




The Effectiveness of Quality of Life Therapy on Ego Strength and Psychological Empowerment in Women with Inadequate Spousal Support

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of Quality of Life Therapy (QoLT) on improving ego strength and psychological empowerment among women with inadequate spousal support.

Methods and Materials: The research employed a quasi-experimental design with pretest, posttest, and 45-day follow-up stages using experimental and control groups. The statistical population consisted of all women with inadequate spousal support in Shahrekord in 2023. Thirty participants were selected through purposive sampling based on inclusion and exclusion criteria and were randomly assigned to two groups of fifteen participants each. The experimental group received eight weekly sessions (90 minutes each) of Quality of Life Therapy based on the CASIO model, while the control group was placed on a waiting list. Data were collected using the Ego Strength Scale by Markstrom et al. (1997) and the Psychological Empowerment Scale by Thomas and Velthouse (1990). The data were analyzed using repeated-measures analysis of variance (ANOVA) with SPSS-26 to compare the changes across the three measurement stages (pretest, posttest, and follow-up).

Findings: The results of repeated-measures ANOVA revealed a significant effect of time and group interaction on both ego strength ($F(1,28)=33.38$, $p<.001$, $\eta^2=.641$) and psychological empowerment ($F(2,28)=55.09$, $p<.001$, $\eta^2=.750$). The between-group effects were also significant for ego strength ($F(1,28)=16.68$, $p<.001$, $\eta^2=.471$) and psychological empowerment ($F(1,28)=25.59$, $p<.001$, $\eta^2=.583$), indicating that participants in the Quality of Life Therapy group showed substantial improvements compared to the control group, with effects maintained at follow-up.

Conclusion: Quality of Life Therapy can be used as a comprehensive, cognitive-behavioral, and life-satisfaction-based intervention for promoting psychological resilience and empowerment.

Keywords: *Quality of Life Therapy, Psychological Empowerment, Women with Inadequate Spousal Support*

1. Introduction

In recent years, growing attention has been directed toward understanding how therapeutic approaches can enhance the psychological well-being and adaptive capacities of socially vulnerable populations, particularly women with inadequate spousal support. These women often experience multifaceted psychosocial stressors, including emotional neglect, economic hardship, and social stigma, which collectively undermine their psychological empowerment and ego strength. The capacity to maintain a stable sense of self, effective emotional regulation, and purposeful living is critical for resilience and mental health in such contexts. As research increasingly emphasizes interventions that enhance life satisfaction and inner strength, Quality of Life Therapy has emerged as a promising approach that holistically addresses individuals' cognitive, emotional, and behavioral dimensions to improve subjective well-being and empowerment (Desai, 2025; Lee et al., 2025).

Ego strength, a concept rooted in Eriksonian theory, represents an individual's capacity for self-coherence, adaptability, and resilience in the face of life challenges (Kroeber, 2023). It reflects the dynamic integration of various psychosocial competencies such as purpose, will, fidelity, and wisdom, which enable individuals to navigate stress and achieve psychological balance (Syed et al., 2020). Weak ego functioning often manifests as dependence, emotional dysregulation, or low self-efficacy, which can significantly hinder one's ability to respond effectively to adversity. Studies have shown that ego development plays a crucial role in psychological adaptation, influencing emotional stability, coping strategies, and social relationships (Brashears et al., 2020). In women with inadequate spousal support, low ego strength is frequently linked with diminished problem-solving ability, helplessness, and depressive symptoms (Islami et al., 2020). Therefore, interventions designed to enhance ego strength are vital in helping these women regain autonomy and confidence.

The construct of psychological empowerment, on the other hand, refers to the process by which individuals gain control over their lives through the development of self-efficacy, meaning, competence, and perceived impact (Zaeri et al., 2020). Empowerment contributes to mental health by increasing individuals' sense of agency, self-determination, and optimism, which serve as protective factors against stress and psychological vulnerability (Merami et al., 2020).

According to studies on women in marginalized conditions, psychological empowerment functions as both an outcome of therapeutic interventions and a mediator that fosters emotional regulation and social functioning (Goudarzi et al., 2021; Nawab et al., 2021). This dual role highlights the importance of empowerment as a therapeutic target, particularly among women who face chronic psychosocial strain.

