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Effectiveness of Quality of Life Therapy on Subjective Well-Being of Afghan Women

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Abstract

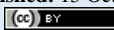
Afghanistan experiencing more than four decades of war and violence, which has caused a lot of adversity to all specially women and affected their quality of life. This research conducted with aim of studying effectiveness of quality of life therapy on subjective wellbeing of Afghan women. It was quasi-experimental study with experimental, control groups and follow-up stage. Simple random sampling method used, therefore at first stage 200 copies of positive and negative affects questionnaire distributed among female students at Kabul University and Shaheed Rabbani Education University of Kabul city. 40 participants who had obtained scores that are more negative were invited for this study. In the second stage, 40 participants assessed through Ryff Subjective wellbeing questionnaire and then they divided to research and control groups. Finally, out of 40 participants, 28 of them participated in two groups (16 participants per group). Then the experimental group received 6-session intervention according to quality of life therapy (QOLT) package and control group did not receive any intervention. At the end of the sessions, posttest performed for both groups. In order to understand the consistency level of treatment, after 2 months the groups assessed with Ryff's subjective wellbeing questionnaire. SPSS version 25 used for data analysis. The results show quality of life therapy have increased the subjective wellbeing of research group's subjects in both stages ($P > 0.05$). Based on findings it has argued that using this therapeutic package enhances subjective wellbeing and could prevent many mental health disorders.

Keywords: Quality of Life Therapy, Subjective Wellbeing, Afghan women, university students.

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Transparency: The authors confirm that the manuscript is an honest, accurate, and transparent account of the study was reported; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained.

Ethical: This study follows all ethical practices during writing.

1. Introduction

It is obvious that life is not always with happiness for all human beings in the world as it is expected. Due to war and violence, majority of human being in so many nations have less experience of happiness. Afghanistan is one of those nations in the world, which has been experiencing more than four decades of war and violence, which has caused a lot adversity to all specially women and children. Despite the relative progress of women since fall of Taliban regime in 2001

women are still marginalized in Afghan society, and their situation is worrisome in areas of health, human rights, economic productivity, education, literacy and leadership. Gender based violence is widespread against women in Afghanistan. Afghan women face serious social barriers such as domestic violence, lack of economic opportunities, lack of access to sources, access to education because of insecurity and lack of awareness from their rights [1, 2]. Insecurity and violence affect women more than men [3]. Moreover, some harmful traditional activities such as forced marriage, Bad Dadan (type of forced marriage) of girls to solve conflicts, Badal (another type of forced marriage) and honor killing which have roots in beliefs and discriminatory views about the role of women in society, are the causes of suffering, humiliation, and marginalization of millions of Afghan girls and women [4].

Researches has reported high levels of psychological distress like depression, anxiety and trauma among Afghan women. Sources of psychological stress affecting Afghan women's social and psychological well-being, fall in to two categories: traumatic stress related to war and daily life stressors. Like other women, Afghan women have abilities and vulnerabilities. Some women have shown remarkable resilience despite their experiences of war and daily life problems in Afghanistan, while others are suffering from deep emotional distress [5]. It looks that the subjective wellbeing of Afghan women is in low level. Ahmadi and Ayubi found that 52 percent of women in Kabul city have dangerous suicidal thoughts [6]. So, a question comes here that how to enhance the wellbeing and happiness of Afghan women? There could be different models for enhancing the subjective well-being. Quality of life therapy (QOLT) is the popular and widely used models for the same. QOLT teaches some principles and skills to individuals to help them identify their hopes and values which are important in their life. Through this besides enhancing subjective wellbeing, it also prevents and control disorders and promote health of individuals and society [7]. Since quality of life is an important factor of physical and psychological health, therefore educating people about it could help in better understanding of their faulty life pattern and could increase the general health of society. [8] describes the quality of life is happiness and wellbeing in life and we can assess people's happiness through individual's experiences from their level of attainment and their desires. Different studies have shown that life satisfaction, desirable quality of life, is one of important predictors of people's general health, and desirable health is a state, which is along with physical and psychological wellbeing and self-acceptance [8].

The significance of paying attention to subjective wellbeing have shown in different studies. The importance of addressing subject wellbeing it has shown in various studies. Thus, that satisfied and happy individual, experiences more emotions that are positive and have more positive evaluation of events around them [9]. They have more control, have healthier immune system and higher creativity [10, 11]. Higher subjective wellbeing is related to enjoyable social relations [12]. In addition, Kimweli and Stilweli identified that variables such as positive and negative social relationships, characteristics like marital status, perception of the future like a better look to future, play a role in the subjective wellbeing and quality of life of communities and individuals [13]. Maluka identified that subjective wellbeing is extremely dependent to self-concept and self-concept have higher relationship with level of life satisfaction [14]. Studying individuals and societies wellbeing and its growth, is the biggest challenge of human being after progress and increase in technology, medical and wealth. Therefore, today's therapies must focus on modification, change of quality of life and expanding of abilities, and establish of life satisfaction in health and non-healthy individuals [15].

