

THE EFFECT OF GROUP COUNSELING BY THE LOGOTHERAPY METHOD ON INCREASING MENTAL HEALTH AMONG PEOPLE WITH MULTIPLE SCLEROSIS

Elaheh Ghorbani^{1*} Hoda Babaei Kafaki² Saied Saadatmand³

¹Young Researchers and Elite Club, Shahr-e-Qods Branch, Islamic Azad University, Tehran, Iran, elahe_gh64@yahoo.com

²Ph.D student of Psychology, Azad University of Sarry, Sarry, Iran

³Master in educational psychology, Payam Noor University of Ravansar, Kermanshah, Iran

*Corresponding author

Abstract

This study was carried out to evaluate the effectiveness of group counseling by the method of logotherapy on increase of mental health among people with multiple sclerosis. This study is a quasi-experimental research. The sample included 30 people with MS who living in Tehran that were selected objectively and were assigned randomly to experimental and control groups (N=15).The instrument used in this study was consisted of the mental health questionnaire (GHQ-28).The experimental group participated in 10 sessions of group Logotherapy, and after the end of group Logotherapy sessions, post tests were performed on both test and control groups for the analysis of data was used analysis of covariance by using this method was determined that there was significantly different between the mean posttest scores of the experimental group and the control group. Adjusted mean scores indicated that the rates of mental health between experimental groups increased in comparison with the control group after implementation of the independent variable. Results showed that group counseling approach with method of Logotherapy have significant effect on increase of mental health in people with M.S.

Keywords: logotherapy, mental health, multiple sclerosis

1. INTRODUCTION

Multiple sclerosis (MS) is the most common chronic disease of the central nervous system that causes the young adults. This disease is involved the inflammatory demyelination, hemisphere of the brain, optic nerves, brain stem and spinal cord. MS are diagnosed with analysis of cerebrospinal fluid, physiological studies and imaging. (Dean& Wadia, 1995).

Peak prevalence is between 20 and 40 years old that approximately one person in every 1,000 people infected, and the prevalence in women is 1.5 to 3 times more likely than men (faghirpour, 1991) there is not the exact number of the patients with MS in Iran, but approximately 30 to 40 thousand people in Iran are affected. The prevalence of this disease in the world, in addition to Iran is on the rise (Nabavi & et al., 2006). Blurred vision to complete blindness, double vision, dizziness, nausea, nystagmus and movement disorders are the most common symptoms of this disease (Lin & er al, 1979)

But, may be larger incident of physical changes, be their mental and emotional issue.MS patient's mental is

effected by his/her body and bother him hardly (Mahmudi, 2009). During recent years many studies have shown that psychological disorders and chronic physical diseases are interrelated with each other.

Several factors involved in the development of psychological symptoms MS patients. After the diagnosis of MS, because shock, the patient show intense emotional reaction that underlie the psychological symptoms (Schmaling & et al., 2006). Evidence suggests that the psychological states cause changes in the immune system and disease. Due to this text the psychological states and mental stress can effect on physical illness or accelerate its progress (Bulzhuiek & et al., 2003).

Considering the closely relationship between physical and mental, cognitive and psychological factors are - directly or indirectly - involved in the development and growth of many physical illnesses. In particular, drugs that are commonly used to control diseases caused significant changes in the mood of the people. Therefore, psychological support and social is considered effective to improve public health and response to treatment (Mohammadi & et al, 2007).

Since Mental Stress are effective in incidence and recurrence of disease, to control the symptoms and help to improve the patient's condition, using the psychological counseling for the prevention of depression, anxiety and other mental disorders is effective in patients with (Tanaka and Kazuma, 2005).

Differen Counseling and psychotherapy ways has been common for relief of mental suffering of patients in recent years that one of these treatments is, meaning treatment. It means calls human to try and active and says that what humans are killed, is not the pain and the fate of their undesirable, but is senseless of life that is tragic (Mohammadi et al., 2007).

Based on therapy approach that proposed by Frankel, mental disorders result from a lack of meaning and purpose in life and emptiness (Prochaska and Norcross, 1999, quoted by Seyed Mohammadi, 2006).

