

Psychometric Evaluation of the Life Quotient Questionnaire: Evidence for a Four-Factor Structure

Abstract

Aims: Contemporary perspectives in health psychology emphasize that well-being emerges from the integration of cognitive, emotional, behavioral, and existential capacities. This study aimed to evaluate the psychometric properties of the Life Quotient Questionnaire (LQ).

Materials & Methods: This cross-sectional psychometric study included 296 Persian-speaking adults recruited through convenience sampling via an online survey between February and May 2026. The 16-item LQ measures four dimensions of quality of living: mindful living, mature living, responsible living, and creative living. Data were analyzed using SPSS version 27 and AMOS version 24. Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were performed to examine factorial structure. Reliability was assessed using Cronbach's alpha and composite reliability (CR). Convergent and discriminant validity were evaluated using average variance extracted (AVE), the Fornell-Larcker criterion, and the heterotrait-monotrait ratio (HTMT). Criterion validity was examined through correlations with a quality-of-life measure.

Findings: EFA supported a four-factor structure accounting for 56.6% of the total variance. The Kaiser-Meyer-Olkin index was 0.701, and Bartlett's test of sphericity was significant ($\chi^2=2290.27$, $p<.001$), supporting factorability. Factor loadings ranged from 0.60 to 0.99. CFA showed an acceptable-to-moderate fit for the four-factor model (CFI=0.942, TLI=0.859, RMSEA=0.092, SRMR=0.027). Internal consistency was satisfactory across the factors (Cronbach's $\alpha=0.82$ –0.89; CR=0.82–0.89).

Conclusion: The LQ demonstrated satisfactory reliability and validity, supporting a four-dimensional structure of quality of living. It may be a useful instrument for assessing psychological aspects of living quality in both research and applied settings.

Keywords: Life Quotient, Psychometric Properties, Questionnaire Validation, Quality of Living, Health Psychology.

Introduction

Recent advances in health psychology and psychosomatic medicine increasingly emphasize that human health emerges from the dynamic interplay of biological, psychological, and social processes rather than from purely biomedical determinants [1,2]. Within this biopsychosocial perspective, health is understood as a multidimensional phenomenon that is closely associated with individuals' lived experiences, coping strategies, and patterns of self-care in everyday life [3,4]. A growing body of empirical evidence indicates that psychological resources such as self-efficacy, self-management abilities, and supportive social environments play a critical role in promoting psychological adaptation and improving quality of life among individuals facing chronic illness and psychosomatic conditions [5–7]. Moreover, findings from research on mind-body and integrative health interventions suggest that strengthening awareness of internal experiences and enhancing self-regulatory capacities can significantly improve emotional regulation, psychological well-being, and health-related quality of life [1,8,9].

Consistent with these developments, contemporary research increasingly highlights the importance of individuals' ways of living and their interaction with internal and external experiences as key determinants of psychological health and adaptive functioning [10,11]. Empirical studies suggest that individuals who demonstrate higher levels of self-awareness, self-management, and self-care tend to show greater resilience when facing psychological stressors, chronic illness, or psychosomatic symptoms [12,13]. These psychological capacities are also associated with improved well-being, more effective coping strategies, and higher life satisfaction across diverse populations [14,15]. Despite these advances, much of the existing literature has focused on specific psychological constructs—such as coping strategies, emotional regulation, or self-care—examined largely in isolation. While these studies have provided valuable insights into particular aspects of psychological functioning, they often overlook the broader patterns through which multiple psychological processes interact to shape the overall quality of human living [16,17]. Consequently, relatively few

theoretical frameworks have attempted to integrate these diverse dimensions of psychological functioning into a comprehensive conceptual model capable of capturing the complexity of how individuals experience and engage with life.

Recent theoretical developments in health psychology suggest that psychological well-being and adaptive functioning emerge from complex interactions among cognitive, emotional, behavioral, and existential processes rather than from isolated psychological traits [1,18]. In this context, several contemporary perspectives highlight the importance of integrating constructs such as mindfulness, self-regulation, personal agency, resilience, and meaning-making into broader conceptual frameworks that capture the holistic nature of human living [16,19]. These perspectives suggest that individuals' quality of living is shaped by their capacity to maintain awareness of internal experiences, regulate behavior in accordance with personal values, assume responsibility for life decisions, and creatively adapt to complex life challenges [20–22]. Taken together, these findings indicate the need for multidimensional constructs capable of integrating these interconnected psychological processes into a coherent framework that reflects the dynamic nature of human living. To address this conceptual need, the construct of Life Quotient has been proposed as a multidimensional framework for understanding variations in the quality of human living from the perspectives of awareness, psychological maturity, responsibility, and creativity [32,33].

