Research Article

INVESTIGATING THE EFFECTS OF LOGOTHERAPY WITH RELIGIOUS CONTENT ON MENTAL HEALTH OF WOMEN WHO ATTEND THE CLINIC

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ABSTRACT

The study aimed to determine the effect of logotherapy with religious content on mental health of women. In this study, 20 women with borderline disorders, depression, anxiety and social dysfunction were selected as samples and were investigated for the effects of logotherapy with Viktor Frankl method with religious contents. GHa-28, SCL - 90 - R and MMPI tests were used for samples. Statistical analysis using the t-test shows a difference between the pre-test and post-test scores which states that intervention method of logotherapy with religious content can be effective in the treatment and healing disorders.

Keywords: Logo Therapy, Religious Content, Mental Health, Women

INTRODUCTION

Religious behavior is a complex behavior that has been getting very little attention from Psychologists. Religion has a profound impact on all aspects of human's life, including the role of religion on healthy behavior.

Most definitions of health are based on these three dimensions

A - Mental health is the ability to act on the information, clarifying values and beliefs and the development of decision-making capacity.

B - Body health which includes the effort to increase awareness of healthy eating behaviors, physical exercise and checking for early signs of disease and protecting themselves against dangers and risks.

C: Spiritual health and inner strength (Hey *et al.*, 2006), the role of logo therapist is to broaden the view of the patient so the meanings and values get placed in the view and the realm of consciousness of the patient.

He who has a way to live, can bear almost anyhow.

When pain finds meaning, such as forgiveness and sacrifice, it's no longer suffering. Logotherapy with regard to the fact that the human existence is temporary, rather than pessimism and isolation, calls for more effort and actions from humans.

If we accept our suffering bravely until the last breath, life will be meaningful. So we can say that the meaning of life is not conditional, it can even include the potential meaning of suffering and pain.

Logotherapy is a method that pays no attention to the past, and doesn't give much value to introspection. Instead it puts a greater focus on the future, purpose, responsibility, meaning and duties that the patient should spend his life in pursue of them. Logotherapy tries to make the patient fully aware of his duty and accountability. So it puts the burden of the choice on the patient. The choice of to whom and to what extent he is responsible. Logotherapists unlike other therapists, do not impose their values and standards on their patients, and they will never be burdened with the wishes of the patients who want their therapist to replace them in place of judgment.

It is the responsibility of the patient to decide with this duty that life has placed on his shoulder, who should he answer to? community or his own conscience? Most people consider themselves responsible for answering to God. They not only understand the task, but believe that it is God who has given this responsibility to them.

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According to Logotherapy, this meaning can be found in three ways

- 1. Do something worthwhile
- 2. Sublime experiences
- 3. Endure suffering

The first way, the way of doing something worthwhile is an obvious and clear path. The second way is to find the meaning of life through the sublime experiences, like dealing with the wonders of nature, culture, or to understand and comprehend another person, by love.

Depression is an illness in which the patient's condition has the following features: Depressed mood, loneliness, isolation, lack of motivation, loss of vital force of life, loss of appetite and fatigue, suicidal thoughts, anxiety and pathological state of mind and constant fear with Physical symptoms suggestive of autonomic system activity, a fear that has a known cause.

Social dysfunction in which the person feels he does not have a useful role in doing their daily tasks, and he is not satisfied with how he finishes his tasks and feels that he can't make proper decisions about his issues.

MATERIALS AND METHODS

Research Background

Religious behavior is a complex behavior that has been getting very little attention from Psychologists. Lavson and colleagues (1988) found that less than 1 percent of the articles published in journals of psychiatry and psychology, involve religious studies.

Hersman and colleagues (1990) conducted a study on the relationship between religious beliefs, depression and recovery after surgery on women over 65 years old. The results showed that, patients who have a religious belief recover sooner and faster and get depressed a lot less (Hersman *et al.*, 1990)

Religion can bring meaning. So religion can give meaning to a man's life and death (Aspyka, 1985).