Empirical studies have demonstrated the effectiveness of psychological interventions such as emotion-focused therapy, compassion therapy, and solution-focused therapy in strengthening resilience and promoting empowerment among women facing domestic or social challenges (Gholizadeh et al., 2024; Pourdal & Soudani, 2021; Vejdani et al., 2024). For instance, emotion-focused therapy has been found effective in improving emotional regulation and resilience in women experiencing domestic violence (Vejdani et al., 2024). Similarly, compassion therapy reduces psychological stress and rumination among divorced women, fostering greater self-compassion and self-worth (Gholizadeh et al., 2024). Such interventions highlight the critical role of emotional awareness and self-acceptance in the empowerment process. Likewise, solution-focused therapy enhances quality of life and psychological flexibility in neglected women with addiction readiness, reflecting how brief, strength-based approaches can create substantial changes in cognitive and affective functioning (Pourdal & Soudani, 2021).

Building upon these therapeutic frameworks, Quality of Life Therapy (QoLT) integrates cognitive-behavioral and positive psychology principles to improve subjective well-being through structured self-assessment and life-goal clarification. Developed by Frisch, QoLT emphasizes the CASIO model, which encompasses five elements—Circumstances, Attitudes, Standards, Importance, and Overall satisfaction—that influence an individual's perception of life quality (Lee et al., 2025). By guiding participants to evaluate and adjust their beliefs and expectations across multiple life domains, QoLT fosters a sense of coherence and psychological flexibility. This model is especially valuable for women in vulnerable social positions, as it enhances their capacity for self-reflection, goal-setting, and emotional balance—key components of ego strength and empowerment.

Studies on similar interventions affirm the importance of enhancing self-regulation and emotional awareness for sustainable psychological growth. Emotion regulation training based on dialectical behavior therapy, for example,

has been shown to effectively reduce anxiety, depression, and anger in the spouses of veterans (Abaspour et al., 2023). Similarly, compassion-focused therapy has demonstrated positive effects on self-determination and reduction of suicidal ideation in adolescents with self-harming behaviors (Choobforouz Zadeh et al., 2023). These findings underscore the therapeutic value of compassion and mindfulness in strengthening ego boundaries and improving emotional stability. The development of human personality is inherently shaped by these adaptive emotional and cognitive processes, as recent psychological research affirms that emotional regulation, meaning-making, and self-reflection are central to healthy personality development (Alzeer & Benmerabet, 2023).

Within the Iranian sociocultural context, neglected or unsupported women frequently face barriers that undermine their sense of self-efficacy and life satisfaction. A meta-analysis of studies on neglected women in Iran found consistent evidence of psychological vulnerability, social isolation, and identity erosion, all of which demand targeted psychosocial interventions (Parhizkar et al., 2023). In such contexts, therapeutic approaches that address both internal psychological processes (such as ego strength and emotion regulation) and external life satisfaction variables (such as quality of life and social relationships) are particularly valuable. Research indicates that short-term cognitive therapy significantly enhances ego strength and reduces mental rumination in university students (Darvish & Ghazaleh, 2023), while narrative therapy promotes ego empowerment and emotional resilience among women heads of households (Islami et al., 2020). These studies provide empirical support for the adaptability of cognitive-behavioral and narrative-based interventions in fostering psychological autonomy and self-coherence in women facing adversity.

Furthermore, the psychological mechanisms underlying ego strength are closely related to defense processes and coping strategies. Recent neuropsychanalytic studies have highlighted the adaptive functions of defense mechanisms as integral to ego functioning, suggesting that defense processes serve not only as protective barriers but also as regulatory systems that promote psychological balance and resilience (Henderson, 2023). From this perspective, ego strength can be understood as a function of one's ability to integrate unconscious defenses with conscious self-reflection to manage conflict and sustain self-esteem. Kroeber's theoretical perspective also conceptualizes ego mechanisms as adaptive tools that facilitate coping and

meaning-making in stressful contexts (Kroeber, 2023). These theoretical underpinnings reinforce the conceptual connection between ego development, psychological empowerment, and quality of life enhancement.

Research in the field of positive psychology further supports the role of life satisfaction interventions in psychological growth. Studies have shown that interventions emphasizing values clarification, gratitude, and goal-setting contribute to significant improvements in life satisfaction and emotional regulation among vulnerable populations (Darvish & Ghazaleh, 2023; Goudarzi et al., 2021). Moreover, acceptance and commitment therapy (ACT), which shares conceptual similarities with QoLT in its focus on psychological flexibility and value-based living, has proven effective in reducing internalized shame and marital disengagement among women supported by social welfare organizations (Amini et al., 2021; Amini & Karami Nejad, 2021). Such evidence suggests that structured, value-oriented therapies can enhance psychological integration and foster empowerment by aligning cognitive restructuring with emotional acceptance.