The concept is grounded in the theoretical foundations of Self-Working Psychotherapy, which conceptualizes psychological health not merely as the absence of psychopathology but as the outcome of individuals' active engagement in self-development, reflective awareness, and conscious behavioral regulation [32]. Within this framework, Life Quotient reflects individuals' capacity for conscious, adaptive, and growth-oriented living. It represents the extent to which individuals respond to internal experiences and external life events through deliberate and reflective actions rather than through automatic or reactive behavioral patterns [32]. In this sense, the Life Quotient framework can be understood as an integrative construct that brings together several well-established lines of research in contemporary psychology, including mindfulness-based awareness, self-regulatory capacities, personal agency and responsibility, and creative meaning-making in life.

According to Johari Fard's theoretical model, Life Quotient consists of four core dimensions that together capture different aspects of the quality of human living. The first dimension, Mindful Living, refers to awareness of present-moment experiences, acceptance of emotional states, and psychological flexibility—capacities strongly associated with psychological well-being and adaptive coping [23–25]. The second dimension, Mature Living, encompasses psychological capacities such as reality testing, reflective functioning, executive functioning, and cognitive flexibility, which are essential for adaptive cognition, self-regulation, and effective decision-making [21,26,27]. The third dimension, Responsible Living, reflects psychological attributes such as personal agency, internal locus of control, empathy, and values-based action that contribute to responsible decision-making and adaptive social functioning [28–30]. The fourth dimension, Creative Living, represents individuals' capacity for divergent thinking, adaptive resilience, and meaning-making in life, enabling them to respond constructively to complex life challenges and foster psychological growth [22,25,31]. To operationalize this conceptual framework, the Life Quotient Questionnaire was developed as a multidimensional instrument designed to assess the four dimensions of mindful living, mature living, responsible living, and creative living within a coherent measurement structure [32,33]. The instrument aims to evaluate the quality of individuals' lived experiences across cognitive, emotional, behavioral, and existential domains, thereby providing a structured tool for examining Life Quotient in research related to psychological well-being, psychosomatic functioning, and health psychology.

The development of comprehensive instruments capable of capturing the multidimensional nature of human living represents an important priority in contemporary health psychology and psychosomatic research. By integrating awareness-based processes, psychological maturity, personal responsibility, and creative adaptation within a single conceptual framework, the Life Quotient construct offers a theoretically grounded perspective for understanding how individuals actively shape the quality of their lived experiences. Accordingly, establishing a reliable and valid measure of Life Quotient may provide researchers and clinicians with a valuable tool for investigating

the psychological foundations of well-being, resilience, and adaptive functioning across both clinical and non-clinical populations. Given these considerations, the present study aimed to examine the psychometric properties of the Life Quotient Questionnaire. Specifically, the study sought to evaluate the reliability and validity of the instrument and to provide empirical evidence supporting its use as a multidimensional measure of the quality of human living.

Methods

This study employed a psychometric survey design to examine the psychometric properties of the Life Quotient Questionnaire (LQ). The target population consisted of Persian-speaking adults. Participants were recruited using a convenience sampling method through an online survey platform. Data were collected between February 22, 2026, and May 5, 2026.

A total of 296 participants completed the questionnaire and were included in the final analysis. In psychometric studies, it is generally recommended that at least 5 to 10 participants be included for each item of the instrument to ensure adequate statistical power for factor analysis [34].

Given that the Life Quotient Questionnaire consists of 16 items, the sample size of the present study was considered adequate for conducting factor analysis. Regarding the demographic characteristics of the sample, 85.1% of the participants were female, and the largest age group was between 30 and 40 years (67.6%). Additionally, 62.5% of the participants were employed. Most respondents reported no physical health problems (94.3%). In terms of marital status, 59.8% of the participants were married, and the most common level of education was a bachelor's degree (45.9%).

The inclusion criteria were being at least 18 years old, having the ability to read and understand Persian, providing informed consent to participate in the study, and completing the questionnaire in full. Exclusion criteria included incomplete responses, unreliable response patterns, or withdrawal from the study at any stage.

Prior to data collection, the necessary approvals were obtained from Islamic Azad University, Ahvaz Branch. The study protocol was reviewed and approved by the university's Research Ethics Committee (Ethics code: IR.IAU.AHVZ.REC.1405.017). After obtaining ethical approval, the questionnaire was designed online using the Porsline platform, and the survey link was distributed via social media and online groups. At the start of the questionnaire, participants received information about the study's purpose, the confidentiality of their responses, and the voluntary nature of participation. Only individuals who provided informed consent were allowed to proceed with the questionnaire. Completing the questionnaire took approximately 10–15 minutes. The online version of the questionnaire was administered via the following link: survey.porsline.ir/s/ZcaG7p5Z.