Because in reality happiness and depression are not two antonym poles on one continuum and therapy of negative affect, does not automatically lead us to happiness and life satisfaction [16]. Frisch found that the preparation of QOLT package based on cognitive approach and positive psychology, with tasks for every session want to increase and improve life satisfaction and wellbeing in clinical and nonclinical groups. He developed a structured of QOLT package based on cognitive approach and positive psychology, in order to enhance the well-being and life satisfaction in clinical and nonclinical groups [15]. Results of a study on effectiveness of quality of life therapy in Qazwen city of Iran found that training significantly improved the marital satisfaction in addicted couples. This study found that quality of life therapy enables individuals to practice knowledge, behavior and values [17]. According to another study on infertile women in Kermanshah city of Iran, both groups; experimental and control showed significant difference in happiness and individual wellbeing. Findings of this study indicated that quality of life therapy could use to improve individual happiness and wellbeing of infertile women [18]. Similarly, research on determining effectiveness of quality of life therapy on internet addiction, self-esteem and feeling loneliness of female school students in Asphahan city of Iran found that quality of life therapy had effect on decrease of internet addiction and feeling loneliness and increase of self-esteem of excrement group compare to control groups [19]. Another research on depressed female students in Iran found significant difference in co variance analysis between experimental and control groups. The results cleared that quality of life therapy is effective in enhancing self-differentiation and academic resilience in depressed students [20]. In addition, research on patients with major depressive disorders in Iran showed that quality of life therapy decreased depression and increased happiness in participants [21]. According to findings of another study on female school students in Iran, quality of life therapy reduced the level of depression and anxiety in the control group in two stages of posttest and follow-up significantly [22].

Afghan women have the right to have higher quality of life too. It seems that quality of life therapy would be effective on subjective wellbeing of Afghan women. This therapeutic model is a simple model that can applied on Afghan women. There is no research in this regard in Afghanistan that wither the quality of life therapy is effective on subjective wellbeing of Afghan women or not? Therefore, this study conducted with aim of studying the effectiveness of quality of life therapy on subjective wellbeing of Afghan women.

2. Methodology

A quasi-experimental study included two experimental and control groups. Quality of life therapy was the independent variable that applied only in experimental group. The effect of quality of life therapy on experimental group assessed based

on results of posttest and follow up after comparing with results of posttest and follow up of control group. Table 1 presents the overview of the research design.

Table-1.
Overview of the research design.

Groups	Choices	Sample size before missing the participants	Pretest	Applying QOLT	Sample size after missing the participants	Post test	Follow-up
Experimental	RE	20	T1	X	14	T2	T3
control	RC	20	T1-	-	14	T2	T3

All female students of Kabul university and Shaheed Prof. Rabbani Education university government universities of Kabul city in 2018 constituted the population of the study. In first stage 200 positive and negative affect questionnaire distributed among female students of government universities in Kabul city. 40 persons of those who had more negative scores, invited for research. First these 40 persons assessed through Ryff subjective wellbeing questionnaire and divided to research and control groups. That the individuals selected randomly, divided in the same way in both experimental (Randomized Experimental Group), and control groups (Randomized Control Group). Finally, there were 14 participants in every groups in this research.

2.1. Research tools

Ryff Subjective Wellbeing Questionnaire

This questionnaire developed by Carol D. Ryff. Psychological Wellbeing (PWB) Scale measures six aspects of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance [23]. The Ryff Scale of measurement is a psychometric inventory consisting of two forms (either 54 or 84 items) in which respondents rate statements on a scale of 1 to 6, where 1 indicates strong disagreement and 6 indicates strong agreement. Higher total scores indicate higher psychological well-being.

2.2. Research applying method

After choosing sample size and randomly assigning them in experiment and control groups (14 persons in each group), we used the Ryff wellbeing scale for pretest. Then according to content of quality of life therapy sessions, participants identified 10 most important areas for intervention from 12 topics identified quality of life therapy program. Then the experimental group received 6 group sessions (for one and half hour) of quality of life therapy in Behrawan counseling center in Kabul city. In last session (Session 6th), once again the participants were asked to respond to the Ryff wellbeing scale (Posttest). To prevent bias, a counselor with supervision of the researchers conducted the sessions.

2.3. Statistical analysis methods of data

Research data were analyzed using SPSS version 25. For describing the data, the average and standard deviation used in pretest, posttest, and follow up. One variable covariance used to compare the results of pretests and posttest of both experimental and control groups.