Religion gives religious people a sense of control and efficiency which has its roots in God and can compensate for reduced personal control (Paurl *et al.*, 1987)

The meta-analysis that has been done in the field of religious studies and mental health shows that in 47% of studies there is a positive relationship between religion and mental health, in 23% the relationship is negative and in 30% of them there was no meaningful relationship between religion and metal health (Jenkis, 1991).

Nonnemaker and Blum (2003) found that the religious beliefs of the public and private spheres both support the fight against the use of cigarettes, alcohol and marijuana in teenagers. They found that religious belief of the private sphere had a greater and more effective support against substance abuse.

It also became clear that the religious belief of the private sphere, with fewer tendencies is related to suicide.

Amongst the followers of the protestant religion, the higher the level of intrinsic religious orientation is the risk of depression gets lower (Park, 2008)

John Bozorgi revealed in one of his studies that the more intrinsic the religious orientation gets the more it increases the mental health of the individual, and on the other hand, the more extrinsic the religious orientation gets, the more it makes the individual show the symptoms of physical fatigue (John, 2006).

In a survey carried out by the Gallup institute, over 50 thousand people from 60 different countries, it shows 87% of people believe in a religion, in Northern America 62% of people believed in God and 83% of people who believed in God, also believed that God will reward them for their good deed (Hennigshaard, 2008).

Research findings (Ball *et al.*, 2003) on African-American teenagers showed that higher levels of religious belief are associated with greater self-esteem and better psychological functioning.

Measuring Tools

The 28 question version of General Health Questionnaire (GHa-28):

This questionnaire is a test riddle based on self-report method.

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This questionnaire is a test riddle based on self-report method (Canpell *et al.*, 2003) which aims to identify people who have a mental disorder.

GHa-28 test has 4 components of physical symptoms, Anxiety, Social dysfunction and symptoms of depression.

Research Hypotheses

1. The method of religious logotherapy affects the improvement of mental health of women who attend the clinic.

2. The method of religious logotherapy affects the symptoms of depression in women who attend the clinic.

3. The method of religious logotherapy affects the symptoms of anxiety in women who visit the clinic.

4. The method of religious logotherapy affects the symptoms of social dysfunction in women who attend the clinic.

Statistical Population

From the people who attended the clinic of psychological treatment and counseling in Kermanshah province during the year of 2014-2015, 20 patients were chosen by random as the statistical population for the study of the effects of religious logotherapy.

Data Analysis

90 85 70 91 83	89 50 65 82 54	1 35 5 9 20	1 1225 25 81	19	0.05	13.93
70 91	65 82 54	5 9	25			
91	82 54	9				
	54		81			
83		20				
		29	841			
84	83	1	1			
83	80	3	9			
90	81	9	81			
88	70	18	324			
85	75	10	100			
83	52	31	961			
86	53	33	1089			
82	80	2	4			
90	70	20	400			
89	65	24	576			
87	60	27	729			
65	35	30	900			
90	70	20	400			
93	60	33	1089			
95	80	15	225			
ΣA=1709	ΣB= 1354	ΣD=355	ΣD ² =9061			

Table 1: Analysis of mental health condition of women who attended the clinic

7/67 = y 45/85 = x

As the data in Table 1 shows that the statistical value of t is equal to 13.93 and critical value of t in the level of $\alpha = 0.05$ equals to 2093, which with considering the fact that the observed t is bigger, we can conclude with 95% confidence that the difference is significant and the theory of religious logotherapy

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significant impact on improving the mental health in female patients attending the clinic is confirmed with 95% confidence.