Measures

Life Quotient Questionnaire (LQ): The instrument evaluated in this study was the Life Quotient Questionnaire (LQ), developed by Johari Fard (32). The questionnaire was designed to assess quality of living at the level of self-cultivation and conscious living and is grounded in an integrative theoretical framework. Within this framework, Life Quotient is conceptualized as a multidimensional latent construct reflecting individuals' capacities for emotional regulation, mindful decision-making, personal responsibility, and meaning-making in everyday life. The questionnaire consists of 16 items organized into four dimensions: Mindful Living, Mature Living, Responsible Living, and Creative Living, with four items assigned to each dimension. Responses are rated on a five-point Likert scale ranging from 1 (never) to 5 (always). Scores for each subscale range from 4 to 20, with higher scores indicating higher levels of Life Quotient.

World Health Organization Quality of Life-BREF (WHOQOL-BREF): The Quality-of-Life questionnaire consists of 26 items designed to assess an individual's overall and general quality of life. This instrument was developed in 1996 by a group of experts from the World Health Organization through the modification of the original 100-item version (34). The questionnaire includes four subscales and an overall score: (1) physical health, (2) psychological health, (3) social relationships, and (4) environmental health. Initially, a raw score is calculated for each subscale,

which is then converted into a standardized score ranging from 0 to 100, with higher scores indicating better quality of life.

Scoring of the questionnaire is conducted as follows. The physical health subscale is obtained by summing the scores of items 3, 4, 10, 15, 16, 17, and 18. The possible score range for this subscale is 7 to 35. The psychological health subscale is calculated by summing the scores of items 5, 6, 7, 11, 19, and 26, with a possible range of 6 to 30. The social relationships subscale includes items 20, 21, and 22, with a possible range of 3 to 15. The environmental health subscale is derived from items 8, 9, 12, 13, 14, 23, 24, and 25, with a possible range of 8 to 40. Overall quality of life and general health are assessed using items 1 and 2, with a score range of 2 to 10. After calculating the raw scores for each subscale, they are converted to standardized scores ranging from 0 to 100. In the present study, Cronbach's alpha for the scale was 0.70, indicating acceptable internal consistency.

Data Analyses

Data were analyzed using SPSS version 27 and AMOS version 24. Descriptive statistics, including means and standard deviations, were first calculated for all variables. Prior to factor analyses, the distributional properties of the items were examined by assessing skewness and kurtosis values to evaluate the assumption of normality. The suitability of the data for factor analysis was assessed using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. Exploratory factor analysis (EFA) was conducted to identify the underlying factor structure of the Life Quotient Questionnaire. Factor extraction was performed using principal axis factoring with Promax rotation, given the conceptual relatedness of the latent constructs. This rotation method was selected based on the assumption that the four dimensions of the Life Quotient construct are theoretically correlated.

Subsequently, confirmatory factor analysis (CFA) was conducted using the maximum likelihood estimation method in AMOS to examine the adequacy of the proposed four-factor measurement model. Model fit was evaluated using several goodness-of-fit indices. Comparative Fit Index (CFI) and Tucker–Lewis Index (TLI) values greater than 0.90 indicated acceptable fit, whereas values above 0.95 reflected excellent fit. A Root Mean Square Error of Approximation (RMSEA) value below 0.08 indicated acceptable fit, and values below 0.06 indicated good model fit. In addition, a Standardized Root Mean Square Residual (SRMR) value below 0.08 was considered indicative of adequate model fit.

To evaluate convergent validity, the Average Variance Extracted (AVE) was calculated, with values greater than 0.50 considered acceptable (Fornell & Larcker, 1981). Discriminant validity was assessed using the Fornell–Larcker criterion as well as the heterotrait–monotrait ratio of correlations (HTMT). In addition, criterion-related validity was examined through Pearson correlation analyses between the Life Quotient total score and the quality-of-life measure.

Results

The sample was predominantly female (85.1%), which should be considered when interpreting the generalizability of the findings. Most participants were employed (62.5%) and reported no physical health problems (94.3%). The majority were married (59.8%) and possessed a Bachelor's degree (45.9%). Descriptive statistics for the items are presented in Table 2. Mean scores ranged from 2.71 to 3.86, with "Considering Others' Feelings" exhibiting the highest mean and "Self-Kindness Under Stress" the lowest. Skewness and kurtosis indices were within acceptable ranges, suggesting that the data approximated a normal distribution.

