

## **Effectiveness of Group Logotherapy on Improving the Quality Of Life in menopausal women**

Farnoosh AMIRIFARD<sup>1,\*</sup>, Ghorbanali YAHYAYIE<sup>2</sup>

<sup>1</sup>MA student in clinical psychology, Rasht Branch, Islamic Azad University, Rasht, Iran  
[Farimah.amirifard1@gmail.com](mailto:Farimah.amirifard1@gmail.com)

<sup>2</sup>Rasht Branch, Islamic Azad University, Rasht, Iran  
[dr.yahaee@gmail.com](mailto:dr.yahaee@gmail.com)

\*Corresponding Author Email: [Farimah.amirifard1@gmail.com](mailto:Farimah.amirifard1@gmail.com)

### **Abstract**

The main objective of this article is studying the effectiveness of group logotherapy in improving the quality of life in menopausal women. The research method is quasi-experimental with pretest and posttest and control group. The statistical population of this study is all menopausal women (50 ones) who went to Social Security clinic in Bandar-e Anzali to receive medical care and counseling in 2015. Simple random sampling was used for selection of the sample members. 30 women were randomly selected. Then using lottery, 15 women were placed in the experimental group and 15 ones in the control group. The group logotherapy training program was given in 10 sessions of 90 minutes to the experimental group while the control group did not see any particular training and responded positive to the World Health Organization and Life Quality Questionnaires. Mancoa Test in SPSS 19 software was used in order to analyze the data. The results showed that there was a significant difference between experimental and control groups in terms of quality of life ( $P < 0.0001$  and  $F = 34.79$ ). Overall results showed that the difference between experimental and control groups are in favor of the experimental group. According to the results, it can be said that that group logotherapy can be a useful and new strategy in improving the quality of menopausal women's life.

**Keywords:** Group Logotherapy Training, Quality Of Life, Menopausal Women

### **1. Introduction**

Today, the health systems have drawn their plans based on the family health and women are the well-being factor of the family. They are the original model of education and promotion of healthy lifestyles to the next generation. Women and men have common discussions on health; however, women are faced with the specific issues arising from their physiological conditions. One of these issues is menopause period that cause problems for women due to reduce the

estrogen. Menopause as a physiological event is the end of menstruation and fertility period in women that occurs between 40 and 59 years-old and affects their quality of life. Menopause period is one of the most important steps on the path of growth and development of every human life that regardless the aspects of useful and valuable that, it creates a series of problems. Some of these problems include the beginning of illness and disability, retirement from employment, economic problems and the separation of children. In fact, menopause is considered as a new era in a woman's life. This period, like all other periods of life has positive aspects, such as the graduation of all problems during pregnancy and negative aspects such as threatening problems and risks of women's health. During this period, women are faced with physical and mental endocrine changes which can take many years. Years after menopause period, is an important part of life and women are entitled to enjoy at any time of their lives. During this time most women experience physical and mental symptoms associated with mood changes. One of the problems of this period can be hot flashes, changes in mental health, osteoporosis, cardiovascular disease and genital atrophy. Menopause affects all aspects of a woman's health. Researches show that the women's quality of life in menopause period is seriously threatened with increasing of the mental and physical symptoms.

Several studies in Iran and other parts of the world reflect the negative impact of menopause on women's quality of life. Tehrani and colleagues showed in their study that 38.8 percent of women in Tehran suffer from severe hot flashes and 43 percent of them suffer from severe depression. In this study, approximately 30 percent of menopausal women reported a sharp decline in sexual desire during menopause period. Bloomer et al. also report that menopausal women in terms of mental and social disorders 3.5 times and in terms of physical disorders 3.2 times are readier than the other women. As a result, they have the less quality of life. Studies done in 2008 and 2009 also show that menopause has a negative impact on women's quality of life.

In this regard, the research evidences suggest that using of medical group practices reduces the annoying symptoms of menopause in physical, social – mental, physical and sexual aspects and generally improve the quality of life in menopausal women. Accordingly, the mood changes, particularly the emergence of depression, anxiety, stress and reduction of women's quality of life in the passage of menopause period can be one of the most important intervention goals of the psychologists. Different interventional approaches in the treatment of individual and group therapy have been used in menopause period such as supportive group therapy, cognitive and interpersonal psychotherapy. It seems that mean group logotherapy can also be effective in improving women's physical and mental condition. That lack of meaning is a major source of stress and anxiety due to the lack of meaning in life can be one of the factors that are related to reducing the quality of life in postmenopausal women. Thus, according to Frankel, this treatment helps the patients to find meaning in their lives. The purpose of this study is studying the effectiveness of group logotherapy on improving the women's quality of life.