Logo Therapy is the method that its application can help a person to find the meaning of life. The meaning of life is to respond to life, despite the encounter, whether suffering or death. The way in which persons accepts his/her fate and finds meaning to his/her suffer. Meaning-based treatment is special for those who are faced with existential frustration and inability in find a reason to live.

In Logo therapy human is unknown, which has special attention to find meaning in the life. Role of Logo therapist is broaden the field of view of the patient, as far as meaning and values placed in the field of view and conscious scope of patient. Group Logo therapy provides an opportunity to members to access identify, understand, and release the self from obstacles that hindered their freedom, and experience with full and consciously participation of the logo therapy process. Gordon Allport writes: logo therapy is a form of psychotherapy that emphasizes human freedom and find his/her meaning in life (Mohammadpour, 2006).

Logotherapy may prepare the conceptual framework to help clients for the challenge of finding meaning in their lives. logotherapy helps patients to despite of grief or despair don't focus on their losts, but are in search of meaning. so life is meaningful from view of logotherapy under any condition logotherapy, purpose and hope in life, are the strengthen sector components of health.

When people are not able to find meaning in their lives are immersed in existential crisis. In fact, their live is the cost of tension between the need and existencece, for this in difficult situation they are victim of meaningless. Their live is aimless and permanently falls in risk and damaged. They are more depressed and show nihilism, indifference or suspicion from themselves; here logotherapy entered. logotherapy help to patient to forget their past meaningless life (Frankl, 1905, translation Salehian and Milan, 2005).

So, everyone should find the meaning of life that is suited him, and when faced with a different situation requires finding a different meaning for life. Meaning in the life has been recognized as an important factor in mental health and this variable is associated with many psychological characteristics (Ghaffari & et al., 2008).

In recent years, there have been research about the patient's psychological conditions and state, Unfortunately, despite of such high sensitivity and attend to there are still fear, depression, despair, and purposelessness in the patients with MS in our country, few of these studies is follow to find a way to enhance mental health, Therefore, according to the needs of people with MS to find an effective way to reduce stress and increase mental health problems and their mental health and attend to logotherapy is focused on enable patients in the tragic Triangle of life meaning, pain, guilt and suffering (Hosseinian & et al., 2009), the necessity of this study to be felt. So, was carried out to evaluate the effectiveness of group counseling by the method of logotherapy on increase of mental health among people with multiple sclerosis

2. METHOD

The study is quasi-experimental research. The statistical population included of people with MS who were in Tehran in 1393 that 30 people were selected objectively and were assigned randomly to experimental and control groups (15 per group). After selecting and replacing people in the experimental and control groups, both groups was conducted a pre-test in the same conditions. then experimental group participated in 10 sessions of 90 minutes of group Logotherapy and after the end of sessions, was conducted mental health questionnaire with 28 questions (GHQ-28) as the past test on both experimental and control groups. for analyzing the data, Covariance analysis were employed.

2.1. Instruments

General Health Questionnaire (GHQ-28): this questionnaire is composed of 28 items which measures individual's mental state in the last month and includes such symptoms as abnormal thoughts and feelings and some dimensions of observable behavior. This questionnaire consists of four components of physical problems, anxiety, social functioning disorder, and anxiety. Each item has four alternative with scores from 0 to 3. Through Cronbach's alpha, (Hashemi & et all, 2008) reported a validity of 0.85 for this questionnaire. Furthermore, (Staas, 1986) have reported a validity coefficient of 0.67 to 0.76, with a split-half reliability and re-test reliability of 0.83 and 0.85, respectively. In the current study, the total Cronbach's alpha was equal to 0.92 and its dimension for physical problems, anxiety, social functioning disorder, and depression were 0.83, 0.82, 0.75, and 0.87, respectively. In this scale, the low score of subject indicates improved mental health.