In addition, contemporary psychological models emphasize the interrelation of personality development and empowerment. Alzeer and Benmerabet (2023) assert that human personality develops through a dynamic interplay between internal potentials and environmental conditions, where empowerment processes act as catalysts for self-actualization (Alzeer & Benmerabet, 2023). This notion aligns with Brashears et al. (2020), who describe personality traits and social cognition as key determinants of ego network composition and adaptive behavior (Brashears et al., 2020). Therefore, fostering ego strength and empowerment not only enhances individual resilience but also improves interpersonal functioning and social integration.

In light of these theoretical and empirical foundations, the present study aims to investigate the effectiveness of Quality of Life Therapy on ego strength and psychological empowerment in women with inadequate spousal support.

2. Methods and Materials

2.1. Study design and Participant

This study employed a quasi-experimental design with two groups (experimental and control) and three measurement stages—pretest, posttest, and 45-day follow-up—to examine the effectiveness of Quality of Life Therapy on ego strength and psychological empowerment in women

with inadequate spousal support. The statistical population included all women with inadequate spousal support in Shahrekord in 2023. From this population, a purposive sample of 60 women was initially selected based on inclusion and exclusion criteria. After screening, 30 participants were randomly assigned to the experimental and control groups, with 15 participants in each group. The inclusion criteria consisted of being over 20 years of age, having at least basic literacy (reading and writing skills), and expressing willingness to participate in the educational program. The exclusion criteria included being older than 45 years, missing more than two intervention sessions, and simultaneous participation in another psychological or educational program. Necessary ethical approvals were obtained from the university ethics committee and the relevant organizations, including the Welfare Organization and the Prisoners' Families Support Foundation. Information regarding the program was publicly announced to eligible women, and voluntary registration was encouraged. The intervention consisted of eight weekly sessions of 90 minutes each, conducted by the researcher in the afternoons from 4:00 to 6:00 p.m. The experimental group received the Quality of Life Therapy intervention, while the control group remained on the waiting list and received no intervention during the study period.

2.2. Measures

The Ego Strength Scale developed by Markstrom, Sabino, Turner, and Berman (1997) was used to assess ego strength. This 64-item instrument evaluates multiple dimensions of ego development, including hope, will, purpose, competence, fidelity, love, care, and wisdom, corresponding to Erikson's psychosocial stages. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating stronger ego development and psychological resilience. The scale has demonstrated high internal consistency, with Cronbach's alpha coefficients reported above .85 across different populations. It has also shown good construct validity through factor analyses aligning with Erikson's theoretical model. In the present study, the Persian version of the scale was used, which has been previously validated for use with Iranian samples, showing satisfactory reliability and validity indices. Participants completed the questionnaire at all three stages (pretest, posttest, and follow-up), allowing for longitudinal assessment of changes in ego functioning as a result of the intervention.

Psychological empowerment was measured using the Psychological Empowerment Scale developed by Thomas and Velthouse (1990), which evaluates individuals' perceived control, competence, meaningfulness, and impact within their life contexts. This instrument is grounded in the cognitive model of empowerment, which conceptualizes empowerment as a set of four cognitive dimensions influencing intrinsic motivation and self-efficacy. The measure includes items rated on a Likert-type scale, with higher scores reflecting greater perceived psychological empowerment. The scale has been widely used in psychological and organizational research and has demonstrated robust psychometric properties, with Cronbach's alpha coefficients generally exceeding .80. In this study, the Persian adaptation of the Thomas and Velthouse scale, validated in previous Iranian studies, was administered. It was given to all participants at three time points—pretest, posttest, and 45-day follow-up—to evaluate the effectiveness of Quality of Life Therapy in enhancing participants' psychological empowerment over time.

