A review of the impact of Logotherapy on life expectancy among sightless and visually impaired individuals

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Abstract

This study has been conducted with the aim of reviewing the impact of Logotherapy on life expectancy and Existential anxiety among sightless and visually impaired people in the city of "Sanandaj".

This is a quasi-experimental pre-post test with group control. The statistical population consists of all sightless and visually impaired individuals of "Sanandaj" the sampling method was random replacement and by using it 15 of examinees were placed in the control group and the other 15 one placed in the experimental group. The research tools were Miler's life expectancy scale and Good's existential anxiety scale. Logotherapy has been taught during 10 sessions ,60 minutes per session and there was two sessions a week. After every session the post-test has been conducted on both experimental and control group. The univariate covariance has been used for data analysis. in this research the significance level has been determined to be P<0/05.

Keywords: logotherapy, life expectancy, existential anxiety, sightless and visually impaired people.
Introduction

According to "International Health Organization" every 5 seconds one person becomes blind. Based on this in 2004 there has been 40 to 45 million blind people more than three times more people with weak sight around the world and a huge amount of them has been in low-income countries. With current situation and without effective interventions it's been estimated that there 76 million sightless people by 2020. The extension of blindness and weakness of sight is variable from 3 to 5/6 percent and 1/1 to 3 percent, this has been reported by International Health Care organization (Soori, Javadi, Rafati, Rabanikhah, Delavari, Parsikia 2005).

A congenital blind experiences the world in his own way which different with most people's experience. He needs to come over his special problems so his personality will be influenced. A blind person probably will be under pressure because of the defect so he develops the sense of failure and unsafty (Cruickshank 1971).

Sightless people have special needs which naturally demands special cares. Congenital sightless people in most cases has other physical or learning disabilities. Nowadays communication is hard for this people because of the lack of various stimulus so they think that speech has a complex concept (Moalleli 2004).

In this regard we can see that disability can expose the person to trauma and mental crisis and make problem for his communication with the society.

A lot of sightless people will be disappointed because of the defect. Another problematic issue for them is anxiety. Not only sightless people but every one even the most coping individuals has experienced the anxiety phenomenon.

The sense of anxiety will occur whenever the person fills a danger which is grater than his encounter abilities (Khayat, 2008).

Stress is one of the most common features which is with the person from childhood to senility. Sometimes makes life hard for the person and become an obstacle for his communication with other people, decrease his life expectancy and makes his effective cooperation with the world impossible (Adler, 1910).

Hope is a feature of life that makes us look after a new day. It means success, a better future and a reason for life. When hope exists there will be joy and happiness in life (Bahadorinezhad, 1996).

Robinson believes that hope is a principle of psychological power and balance which determines life achievements. Hope is the ability to believe the possibility of a better future. Hope motivates the activity system with its effective force so the system can make new experience and it creates new forces inside the organism so it persuades the person to work and effort so it Approximates the person to a high level of behavioral and psychological functions so it's one of signs of mental health. Family is a social system and the disable child is a member of it and this two parts influence each other and also this situation has exclusive effects on other members which are mostly negative. The existence of the disable child imports irreparable effects and damages on the family, parents suffer having such a child. A majority of this people are depressed, stressed, aggressive, afraid and ashamed some how or they wish to die and such things.

As child grow up and with progress toward adolescence there will be new problems which demand particular care and attention. Without sight the perception and considering yourself and those around will be different naturally and this different understanding might cause social and emotional problems for people with visual disorders which are one tenth of percent exception (Baird, Mayfield & Barker 1997, according to Eslami nasab 1994).
Researches show that reaching the meaning and joyful activities is a constant support against emotional instability and it will guarantee the person's well-being and mental health. Furthermore, the meaning of life is a stable and powerful predictor of psychological well-being (Rati & Rastog 2007). In other hand research results determine a relationship between mental disorders and the lack of meaning. Also there is a relationship between the lack of meaning with depression, stress, Suicidal thoughts and sexual abuse. The existence of the meaning have a positive relation with happiness, life satisfaction, and enjoying work (Yalom 1983, according to Jim and others 2006).


**Methodology**

The research method is quasi-experimental so this research has been conducted using quasi-experimental design by pre-test, post-test with control group and probable methods of statistical sampling. In this research the researcher is concerned with two group of examinees 1. the experimental group who have been trained by logotherapy for 10 sessions and 60 minutes per session. 2. The control group who haven’t been trained at all.