3. FINDINGS

Table 1 is indicated summarizes of the descriptive findings of mental health scores at pre-test and post-test in experimental and control groups. The results in Table 1 show that there isn't significant difference between the pre-test scores and mental health subscales summarizes of the descriptive findings of mental health scores at pre-test and post-test in experimental and control groups

	Groups	N	Mean	Std. Deviation
Somatic symptom pre-test	Control	15	4.60	1.72
	Experimental	15	5.40	2.17
Anxiety pre-test	Control	15	7.07	4.28
	Experimental	15	6.33	3.40
Social dysfunction pre-test	Control	15	9.00	3.34
	Experimental	15	7.67	2.99
Depression pre-test	Control	15	5.80	3.75
	Experimental	15	4.73	4.38
Mental health pre-test	Control	15	26.47	6.81
	Experimental	15	24.67	7.20
Somatic symptom post-test	Control	15	4.80	1.66
	Experimental	15	4.33	1.18
Anxiety post-test	Control	15	6.93	4.08
	Experimental	15	4.20	1.90
Social dysfunction post-test	Control	15	8.93	3.49
	Experimental	15	5.80	2.15

Depression post-test	Control	15	6.47	3.72
	Experimental	15	3.53	2.90
Mental health post-test	Control	15	27.13	7.53
	Experimental	15	17.87	4.78

Before analyzing the results, was ensured of the assumptions for the use of analysis of covariance. Preliminary analysis to evaluate the homogeneity of the slope indicates that the interaction between pre-test and main variables was not significant in the studied variable. Therefore, with the assumption of homogeneity gradients, analysis of covariance was performed, that the results are given in Table 2.

Analysis of covariance between experimental and control groups in
mental health scores and the scale of it

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Somatic symptoms groups	5.226	1	5.226	4.315	.047	.138
	25.030	1	25.030	20.665	.000	.434
Anxiety groups	37.349	1	37.349	10.526	.003	.280
	187.529	1	187.529	52.851	.000	.662
Social dysfunction groups	38.323	1	38.323	8.024	.009	.229
	106.383	1	106.383	22.275	.000	.452
Depression groups	36.874	1	36.874	8.774	.006	.245
	197.992	1	197.992	47.110	.000	.636
Mental health groups	501.646	1	501.646	20.063	.000	.426
	438.377	1	438.377	17.533	.000	.394

Table 2 shows that counselling group with method of Logotherapy improves mental health scores and the scale of it in the experimental group. Because F value calculation in these variables in level of (05/0> P) is significant. As squared Eta shows counseling group with method of Logotherapy led to changes 43% mental health, 14% physical disorders, 28% anxiety variable, 23% social function and 23% depression variables.

4. CONCLUSION

This study aimed to evaluate the effectiveness of group counseling by the method of logotherapy on increase of mental health among people with multiple sclerosis.

Findings from the study indicate that group counseling by Logotherapy methods cause improve mental health scores and their subscale in the experimental group and there are significant relationship between counseling group therapy by Logotherapy with increase mental health. The result of the research finding are consistent with Cho (2008), Spek & et all, (2008), Fakhar & et all (2008), Yousefi et al (2009).

Also studies in this area has shown that psychological intervention by Logotherapy has effected on improve mental statues and even physical of patients with chronic diseases such as MS (Burns et al., 2010; Brass and Lynch, 2011; Gholami et al, 2009).

Kang & et al (2013) in a study with an emphasis on intervention programs "precious my life" found to this results that logotherapy cause sense of meaning in life and a sense of self-esteem significantly increase and

depression has been reduced. All in all, having Meaning in the life is recognized as an important factor in mental health and this change is associated with many psychological components (Ghaffari & et al, 2008).

