



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

**THE EFFECTIVENESS OF GROUP LOGOTHERAPY ON THE QUALITY OF LIFE IN
THE BETWEEN PEOPLE WITH SPINAL CORD INJURY, COVERED WELFARE
THE CITY OF MARIVAN**

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ABSTRACT

This current study investigates the effectiveness of group logotherapy on the quality of life in the between people with spinal cord injury, covered welfare the city of Marivan. the respective participants have been the afflicted person in marivan's office welfare. The numbers of these participants have been 22 persons in all, among whom 20 persons have been randomly selected and put in the control and test groups. After conducting the pre – test, the test group which consisted of 10 persons was tested by the principles of group logotherapy in ten 60 – minutes – long classes (one class per week) over 70 days. After this period the post test was conducted. the descriptive analyses indicated that the quality of life of both groups were lower than the average norm within the pre test phase. In spite of this within the post test phase the quality of life of people in the experimental group were increased. Along the same veins, the covariance test also indicated that logotherapy also significant amounts of influence upon such variables as the mental and emotional status, psychological quality, the quality of social relationships, as well as the emotional computability of the disabled.

**Keywords: Logotherapy, quality of life, Social Communications quality, Spinal cords
deficiency**

INTRODUCTION

Quality of life is a set of cognitive and emotional states of individuals against physical, **psychological, social states** (Showartz, 2007, according to the Hassanpour, 2013). During the last few decades, quality of life is known as a measure of health, so as to create the belief that the results of the health services should not only increase life expectancy, but also should improve the quality of life (Katsching, 2006, according to the Hassanpour, 2013). According to the World Health Organization definition, quality of life, is an understanding that a person get from own life position in the cultural context and value system in which he lives (Kaplan, 2003, according to the Hassanpour, 2013). In fact, quality of life is the purpose of health care and assesses the impact of health on life. Accordingly, health service is decent only when quality of life as well as quantity of life increase for the person under care (Henchlef, 1993, according to the Hassanpour, 2013). Spinal cord injury is damage to the spinal cord that lead to temporary or permanent change in performance motor systems, sensory or autonomic system. Clinical signs vary depending on the level and severity of neurological injury, but in general, the

following symptoms may be present in a person with Spinal cord injury.

Spinal cord injury is a sudden damage that makes physical, social and psychological impacts to the person. These changes will continue through the end of life and affects every aspect of individual life. Controls on many bodily functions are lost, Controls on many bodily functions are lost, so a person with a Spinal cord injury might need help of others to do many routine tasks such as toilet, bathing, dressing, eating, etc...(Fohrer, 2005). Many people with Spinal cord injury find a good match with life with disabilities, but undoubtedly, this process is associated with emotional problems (Ogden, 2001). Incurable disease are leaving several consequences, reduced quality of life and the inconsistency are the result of this problem (Nasri et al, 2001).

Studies show that achieving meaningful and enjoyable activities provide strong support in the face of emotional instability and mental health. In addition, the meaning of life is considered a strong predictor and stable psychological well-being (Rati and Rastogi, 2007, according to the Razaei, 2013). On the other hand research results indicate that the relationship is only between the lack of meaning and mental disorders. also lack of meaning in life has direct relationship with

depression, anxiety, suicidal thoughts and sexual abuse (Yalom, 1980, according to the Razaei, 2013).

Various researches Talebian et al (2012), Rebecca & jiaqing (2011), Kang et al (2009), Yosefi (2006), Ghanbari (2006), Asadi et al et al. (2011), Sudani, et al (2012), Gerefi et al. (2012), May & warden (2002), Blair (2004), Maki (2005), Gagnon (1990) shows the effect of logotherapy in different situations

Also, given that much research has been done in the field of spinal cord injury, but most of this research was to physiological, psychological, the study is to follow that, do logotherapy on quality of Life, people with spinal cord injuries affect?

RESEARCH METHODOLOGY

Research projects: This study was conducted in a semi-experimental research component and the target component is applied research and the test was conducted As a quasi-experimental design with pretest and posttest control group.