Table 1. Descriptive statistics of the variables

variables	Groups	Frequency	Percent	Total	Mode
Gender	Male	44	14.9	296	2
	Female	252	85.1		
Age	18-25	24	8.1	296	3
	25-30	36	12.2		

Employment Status	30-40	200	67.6	296	1
	40-50	36	12.2		
	Employed	185	62.5		
	Homemaker	79	26.7		
	Unemployed	16	5.4		
Presence of Physical Problems	Student	16	5.4	296	1
	No	279	94.3		
	Yes	17	5.7		
Marital Status	Married	177	59.8	296	1
	Single	101	34.1		
	Divorced	18	6.1		
Level of Education	Associate Degree	40	13.5	296	3
	Diploma	83	28.0		
	Bachelor's Degree	136	45.9		
	Master's Degree	19	6.4		
	Doctoral Degree (PhD)	18	6.1		

Table 2. Description of the research variables

Variable	Mean	SD	Median	Min	Max	Skewness	Kurtosis
Staying Present with Difficult Thoughts	2.753	1.100	3	1	5	-0.206	-1.055
Self-Kindness Under Stress	2.713	1.208	3	1	5	0.172	-0.916
Reality-Based Response	3.243	1.241	3	1	5	-0.075	-1.138
Patience Under Pressure	3.476	1.187	4	1	5	-0.451	-0.755
Inner Integration	3.318	1.257	3	1	5	-0.329	-0.872
Ability to Let Go	3.007	1.204	3	1	5	-0.189	-0.923
Acting on Personal Values	3.432	1.244	4	1	5	-0.493	-0.948
Commitment to Promises	3.547	1.137	4	1	5	-0.619	-0.509
Personal Responsibility in Difficult Situations	3.679	1.124	4	1	5	-0.843	-0.098
Considering Others' Feelings	3.861	1.189	4	1	5	-1.008	-0.017
Mature Evaluation of Consequences	3.405	1.079	3	2	5	0.067	-1.270
Multi-Perspective Decision-Making	3.699	1.202	4	1	5	-0.347	-1.269
Generating New Solutions	3.601	0.865	3	2	5	0.553	-0.951
Openness to New Experiences	3.561	0.962	3	2	5	0.171	-1.003
Flexible Path Adjustment	3.720	0.905	4	2	5	0.142	-1.095
Appreciation of Meaning and Beauty	3.591	0.956	3	1	5	0.054	-0.582

Note. SD = standard deviation; Min = minimum; Max = maximum.

Skewness values ranged from -1.01 to 0.55, and kurtosis values ranged from -1.27 to -0.02, indicating acceptable univariate normality. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.701, suggesting that the sample was adequate for factor analysis. Bartlett's test of sphericity was statistically significant ($\chi^2(120) = 2290.27$, $p < .001$), confirming that the correlation matrix was suitable for exploratory factor analysis.

Step 1: Exploratory Factor Analysis (EFA)

An exploratory factor analysis (EFA) was conducted using principal axis factoring with varimax rotation. Initial extraction suggested the presence of multiple factors with eigenvalues greater than 1. Parallel analysis also indicated the potential retention of several components.

However, examination of the scree plot and the conceptual coherence of item groupings supported a four-factor solution, which provided a more interpretable structure consistent with the theoretical framework of the Life Quotient construct.

The four retained factors collectively explained 56.6% of the total variance after rotation. Factor loadings ranged from 0.60 to 0.99, indicating strong associations between items and their respective factors.

The factor structure was organized as follows:

Factor 1 consisted of items Q1, Q2, Q5, and Q6, with loadings ranging from 0.65 to 0.97.

Factor 2 included items Q7, Q8, Q9, and Q10, with loadings between 0.76 and 0.88.

Factor 3 comprised items Q13, Q14, Q15, and Q16, with factor loadings ranging from 0.60 to 0.87.

Factor 4 included items Q3, Q4, Q11, and Q12, with loadings ranging from 0.63 to 0.99.

The scree plot showed a clear inflection after the fourth factor, further supporting the retention of a four-factor structure. Results indicated a significant Bartlett's test and a KMO value of 0.701, satisfying the criteria for sample adequacy.

Table 3: Explained Variance of the Extracted Factors

Factor	Eigenvalue	% of Variance	Cumulative %
Factor 1	3.63	16.8	16.8
Factor 2	2.65	16.7	33.5
Factor 3	2.52	13.7	47.2
Factor 4	1.72	9.4	56.6

Note: Extraction method: Principal Axis Factoring; Rotation method: Promax rotation.

The four retained factors explained 56.6% of the total variance, indicating an acceptable representation of the underlying structure of the Life Quotient Questionnaire.

