



## Effectiveness of existential group therapy on increasing happiness and quality of life among students of Torbat Heydarieh City

Touba Sheybani<sup>\*1</sup>, Seyed Abdolmajid Bahrainian<sup>1</sup>, Siavash Salouri<sup>2</sup>

<sup>1</sup> Clinical Psychology Department, Medical Science Faculty, Birjand Branch, Islamic Azad University, Birjand, Iran

<sup>2</sup> Student Research Committee, School of Medicine, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran

\*Corresponding Author Email: [t.sheybani62@gmail.com](mailto:t.sheybani62@gmail.com)

Received: 2026/2; Revised: 2026/6; Accepted: 2026/6

---

### Abstract

Students often have low quality of life and happiness due to academic and social pressures. Existential therapeutic approaches with an emphasis on meaning and responsibility can be effective, but there is not enough research in this field, especially in Torbat Heydariyeh. The aim of this study was to determine the effectiveness of existential group therapy on improving the quality of life and happiness of students. In the present quasi-experimental study, the statistical population included students from Payam Noor and Azad Universities of Torbat Heydariyeh, whose quality of life and happiness were reported to be lower than average. From among them, 30 people were selected and randomly assigned to two groups of 15 people: experimental and control. The experimental group received 8 sessions of 90-minute existential therapy, and the control group did not receive any intervention. The results showed that after removing the pre-test effect, there was a significant difference between the experimental group (existential therapy) and the control group in the post-test scores of quality of life and happiness. These results confirm that the existential approach, emphasizing concepts such as responsibility, meaning-making, awareness of death, and freedom of choice, can be used as an effective intervention to promote students' mental health.

**Keywords:** Existential Group Therapy, Quality of Life, Happiness, Students, Mental Health

---

## Introduction

Quality of life (QoL) is a multidimensional concept. It includes physical, mental, social, and economic aspects (1). QoL is defined as an individual's perception of their position in life within the context of culture and value systems of their society. In recent years, QoL among students has received special attention. This is due to increasing academic and social pressures. Studies showed that a significant percentage of students suffer from moderate or low QoL. These students cannot develop a positive view toward their life and society (2). This condition can negatively affect their happiness and academic performance.

Happiness is defined as a positive evaluation of oneself and one's life. Happiness includes general satisfaction, feeling positive emotions, and absence of negative states such as depression and anxiety (3). Happiness has a vital role in mental health and academic success of students. However, many students face challenges during their education. These challenges include high volume of courses, dormitory lifestyle issues, and family problems. Consequently, these students may experience a decline in happiness and QoL (4).

Meanwhile, therapeutic approaches based on humanistic and existential psychology have high potential to help individuals face difficulties. These approaches emphasize concepts such as awareness, responsibility, meaning finding, and personal choices (5). Existential therapy focuses on understanding the client's worldview. It also helps the client find life values and goals. Existential therapy can be an effective tool to empower students. It helps them overcome barriers and improve their mental and social status (6).

Students are a dynamic and future-building group of society. They always struggle with several mental and social challenges. These challenges include academic stress, future job pressures, and identity issues (7). Therefore, improving their happiness and quality of life is very important. Previous research in the country has shown effectiveness of group therapy approaches. These approaches improve mental health components, subjective well-being, and quality of life (8).

Studies showed that therapy has a positive effect on happiness of married men and women (9). Also, group logotherapy is associated with increased meaning of life in elderly women (10).

Considering the existing research gap about effectiveness of existential therapy interventions specifically on Iranian students, and the growing importance of improving QoL and happiness in this population, the present study was conducted. The main goal was to examine effectiveness of existential group therapy on improving QoL and happiness of students. As a secondary goal, effectiveness of this therapy on happiness and quality of life separately will also be measured.

