 9 components (self-blame, acceptance, rumination, positive refocusing, refocusing on planning, positive reappraisal, putting into perspective, catastrophizing, blaming others) and contains 36 items. Items are designed based on theoretical and practical constructs. Each four items measure one component, which in turn assesses one strategy. The questionnaire's reliability was calculated by its creators using Cronbach's alpha for positive strategies as 0.98, for

negative strategies as 0.87, and for the entire questionnaire as 0.63. This questionnaire underwent translation processes and then was implemented to assess psychometric properties and calculate validity and reliability in a sample population. The 36 items of the Cognitive Emotion Regulation Questionnaire were calculated using exploratory factor analysis with a component analysis method. Items are rated on a five-point continuum (from always to never), scored from one to five, and the obtained scores are summed up (Garnefski et al., 2009; Garnefski & Kraaij, 2007). This questionnaire is divided into adaptive and maladaptive styles. In the present study, internal consistency was calculated for both adaptive and maladaptive styles and subscales, which was confirmed for the adaptive emotion regulation style ($\alpha = 0.736$) and for the maladaptive emotion regulation style ($\alpha = 0.731$) and the subscales.

2.3. Intervention

2.3.1. Quality of Life Therapy

Session 1: Establishing connection and introducing members, stating group rules, objectives and introducing the training course, obtaining commitment from participants to attend the sessions, introducing and discussing quality of life, life satisfaction, happiness.

Session 2: Review of the previous session's discussion, definition of quality of life therapy, introduction of quality of life dimensions, introduction of the 16 life domains that constitute the overall quality of life of an individual, identifying problematic issues among members, summary discussion, feedback provision.

Session 3: Review of the previous session's discussion, introduction of CASIO as the five roots, starting with one of the dimensions, introducing C as the first strategy and its application in the 16 dimensions of quality of life.

Session 4: Review of the previous session's discussion, introduction of CASIO, introduction of A as the second strategy in the 16 dimensions of quality of life.

Session 5: Review of the previous session's discussion, discussion about CASIO, introduction of S as the third strategy for increasing life satisfaction, teaching quality of life principles.

Session 6: Review of the previous session's discussion, discussion about quality of life principles, introduction of I as the fourth strategy and its application for increasing satisfaction.

Session 7: Review of the previous session's discussion, continuation of discussion about principles, introduction of O as the fifth strategy.

Session 8: Presentation of a summary of the topics discussed in previous sessions, summary and teaching of CASIO in different life situations and application of principles in different life domains and application of CASIO in the 16 life domains.

2.4. Data analysis

To examine the research hypothesis that "Quality of Life Therapy has a significant effect on improving the psychological capitals and emotion regulation of mothers of patients with neurological and mental disorders in Isfahan," a multivariate analysis of covariance test was used.

3. Findings and Results

Table 1 shows the mean and standard deviation of psychological capitals and emotion regulation according to the group.

Table 1

Mean and Standard Deviation of Psychological Capitals and Emotion Regulation According to Experimental and Control Group

Variables	Group	Stage	Mean	Standard Deviation	Number
Psychological Capitals	Experimental	Pre-test	77.93	17.80	15
		Post-test	106.6	13.24	15
	Control	Pre-test	84.73	14.03	15
		Post-test	86.73	11.74	15
Adaptive Emotion Regulation	Experimental	Pre-test	62.26	3.75	15
		Post-test	69.93	5.67	15
	Control	Pre-test	60.86	7.87	15
		Post-test	63.60	9.74	15
Maladaptive Emotion Regulation	Experimental	Pre-test	49.80	3.85	15
		Post-test	49.40	5.56	15
	Control	Pre-test	50.66	6.42	15
		Post-test	48.13	3.97	15

The results of Table 1 indicate that the mean of psychological capitals and adaptive emotion regulation in the experimental group has increased in the post-test, and the mean of maladaptive emotion regulation in the experimental group has decreased in the post-test. Also, the results show that there is a difference between the mean of psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation of the experimental group in the pre-test and post-test stages. To examine the significance of this difference, a multivariate analysis of covariance test was used. The normality of scores for psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation was tested using the Shapiro-Wilk test, and the assumption of equality of variances was examined using Levene's test. The results of the Shapiro-Wilk test showed that the scores for psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation are normal ($p>0.05$), thus fulfilling the assumption for using the analysis of covariance test. Levene's test results showed no significant difference in variances of psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation among groups ($p>0.05$), thus fulfilling the assumption for using the analysis of covariance test. Box's test was used to examine the equality of covariances in psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation between the two groups. Box's test results indicate that the difference in covariances of psychological capitals, adaptive emotion regulation, and maladaptive emotion regulation between the two groups is not significant. Given the confirmation of assumptions, a multivariate analysis of covariance test was used to compare the two groups.