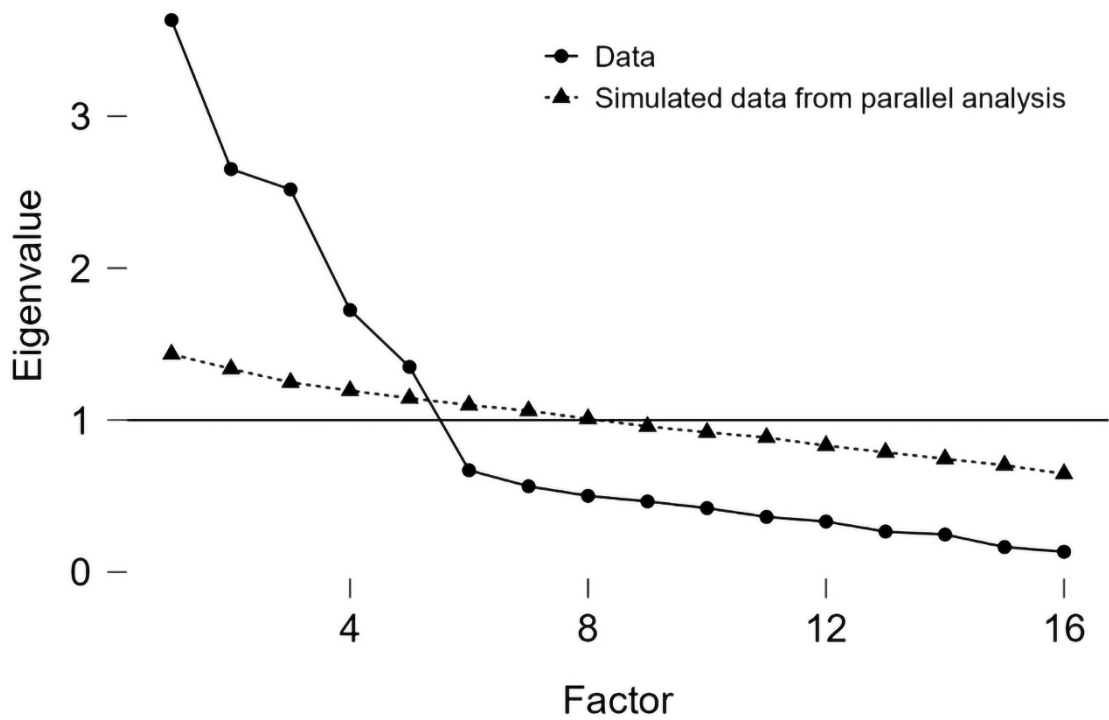


Figure 1: Scree plot

Table 4: Rotated Factor Loadings for the Life Quotient Questionnaire

Item	Factor 1	Factor 2	Factor 3	Factor 4
Q1	0.654	—	—	—
Q2	0.754	—	—	—
Q5	0.799	—	—	—
Q6	0.973	—	—	—
Q7	—	0.759	—	—
Q8	—	0.776	—	—
Q9	—	0.826	—	—
Q10	—	0.880	—	—
Q13	—	—	0.665	—
Q14	—	—	0.777	—
Q15	—	—	0.869	—
Q16	—	—	0.600	—
Q3	—	—	—	0.635
Q4	—	—	—	0.756
Q11	—	—	—	0.995
Q12	—	—	—	0.691

Note: Loadings below 0.40 are suppressed

The rotated factor matrix demonstrated a clear four-factor structure. Each item loaded strongly on its intended factor with minimal cross-loadings, supporting the structural validity of the Life Quotient Questionnaire.

Step 2: Confirmatory Factor Analysis (CFA)

A confirmatory factor analysis (CFA) was conducted to examine the four-factor structure identified in the exploratory factor analysis. Model fit indices indicated an acceptable to moderate fit to the observed data (CFI = 0.942, TLI = 0.859, RMSEA = 0.092, SRMR = 0.027).