5. REFERENCES

- Burns, Michelle Nicole., Juned Siddiquea, J., Fokuo, Konadu., Mohr, D.C. (2010). **Comorbid Anxiety Disorders and Treatment of Depression in People with Multiple Sclerosis**. *Rehabil Psychol*, 55 (3): 255-62.
- Bruce J.M., & Lynch, S.G. (2011). **Personality traits in multiple sclerosis: Association with mood and anxiety disorders**. *J Psychosom Res*, 70 (5): 47985.
- Buljevac, D., Hop, W.C.J., Reed eker, W., Jassen, A.C.JW., Vander menche, F.G.A., Vandooren, P.A., & Hintzen, R.Q. (2003). **Self-reported stress full life events exacerbations in multiple sclerosis prospective study**. *British medical Journal*, 327, 646.
- Cho, S. (2008). **Effects of Logo-autobiography Program on Meaning in Life and Mental Health in the Wives of Alcoholics**. *Asian Nursing Research*. 2 (2): 129-139.
- Dean, G., & Wadia, N. H.(1995). **Multiple sclerosis in the Parsis**. *Journal of Neurology, Neurosurgery and Psychiatry*, 58, 254.
- Faghirpour, M(1991). **The Relationship between perceived social support and psychological problems of adolescents**.master thesis. Allameh Tabatabaei University.
- Fakhar F, Navabinezhad SH, Foroughan M. (2008). **The role of group counseling with LogoTherapeutic approach on the mental health of older women**. *Salmand*, 3 (7): 56-65. [In Persian].
- Frankel,V. **The human looking for meaning**. Translation by Salehian & Milani. (2005).Dorsa Publication.
- Gholami M, Pasha GH, Sodani M. (2010). **To investigate the effectiveness of group logotherapy on the increasement of life expectancy and health on female teenager major thalassemia patients.;** 11(42): 23-42. [In Persian].
- Ghafari, S; Ahmadi, F; Nabavi, M; Memarian, R. (2008). **Effects of applying progressive muscle relaxation technique on depression, anxiety and stress of multiple sclerosis patients in Iran National MS Society**. *Journal of the Faculty of Medicine*, 32(1): 45-53. [In Persian].
- Hashemi,H,Rahimzadeh,S. Ghafelehbash,H and Sarichlu,(2008). **Investigating Mental Health amongst first and last term Students of Qazvin mental science University**. *Journal of Qazvin mental science University*,vol.12,2.[In Persian].
- Kang, K-AH; Kim, S-J, Song, M-K; Kim, M-J. (2013). **Effects of Logotherapy on Life Respect, Meaning of Life, and Depression of Older Schoolage Children**. *J Korean Acad Nurs*, 43 (1): 91-101.
- Lin N,Ensel WM,Simeone RS and Kuo W.(1979).**Social support,stressful life events,and illness: Amodel and an empirical test**. *JHealth Soc Behave*.20(2):108-19.
- Mahmoudi, GH; Nasiri, E; Niaz Azari, K. (2009). **Evaluating mental (psychological) health in Ms patients from Mozandaran province in 2007**. *Journal of Mazandaran university of medical sciences*; 18(68): 70-73. [In Persian].
- Mohammadpour Yazdi, A(2006). **The process of existential psychology and psychotherapy**.Danjeh Publication.
- Mohammadi,N,Aghaie,A,Golparvar,M. Etemadi far,M.(2007).**The impact of cognitive-behavioral group training on stress between patients with multiple sclerosis**. *Knowledge and research in psychology*.(32):1-16.
- Nabavi S M, Pour farzam Sh, Ghasemi H. (2006). **Clinical Course and prognosis of 203 patients with MS in Shahid Mostafa Khomeini Hospital**, Tehran 2002. *Tehran University Medical Journal*; 64:90-7. [In Persian].
- Prochaska,J. Norcross,J. (1999).**Theories of psychotherapy**. Translation by Seied Mohammadi, (2006). Roshd Publications.
- Schmaling, K B, & Sher, T.G (2006). **The Psychology of couples and illness** Washington, DC: American

Psychological Association.

- Staats, S (1986)., "**Hope: Expected Positive Affect in an Adult Sample**", Journal of Genetic Psychology. 148(3): 357-364.
- Spek V, Nyklicek, pim I, cuijpers p, pop V. (2008). **Predictor of outcome of group and internet based cognitive behavior therapy**. Journal of affective Disorders, 105: 137-145.
- Tanaka M, Kazuma K (2005). **Psychological aspects of multiple sclerosis**. Family System Health. 32,44-56.
- Yousefi N, Etemadi A, Bahrami F, Fatehizadeh M, Ahmadi S, Mavarani A, Isanezhad O, Botlani S. (2009). **Efficacy of logo therapy and gestalt therapy in treating anxiety, depression and aggression**. Developmental psychology, 5 (19): 251-259. [In Persian].