

Comparison of the Effectiveness of Emotion-Focused Therapy and the Existential–Spiritual Reconstruction Protocol in Enhancing Quality of Life Among Women Attending Healthcare Centers in Bushehr City

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of Emotion-Focused Therapy (EFT) and the Existential–Spiritual Reconstruction Protocol in improving the quality of life among women attending healthcare centers in Bushehr City.

Methods and Materials: This study employed a quasi-experimental design with a pretest–posttest and a control group. The statistical population consisted of women with a history of miscarriage who attended healthcare centers in Bushehr City. From the eligible participants, 45 individuals were selected and randomly assigned to three groups of 15 participants each (two experimental groups and one control group). Initially, a pretest was administered to all three groups. Subsequently, the two experimental groups received therapeutic interventions over eight 90-minute sessions, and finally, a posttest was conducted for all groups. Data were collected using the Quality of Life Questionnaire (SF-36). The data were analyzed using SPSS software, version 25.

Findings: The results indicated a significant difference between the effectiveness of the miscarriage-related Existential–Spiritual Reconstruction Protocol and Emotion-Focused Therapy in improving the quality of life of women with a history of miscarriage. In most dimensions of quality of life, both experimental groups (ESR-A and EFT) showed significant differences compared to the control group ($p < .05$). Therefore, both interventions led to improvements in quality of life dimensions compared to no intervention. Furthermore, direct comparison between the two experimental groups revealed that in some dimensions, the level of improvement in the first experimental group (ESR-A) was greater than that in the second experimental group (EFT).

Conclusion: The findings of this study demonstrated that both interventions are effective in improving the quality of life of women with a history of miscarriage; however, the Existential–Spiritual Reconstruction Protocol, which is developed based on qualitative findings and tailored to the cultural context of the community, showed greater effectiveness.

Keywords: Miscarriage, Existential–Spiritual Reconstruction Therapy, Emotion-Focused Therapy, Quality of Life

1. Introduction

Quality of life is recognized as a multidimensional construct encompassing physical, psychological, social, and spiritual domains, and has increasingly become a central outcome variable in contemporary psychological and health research. In recent decades, the concept has evolved beyond mere absence of illness to include subjective well-being, life satisfaction, and perceived functioning across various life domains. Particularly among women experiencing significant life stressors, such as reproductive loss, quality of life may be profoundly affected due to the interplay of emotional distress, social expectations, and existential concerns. Empirical studies indicate that stressful life experiences can significantly diminish perceived quality of life by disrupting emotional regulation, increasing psychological vulnerability, and reducing adaptive coping capacities (Cole et al., 2024; Moysés et al., 2023). In this context, understanding the determinants and potential interventions that can enhance quality of life is of considerable importance for both clinical practice and public health.

Among the various populations affected by reduced quality of life, women with a history of miscarriage represent a particularly vulnerable group. Miscarriage is not only a biological event but also a deeply emotional and psychological experience that can lead to grief, anxiety, depression, and a diminished sense of meaning in life. Research suggests that recurrent or even single instances of pregnancy loss can significantly impair emotional well-being and life satisfaction, thereby reducing overall quality of life (Irfaniyan Razai et al., 2023). The psychological consequences of miscarriage are often compounded by cultural, social, and familial expectations, especially in societies where motherhood is closely tied to identity and social value. Therefore, therapeutic interventions targeting this population must address not only emotional distress but also existential and cultural dimensions of the experience.

In recent years, emotion-focused therapy (EFT) has gained prominence as an evidence-based intervention for improving psychological well-being and quality of life. EFT is grounded in the premise that emotions are fundamental to human functioning and that maladaptive emotional responses can be transformed through therapeutic processes that enhance emotional awareness, expression, and regulation. Several studies have demonstrated the effectiveness of EFT in improving quality of life across different populations, including individuals with marital

conflicts, chronic illness, and emotional disorders (Montazeri et al., 2025; Zandi et al., 2024). Moreover, EFT has been shown to enhance emotional regulation capacities and reduce negative affect, which in turn contribute to improved life satisfaction and psychological functioning (Razaqi et al., 2023). In women with a history of miscarriage, EFT has also been found to increase frustration tolerance and improve marital quality of life, highlighting its relevance for addressing emotionally laden experiences associated with reproductive loss (Irfaniyan Razai et al., 2023). Additionally, integrative approaches combining EFT with other therapeutic modalities have demonstrated further benefits in enhancing relationship quality and emotional adjustment (Javidan, 2022; Kashtmand & Parandin, 2023; Khajeh et al., 2022).