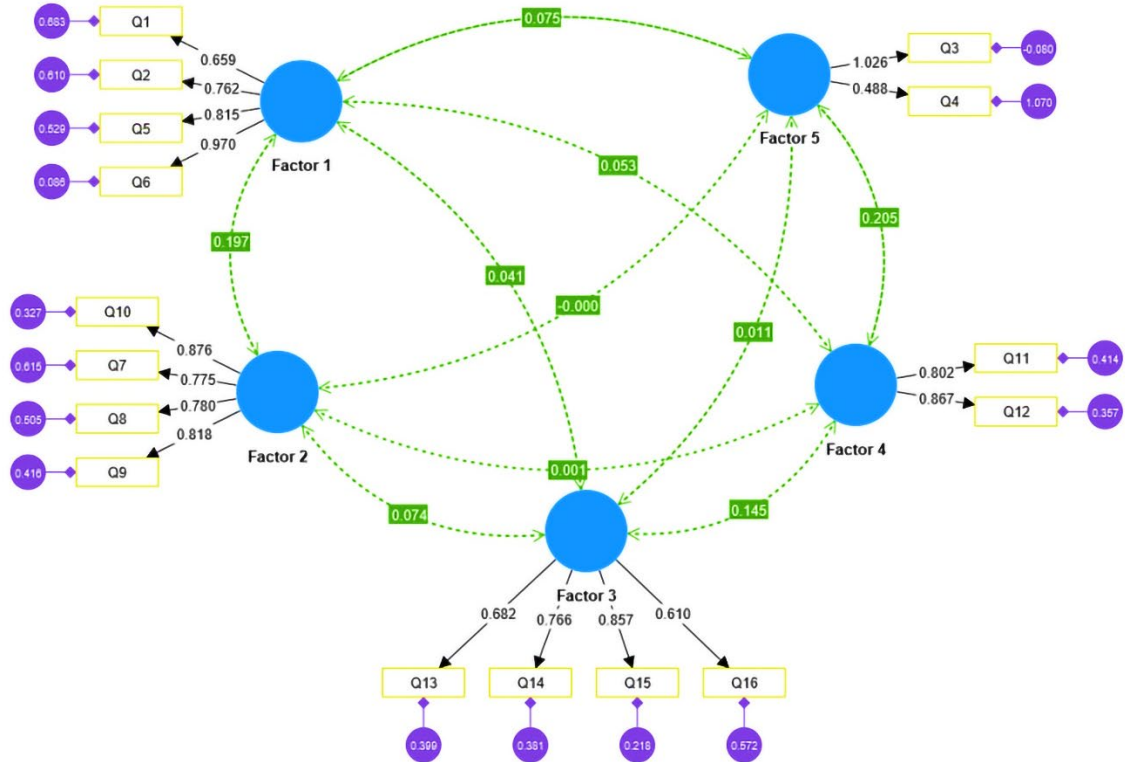


Figure 2: research model

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Table 5. Standardized Factor Loadings from Confirmatory Factor Analysis

Item	Standardized loading (β)	Standard deviation (STDEV)	T-value	P values
Q1 ← Factor 1	0.679	0.038	17.204	p < 0.001
Q2 ← Factor 1	0.759	0.041	18.780	p < 0.001
Q5 ← Factor 1	0.817	0.038	21.512	p < 0.001
Q6 ← Factor 1	0.963	0.013	75.030	p < 0.001
Q7 ← Factor 2	0.771	0.040	19.246	p < 0.001
Q8 ← Factor 2	0.779	0.038	20.561	p < 0.001
Q9 ← Factor 2	0.816	0.039	20.872	p < 0.001
Q10 ← Factor 2	0.872	0.023	38.413	p < 0.001
Q13 ← Factor 3	0.682	0.047	14.616	p < 0.001
Q14 ← Factor 3	0.776	0.039	19.730	p < 0.001
Q15 ← Factor 3	0.852	0.029	29.611	p < 0.001
Q16 ← Factor 3	0.601	0.057	10.685	p < 0.001

Q11 ← Factor 4	0.810	0.135	5.905	p < 0.001
Q12 ← Factor 4	0.878	0.138	6.296	p < 0.001
Q3 ← Factor 4	0.908	0.259	3.884	p < 0.001
Q4 ← Factor 4	0.624	0.165	3.012	p < 0.001

Table 6 presents the results of the confirmatory factor analysis. All items showed statistically significant loadings on their respective latent factors ($p < .001$). The standardized factor loadings ranged from 0.60 to 0.96, indicating strong relationships between the observed indicators and their underlying constructs. The highest loading was observed for item Q6 (0.963) on Factor 1, while the lowest loading was associated with item Q16 (0.601) on Factor 3. All t-values exceeded the recommended threshold of 1.96, confirming the statistical significance of the factor loadings. These findings support the adequacy of the measurement model and indicate that the items are appropriate indicators of their corresponding latent constructs. Overall, the CFA results provide empirical support for the proposed four-factor structure of the Life Quotient Questionnaire.

Table 6. Reliability and Convergent Validity of the Measurement Model

	Factor	Cronbach's alpha	Composite reliability	AVE
Factor 1		0.879	0.885	0.655
Factor 2		0.886	0.886	0.662
Factor 3		0.820	0.821	0.539
Factor 4		0.820	0.825	0.698
Fornell and Larker index				
Factor	1	2	3	4
Factor 1	0.809			
Factor 2	0.197	0.813		
Factor 3	0.041	0.074	0.734	
Factor 4	0.053	0.01	0.145	0.835
Heterotrait-monotrait ratio (HTMT)				
Factor	1	2	3	4
Factor 1				
Factor 2	0.206			
Factor 3	0.081	0.129		
Factor 4	0.150	0.034	0.050	

The results related to the reliability and validity of the measurement model are presented in Table 7. Construct reliability was assessed using Cronbach's alpha and composite reliability (CR). The Cronbach's alpha coefficients for the four factors ranged from 0.82 to 0.89, indicating satisfactory internal consistency across all constructs. Similarly, the composite reliability values ranged from 0.82 to 0.89, exceeding the recommended threshold of 0.70 and confirming adequate reliability of the latent constructs.