Summary of quality of life therapy sessions

First session

- Introduction of group members with each other
- Defining role of quality of life in mental health and wellbeing of individuals
- Introducing quality of life therapy (QOLT) and new therapeutic approaches in psychology
- Training CASIO model
- Identifying structure of the sessions
- Choosing important areas from 12 specified areas in quality of life therapy for focus in sessions
- Role of self-esteem in subjective wellbeing and mental health
- Defining self-esteem according to quality of life therapy model
- The first way of success to self-esteem (helping to improve individuals' self-esteem through acting according to people's standards in their important areas of life and in this way increasing their satisfaction)
- Training and giving task of "success note" for performing in home
- Second way of success to self-esteem "way of don't ask question"
- Third way of success to self-esteem "way of self-acceptance"
- Fourth way of success to self-esteem "useful social relations"
- Fifth way of success to self-esteem "helping"
- BAT technique for completing in home
- Pretest
- Feedback

Second session

- Setting the agenda

- A brief review of the previous session and review of intersession tasks
- Introducing role of goals and values and spiritual life in mental health and satisfaction from life.
- Specifying life philosophy (in past, present and future)
- Performing Vision Quest exercise and Daily Activity Plan (DAP) technic.
- Life script
- Functions of religion and spirituality
- Defining relationship in quality of life therapy
- Four steps for increasing relations in quality of life
- Training skills of increasing satisfaction from relations
- Writing letter 1 & 2 technique
- Using trained principles in couple relations
- Eggs basket technique
- Using principles taught in relations with cuples

Third session

- Setting the agenda
- A brief review of the previous session and review of intersession tasks
- Role of money and desirable living standards in quality of life therapy
- Discussion on making changes about concept of money according to CASIO model
- money management skills according to CASIO model
- Job satisfaction and money
- identifying non pathologic and non-humiliating labels in diagnosing job worries
- guided exercises for more satisfaction from work and retirement
- defining home, neighbor, and societies in quality of life therapy
- home satisfaction
- performing society checklist technique
- CASIO model with neighbors
- Teaching principals for having more satisfaction and happiness in home and society
- Principles relating to believes

Forth session

- Setting the agenda
- A brief review of the previous session and review of intersession tasks teaching difference between “must activities” and “want activates”
- need for play and recreation
- specifying plays that destroy quality of life
- relation between play and recreation
- steps to establish play and recreation habits
- play lists task

Fifth session

- identifying order of the session
- short review of the previous sessions and checking the tasks
- defining health according to quality of life therapy
- relation between subjective wellbeing(happiness) and psychological and physical health
- faulty health habits
- Eggs basket task
- Six stage programs for controlling habits according to quality of life therapy
- TAC model
- Helping procedure for chronic health problems
- Acceptance of things that cannot be change
- Role of learning in life satisfaction
- Teaching the learning method of PQ4R

Sixth session

- Setting the agenda
- A brief review of the previous session and review of intersession tasks
- expanded and less perfectionist approach for creativity
- importance and benefits of creativity
- cognitive intervention to encourage expression of creative self and problem solving in all areas of life
- creative home tasks
- teaching and performing creativity skills
- fife steps to establish creative process
- correcting faulty believes and schemas for higher satisfaction from creative life
- preparing participants for closing the sessions
- feedback
- specifying date for follow up session

- review of CASIO model and focus on using that in life
- questions and answer
- post test

3. Results

Since covariance analysis used as one of the parametric tests in inferential analysis of research data. Therefore, in this design, first relation between scores of pretest with variables such as age, education and group membership have been identified and then those variables, which had significant relations with posttest scores, have been controlled and studied, and finally normal assumptions of two groups (as necessary assumptions in all parametric tests) are examined.

3.1. The assumption for normal distribution scores

The premise of normality is that, the difference between sample score distribution and normal score distribution in the population is zero. For testing this assumption, we used Shapiro Wilk test [24]. The results presented in Table 2.

Table-2.

Results of Shapiro-Wilk Test on assessing the assumption of normality distribution scores of subjective well-being post-test in experimental and control groups (Shapiro-Wilk Test).

Variable	Indicator	Shapiro-Wilk test		
	Group		Df	Sig
Subjective wellbeing	Experimental	0.94	13	0.51
	Control	0.85	13	0.14

As we see in the table the assumption of normality distribution scores of subjective well-being of both experimental and control groups is not rejected ($P > 0.05$). Assumption of variance equality: The premise of assumption of variance equality is that, the scores variance of two groups are equal in the population and there is no statistically significant difference. For testing this hypothesis, the Levine test is used [24]. Results of this test for posttest and follow-up scores of subjective wellbeing in two groups of experiment and control are presented in Table 3.