Despite the demonstrated effectiveness of emotion-focused interventions, there is growing recognition of the role of spirituality and existential meaning in shaping individuals' quality of life. Spiritual well-being has been identified as a significant predictor of life satisfaction, resilience, and psychological health across various populations, including patients with chronic illnesses and individuals experiencing major life stressors (Musa et al., 2023; Tsoho & Soygar, 2024). Spirituality provides individuals with a framework for meaning-making, coping with adversity, and maintaining hope in the face of suffering. Studies have shown that spiritual experiences and mindfulness are positively associated with marital quality of life and overall well-being (Afzood et al., 2024). Furthermore, interventions that incorporate spiritual and religious elements have been found to significantly enhance mental health outcomes and quality of life, particularly in culturally sensitive contexts (Azarbaijani et al., 2025; Geravand et al., 2025). These findings underscore the importance of integrating spiritual dimensions into therapeutic approaches, especially for populations whose experiences are deeply intertwined with existential and cultural meanings.

The concept of existential-spiritual reconstruction has emerged as a promising therapeutic approach that integrates existential psychology with spiritual frameworks to address issues of meaning, identity, and purpose in life. This approach is particularly relevant for individuals who have experienced significant losses or life disruptions, as it facilitates the reconstruction of personal narratives and the development of a renewed sense of meaning. Research indicates that interventions focusing on meaning in life can enhance resilience, reduce negative affect, and improve

perceived social support (Karimi Dastaki & Mahmudi, 2024). Additionally, models of resilience that incorporate spiritual health and purposeful living have been shown to effectively mediate the relationship between stress and psychological well-being (Sheivandi Cholicheh et al., 2023; Sheyvandi Chelicheh et al., 2023). These findings suggest that existential–spiritual approaches may offer unique benefits by addressing deeper layers of human experience that are often overlooked in traditional therapeutic models.

Furthermore, the cultural context plays a critical role in shaping individuals' experiences of health, illness, and well-being. In many non-Western societies, including Iran, spiritual and religious beliefs are integral to daily life and significantly influence coping strategies and perceptions of quality of life. Culturally adapted interventions that align with individuals' belief systems are therefore more likely to be effective and sustainable. Studies comparing different therapeutic approaches have demonstrated that interventions incorporating cultural and spiritual elements can lead to greater improvements in quality of life and psychological well-being compared to purely cognitive or behavioral approaches (Asghari & Hosseini Mehrabadi, 2024; Salehi Mobarakeh et al., 2024). Additionally, the integration of aesthetic and spiritual experiences has been shown to mediate the relationship between psychological constructs and life satisfaction, further highlighting the multidimensional nature of well-being (Asghari & Hosseini Mehrabadi, 2024).

Despite the growing body of research on both emotion-focused and spiritual-existential interventions, there remains a gap in comparative studies examining their relative effectiveness, particularly among women with a history of miscarriage. While EFT primarily targets emotional processing and regulation, existential–spiritual reconstruction focuses on meaning-making and spiritual integration, suggesting that these approaches may operate through different mechanisms. Understanding the comparative effectiveness of these interventions can provide valuable insights for clinicians and policymakers in selecting appropriate therapeutic strategies tailored to the needs of specific populations. Moreover, such comparisons can contribute to the development of integrative therapeutic models that combine the strengths of both approaches.

Given the significant impact of miscarriage on women's quality of life and the potential benefits of both emotion-focused and existential–spiritual interventions, it is essential to empirically evaluate their effectiveness within a culturally relevant framework. This study seeks to address this gap by

comparing the effectiveness of Emotion-Focused Therapy and the Existential–Spiritual Reconstruction Protocol in improving the quality of life among women with a history of miscarriage. The findings of this study are expected to contribute to the existing literature by providing evidence-based insights into the role of culturally adapted and emotionally focused interventions in enhancing well-being among vulnerable populations.