<table>
<thead>
<tr>
<th>group</th>
<th>The Primary test</th>
<th>Input variable</th>
<th>the final test</th>
</tr>
</thead>
<tbody>
<tr>
<td>experimental</td>
<td>Pre-test</td>
<td>x</td>
<td>Post-test</td>
</tr>
<tr>
<td>control</td>
<td>Pre-test</td>
<td>-</td>
<td>Post-test</td>
</tr>
</tbody>
</table>

The statistical population, the sample size and sampling methods
This research’s population includes all sightless and visually impaired individuals of Sanandaj which are 644 people, the studied sample has been obtained by random sampling is been determined to be 30 people. Witch 15 of them randomly has been placed in the experimental group and the other 15 randomly in the control group.

research's measuring tool:
Miler's life expectancy scale: Miler's scale is a diagnostic test and contains 48 aspects of hope and helplessness and the mentioned items are based on overt and covert behavioral protests in hopeful or hopeless people.

in front of every aspect witch represents a behavioral sign there are this sentences: (1:totally disagree 2:disagree 3:apathetic 4:agree 5:totally agree)
everybody earns scores by choosing the option witch is true about them. Numeric values of all the aspects are variable from 1 to 5, the total score represents being hopeful or hopeless. In Miler’s scale the earned score's range is variable between 48 to 240 and if some body gets 48 will be considered as a totally hopeless person and 270 shows the highest level of being hopeful. 12 sentence of Miler's scale consists of negative matters which are number's below:
31,33,34,38,39,27,28,11,13,16,18,25, in evaluating and scoring these sentences will get valued contrariwise.

The validity of Miler's life expectancy scale: Hoseini (2006), the criterion score has been used for determining the scale's validity through correlating the total score of the scale with the criterion question's score s and there was a significant positive relation between them (p<0/0001 , R=0/61);

And for determining it's reliability  Cronbach's alpha and the split-half test has been used and their coefficients were equal to 0/90 and 0/89.

In Hoseinian's research (2007) also Cronbach's alpha and the split-half test has been used for determining this scale's reliability and coefficients were 0/69 and 0/65 and these says that the mentioned scale's scores are acceptable. And for determining the validity the total score has been correlated with the criterion question's one and there have been a significant positive relation between them. (p<0/002 , r=0/50)

Good's existential anxiety scale: Laurence and Katrina Good have made this scale in 1974 in 32 item . it's validation has been conducted by Cronbach's alpha and a very good alpha coefficient has been obtained witch was a=0/888 . it's internal consistency has been obtained using split-half and the result's are:

Table2: The existential anxiety scale's validity table using split-half method

<table>
<thead>
<tr>
<th>Cronbach's alpha</th>
<th>Part one</th>
<th>0/721</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach's alpha</td>
<td>Part two</td>
<td>0/780</td>
</tr>
<tr>
<td>The correlation</td>
<td></td>
<td>0/876</td>
</tr>
<tr>
<td>Sperman coefficient</td>
<td></td>
<td>0/868</td>
</tr>
</tbody>
</table>

Gatman's split-half coefficient

Halt had attempt a research that it's sample population was contained from 447 people to study this scale's reliability in 1994. And the results indicated that the scale has a favorable convergent and divergent validity with the purposeful life, tracking noetic goals and depression . the total correlation was 0/66 that shows the high level of the scale's reliability

The training logotherapy package:

This package has been made by Marshal (2009) based on Frankel's theory and it has two executive steps . step one contains sessions one to four and the second step contains four to ten sessions . the Iranian form of the training package has been used by Jamshidi (2010) and it's content validity has been confirmed by three professors.

Implementation of logotherapy sessions:

The logotherapy as an input target for the experimental group has been conducted based on suggestions in the books "man's search for meaning" and " researchs in logotherapy" written by Victor Frankl and translated by Milani 1987 and as below:

Session one: determining the groups goals and rules , the members and consultant's acquaintance, description and expressing logotherapy, and necessity of meaning in life.

Second session: reviewing last sessions task and giving feedback, awareness about ideas of self- acceptance and knowing personal traits and considering intellectual freedom as a dimension of human existence.

Third session: reviewing last sessions task and giving feedback, awareness of responsibility and its role in reaching success.

Fourth session: reviewing last sessions task and giving feedback, knowing anxiety causing factors and knowing existential anxiety coping methods.
Fifth session: reviewing last sessions task and giving feedback, expressing the necessity of identity protection, communication with others and finding the meaning of love.

Sixth session: reviewing last sessions task and giving feedback and reviewing the meaning of suffer.

Seventh session: reviewing last sessions task and giving feedback and awareness of moral values.

Eighth session: reviewing last sessions task and giving feedback and reviewing experimental values.

Ninth session: reviewing last sessions task and giving feedback and reviewing trend values

Tenth session: summarize and concluding sessions and performing the post-test.

Statistical method used in the research:
Data gas been analyzed in the two sections descriptive statistics and inferential statistics.
In descriptive statistics frequency, score range, mean and standard deviation have been used to describe and dissect and easy understanding and comparison and the univariate covariance analysis (UNCOVA) was used in inferential statistics.

The research findings:
Descriptive characteristics of the control and experimental group in pre and post-test of life expectancy and existential anxiety has been shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>deviation</td>
<td>deviation</td>
</tr>
<tr>
<td>Experimental group</td>
<td>Life expectancy</td>
<td>191/0000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14/52092</td>
</tr>
<tr>
<td>Control group</td>
<td>Life expectancy</td>
<td>181/6667</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/60460</td>
</tr>
</tbody>
</table>

As it can be seen in the table the pre-test scores of life expectancy scale in the experimental group are 191/0000 and (14/52092) and in the control group are 181/6667 and (11/60460). Also the post-test scores of life expectancy scale in the experimental group are 12/00 and (3/817) and in the control group are 9/13 and (2/996).