## **2. Method**

This study is quasi-experimental with pre-test and post-test and control group. The statistical population of this study is all menopausal women (80 ones) who went to Social Security clinic in Bandar-e Anzali to receive medical care and counseling in 2015. It should be noted that women with severe mental disorder or about to divorce were excluded from the study population. 80 people were asked to respond to the questions in quality of life questionnaires. 30 women who had low scores in the quality of life were selected (15 ones in experiment group and 15 ones in control group). They were randomly placed in two groups. 10 sessions of 90 minutes was given to the experimental group while the control group did not get any intervention. The subjects of two groups were studied in two stages (pre-test and post-test) using the World Health Organization's quality of life questionnaires.

World Health Organization-Quality of Life-Questionnaire Brief-Form of (WHO-QOL-BREF): The questionnaire consisted of 26 questions that study the four aspects of life quality. It includes: 1- physical health, 2- psychological health, 3- social relations, 4- social environment (World Health Organization, 1996). In Iran Nasiri and his colleagues translated this scale into Persian and have reported its reliability and validity. Cronbach's alpha coefficient (0.84) indicates good internal consistency. Also on studying the reliability scale, it was used three retest methods (within three weeks) and Cronbach's alpha. All three cases represent desirability of scale reliability.

Inferential statistics (MANOVA) were studied after collecting data using descriptive statistical methods (mean, standard deviation, frequency and percentage). All data analysis was performed using the statistical software SPSS-ver19.

## **3. Findings**

In this study, the efficacy of effectiveness of group logotherapy on improving the quality of life in 30 menopausal women (15 ones in control and 15 ones in experimental group) was studied. The mean and standard deviation of women's age in experiment group was between  $2.21 \pm 56.12$  years old and for women in the control group was between  $1011 \pm 58.24$  years old. World Health Organization Quality of Life Questionnaire was used in order to assess the quality of life. This questionnaire includes four subscales (physical, mental, social and environmental health) and a total score. Table 1 offers the mean and standard deviation of these aspects in two groups and tests (pre-test and post-test).

**Table 1:** The mean and standard deviation scores of pre-test, post-test for subscales of the quality of life in two control and experimental groups

Standard deviation	post-test		Standard deviation	pre-test		group	
	mean	numbers		mean	numbers		
3/20	30/86	15	5/48	26/13	15	experiment	Physical health
3/39	27/40	15	2/44	23/46	15	control	
2/97	31/40	15	5/80	25/53	15	experiment	Mental health
3/71	25/73	15	2/41	23/60	15	control	
3/20	30/86	15	5/78	25/80	15	experiment	Social relationships
2/35	23/33	15	2/92	24/00	15	control	
3/20	30/86	15	5/72	24/60	15	experiment	Environment of life
3/69	24/66	15	2/80	23/20	15	control	
10/11	114	15	22/10	102/06	15	experiment	quality of life

The results of table 1 show that the mean of quality of life aspects and its total scores has increased between the pretest and posttest in the experiment group. Therefore, multivariate analysis of covariance was used in order to evaluate the effectiveness of the intervention according to the number of dependent variables. The homogeneity hypothesis of variance-covariance matrix using Box test was studied. The result of this analysis showed that this hypothesis is approved (M Box=1.66, F=0.513, P=0.673). Then the homogeneity hypothesis of error variance was studied using Lun test. The result of this analysis also showed that the homogeneity hypothesis of error variance for the total score of quality of life and its aspects are approved (P>0.05). As a result, there is not any restriction on the use of this test. Table 2 shows the results of multivariate tests in order to study the effectiveness of group logotherapy on the quality of life aspects.

**Table 2:** The results of multivariate tests to study the effectiveness of interventions on improving the quality of life

Statistical squares	Ota squares	Significance Level P	F	DF Error	DF Hypothesis	Value	Name of test
53/27	0/664	0/0001	27	2	26/63	0/664	Pilayy effect test
53/27	0/664	0/0001	27	2	26/63	0/336	Wilks Lambda test
53/27	0/664	0/0001	27	2	26/63	1/97	Hotelling effect test
53/27	0/664	0/0001	27	2	26/63	1/97	The biggest root test

The results of multiple tests showed that group logotherapy is effective on improving the score of quality of life score in menopausal women. Table 3 offers the results of covariance multivariate in order to study the effectiveness of intervention on the quality of life aspects.

**Table 3:** The results of multivariate tests to study the effectiveness of interventions on aspects of the quality of life in menopausal women

Ota Squares	P	F	Mean of Squares	Freedom degree	Sum of Squares	The resource of changes	Variable
0/554	0/0001	34/79	3921/63	1	3921/63	group	Total score of quality of life
0/228	0/008	8/26	90/13	1	90/13	group	Physical health
0/434	0/0001	21/43	240/83	1	240/83	group	Mental health
0/658	0/0001	53/91	425/63	1	425/63	group	Social relationships
0/462	0/0001	24/09	288/30	1	288/30	group	Environment of life

The results of multivariate covariance analysis showed that group logotherapy led to a significant difference in post-test of the experimental group rather compared to control group and comparison of means shows the significant improvement of total quality of life score and its dimensions in the experiment group compared to the control group.