The aim of the present study is to compare the effectiveness of Emotion-Focused Therapy and the Existential–Spiritual Reconstruction Protocol in improving the quality of life of women with a history of miscarriage.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a quasi-experimental design with a pretest–posttest structure including a control group. The independent variable consisted of the type of therapeutic intervention, namely the Existential–Spiritual Reconstruction Protocol (ESR-A) and Emotion-Focused Therapy (EFT), while the dependent variable was quality of life, measured at two stages: pretest and posttest. The statistical population included women with a history of miscarriage who were attending healthcare centers in Bushehr City. From among eligible participants, 45 individuals were selected using purposive sampling based on inclusion criteria such as a confirmed history of miscarriage, willingness to participate, and absence of severe psychiatric disorders. The participants were then randomly assigned to three groups of 15 individuals each, comprising two experimental groups and one control group. Initially, a pretest was administered to all groups to assess baseline levels of quality of life. Subsequently, the two experimental groups received therapeutic interventions over eight weekly sessions, each lasting 90 minutes, while the control group received no intervention during this period. At the conclusion of the intervention phase, a posttest was administered to all three groups to evaluate changes in quality of life.

2.2. Measures

The 36-Item Short Form Health Survey (SF-36). The primary instrument used for data collection in this study was the SF-36 Health Survey, developed by Ware and Sherbourne in 1992. This standardized questionnaire is designed to assess health-related quality of life across both

physical and mental health domains. The SF-36 consists of 36 items distributed across eight subscales, including physical functioning, role limitations due to physical health problems, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. Responses are recorded on Likert-type scales with varying formats depending on the item, and scores for each subscale are transformed into a 0–100 scale, with higher scores indicating better perceived quality of life. The instrument yields two main composite scores: the Physical Component Summary (PCS) and the Mental Component Summary (MCS). The validity and reliability of the SF-36 have been extensively confirmed in numerous international and cross-cultural studies, demonstrating strong psychometric properties, including high internal consistency and construct validity.

2.3. Interventions

The Existential–Spiritual Reconstruction Protocol (ESR-A) was administered to the first experimental group over eight 90-minute sessions. This intervention was developed based on qualitative findings and tailored to the cultural and spiritual context of the target population. The protocol focuses on facilitating meaning-making processes related to the experience of miscarriage, addressing existential concerns such as loss, suffering, and identity reconstruction, and enhancing spiritual coping mechanisms. Sessions included guided reflection, narrative reconstruction of personal experiences, exploration of existential themes such as purpose and meaning in life, and integration of culturally relevant spiritual practices. The therapeutic process aimed to help participants reinterpret their experiences, strengthen resilience, and achieve a more coherent and meaningful sense of self.

Emotion-Focused Therapy (EFT) was implemented for the second experimental group across eight 90-minute sessions. EFT is a structured, evidence-based therapeutic

approach that emphasizes the identification, expression, regulation, and transformation of emotional experiences. The intervention focused on increasing emotional awareness, facilitating the expression of suppressed or unresolved emotions related to miscarriage, and promoting adaptive emotional processing. Techniques such as experiential exercises, emotion coaching, two-chair dialogues, and empathic attunement were utilized to help participants access and restructure maladaptive emotional responses. The overall goal of the EFT intervention was to enhance emotional regulation capacities and foster psychological well-being through deeper emotional processing.

2.4. Data Analysis

Data analysis was conducted using SPSS software, version 25. In the descriptive statistics section, indices such as mean and standard deviation were calculated to summarize the central tendency and dispersion of the variables. In the inferential statistics section, one-way analysis of covariance (ANCOVA) was employed to compare posttest scores among the three groups while controlling for pretest differences. Additionally, paired-samples t-tests were used to examine within-group changes from pretest to posttest. When significant differences were observed, Bonferroni post hoc tests were conducted to identify specific group differences. All statistical analyses were performed with a significance level set at $p < .05$.