Despite general effectiveness of group therapy, there is a lack of focused research on specific application of existential group therapy to increase happiness and QoL of students at the national level. Additionally, no similar study has been conducted at university level and in Torbat Heydarieh city. This makes the present study necessary and innovative. Conducting this study can help achieve a deeper understanding of how this therapeutic approach affects students of this region. It can also provide a scientific basis for delivering more effective mental health services in universities and counseling centers of Torbat Heydarieh city.

## Methods

This study was applied research. It used a quasi-experimental design with a pretest-posttest and control group. The statistical population included students from Payame Noor University and Azad University of Torbat Heydarieh. These students reported QoL and happiness scores below average. From this population, 30 students were selected. They were randomly assigned into two groups of 15 participants: an experimental group and a control group. The experimental group received eight sessions of existential therapy. Each session lasted 90 minutes. The control group received no intervention. The sample size was determined using the Cochran formula (11).

Inclusion criteria were: informed consent, being a student, obtaining a score below average in the research variables, and not receiving similar psychological interventions simultaneously. Exclusion criteria were: absence from more than one session or failure to complete the questionnaires.

Research instruments included the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF), the Oxford Happiness Inventory (OHI-29), and a demographic information form. Reliability of the WHOQOL-BREF in the present study was obtained using Cronbach's alpha. The alpha value for the total scale was 0.91 (12). Previous studies reported reliability coefficients of the Oxford Happiness Inventory (OHI-29) between 0.89 and 0.91 (13).

Collected data were analyzed using SPSS statistical software version 26. First, descriptive statistics (mean and standard deviation) were calculated to describe sample

characteristics and variable scores. Then, analysis of covariance (ANCOVA) was used to compare effectiveness of the intervention between the two groups while controlling for pretest effects. At all stages of the study, ethical principles were observed. These principles included obtaining informed consent, keeping information confidential, and allowing withdrawal at any time.

## Results

The study included 30 students (15 in the experimental group and 15 in the control group). In the experimental group, there were 9 women and 6 men. In the control group, there were 11 women and 4 men. Based on Table 1, the highest age frequency in both groups was in the 24 to 27 years range (47.6% in both groups). Table 2 showed that in the experimental group, 62.5% were single and 37.5% were married, while in the control group, 52.3% were single and 46.7% were married.

**Table 1. Frequency distribution of experimental and control groups based on age**

Age range	Control		Experimental	
	Percent	Frequency	Percent	Frequency
20-23	18.8	3	26.7	4
24-27	47.6	7	47.6	7
28-31	31.3	5	26.7	4
<b>Total</b>	100	15	100	15

**Table 2. Marital status in experimental and control groups**

Marital Status	Control		Experimental	
	Percent	Frequency	Percent	Frequency
Married	37.5	9	46.7	7
Single	62.5	6	52.3	8
<b>Total</b>	100	15	100	15

Comparison of the two group means showed that the mean post-test scores in the experimental group increased significantly compared to the pre-test. In contrast, the control group showed a smaller relative increase. To examine the significance of these differences and remove the pre-test effect, a one-way analysis of covariance (ANCOVA) was used. Before performing the test, its assumptions were checked. Skewness and kurtosis indices were within the range of -1.5

to +1.5. This showed normal distribution of the data. Also, the interaction between group and pre-test for quality of life ( $F = 2.297$ ,  $p = 0.061$ ) and happiness ( $F = 1.42$ ,  $p = 0.247$ ) was not significant. Therefore, the assumption of homogeneity of regression slopes was met. Also, the Levene test results showed that variances of the two groups were homogeneous for quality of life ( $F(1,28) = 3.36$ ,  $p = 0.081$ ) and happiness ( $F(1,28) = 1.49$ ,  $p = 0.703$ ).

**Table 3. Mean and standard deviation of studied variables in pre-test and post-test**

Variable	Group	Pre-test		Post-test	
		Mean	Standard Deviation	Mean	Standard Deviation
Quality of Life	Experimental	74.45	14.8	92.45	5.61
	Control	71.9	12.73	72.6	14.65
Happiness	Experimental	60.18	15.79	73.45	9.8
	Control	53.4	9.58	55.6	12.29

The results of one-way analysis of covariance showed a significant difference between the experimental group (existential therapy) and the control group in post-test QoL scores after removing the pre-test effect

( $F = 24.39, p < 0.001$ ). Existential group therapy significantly improved QoL of students. The effect size was 0.48. This showed that 48 percent of changes in QoL were due to the intervention (Table 4).