Table 2

Results of Multivariate Analysis of Covariance for Comparing Psychological Capitals, Adaptive Emotion Regulation, and Maladaptive Emotion Regulation According to Group After Controlling for Age and Marital Status

Source of Variation	Variables	Sum of Squares	df	Mean Square	F	Significance	Eta Squared	Test Power
Modified Model	Psychological Capitals	5368.359	6	894.727	10.402	.000	.731	1.00
	Adaptive Emotion Regulation	670.292	6	111.715	6.281	.001	.621	.991
	Maladaptive Emotion Regulation	86.787	6	14.465	0.914	.503	.192	.286
Age	Psychological Capitals	129.733	1	129.733	1.508	.232	.062	.218
	Adaptive Emotion Regulation	0.000	1	0.000	0.000	.998	.000	.050
	Maladaptive Emotion Regulation	0.133	1	0.133	0.008	.928	.000	.051
Marital Status	Psychological Capitals	41.574	1	41.574	0.483	.494	.021	.102
	Adaptive Emotion Regulation	16.191	1	16.191	0.910	.350	.038	.150
	Maladaptive Emotion Regulation	2.899	1	2.899	0.183	.673	.008	.069
Pretest	Psychological Capitals	2373.935	1	2373.935	27.600	.000	.545	.999
	Adaptive Emotion Regulation	14.889	1	14.889	0.173	.681	.007	.068
	Maladaptive Emotion Regulation	1.817	1	1.817	0.021	.886	.001	.052
Group	Psychological Capitals	3254.184	1	3254.184	37.833	.000	.622	1.00
	Adaptive Emotion Regulation	37.964	1	37.964	2.135	.158	.085	.288
	Maladaptive Emotion Regulation	29.847	1	29.847	1.885	.183	.076	.260
Error	Psychological Capitals	1978.307	23	86.013				
	Adaptive Emotion Regulation	409.075	23	17.786				
	Maladaptive Emotion Regulation	364.180	23	15.834				

As observed in Table 2, the difference in means between the two groups in psychological capitals is significant, and the difference in means between the two groups in adaptive and maladaptive emotion regulation is not significant. Additionally, the eta coefficient indicates that Quality of Life Therapy explains 62.2% of the changes in psychological capitals. The statistical power for psychological capitals, equivalent to 1.000, indicates an adequate sample size for such a conclusion. Thus, in response to this hypothesis, it must be stated that Quality of Life Therapy only affects the improvement of psychological capitals of mothers of patients with neurological and mental

disorders and has not been effective in regulating their emotions.

4. Discussion and Conclusion

The present study, aimed at improving the psychological capitals and emotion regulation of patients with neurological and mental disorders, showed that Quality of Life Therapy is effective in improving psychological capitals and its dimensions but did not have a significant effect on the total scores of both adaptive and maladaptive emotion regulation dimensions of mothers of patients with neurological and mental disorders in Isfahan. This study is among the first conducted in this area. Nonetheless, some findings of this research are consistent with the findings of existing studies on the effectiveness of other psychotherapeutic methods on psychological capitals and its dimensions (Dehghannezhad et al., 2017; Faraj Zadeh et al., 2020; Ghadiri Niari & Moshkbid Haghighi, 2023; Nasiri Takami et al., 2020; Saeidi et al., 2021).

In explaining the effectiveness of Quality of Life Therapy on the psychological capitals of mothers of patients with neurological and mental disorders, it should be said that since psychological capital is composed of four dimensions: hope, optimism, self-efficacy, and resilience, it seems that Quality of Life Therapy has impacted these four dimensions. Quality of Life Therapy seems to have been effective on psychological capitals through several methods: 1) Teaching mothers that life consists of 16 different dimensions and if they are dissatisfied with one aspect, they should pay attention to other dimensions. Through educational assignments, they learned how to pay attention to dimensions they had previously ignored; 2) Through teaching the principle of internal wealth, they learned how to achieve focus, tranquility, and joy by dedicating sufficient time to themselves, how to abandon undesirable habits, and plan for their revival; 3) Through the principle of quality time, they learned how to problem-solve, resolve their issues, and use the technique of secondary belief during sadness and experiencing negative emotions; 4) Through goal setting and finding meaning, they learned how to set goals according to their values and consider religious goals and meanings; 5) Finally, through the five specific solutions of Quality of Life Therapy, they learned how to change even the slightest conditions of their life, how to change their perspective and attitude so that instead of becoming hopeless and pessimistic, they become optimistic and hopeful, and find meanings in their life that help their resilience. They learned how to set goals and standards that lead to their success and less failure and abandon perfectionism, in a way that increases their self-efficacy. They also learned how to adjust their priorities to achieve satisfaction in life. For this, they were told to review their life priorities in different life dimensions. Finally, through training, they were taught through the metaphor of the egg basket how to improve satisfaction in other areas of life. Overall, it seems that all these techniques have worked together to improve psychological capitals.

Although it was expected that the mentioned methods would reduce maladaptive emotion regulation and improve adaptive emotion regulation, the results turned out contrary to expectations. In explaining these findings, it can be said that since maladaptive emotion regulation includes various dimensions such as self-blame, blaming others, catastrophizing, and rumination, perhaps some of these dimensions require deeper methods of change. Indeed, in this study, only the positive psychology and developmental aspect of Quality of Life Therapy, not the cognitive therapy aspect, was considered. Perhaps correcting maladaptive emotion regulation requires cognitive therapy techniques, and positive psychology techniques may be insufficient for this purpose. Also, it seems that adaptive emotion regulation, which includes dimensions of positive refocusing, refocusing on planning, positive reappraisal, and acceptance, may require more time for the application of techniques or more direct training that was not addressed in this educational package. Moreover, it should be said that improving adaptive emotion regulation without reducing maladaptive emotion regulation seems improbable, and not only should individuals find adaptive emotion regulation, but maladaptive emotion regulation should also be reduced in them. Nonetheless, the results of this study show that Quality of Life Therapy can improve the psychological capitals of mothers of patients with neurological and mental disorders. Overall, like other research, this study had limitations, such as using questionnaires to evaluate variables and lacking long-term follow-up. Overall, it can be suggested that complementary methods such as cognitive therapy and positive psychology techniques should be used to improve emotion regulation.

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Declaration of Interest

The authors of the study declare no conflict of interest related to the research.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Authors' Contributions

All authors contributed equally in this article.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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