3. Findings and Results

Initially, descriptive indices including the mean and standard deviation related to the dimensions of women's quality of life, separated by the first experimental group (ESR-A), the second experimental group (EFT), and the control group across pretest and posttest stages, are presented in Table 1.

Table 1

Descriptive Statistics of Quality of Life Dimensions in Women

Dimension	Group	Stage	Mean	Standard Deviation
Physical Status and Functioning	Experimental 1 (ESR-A)	Pretest	14.20	1.37
		Posttest	41.20	2.54
	Experimental 2 (EFT)	Pretest	14.80	1.52
		Posttest	35.87	2.53
	Control	Pretest	14.13	1.77
		Posttest	13.87	1.92
Emotional Health	Experimental 1 (ESR-A)	Pretest	13.40	1.35
		Posttest	40.80	2.11

Social Functioning	Experimental 2 (EFT)	Pretest	15.00	1.19
		Posttest	36.93	2.81
	Control	Pretest	14.60	1.50
		Posttest	15.00	1.65
	Experimental 1 (ESR-A)	Pretest	9.47	1.24
		Posttest	27.40	1.96
Energy and Vitality	Experimental 2 (EFT)	Pretest	9.47	1.50
		Posttest	23.67	2.38
	Control	Pretest	11.13	2.29
		Posttest	10.80	2.14
	Experimental 1 (ESR-A)	Pretest	7.40	1.18
		Posttest	22.73	1.39
General Health	Experimental 2 (EFT)	Pretest	8.80	1.47
		Posttest	21.73	1.53
	Control	Pretest	8.80	1.74
		Posttest	8.47	1.30
	Experimental 1 (ESR-A)	Pretest	7.73	0.88
		Posttest	22.47	1.36
	Experimental 2 (EFT)	Pretest	7.93	1.16
		Posttest	22.07	1.16
	Control	Pretest	8.13	1.64
		Posttest	7.07	1.39

Based on the results presented in Table 1, the mean scores of quality of life dimensions in both experimental groups show a considerable increase in the posttest stage compared to the pretest stage. In the first experimental group (ESR-A), the mean scores of all dimensions, including physical status and functioning, emotional health, social functioning, energy and vitality, and general health, were substantially higher in the posttest than in the pretest. A similar pattern is observed in the second experimental group (EFT), where the mean scores of quality of life dimensions increased in the posttest stage. In contrast, the control group exhibited minimal and negligible changes, with some dimensions remaining nearly constant. Therefore, at the descriptive level, it can be concluded that both interventions were associated with improvements in quality of life, whereas such a trend was not observed in the control group.

Prior to conducting the main analyses, the assumptions underlying parametric tests and multivariate analysis of covariance (MANCOVA) were examined. The normality of data distribution for all dimensions of quality of life across the three groups and at both pretest and posttest stages was

assessed using the Shapiro–Wilk test, and the results indicated that all significance levels were greater than .05, suggesting that the assumption of normality was satisfied. Additionally, the assumption of equality of covariance matrices was evaluated using Box’s M test, and the non-significant result ($p > .05$) confirmed that the covariance matrices were homogeneous across groups. The multivariate tests assessing the overall effect of the independent variable demonstrated that the effect of group membership on the combined dependent variables at the posttest stage, after controlling for pretest scores, was statistically significant ($p < .05$), indicating that at least one of the quality of life dimensions differed significantly among the groups. Furthermore, the homogeneity of error variances was examined using Levene’s test, and the results showed non-significant values ($p > .05$) for all dimensions, confirming that the assumption of equal variances was met. Overall, the findings indicate that all necessary statistical assumptions for performing MANCOVA and related parametric analyses were adequately satisfied.