Diagram layout is as follows:

Groups	Pretest	Experiment	posttest
R _E	T ₁	X	T ₂
R _C	T ₁	---	T ₂

Statistical Society: The target population included all people with spinal cord injury were covered by welfare Marivan that condition is caused by a car accident and their number was 20.

Sampling Method: Because the sample size was limited, the study was conducted according to the census. So that all 20 people selected randomly, and in two experimental and control groups was that each of them 10, were placed in the experimental group received logo therapy ways.

Method of practice: after replacement of the subjects in the experimental and control groups, after the pretest for both groups, the experimental group, during 10 sessions were logotherapy. The experimental intervention over a period of two months in ten 70-minute sessions took place.

Method of treatment: experimental intervention is as follows.

Sessions	Measures taken at the meeting
First	Meet people together and communicating between them, objectives and rules of group
Second	Preparation for education logotherapy and of familiarity with basic concepts such as solitude, freedom, etc.
Third	Understanding with the meaning and existential failure
Fourth	Belief and acceptance, and recognition and their features
Fifth	Describe the factors causing anxiety and ways to deal with it and cognition anxiety
Sixth	Introducing the love triangle and talk about it
Seventh	Understanding with ways to make meaning
Eighth	Learn the correct techniques attitudes and call and familiarity with the concepts of responsibility and accountability

Ninth	Education Separate itself concept and de-reflection technology
Tenth	Summary and conclusions as in previous meetings, the implementation of the post-test

RESEARCH TOOLS

Quality of Life Questionnaire:

World Health Organization Quality of Life Questionnaire (WHOQOL - BREF) short form has been created by merging a number of areas and deleted a number of questions. Studies have shown that two form of the questionnaire is consistent together with a satisfactory. Questionnaire (WHOQOL - BREF) measures four areas of physical health, mental health, social relations and environmental health and it has 26 questions, and 2 of the first question is not related to any of the domains (Bonomi, patric, Bushnell, Martin, 2000). in Iran, this questionnaire standardized by Nejat et al have reports the diagnostic content validity of the questionnaire favorable, and they have achieved its reliability respectively 0/77, 77/0, 75/0 and 84/0 by using test-retest reliability for the areas of physical health, mental health, social relationships and environment. Different aspects of internal consistency are calculated between 52/0 to 84/0 by using Combrash's alpha for healthy subjects and patients. Nejat et al (2006) with the implementation of the questionnaire on the multiple sclerosis (M.S) considered it appropriate for measuring quality of life.

Also in this study (WHOQOL-BREF) reliability, by Cronbach's alpha were calculated by using 92/0 reliability factors on physical health of 77/0, reliability mental health subscale 81/0 and 73/0 reliability, environmental health subscales.

METHOD ANALYSIS THE DATA

In order to analyze the data, data for both descriptive and inferential statistics were analyzed. The descriptive statistics to describe data and to compare and easy understanding of the frequency mean and standard deviation were used. the inferential statistics, univariate analysis of covariance was used. It should be noted that all statistical data using SPSS software version 20 was analyses.

FINDINGS

In Table 1, the average quality of life for respondents to separate the experimental and control groups in the pre-test and post-test. as the table below, the average quality of life in the pre-test experimental and control groups, respectively 61.6 and 60.6, which are similar. but the average quality of life in post-test 85.4 and 64.7. that together a large difference. and quality of life in post test for the experimental group was significantly more than the control group. standard

deviation of both groups in the pre and post-test is similar. this indicates that the variance of both groups same, and both groups are homogeneous in this respect. Since the design was quasi-experimental research and respondents were divided into control and experimental groups, and for their pre-test and post-test have been carried out. to test this hypothesis of a multivariate analysis of covariance was used.

Of the levene test was used in the two groups, for the search equity errors variance in the quality of life of respondents. as shown in Table 2, test value of 2.86 and its significance level is equal to 0.102 that is greater than %5. so we variance was equal in both groups and there is no difference between them.

Table 3 for a homogeneous slope of the regression line shown. as indicated in the table below, F-value for test interaction and groups of the 3.31 and the significant level of 0.11. is also not significant. so we can say that the assumption of homogeneity of the slope of the regression line Is respected.