2.3. Intervention

The intervention sessions for the Quality of Life Therapy group were held once a week in the evenings from 4:00 to 6:00 p.m. and were conducted by the researcher. The program followed the Quality of Life Therapy framework adapted from Aghaei and Yousefi (2017). The first session focused on establishing rapport, introducing participants, presenting group rules and objectives, obtaining participants' commitment, and discussing key concepts such as quality of life, life satisfaction, and happiness. The second session involved a review of the previous session, defining Quality of Life Therapy, introducing the dimensions of quality of life, and presenting the 36 life domains that contribute to overall life quality, followed by identifying participants' problem areas and providing feedback. The third session introduced the CASIO model as the foundation of the therapy, beginning with "C" as the first strategy, emphasizing its application across the 36 life domains. The fourth session continued the CASIO model by focusing on "A" as the second strategy and its implementation in life satisfaction enhancement. The fifth session covered the third strategy, "S," and included training on the principles of quality of life and ways to improve satisfaction through cognitive and behavioral adjustments. The sixth session reviewed previous discussions and introduced "I" as the fourth strategy, teaching its role in promoting satisfaction

and personal empowerment. The seventh session elaborated on “O” as the fifth and final strategy of CASIO, linking it to holistic well-being. The eighth and final session provided a comprehensive summary of all previous content, integrated the CASIO model for use in diverse life circumstances, and emphasized the practical application of these principles across the 36 domains of life.

2.4. Data Analysis

Data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including mean and standard deviation, were calculated to summarize participants’ scores on ego strength and psychological empowerment across measurement stages and groups. For inferential analysis, repeated-measures analysis of variance (ANOVA) was employed to examine within-group and between-group effects over time and to test the main

hypothesis of the study. The Shapiro–Wilk test was applied to assess the normality of data distribution, Levene’s test to verify homogeneity of variances, and Box’s M test to confirm the equality of covariance matrices. In cases where the sphericity assumption was violated, as determined by Mauchly’s test, the Greenhouse–Geisser correction was used to adjust the degrees of freedom. Statistical analyses were conducted using SPSS software version 26, with a significance level set at $p < .05$.

3. Findings and Results

To examine the research hypothesis—that Quality of Life Therapy has a significant effect on ego strength and psychological empowerment among women with inadequate spousal support—a repeated-measures analysis of variance (ANOVA) was used. Table 1 presents the means and standard deviations of the study variables.

Table 1

Means and Standard Deviations of Ego Strength and Psychological Empowerment by Group

Variable	Group	Mean	Standard Deviation
Ego Strength (Pretest)	Quality of Life Therapy	107.66	19.44
	Control	110.47	21.88
Ego Strength (Posttest)	Quality of Life Therapy	132.40	13.77
	Control	109.87	18.15
Ego Strength (Follow-up)	Quality of Life Therapy	159.13	15.23
	Control	109.47	18.81
Psychological Empowerment (Pretest)	Quality of Life Therapy	26.33	5.39
	Control	30.07	7.62
Psychological Empowerment (Posttest)	Quality of Life Therapy	56.73	6.64
	Control	29.85	6.44
Psychological Empowerment (Follow-up)	Quality of Life Therapy	54.53	5.40
	Control	30.71	5.55

The results in Table 1 show that the mean scores of ego strength and psychological empowerment increased in the Quality of Life Therapy group from pretest to posttest and follow-up, while the control group’s scores remained nearly stable across all three measurements. To test the statistical significance of these differences, a repeated-measures ANOVA was conducted.

The Shapiro–Wilk test confirmed the normality of data distribution, as there was no significant deviation from

normality. Levene’s test showed homogeneity of variances across groups for both ego strength and psychological empowerment. The Box’s M test indicated no significant difference in the equality of covariance matrices between the two groups. Finally, Mauchly’s test revealed that the sphericity assumption was violated for psychological empowerment; thus, Greenhouse–Geisser corrections were applied for this variable.

Table 2
Results of Repeated-Measures ANOVA for Ego Strength and Psychological Empowerment by Group

Variable	Effect Type	Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Eta Squared	Power
Ego Strength	Within-Group	Main Effect (Time)	7756.225	1	7756.225	87.56	.001	.610	1.000
	Within-Group	Time × Group Interaction	8871.83	1	2957.27	33.38	.001	.641	1.000
	Within-Group	Error	4906.11	28	175.22				
	Between-Group	Main Effect (Group)	61781.91	1	20593.00	16.68	.001	.471	1.000
	Between-Group	Error	34521.67	28	1232.20				
	Between-Group								
Psychological Empowerment	Within-Group	Main Effect (Time)	19052.85	2	9526.42	516.38	.001	.904	1.000
	Within-Group	Time × Group Interaction	6098.07	2	1562.60	55.09	.001	.750	1.000
	Within-Group	Error	2030.32	28	72.51				
	Between-Group	Main Effect (Group)	9232.79	1	3077.59	25.59	.001	.583	1.000
	Between-Group	Error	6613.78	28	236.20				
	Between-Group								

As shown in Table 2, in the within-group section for ego strength, the interaction effect of time and group was statistically significant ($F(1, 28) = 33.38, p < .001$). This indicates that ego strength scores changed significantly from pretest to posttest and follow-up in the Quality of Life Therapy group compared to the control group. The eta squared value (.641) shows that 64.1% of the variance in ego strength is explained by the interaction between time and group, reflecting the impact of the intervention over time. The power value of 1.00 suggests adequate statistical sensitivity and sample size.