Table 2

Tests of Between-Subjects Effects

Source of Variation	Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Corrected Model	Physical Status and Functioning	6343.843	7	906.263	180.471	.000	.972
	Emotional Health	5837.398	7	833.914	169.302	.000	.970
	Social Functioning	2307.811	7	329.687	74.034	.000	.933
	Energy and Vitality	1920.159	7	274.308	153.426	.000	.967
	General Health	2321.964	7	331.709	200.425	.000	.974
Intercept	Physical Status and Functioning	120.852	1	120.852	24.046	.000	.394
	Emotional Health	105.348	1	105.348	21.388	.000	.366

Group	Social Functioning	43.985	1	43.985	9.877	.003	.211
	Energy and Vitality	21.025	1	21.025	11.759	.002	.241
	General Health	56.046	1	56.046	33.864	.000	.478
	Physical Status and Functioning	4362.531	2	2181.266	434.371	.000	.959
	Emotional Health	4305.166	2	2152.583	437.020	.000	.959
	Social Functioning	1765.215	2	882.607	198.198	.000	.915
Error	Energy and Vitality	1475.954	2	737.977	412.764	.000	.957
	General Health	1733.144	2	866.572	523.600	.000	.966
	Physical Status and Functioning	185.802	8	5.022			
	Emotional Health	182.247	8	4.926			
	Social Functioning	164.767	8	4.453			
	Energy and Vitality	66.152	8	1.788			
	General Health	61.236	8	1.655			

The results presented in Table 2 indicate that the significance level of the group variable for physical status and functioning, emotional health, social functioning, energy and vitality, and general health is reported as $p = .000$, which is less than $.05$, demonstrating that there are statistically significant differences among the mean scores of these variables across the three groups.

In order to determine the effect of group membership and identify the location of differences among group means, the Bonferroni post hoc test was applied, and the results are presented in Table 7. Values marked with an asterisk (*) indicate statistically significant differences at the $.05$ level.

Table 3

Bonferroni Post Hoc Test for Between-Group Comparisons of Quality of Life Dimensions

Dimension	Group Comparison	Mean Difference	Standard Error	Sig.
Physical Status and Functioning	ESR-A vs EFT	5.457*	1.004	.000
	ESR-A vs Control	27.331*	1.035	.000
	EFT vs Control	21.874*	0.910	.000
Emotional Health	ESR-A vs EFT	5.101*	0.994	.000
	ESR-A vs Control	27.000*	1.025	.000
	EFT vs Control	21.899*	0.901	.000
Social Functioning	ESR-A vs EFT	4.019*	0.945	.000
	ESR-A vs Control	17.634*	0.975	.000
	EFT vs Control	13.615*	0.857	.000
Energy and Vitality	ESR-A vs EFT	1.667*	0.599	.025
	ESR-A vs Control	15.138*	0.618	.000
	EFT vs Control	13.471*	0.543	.000
General Health	ESR-A vs EFT	0.067	0.576	1.000
	ESR-A vs Control	15.396*	0.594	.000
	EFT vs Control	15.329*	0.522	.000

The results of the Bonferroni post hoc test presented in Table 3 indicate that in most dimensions of quality of life, both experimental groups (ESR-A and EFT) show statistically significant differences compared to the control group ($p < .05$). Therefore, both interventions have led to improvements in quality of life dimensions relative to no intervention. Furthermore, the direct comparison between the two experimental groups demonstrates that in some dimensions, the degree of improvement in the first experimental group (ESR-A) is greater than that of the second experimental group (EFT), while in some dimensions the difference between the two groups is not statistically significant, depending on the reported

significance levels. Overall, the pattern of pairwise comparisons suggests that both treatments are effective in enhancing quality of life, although the magnitude of effectiveness in certain dimensions favors the Existential–Spiritual Reconstruction Protocol.

Considering the results of the multivariate analysis of covariance and subsequent post hoc tests, the research hypothesis is confirmed. This indicates that the implementation of the Existential–Spiritual Reconstruction Protocol (ESR-A) and Emotion-Focused Therapy (EFT) has resulted in a significant increase in quality of life and its dimensions among women with a history of miscarriage. Additionally, pairwise comparison results show that both

interventions performed better than the control group, and in some dimensions, the effect of the Existential–Spiritual Reconstruction Protocol was stronger.