Convergent validity was evaluated using the Average Variance Extracted (AVE). The AVE values for the four factors ranged from 0.53 to 0.70, all of which exceeded the recommended cutoff value of 0.50

(Fornell & Larcker, 1981). These results indicate that each construct explains more than half of the variance of its associated indicators, thereby supporting the convergent validity of the measurement model. The CR, AVE, and HTMT indices were calculated based on the standardized factor loadings and inter-construct correlations obtained from the confirmatory factor analysis.

Discriminant validity was examined using both the Fornell–Larcker criterion and the Heterotrait–Monotrait ratio (HTMT). According to the Fornell–Larcker criterion, the square roots of the AVE values for each construct were greater than the correlations between that construct and the other constructs, indicating adequate discriminant validity. In addition, all HTMT values were below the recommended threshold of 0.85, further confirming that the latent constructs are empirically distinct.

Overall, these findings suggest that the four-factor measurement model of the Life Quotient Questionnaire demonstrates satisfactory reliability as well as convergent and discriminant validity. To further examine criterion-related validity, the Quality-of-Life questionnaire was also administered, and the correlations between participants' scores on this measure and their scores on the Life Quotient scale were analyzed.

Moreover, the results indicated a strong positive correlation between the two variables ($r = 0.763$, $p < .001$), suggesting that individuals with higher Life Quotient scores tend to report higher levels of perceived quality of life. This finding provides evidence for criterion-related validity, indicating that the Life Quotient construct is meaningfully associated with a theoretically related variable.

Discussion

The present study aimed to examine the psychometric properties of the Life Quotient Questionnaire and to evaluate empirical support for its proposed multidimensional structure. The findings provided substantial evidence for the reliability and validity of the instrument and supported a four-factor model representing different dimensions of life functioning. The results of the exploratory factor analysis indicated that the extracted factors accounted for a considerable proportion of the total variance, while confirmatory factor analysis supported the adequacy of the measurement model. In addition, reliability indices, including Cronbach's alpha and composite reliability, demonstrated satisfactory internal consistency across all dimensions. Evidence for convergent and discriminant validity was also obtained through AVE, the Fornell–Larcker criterion, and HTMT ratios. The EFA results indicated a clear four-factor solution consistent with the theoretical framework of Life Quotient.

The multidimensional structure identified in this study is conceptually consistent with integrative perspectives on psychological functioning, which emphasize the interaction of cognitive, emotional, and behavioral processes in shaping human well-being. Contemporary integrative psychotherapy approaches highlight the importance of self-awareness, responsible engagement with life, reflective cognition, and adaptive creativity as key capacities underlying psychological growth and adaptive functioning (32,35). Similarly, biopsychosocial perspectives suggest that well-being emerges from the dynamic interaction of psychological processes that enable individuals to respond effectively to life challenges (1,19).

The first dimension of the Life Quotient Questionnaire reflects mindful awareness and adaptive emotional regulation when confronting life experiences. A growing body of research suggests that mindfulness and present-moment awareness play a central role in psychological health by enhancing emotional regulation and reducing maladaptive responses to stress (9,25). Studies integrating mindfulness with character strengths have also shown that mindful awareness contributes to resilience, meaning in life, and psychological flourishing (37,38). From an integrative psychotherapy perspective, conscious awareness of internal experiences is considered a fundamental mechanism through which individuals regulate emotions and develop greater psychological balance (33,36). Therefore, this dimension may represent an individual's capacity to approach life experiences with awareness, emotional balance, and psychological flexibility.

The second dimension represents responsible and value-oriented living. Within integrative psychological frameworks, responsible engagement with life experiences and value-guided behavior

are considered essential aspects of psychological maturity and adaptive functioning (32). Previous research has emphasized the importance of personal responsibility, moral awareness, and value-driven action in promoting psychological well-being and constructive social functioning (28,39). Individuals who develop a stronger sense of personal agency and responsibility tend to demonstrate greater psychological adjustment and proactive coping with life challenges (29,40). Accordingly, this dimension may reflect the capacity to approach life with a sense of purpose, responsibility, and commitment to personal and social values.

The third dimension reflects mature and reflective cognitive functioning. Reflective awareness and higher-order cognitive processes enable individuals to evaluate their experiences, regulate thoughts, and respond adaptively to complex situations. Research in cognitive and clinical psychology has shown that reflective functioning plays an important role in resilience, adaptive decision-making, and psychological adjustment (21,41,42). Integrative psychotherapy models similarly emphasize reflective cognition as a mechanism through which individuals gain insight into their internal processes and make more adaptive life choices (35). Thus, this dimension may represent the ability to engage in thoughtful evaluation of life experiences and to regulate cognitive processes in a mature and constructive manner.