**Table 4. Results of analysis of covariance removing pre-test effect from post-test quality of life**

Variable	Source of Changes	SS	df	MS	F	p-value	Effect Size
Quality of Life	Pre-test	50.97	1	50.97	0.63	0.48	0.03
	Group Membership	1983.97	1	1983.97	24.39	<0.001	0.48
	Error	2196.15	27	81.34			
	Total	148981	29				

A significant difference was also observed between the two groups in post-test happiness scores ( $F = 17.71, p < 0.001$ ). The existential intervention caused a significant increase in happiness in the experimental group compared

to the control group. The effect size was 0.43. This indicated that 43 percent of changes in happiness were related to the independent variable (existential therapy) (Table 5).

**Table 5. Results of analysis of covariance removing pre-test effect from post-test happiness**

Variable	Source of Changes	SS	df	MS	F	p-value	Effect Size
Happiness	Pre-test	3.18	1	3.18	0.04	0.781	0.01
	Group Membership	1520.49	1	1520.49	17.71	<0.001	0.43
	Error	2317.95	27	85.85			
	Total	92586	29				

The findings of this study showed that existential group therapy had a significant and strong effect on improving QoL and happiness of students.

## Discussion

This study aimed to examine effectiveness of existential therapy on QoL and happiness of students. The findings showed a significant difference between the experimental and control groups in both dependent variables after removing the effect of pre-test scores. These results showed that the existential intervention caused a significant improvement

in QoL and happiness of the experimental group compared to the control group.

The findings showed that mean QoL scores in the experimental group increased significantly compared to the control group. This pattern was also repeated for the happiness variable. Meanwhile, the control group experienced a small increase. These results showed that existential therapy created positive and significant changes beyond spontaneous effects or the effect of time.

The calculated effect size for quality of life (0.48) and happiness (0.43) showed an effect in the medium to large range. In other words,

48 percent of variance in QoL score changes and 43 percent of variance in happiness score changes in the experimental group were explained by existential therapy. These findings are considered significant not only statistically but also clinically. They show a practical and tangible effect of this intervention on important dimensions of mental health.

The results of the present study are consistent with findings of previous studies in the field of existential therapies. Previous studies also showed that existential approaches can improve psychological well-being and QoL. These approaches strengthen meaning in life, acceptance of responsibility, and confrontation with basic human concerns (14).

In interpreting these findings, strengths and limitations of the study should be considered. Strengths include observance of statistical assumptions. These assumptions were normal distribution of data, homogeneity of regression slopes, and homogeneity of variances. These increase validity of the results. However, the relatively small sample size reduces generalizability of the findings. The absence of long-term follow-up makes judgment about stability of intervention effects difficult. Despite these limitations, from a clinical perspective, existential therapy is considered an effective approach for improving QoL and happiness of students. University counseling centers can use this approach in group sessions.

### Conclusion

This study was conducted with the aim of determining effectiveness of existential group therapy on increasing QoL and happiness of students. The findings from analysis of covariance showed that existential therapy created a significant improvement in both dependent variables compared to the control group. These results confirm that the existential approach can be used as an effective intervention for improving mental health of students. This approach emphasizes concepts such as responsibility, meaning seeking, awareness of death, and freedom of

choice. Despite limitations such as small sample size and lack of a follow-up period, the findings of this study have practical application for university counseling centers and psychological clinics. It is also suggested that future studies be designed with larger samples, long-term follow-up (three to six months), and comparison with other therapeutic approaches (such as cognitive-behavioral therapy). This will clarify generalizability and stability of effects of existential therapy.