4. Discussion

The present study aimed to compare the effectiveness of Emotion-Focused Therapy (EFT) and the Existential–Spiritual Reconstruction Protocol (ESR-A) in enhancing the quality of life among women with a history of miscarriage. The findings demonstrated that both interventions significantly improved the overall quality of life and its dimensions, including physical functioning, emotional health, social functioning, energy and vitality, and general health, compared to the control group. Moreover, although both interventions were effective, the ESR-A protocol showed greater effectiveness in several dimensions of quality of life. These findings confirm the main hypothesis of the study and highlight the importance of both emotional and existential–spiritual approaches in addressing the complex psychological needs of women experiencing reproductive loss.

The observed improvement in quality of life among participants in the EFT group is consistent with the theoretical foundations of emotion-focused therapy, which emphasizes the central role of emotional processing in psychological well-being. By facilitating emotional awareness, expression, and regulation, EFT enables individuals to process unresolved emotional experiences and transform maladaptive emotional patterns into more adaptive responses. This mechanism is particularly relevant for women who have experienced miscarriage, as such experiences often involve intense and unresolved emotions such as grief, guilt, and anxiety. The findings of this study align with previous research demonstrating the effectiveness of EFT in improving quality of life and emotional functioning across different populations (Montazeri et al., 2025; Zandi et al., 2024). Similarly, studies have shown that EFT enhances emotional regulation and reduces psychological distress, which in turn contributes to improved life satisfaction and well-being (Razaqi et al., 2023). Furthermore, research on women with recurrent miscarriages has indicated that EFT can significantly improve marital quality of life and frustration tolerance, supporting the applicability of this approach to the current study population (Irfaniyan Razai et al., 2023). These findings suggest that addressing emotional processes is a

critical component in improving quality of life among women facing reproductive challenges.

In addition to the effectiveness of EFT, the results of the present study revealed that the ESR-A protocol produced even greater improvements in several dimensions of quality of life. This finding underscores the significance of addressing existential and spiritual dimensions of human experience, particularly in contexts involving loss and meaning disruption. Miscarriage often challenges individuals' sense of purpose, identity, and worldview, making existential–spiritual interventions particularly relevant. The ESR-A protocol, by focusing on meaning-making, narrative reconstruction, and spiritual coping, provides individuals with tools to reinterpret their experiences and integrate them into a coherent life narrative. This process enhances resilience and fosters a sense of psychological coherence, which are essential for improving quality of life. These findings are supported by previous research indicating that meaning-centered interventions can significantly enhance resilience and reduce negative affect (Karimi Dastaki & Mahmudi, 2024). Moreover, studies have shown that spiritual health plays a mediating role in the relationship between stress and well-being, further highlighting the importance of incorporating spiritual dimensions into therapeutic interventions (Sheivandi Cholicheh et al., 2023; Sheyvandi Chelicheh et al., 2023).

The superior effectiveness of the ESR-A protocol in certain dimensions of quality of life can also be explained by the role of spirituality in coping with adversity. Spirituality provides individuals with a framework for understanding and accepting life events, particularly those that are beyond personal control. In the context of miscarriage, spiritual beliefs may help individuals find meaning in loss, maintain hope, and develop a sense of acceptance. Empirical evidence supports the positive relationship between spiritual well-being and quality of life across various populations, including patients with chronic illnesses and individuals experiencing significant stress (Musa et al., 2023; Tsoho & Soyalar, 2024). Furthermore, meta-analytic findings indicate that spiritual-religious interventions have a significant positive impact on mental health and quality of life, particularly in culturally relevant contexts (Geravand et al., 2025). The results of the present study are consistent with these findings and suggest that integrating spiritual components into therapeutic interventions can enhance their effectiveness, especially in populations where spirituality is a salient aspect of life.

Another important aspect of the findings is the cultural relevance of the ESR-A protocol. Unlike many standardized therapeutic approaches developed in Western contexts, the ESR-A protocol is designed to align with the cultural and spiritual values of the target population. This cultural congruence may enhance participants' engagement with the intervention and increase its effectiveness. Research has shown that culturally adapted interventions are more effective in improving psychological outcomes and quality of life compared to non-adapted approaches (Azarbaijani et al., 2025; Salehi Mobarakeh et al., 2024). Additionally, the integration of spiritual self-care practices and culturally meaningful concepts has been found to significantly improve health-related outcomes, including quality of life and self-efficacy (Salehi Mobarakeh et al., 2024). These findings suggest that the success of the ESR-A protocol may be partly attributed to its alignment with the cultural and spiritual context of the participants.