The fourth dimension appears to represent creative and adaptive engagement with life experiences. Creativity and cognitive flexibility allow individuals to reinterpret challenges and develop innovative coping strategies. Psychological research increasingly recognizes creativity as an important personal resource that contributes to resilience and meaning-making, particularly in contexts involving uncertainty or adversity (31,43). Studies have shown that creative thinking facilitates adaptive coping and supports psychological growth when individuals face complex life challenges (22,44). Integrative psychological perspectives also highlight adaptive creativity as a key capacity that enables individuals to transform difficulties into opportunities for personal development (33,36).

The findings also revealed a strong positive correlation between the total score of the Life Quotient Questionnaire and quality of life. This result provides evidence for the criterion-related validity of the instrument and is consistent with previous research demonstrating that psychological self-regulation, self-care behaviors, and psychosocial strengths are closely associated with perceived quality of life and well-being (11,14,45). Similar findings have been reported in studies highlighting the role of resilience, adaptive coping strategies, and psychosocial resources in improving quality of life across different populations (7,10).

Taken together, the pattern of findings suggests that the Life Quotient Questionnaire captures several complementary capacities involved in adaptive psychological functioning. These dimensions collectively reflect how individuals become aware of their experiences, take responsibility for their actions, reflect on their thoughts and behaviors, and creatively adapt to life challenges. In this context, the conceptual pattern of the four factors appears to align with emerging integrative psychotherapy frameworks such as the Self Working approach, which emphasizes the dynamic integration of awareness, responsibility, reflective cognition, and adaptive creativity in promoting psychological growth (32,33,35,36). Overall, the findings indicate that the Life Quotient Questionnaire represents a reliable and theoretically meaningful instrument for assessing multidimensional aspects of life functioning. By integrating emotional, cognitive, and behavioral capacities within a single framework, the questionnaire may provide a useful tool for future research examining the psychological processes underlying well-being, resilience, and meaningful living.

Limitations and Future Directions

Despite the promising findings of the present study, several limitations should be considered when interpreting the results. First, the data were collected through self-report questionnaires, which may be subject to biases such as social desirability and subjective interpretation. Future research may benefit from incorporating additional assessment methods, such as behavioral measures or multi-informant approaches.

Second, the sample was predominantly female (85.1%) and primarily within the 30–40 age range. This gender imbalance may limit the generalizability of the findings, and future studies should attempt to recruit more gender-balanced and diverse samples to examine factorial invariance across demographic groups.

Third, although confirmatory factor analysis supported the four-factor measurement model, some indices—particularly TLI and RMSEA—did not meet the thresholds typically associated with excellent model fit. These results indicate that the model reflects an acceptable to moderate fit and may benefit from further refinement in subsequent research. Fourth, both exploratory and confirmatory factor analyses were conducted on the same sample of participants. While this approach is acceptable in early-stage validation research, the use of a single dataset may lead to inflated estimates of model fit. Replication of the factor structure in independent samples or through split-sample validation is recommended. Finally, although criterion-related validity was supported through associations with quality of life, future studies could further examine the predictive, incremental, and longitudinal validity of the Life Quotient construct. Exploring the instrument's utility in clinical interventions, psychotherapy outcomes, and diverse cultural contexts may also enrich its applicability.

Conclusion

The present study aimed to evaluate the psychometric properties of the Life Quotient Questionnaire and to examine the empirical support for its proposed multidimensional structure. The findings provided strong evidence for the reliability and validity of the instrument and supported a four-factor model representing mindful awareness, responsible engagement, reflective cognition, and creative adaptation. The results of both exploratory and confirmatory factor analyses demonstrated that the questionnaire possesses a stable factorial structure and satisfactory measurement properties. Reliability indices indicated good internal consistency across all dimensions, while validity analyses supported the convergent, discriminant, and criterion-related validity of the instrument. The strong positive association observed between the Life Quotient Questionnaire and quality of life further supports the relevance of the construct for understanding psychological well-being.

Conceptually, the four dimensions identified in this study appear to reflect complementary psychological capacities that enable individuals to navigate life experiences in an adaptive and meaningful way. These dimensions are consistent with integrative perspectives on psychological functioning that emphasize the interaction of cognitive, emotional, and behavioral processes in shaping well-being. In this context, the Life Quotient Questionnaire may serve as a useful tool for assessing psychological capacities associated with integrative approaches to psychotherapy, including the Self-Working framework. By providing a structured method for evaluating multiple aspects of life functioning, the instrument may contribute to both research and applied settings focused on promoting psychological growth, resilience, and meaningful living. Overall, the findings of the present study suggest that the Life Quotient Questionnaire represents a reliable and theoretically grounded instrument for assessing multidimensional aspects of life functioning and psychological well-being.