In the between-group section, the main effect of group membership ($F(1, 28) = 16.68, p < .001$) was also significant, indicating that ego strength differed significantly between the Quality of Life Therapy and control groups, regardless of time. The eta squared value (.471) shows that 47.1% of the variance in ego strength is attributed to the intervention method.

For psychological empowerment, the within-group interaction between time and group was also significant ($F(2, 28) = 55.09, p < .001$). The eta squared value (.750) demonstrates that 75% of the variance in psychological empowerment was explained by the time–group interaction, indicating the strong effect of Quality of Life Therapy across time.

In the between-group effects, group membership had a significant main effect on psychological empowerment ($F(1,$

$28) = 25.59, p < .001$). The eta squared value (.583) indicates that 58.3% of the variance in psychological empowerment was due to the intervention. The power value of 1.00 shows that the analysis had full statistical power, confirming that the observed differences between the experimental and control groups in both ego strength and psychological empowerment were robust and reliable.

4. Discussion and Conclusion

The purpose of the present study was to examine the effectiveness of Quality of Life Therapy (QoLT) on ego strength and psychological empowerment among women with inadequate spousal support. The findings revealed that the participants who received QoLT showed a significant increase in both ego strength and psychological empowerment from pretest to posttest and maintained these gains at the 45-day follow-up. These results indicate that QoLT effectively enhances the psychological and emotional capabilities of women who experience high levels of stress, instability, and dependency due to inadequate spousal support. The improvement in ego strength reflects better emotional regulation, self-coherence, and adaptability, while the increase in psychological empowerment points to higher levels of perceived competence, autonomy, and life satisfaction. These findings are consistent with theoretical frameworks emphasizing that enhancing the quality of life

through structured cognitive-behavioral interventions can improve self-efficacy, self-regulation, and resilience (Desai, 2025; Lee et al., 2025).

The enhancement of ego strength following participation in QoLT supports the notion that structured self-reflection and cognitive restructuring play critical roles in ego development. According to Eriksonian and post-Eriksonian models, ego strength develops through the successful integration of psychosocial experiences, which fosters a sense of coherence and mastery (Kroeber, 2023; Syed et al., 2020). The CASIO model of QoLT enables individuals to analyze their life circumstances and attitudes systematically, adjust unrealistic standards, and reassess the importance of life domains, thereby promoting psychological integration and emotional stability. These findings are aligned with previous research demonstrating that cognitive and emotion-based interventions enhance ego functioning by improving adaptive coping and reducing mental rumination (Darvish & Ghazaleh, 2023). Similarly, the observed stability of results at follow-up supports the idea that QoLT induces enduring psychological changes by addressing both cognitive appraisals and emotional regulation processes.

The results are consistent with earlier studies that highlighted the effectiveness of interventions focused on emotional regulation and cognitive restructuring in strengthening self-concept and ego functioning. For instance, emotion regulation training based on the dialectical behavior therapy model was found to significantly reduce anxiety, depression, and anger among the spouses of veterans, improving their sense of psychological control (Abaspour et al., 2023). These results mirror the findings of the current study by suggesting that structured therapeutic interventions that enhance awareness, acceptance, and goal-directed behavior can foster emotional stability and strengthen ego-related capacities. Furthermore, evidence from narrative and cognitive-behavioral therapies supports the view that when individuals reinterpret life experiences and reconstruct personal meaning, they achieve higher levels of ego integration and resilience (Islami et al., 2020). Thus, the increase in ego strength observed among participants in the present study is consistent with the broader body of evidence indicating that self-reflective and meaning-oriented interventions contribute to stronger ego development and psychological adjustment.