Table-3.

Levin test results on equality of variance in post-test and follow-up scores of subjective well-being in experimental and control groups.

Variable	Indicator	F	df1	df2	Sig
	Stage				
Subjective wellbeing	Post test	0.51	1	26	0.48
Subjective wellbeing	Follow up	0.02	1	26	0.88

The main hypothesis: (QOLT) increases the subjective wellbeing of participants of experimental group than control group in post-test stage.

The results of Covariance analysis of two groups in the dependent variable of subjective wellbeing after controlling the intervening variable in the posttest stage are presented in Table 4.

Table-4.

Results of Covariance analysis of two groups in the dependent variable of subjective wellbeing after controlling the intervening variable in the posttest and follow up stage.

Stage	Changes resource	df	Total of squares	F	Sig		Statistical Power
Post test	Pretest	1	15831.7	56.6	0.001	0.69	1
	Group membership	1	1543.86	5.52	0.027	0.71	0.62
follow-up	Pretest	1	217.65	0.22	0.64	0.009	0.07
	Group membership	1	4624.9	4.68	0.04	0.15	0.54

As seen in Table 4, the difference between experiment and control groups is significant in posttest stage ($p = 0.02$ and $p = 0.01$). This result indicates that observed difference between mean score of subjective wellbeing of the subjects in the experimental group (8/97) and control group (11/17) is significant. As a result, quality of life therapy is effective in increasing subjective wellbeing level with $p < 0.05$ and the main hypothesis supported.

4. Discussion

As the results of covariance analysis shown in Table 4, quality of life therapy has increased the level of general wellbeing of participants in posttest and follow up stages ($p = 0/5$). This finding is in line with findings of Lyubomirsky [25] which found that positive psychotherapies are effective in increasing subjective wellbeing of participants. In comparative study between positive psychotherapies and solution-based psychotherapy and groups who received placebo [26] found that

although it is possible that positive and negative affect have not changed through these therapies, but positive psychotherapies, increases the level of subjective wellbeing of participants than two other therapies.

During the sessions according to CASIO model, the group members helped with provided assignments to identify their valuable areas of life behaviorally and based on their strengths and weakness; find the best-applied standards for achieving their goals. One cause of effectiveness of this therapy in increasing the individual's subjective wellbeing was to aware them to identify their real self and helped them to not focus only on their weakness until they could behave successful on those areas of their life quality that they are concerned and feel better to themselves. A kind of (self-respect) established in normal range in participants. Maluka [14] in this regard specified that according to Maslow's hierarchy of needs, having appropriate self-concept have much role in judgment on quality of life. Based on the mentioned points, we can conclude genetic and personality have more impact in individual's judgments on their subjective wellbeing (life satisfaction, positive and negative affect). For this reason, interventions may only specify some parts of individual's variance in level of subjective wellbeing. According to (QOLT), one important and valuable areas in having satisfaction from better life, is role of values, goals or spiritual life. The participants learned during the sessions that how to differentiate between their spiritual and non-spiritual goals and reach to this awareness that during the day they need to put some of their time to their values and with creating new mental schemas, reach to a solid worldview about world and themselves and reached to real function of spirituality namely optimism. In this regard, Naseri and Jokar [27] in a study identified that between life meaning with hope, happiness, and satisfaction from life is positive and significant correlation and with depression is negative correlation and the meaning in life can increase happiness and life satisfaction. It means that meaning in life indirectly and in touch with hope, can increase happiness and life satisfaction.

5. Conclusion

In general, the present study findings showed that there is two-sided relation between cognitive and environmental factors and quality of life factors with subjective wellbeing level and increase of life satisfaction. It means based on up down and down-up approach these factors (trained factors in this therapy method) not only increase wellbeing but also they can increase the satisfaction level in these areas. In addition, we must consider the role of genetic, personality, and social factors at the macro level and environmental systems as interfering and affecting variables on well-being, life satisfaction, and quality of life. So treatments should offered in a holistic approach with combination of several methods and it should to identified as many variables as possible related to this factor.

From point of methodology, quality of life and subjective wellbeing is a multidimensional, complicated issue, which have widespread concept that includes more objective and subjective factors in its framing and improvement. So, results of using one method in improving quality of life and subjective wellbeing should use with caution. It is suggested that in coming studies, quality of life therapy method, should be compared and assessed with other therapeutic methods in positive psychology area, specially wellbeing therapy. According to issues mentioned in literature about violence and psychological problems of Afghan women, it is suggested that programs should be through universities counseling centers, especially Kabul and Kabul education universities to increase women's quality of life.

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