

Quality of life therapy

Applying the assumptions of the approach to quality of life therapy:

One of the assumptions of the positive approach is that there are three types of life: the pleasant life, the good life and the meaningful life.

A **meaningful life** may come from identifying and pursuing goals that give life a sense of direction, whilst the **good life** can come from engaging in activities that absorb us (flow) and from our relationships.

Low life satisfaction and a lack of fulfilment in the three types of life may be associated with a number of maladaptive behaviours and psychological problems such as anxiety and depression.

The aim of quality of life therapy is to **identify areas of the individual's life that they would like to improve and then develop interventions** in these specific areas. The individual is taught strategies to develop their strengths and work towards their life goals.

For example, they might work towards **improving their friendships (the good life) or focus on their goals and values (the meaningful life)**.

Therefore, by improving life satisfaction and helping the individual work on their needs and goals, this will enhance well-being and happiness.



Components of quality of life therapy:

What is quality of life therapy?

Quality of life therapy is an approach to well-being that was developed by Michael Frisch (2006) with the aim of increasing life satisfaction and happiness amongst individuals. It has also been applied to those with psychiatric problems. Therapists and coaches use techniques from cognitive therapy to teach individuals skills that will help them identify and reach their personal goals across different areas of their life.

The quality of life inventory:

The first stage of the process is for the individual to **complete the quality of life inventory**, a self-report questionnaire which covers **16 areas of life** such as learning, work and health. The questionnaire assesses the importance the individual gives to each of the areas as well as rating their current satisfaction with each one.

These scores can then be combined to determine the overall quality of life for the individual. The scores can also be used as a means to **identify the areas that the individual sees as a priority for improvement** and that should be the **focus for any interventions**.

The quality of life inventory can also be used during and after the process to allow monitoring of progress and follow up on how well improvements have been maintained.

The CASIO model

This is the idea that a person's satisfaction with life in a particular area is made up of the following.

C – Characteristics

These are the physical and social characteristics of an area that contribute to how satisfied they are with it.

A – Attitude

This is the individual's subjective perception of an area.

S – Standards

These are the standards people expect for a particular area of life.

I – Importance

This is the importance placed on the area of life by the individual. This has an impact on overall satisfaction.

O – Overall satisfaction

The final part of the model recognises that satisfaction in areas of life that might not be a key focus can also have an impact on areas seen as more important.

This model is then used as a structure for the therapist/coach to work with the client to develop problem solving strategies.

For example, in the 'S' part of the model (standards), the individual could be guided to set more realistic goals like readjusting expectations of career progression in work.

Therefore, by improving life satisfaction and helping the individual work on their needs and goals, this will enhance well-being and happiness.

Evaluation



Effectiveness:

Research evidence:

Abedi and Vostanis (2010) randomly allocated mothers of children with obsessive-compulsive disorders (OCD) to either a quality of life therapy group or a control group. The mothers in the therapeutic group showed increases in life satisfaction scores after the four-week programme. In addition, the children (who did not specifically receive the therapy) also showed a reduction in OCD symptoms and an increase in life satisfaction.

Research evidence:

Toghyani et al. (2011) investigated the effectiveness of quality of life therapy on 20 male adolescents with low levels of subjective well-being. They were randomly assigned to either an experimental group (where they received eight sessions of quality of life therapy) or a control group. Those in the experimental condition showed an increase in well-being scores compared to the other group.

Ethical considerations:

An ethical therapy:

As a therapy, it has few side effects (particularly if compared to biological therapies such as psychosurgery and drugs). Individuals do not have to dwell on past events or bring up previous trauma but can instead focus on goals for the future.

Promotes free will:

Quality of life therapy takes a highly positive attitude towards individual well-being. It promotes free will, empowering people to make changes in their own lives. It is also highly personalised to the areas that the individual sees as important and would like to work on.