### References

1. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. *Soc Sci Med.* 1995;41(10):1403-9. [https://doi.org/10.1016/0277-9536\(95\)00112-K](https://doi.org/10.1016/0277-9536(95)00112-K)
2. Hossein Sadeghian M, Etesam F, Nakhostin-Ansari A, Akbarpour S, Akhlaghi M. Association Between Hopelessness And Suicidal Ideation In Iranian Medical Students: A Cross-Sectional Study. *Health Psychol Res.* 2021;9(1):27579. <https://doi.org/10.52965/001c.27579>
3. Nima AA, Garcia D, Sikström S, Cloninger KM. The ABC of happiness: Validation of the tridimensional model of subjective well-being (affect, cognition, and behavior) using Bifactor Polytomous Multidimensional Item Response Theory. *Heliyon.* 2024;10(2):e24386. <https://doi.org/10.1016/j.heliyon.2024.e24386>
4. Mahin M, Rahman MS, Rahman SM, Ilias FB, Hasan MM, Akter M, et al. Factors impacting university students' quality of life. *PLoS One.* 2025;20(8):e0329851. <https://doi.org/10.1371/journal.pone.0329851>
5. Vos J, Craig M, Cooper M. Existential therapies: a meta-analysis of their effects on psychological outcomes. *J Consult Clin Psychol.* 2015;83(1):115-28. <https://doi.org/10.1037/a0037167>
6. Rahgozar S, Giménez-Llort L. Design and effectiveness of an online group logotherapy intervention on the mental health of Iranian international students in European countries during the COVID-19 pandemic. *Front Psychiatry.* 2024;15:1323774. <https://doi.org/10.3389/fpsy.2024.1323774>
7. Auerbach RP, Mortier P, Bruffaerts R, Alonso J, Benjet C, Cuijpers P, et al. 7. WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *J Abnorm Psychol.*

- 2018;127(7):623-38.  
<https://doi.org/10.1037/abn0000362>
8. Robatmili S, Sohrabi F, Shahrak MA, Talepasand S, Nokani M, Hasani M. The Effect of Group Logotherapy on Meaning in Life and Depression Levels of Iranian Students. *Int J Adv Couns.* 2015;37(1):54-62.  
<https://doi.org/10.1007/s10447-014-9225-0>
  9. Bafrani MA, Nourizadeh R, Hakimi S, Mortazavi SA, Mehrabi E. The impact of positive psychology counseling on sexual and marital satisfaction and anxiety among reproductive-aged women during the COVID-19 pandemic: a randomized controlled clinical trial. *BMC Psychol.* 2024;12(1):313.  
<https://doi.org/10.1186/s40359-024-01826-2>
  10. Kim C, Choi H. The efficacy of group logotherapy on community-dwelling older adults with depressive symptoms: A mixed methods study. *Perspect Psychiatr Care.* 2020.  
<https://doi.org/10.1111/ppc.12635>
  11. Cochran WG. *Sampling techniques.* 3rd ed. New York: John Wiley & Sons; 1977
  12. Gholami A, Araghi MT, Shamsabadi F, Bayat M, Dabirkhani F, Moradpour F, et al. Application of the World Health Organization Quality of Life Instrument, Short Form (WHOQOL-BREF) to patients with cataract. *Epidemiol Health.* 2016;38:e2016005.  
<https://doi.org/10.4178/epih.e2016005>
  13. Liaghatdar MJ, Jafari E, Abedi MR, Samiee F. Reliability and validity of the Oxford Happiness Inventory among university students in Iran. *Span J Psychol.* 2008;11(1):310-3.  
<https://doi.org/10.1017/S1138741600004340>
  14. Wang Z, Xu D, Yu S, Liu Y, Han Y, Zhao W, et al. Effectiveness of meaning-centered interventions on existential distress and mental health outcomes in cancer survivors and their family caregivers: A systematic review and meta-analysis of randomized controlled trials. *Worldviews Evid Based Nurs.* 2025;22(1):e12752.  
<https://doi.org/10.1111/wvn.12752>