In addition to its impact on ego strength, the study found that QoLT significantly enhanced psychological empowerment among women with inadequate spousal support. This finding underscores the effectiveness of life

satisfaction-based interventions in promoting cognitive and emotional empowerment. Empowerment, as conceptualized by Thomas and Velthouse, involves meaning, competence, self-determination, and impact—dimensions that parallel the components addressed in QoLT through self-assessment and value-based goal setting. The emphasis of QoLT on aligning one's standards, expectations, and personal values enhances perceived control and self-efficacy, thereby strengthening the sense of empowerment (Zaeri et al., 2020). This result is in line with previous studies that found that empowerment-oriented interventions can significantly improve perceived agency and life satisfaction in vulnerable populations, especially women experiencing social and emotional deprivation (Merami et al., 2020; Nawab et al., 2021).

The current findings also reinforce the argument that empowerment is closely related to emotional regulation and resilience. In women facing chronic stress or domestic difficulties, interventions that emphasize self-awareness, goal-setting, and meaning reconstruction tend to yield higher psychological empowerment. For example, compassion therapy was found effective in reducing psychological stress and rumination among divorced women, thereby increasing their sense of emotional autonomy and inner strength (Gholizadeh et al., 2024). Similarly, emotion-focused therapy has demonstrated efficacy in enhancing resilience and emotional regulation among women exposed to domestic violence (Vejdani et al., 2024). The parallel between these findings and the results of the present study suggests that emotional clarity and acceptance—core features of QoLT—serve as foundational mechanisms in the empowerment process. By promoting mindfulness toward personal goals and satisfaction across life domains, QoLT may facilitate a sense of psychological mastery and agency, which in turn enhances overall empowerment.

From a theoretical standpoint, the results of this study can be interpreted within the broader framework of positive psychology, which posits that psychological well-being arises not merely from the absence of distress but from the cultivation of strengths and virtues that contribute to life satisfaction. The CASIO model, as implemented in QoLT, directly operationalizes this notion by providing individuals with tools to modify cognitive appraisals and align them with personal values and standards (Lee et al., 2025). This approach resonates with findings from acceptance and commitment therapy (ACT), which emphasize psychological flexibility and value-based living as key determinants of well-being (Amini et al., 2021; Amini & Karami Nejad, 2021). Both approaches encourage

individuals to accept negative emotions while pursuing meaningful goals, resulting in a more empowered and coherent sense of self. In this context, QoLT may be viewed as an integrative therapeutic method that bridges cognitive, emotional, and existential aspects of human functioning.

The results also have important implications for understanding personality development and the dynamics of ego growth in adulthood. Alzeer and Benmerabet (2023) argue that human personality evolves through the continuous interaction between internal potential and environmental conditions, where empowerment processes act as drivers of self-actualization (Alzeer & Benmerabet, 2023). In line with this, the present findings suggest that interventions promoting self-reflection and meaning reconstruction—such as QoLT—can activate latent capacities for growth and adaptation in women who face restrictive social environments. Likewise, Brashears et al. (2020) emphasized the importance of personality traits, self-concept, and social cognition in shaping individuals' ego networks and adaptive behavior (Brashears et al., 2020). By strengthening self-awareness and cognitive coherence, QoLT appears to enhance participants' interpersonal functioning and resilience within their social contexts.

Moreover, the observed relationship between ego strength and empowerment aligns with research showing that ego development facilitates greater psychological autonomy and control. Studies on coping and defense mechanisms support this interpretation, indicating that mature ego functioning enhances adaptive coping strategies and reduces maladaptive defenses (Henderson, 2023; Kroeber, 2023). Henderson (2023) emphasized that defense mechanisms are not merely protective reactions but dynamic components of ego functioning that regulate affect and maintain psychological equilibrium. Therefore, by helping individuals reinterpret life events, QoLT may indirectly strengthen ego defenses and foster emotional resilience. These theoretical associations underscore that ego strength and empowerment are interdependent constructs, both contributing to psychological well-being through processes of self-regulation, meaning-making, and adaptive coping.

The findings of this study also corroborate prior Iranian research that highlights the importance of empowerment-based and solution-focused interventions for women under social and familial strain. Pourdal and Soudani (2021) demonstrated that solution-focused therapy effectively enhanced quality of life and psychological flexibility in neglected women (Pourdal & Soudani, 2021). Similarly, studies on neglected or unsupported women in Iran reveal

that targeted interventions addressing self-efficacy and emotional awareness are critical to reducing psychological vulnerability and promoting social participation (Parhizkar et al., 2023). The results of the present study extend these findings by demonstrating that QoLT, through its structured and multidimensional framework, can be particularly effective in addressing the unique psychological needs of women with inadequate spousal support. It provides both cognitive restructuring and emotional empowerment components, which may account for its sustained effects over time.