The findings of the present study also highlight the multidimensional nature of quality of life and the need for comprehensive interventions that address multiple aspects of human functioning. While EFT primarily focuses on emotional processes, the ESR-A protocol encompasses a broader range of dimensions, including existential meaning, spiritual beliefs, and social relationships. This holistic approach may explain its greater effectiveness in certain domains of quality of life. Previous research has emphasized the importance of addressing multiple dimensions of well-being to achieve sustainable improvements in quality of life (Cole et al., 2024; Moysés et al., 2023). Moreover, studies have shown that interventions targeting both psychological and spiritual dimensions can produce synergistic effects, leading to greater overall improvements in well-being (Afzood et al., 2024; Asghari & Hosseini Mehrabadi, 2024).

The comparison between the two experimental groups further revealed that although both interventions were effective, the magnitude of improvement differed across dimensions. In some areas, such as emotional health and social functioning, both interventions showed substantial improvements, whereas in others, the ESR-A protocol demonstrated a stronger effect. This pattern suggests that different therapeutic approaches may be more effective for specific dimensions of quality of life. For instance, EFT may be particularly effective in addressing emotional dysregulation, while existential-spiritual approaches may be more effective in enhancing meaning and overall life satisfaction. These findings are consistent with previous comparative studies that have highlighted the differential

effectiveness of therapeutic approaches depending on the targeted outcomes (Zandi et al., 2024). Additionally, the effectiveness of EFT in improving psychological well-being and quality of life among women with emotional distress has been well documented (Alavi, 2024), further supporting the findings of the present study.

5. Conclusion

Overall, the results of this study provide strong evidence for the effectiveness of both Emotion-Focused Therapy and the Existential-Spiritual Reconstruction Protocol in improving the quality of life among women with a history of miscarriage. The findings also emphasize the added value of incorporating existential and spiritual dimensions into therapeutic interventions, particularly in culturally relevant contexts. By addressing both emotional and existential needs, these interventions can provide a more comprehensive approach to enhancing well-being and quality of life.

6. Limitations and Suggestions

One of the limitations of the present study is the relatively small sample size, which may limit the generalizability of the findings to a broader population. Additionally, the use of self-report measures may introduce response bias, as participants' responses may be influenced by social desirability or subjective perceptions. Another limitation is the lack of long-term follow-up, which makes it difficult to determine the stability of the intervention effects over time. Furthermore, the study was conducted within a specific cultural and geographical context, which may limit the applicability of the findings to other cultural settings.

Future research should consider conducting studies with larger and more diverse samples to enhance the generalizability of the findings. Longitudinal designs with follow-up assessments are also recommended to examine the sustainability of intervention effects over time. Additionally, future studies could explore the integration of emotion-focused and existential-spiritual approaches to develop more comprehensive therapeutic models. Investigating the mechanisms underlying the effectiveness of these interventions, such as changes in emotional regulation, meaning-making, and spiritual well-being, could provide deeper insights into how these approaches influence quality of life. Moreover, comparative studies across different cultural contexts would be valuable in understanding the role

of culture in shaping the effectiveness of therapeutic interventions.

From a practical perspective, the findings of this study highlight the importance of incorporating both emotional and spiritual dimensions into therapeutic interventions for women with a history of miscarriage. Clinicians should consider using culturally adapted approaches that align with clients' belief systems and values to enhance engagement and effectiveness. Training programs for mental health professionals should include components on emotion-focused and existential-spiritual therapies to equip practitioners with the necessary skills to address complex psychological needs. Additionally, healthcare centers should integrate psychological and spiritual support services into their care programs for women experiencing reproductive loss, thereby promoting a more holistic approach to health and well-being.

Authors' Contributions

Authors equally contributed to this article.

Declaration

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

Transparency Statement

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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