#### 4. Discussions

This study aimed to study the effectiveness of group logotherapy on improving the quality of life in menopausal women. The results showed that the group logotherapy leads to improvement of

quality of life and its dimensions in the experiment group. Not any research has been done about the effectiveness of group logotherapy on improving the quality of life in menopausal women, however there is the researches based on this fact that the group logotherapy can increase the quality of life in chronic patients. For example Nagara in his research showed that the group logotherapy can be used as an effective and strong manner involved in the main activities of human. Lemiux also showed that the group logotherapy increased meaning and quality of life in the elderly living in nursing homes.

## **5. Conclusion**

In fact, the training of group logotherapy increases postmenopausal women's awareness and causes the patients have meaning and purpose in their lives and with encouragement for express their feelings in group, they could realize the relationship between meaninglessness and depression problems and in the face of difficulties, do not convict the phenomena suffering them.

## **References**

1. Williams RE, Levine KB, Kalilani L, Lewis J, Clark RV. 2009. Menopause-specific questionnaire assessment in US population-based study shows negative impact on health-related quality of life. *Maturitas*; 62(2):153-9.
2. Nisar N, Ahmed Sohoo N.2010. Severity of Menopausal symptoms and the quality of life at different status of Menopause: a community based survey from rural Sindh, Pakistan. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 2 (5): 118-130 .
3. Uguz F, Sahingoz M, Gezginc K, Ayhan MG.2011. Quality of life in postmenopausal women: the impact of depressive and anxiety disorders. *Int J Psychiatry Med* ; 41(3):281-92.
4. Zoler YF, Acquadro C, Schaefer M.2005. Literature review of instruments to assess health-related quality of life during and after menopause. *Quality Life Research*. 14; (2): 309-27.
5. Krajewska-Ferishah K, Krajewska-Kułak E, Terlikowski S, Wiktor H.2011. Analysis of quality of life women in menopause period in Poland. *Advances in Medical Sciences*; 1(2):52-58.
6. Krajewska Ferishah K, Krajewska Kułak E, Terlikowski SW.2011. Analysis of quality of life women in menopause period in Poland. *Prog Health Science*, 1 1(2):52-58.
7. Chedraui P, Blumel JE, Baron G, Belzares E, Bencosme A, Calle A, et al.2008. Impaired quality of life among middle aged women: a multicentre Latin American study. *Maturitas*; 61(4):323-9.
8. Mishra GD, Brown WJ, Dobson AJ.2003. Physical and mental health: changes during menopause transition. *Quality Life Research*.; 12(4):405-12.
9. Blumel JE; Castelo-Branco C; Binfa L; et al.2000. Quality of life after menopause; a population study. *Maturitas*; 34:17-23.

10. Chen Y, Lin SQ, Wei Y, et al.2008. Impact of menopause on quality of life in community-based women in China. *Menopause*; 15:144-9.
11. Williams R, Levine K, Kalilani L, et al.2009. Menopause-specific questionnaire assessment in US population-based study shows negative impact on health-related quality of life. *Maturitas*; 62:153-9.
12. Borissova AM, Kovatcheva R, Shinkov A, Vukov M.2001. A study of the psychological status and sexuality in middle-aged Bulgarian women: significance of the hormone replacement therapy (HRT). *Maturitas*.25;39(2):177-83.
13. Kang k,Jeon IM, kim IM, Hee\_su K, shing\_Jeang k, Mi\_Kyung g,son yong g,. 2009. the effect of logotherapy on the suffering,finding meaning, and spiritual well-being of Adolescents with Terminal cancer. *Journal of current directions in psychological science*; No 313,p. 45-48.
14. Naghara A.2008. Phobic Tendency Within The Five -Factor Model And Hexaco Model Of Personality Structure. *Journal Of Research In Personality* ,42; 734–746.
15. Lemieux, J. 2012. Quality Of Life Measures In Breast Cancer Clinical Trials, *Journal Of National Cancer Institute*, 103, 3, 1093.
16. Gelyan Tehrani S. Khaledian Z. Mir Mohammad Ali M. Mahmoudi M. “Quality of life in different steps of menopause among women in Tehran”, *Hayat*, 8 (3), 33-41
17. Nasiri H. (2006), “Studying the reliability and validity of the World Health Organization quality of life and make the Iranian version”, Third National Seminar on mental health, Tehran, Science and Industry University