In line with global findings, the current study supports the growing consensus that empowerment-oriented interventions should integrate both cognitive and emotional dimensions of functioning. Studies conducted by Goudarzi et al. (2021) confirmed that integrated online transdiagnostic therapy improved mindfulness, affective regulation, and psychological empowerment in pregnant women (Goudarzi et al., 2021). Likewise, Darvish and Ghazaleh (2023) reported that short-term cognitive therapy improved ego strength and reduced rumination among university students (Darvish & Ghazaleh, 2023). These studies collectively affirm that when therapeutic approaches target both awareness and value-based behavior, they result in durable psychological transformations. The consistency of the present findings with these studies highlights the universality of empowerment mechanisms across different populations and contexts.

The observed effectiveness of QoLT in improving empowerment and ego strength also resonates with cultural perspectives emphasizing holistic well-being. In the Iranian cultural setting, where women with inadequate spousal support often face systemic barriers, interventions that combine psychological reflection with life satisfaction training can address both emotional and existential dimensions of distress. As Desai (2025) notes, empowerment through logotherapy and meaning-making enhances women's resilience by transforming experiences of restriction into opportunities for self-growth (Desai, 2025). QoLT's emphasis on personal meaning, satisfaction, and standards aligns with this perspective, suggesting that fostering life meaning can serve as a catalyst for empowerment and ego integration.

Finally, the enduring nature of the intervention's effects, as demonstrated in the follow-up stage, underscores the long-term potential of QoLT. Sustained improvements in ego strength and empowerment suggest that participants internalized the principles of self-reflection and cognitive

evaluation. This outcome supports the argument that therapeutic gains from QoLT are not transient but grounded in lasting cognitive and emotional restructuring. It is possible that the group-based nature of the intervention also contributed to these outcomes by providing participants with social support, modeling adaptive behaviors, and fostering collective resilience, as observed in prior research on empowerment groups for women (Choobforouz Zadeh et al., 2023). Thus, the present findings highlight QoLT as a viable model for psychological intervention targeting women's empowerment and personality integration across different social contexts.

5. Limitations and Suggestions

Despite its valuable findings, the present study is not without limitations. The sample size was relatively small and limited to women with inadequate spousal support residing in Shahrekord, which restricts the generalizability of the findings to other populations or cultural contexts. The study also relied on self-report questionnaires, which may be subject to social desirability and response biases. Furthermore, the duration of the follow-up period (45 days) may not be sufficient to capture long-term changes in psychological empowerment or ego development. Another limitation concerns the absence of comparison with other established therapeutic methods such as cognitive-behavioral therapy or mindfulness-based interventions, which could have provided a more comprehensive evaluation of QoLT's relative effectiveness. Finally, the study did not control for external factors such as social support, financial status, or concurrent stressors that might influence the observed outcomes.

Future studies should employ larger and more diverse samples across different cultural and socioeconomic settings to enhance the external validity of the findings. Longitudinal research with extended follow-up periods is recommended to examine the stability and sustainability of therapeutic effects over time. Comparative studies involving other therapeutic modalities, such as acceptance and commitment therapy, mindfulness-based stress reduction, or positive psychotherapy, could further clarify the distinct mechanisms of QoLT. Additionally, incorporating qualitative methods, such as interviews or narrative analyses, would provide richer insights into participants' subjective experiences and the transformative aspects of empowerment and ego growth. Future research could also explore the moderating roles of demographic variables (such as education level or marital

history) and personality traits in predicting the efficacy of QoLT interventions among women.

Practitioners working with vulnerable women should consider integrating Quality of Life Therapy into counseling and social support programs to promote ego strength and empowerment. Incorporating the CASIO model into group therapy or individual sessions can provide clients with structured tools for self-reflection, cognitive reframing, and goal alignment. Social service agencies, welfare organizations, and community health centers could also adopt this approach to address both emotional and existential needs of women facing inadequate spousal support. Training facilitators in QoLT principles may further enhance the accessibility and effectiveness of empowerment-based interventions within community and clinical settings. By focusing simultaneously on meaning-making, life satisfaction, and self-efficacy, QoLT can serve as a practical and culturally adaptable framework for improving the mental health and well-being of women in vulnerable conditions.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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