As shown in Table 4, the F-test for the impact of therapy on increasing the quality of life of 30.73 and significant level of 0.01. So we can say that the probability of error of one percent logotherapy, quality of life experimental group that was significantly improved and this result can be generalized to the population. The value of F test for interaction effect logotherapy in groups' equal 5.15 and significance level is equal to 0.028. so the probability of error of 5% we can say that contrast logotherapy and pre-test score on the increased patient quality of life spinal cord injury has a significant impact. in other words, the above hypothesis that says "affects logotherapy on the significant increase patient quality of life therapy on spinal cord injury " our approval. R-squared is equal 0.82 that is to say that explained % 82 of quality of life variance, patients with spinal cord injury in the post-test. By two variables pre-test and implementation logotherapy period together. This is a high percentage.

Table 1: Average quality of life the respondents in each group pre and post-test

variable	group	Frequencies	Pre-test		Post-test	
			mean	Std. Deviation	mean	Std. Deviation
quality of life	Contorol	10	60.6	12.7	64.7	14.2
	Exprimental	10	61.6	15.3	85.4	14.1

Table 2: Levene's Test

F	df1	df2	Sig
2.86	13	6	0.102

Tests 3: Homogeneity slope of regression line test					
variables	Sum of Squares	df	Mean Square	F	Sig
Constant value	948	1	948	8.49	0.01
Groups * test factor	170	2	85	3.31	0.11
Error	1899	17	111		
Total	3106	20			

Table 4: Analysis of covariance for the impact of logotherapy on patient quality of life

variables	Sum of Squares	df	Mean Squares	F	Sig
Constant value	99241	1	99241	1856	0.001
Operating groups (logotherapy)	1642	1	1642	30.73	0.001
Groups * test factor	3305	12	275	5.15	0.028
Error	320	6	53		
Total	118419	20			

DISCUSSION AND CONCLUSION:

In explaining the above findings we can say that health means have a significant effect to enhance the quality of life in patients with Spinal cord injury. This result is consistent with the following theories: the theory of Logo therapy by Frankel (1967) who believes Logo therapy can make sense of meaning and responsibility of the individual, and it can increase the ability of persons in facing with problems.

Psychotherapy theory by Brytbart (2004) says the search for meaning in a period of life when faced with death is near, can be used to further the goals of intervention. Yalom (1980), Yalom (2003) theory believes that ignoring death of a patient in treatment will help him to dominate the fear caused by the disease, this result also consistent with the findings of studies like Raty and Rastjoui (2007) that have found the meaning of life is strong and stable forecasting in the lives of people. Maskar and Rosen (2005) research found Meaning for their pain has a very

important role in the psychological well-being of persons with Spinal cord injury disabilities. Fabrykatver (2004) research found that in addition to drug therapy, meaning is an important factor in enhancing the quality of life of patients. Kang et al (2009) research that concluded logo therapy is effective in reducing pain and improving life's meaning, and it can be used to avoid the confusion of existence and improve quality of life. Astgar et al (2009) Research showed that the meaning of life is an important variable in determining individuals' mental health, and the existence has a key role in developing physical and mental well-being. Researches by Talebian, Mehrabizade, Honarman, and Yavari (2012) that found group Logo therapy reduces anxiety and depression and enhance the quality of life in patients with cancer.

In explaining the effect of Logo therapy, Frankel believes that Logo therapy, with a focus on transient and human existence calls human to endeavor instead of cynicism and

isolation. Someone who each day looks into own calendar with fear and sadness, and by separating each leaf of it, waits the end of the calendar, Suffered sadness and pessimism toward life. But the person who sees life from actively perspective, not only he does not stop away the leaves of calendar but also he writes an important note on the back of each leaves, Up to the point that the life calendar from the works that have not been done changes to the work that have been done. So such person has played an active role in his life and from left life is happy and delights. This will lead to increased quality of life.

ACKNOWLEDGMENT

My grate gratitude goes toward all of dear persons who helped me such as mu respected supervisor and all honor participants of this study.

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