The research's hypothesis: Logotherapy is effective on increasing sightless and people's life expectancy.

Covariance analysis has been used for statistical analysis of the related data to this hypothesis. In this analysis the post-test scores of experimental and control group have been compared and pre-test scores have been used as auxiliary variable. And of course homogeneity of the regression slope is necessary which its results are reported in the table below.

<table>
<thead>
<tr>
<th>Resource Indicators</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
<td>21/84</td>
<td>1</td>
<td>21/84</td>
<td>1/91</td>
<td>0/179</td>
</tr>
</tbody>
</table>
Life expectancy pre-test 46/84 1 46/84 4/10 0/054
X group of pre-test 19/45 1 19/45 1/70 0/204
Error 273/72 36 11/40
Total 3741/00 30

As it can be seen in the table the relation between pre and post-test of life expectancy scale is not significant in other way data supports the homogeneity of regression slope hypothesis (F==1/70, P=0/204).

Table 5: univariate covariance analysis result :reviewing the difference of post-test in life expectancy scale of experimental and control group.

<table>
<thead>
<tr>
<th>resources indicators</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>SIG</th>
<th>Squares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy post-test</td>
<td>27/9056</td>
<td>1</td>
<td>5627/90</td>
<td>506/79</td>
<td>0/000</td>
<td>0/949</td>
</tr>
<tr>
<td>Group</td>
<td>85/65</td>
<td>1</td>
<td>85/65</td>
<td>7/71</td>
<td>0/010</td>
<td>0/222</td>
</tr>
<tr>
<td>Error</td>
<td>299/83</td>
<td>27</td>
<td>11/105</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>933059/00</td>
<td>30s</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

As it can be seen in the table after adjusting pre-test score of life expectancy scale there is a significant difference between the experimental and control group F(1,27)=7/71 ,p<0/01 so the null hypothesis witch includes the lack of difference between the groups is rejected. The slight square (0/22) says that there is significant difference between pre and post-intervention scores of life expectancy scale that is been shown with the slight amount(0/22) .in fact the pre-test variable has predicted the post-test target variable to 0/22 percent. The life expectancy scales adjusted mean and standard deviation of experimental and control group has been shown in table 4 to compare the means and reviewing the orientation of significant differences.

Table number6: the life expectancy scales adjusted mean and standard deviation of experimental and control group

<table>
<thead>
<tr>
<th>variable</th>
<th>Experimental group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SE</td>
<td>M</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>13/33</td>
<td>-172/33</td>
</tr>
</tbody>
</table>

As it can be seen in table 4 the mean of life expectancy scale's score adjusting in experimental group is significantly more than control group.

Discussion
The results of these scale showed that there is significant difference between experimental and control group in post –test and tracking in the target variable(life expectancy).in other
The results of the research showed that logotherapy training has been effective on increasing life expectancy of sightless people.

The findings of this research is consistent with Shahmohammadi (1998). Shahmohammadi has conducted a research under the title "a comparison between the amount of family's optimism in the meaning of life and confident and self –respect in normal people and those who attempt to suicide and results showed that the amount of optimism in the meaning of life is more in normal people that those who attempt to suicide.

The results also showed that the research is consistent with Hoseinian (2007) .Hoseinian has conducted a research under the title " reviewing l the effect of the group training logotherapy on increasing life expectancy of Ahva's Shafashahr hospital cancer patients and the results showed that logotherapy training increases life expectancy in cancer patients. And it's also consistent with Maryam Gholami and other's research (2009). Their research's results showed that logotherapy training increases life expectancy and general health of major thalassemia patients.

It's also consistent with Kazemi and other's (2010) research witch is "a review of teaching logotherapy dimensions (responsibility, freedom, values ,….) on decreasing disappointment in women with cancer and the results showed that this intervention has decreased this women's disappointment. Kang and others(2009) showed that logotherapy training Is effective on decreasing cancer patients suffer and will lead them toward a meaning in their life.

Tesa Jarma and other's (2011) also looked at logotherapy's effect on cancer patients issues and they come to the conclusion that the experience of meaning for cancer patients has a positive relation with psycho-social compatibility and a negative one with stress.

The research's restrictions:
1. As an instant the limited range of generalizability can be mentioned to be a restriction of the current research because it has been conducted on a small group of visually impaired and sightless people so it might not be true about other groups of people with sigh disorders.
2. it's been conducted on people with sight disorders and it can't be generalized to people with other disabilities.

Suggestions:
1. as the results of the first hypothesis showed that logotherapy training will increase life expectancy it's suggested that logotherapy training classes be hold for people with special diseases in service-therapeutic centers .it's also suggested that this kind of trainings be considered in universities.
2. the results of these research can be useful for the ministry of education to help mental develop and growth of young people who are the country's wealth.
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