Pre- test	Post test	D	n in women attend D ²	dF	α	t
24	12	12	144	19	0.05	13.15
21	10	11	121			
19	8	11	121			
18	4	14	196			
20	5	15	225			
23	10	13	169			
21	4	17	289			
24	7	17	289			
21	3	18	324			
20	7	13	169			
18	4	14	196			
17	5	12	144			
16	3	13	169			
19	6	13	169			
21	6	15	225			
20	4	16	256			
19	2	17	289			
20	8	12	144			
24	8	16	256			
23	9	14	196			
ΣA=408	ΣB=125	ΣD=283	$\Sigma D^{2}=3528$			
$\frac{1}{x} = 20.4$	$\overline{y}_{=6.25}$					

Table 2. Analysis	of the level of depr	ossion in women	ottonding th	a clinic

analysis of the data in Table 2 shows that the observed value of t is equal to 13.15 and bigger than the critical value of t (2.093) with $\alpha = 0.05$, which with considering the fact that between the pre-test and post-test scores, there is a significant difference, we can say that the theory of religious logotherapy significant impact on improving the symptoms of depression in female patients attending the clinic is confirmed with 95% confidence.

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Pre- test Post test D \mathbf{D}^2 dF t a 0.05 11.05 ΣA=589 ΣB=151 ΣD=439 ΣD2=9653 y = 7.55x = 29.45

Table 3. Analysis	of anxiety in	women	attending the clinic
1 abic 5. Analysis	of analogy in	women	attenuing the chine

1 able 4: Analysis of social dysfunction in women attending the clinic							
Pre- test	Post test	D	\mathbf{D}^2	dF	α	t	
10	4	6	36	19	0.05	3.26	
8	3	5	25				
10	2	8	64				
11	2	9	81				
9	1	8	64				
12	3	9	81				
12	2	10	100				
9	1	8	64				
11	3	8	64				
10	2	8	64				
12	3	9	81				
11	1	10	100				
12	3	9	81				
10	2	8	64				
11	4	7	49				
12	6	6	36				
12	2	10	100				
10	3	7	49				
10	2	8	64				
11	3	8	64				
ΣA=235	$\Sigma B=53$	ΣD=161	ΣD ² =1331				
<i>x</i> = 11.75	^y =2.6						

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Analysis of the data in Table 3 shows that the observed value of t is equal to 11.05 and bigger than the critical value of t (2.093) with $\alpha = 0.05$, which with considering the fact that between the pre-test and post-test scores, there is a significant difference, we can say that the theory of religious logotherapy significant impact on improving the symptoms of anxiety in female patients attending the clinic is confirmed with 95% confidence. Analysis of the data in Table 4 shows that the observed value of t is equal to 3.26 and bigger than the critical value of t (2.093) with $\alpha = 0.05$, and with considering the fact that between the pre-test and post-test scores, there is a significant difference, we can say that the theory of religious logotherapy significant impact on improving the Social dysfunction in female patients attending the clinic is confirmed with 95% confidence.

Conclusion

In this study the effects of logotherapy with religious content on mental health and its three components were examined.

the method of this study was an experimental design with a single group and the samples were screened for 6 months following the intervention of the procedure in which the statistical analysis of the variables using the correlated t-test was performed for the difference between pre-test and post-test scores shows the difference between scores in four variables that were being investigated. The findings of this study showed that the method of religious logotherapy can improve the symptoms of psychiatric disorders, since 4 hypotheses were confirmed with 95% confidence and from the results of this study it can be concluded that the logotherapy with religious content can have a significant effect on increasing the mental health and can also improve depression, anxiety and social dysfunction effectively.

REFERENCES

Appleton PR, Hall HK and Hill AP (2009). Relations between Multidimensional Perfectionism and Burnout in Junior-elite Male Athletes. *Psychology of Sport and Exercise* 10 456-457.

Bruce SP (2009). Recognizing Stress and Avoiding Burnout. Currents in Pharmacy Teaching and Learning 1(1) 57-64.

Cohen S, Kamarck T and Mermelstein R (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior* 24 385-396.

Cook LC and Kearney CA (2009). Parent and Youth Perfectionism and Internalizing Psychopathology. *Personality and Individual Differences* **45** 325-330.

Duran A, Extremera N, Berrocal PF and Montalban M (2006). Predicting Academic Burnout and Engagement in Educational Setting: Assessing the Incremental Validity of Perceived Emotional Intelligence Beyond Perceived Stress and General Self-efficacy. *Psicothema* **18** 158-164.

Enns MW and Cox B (2002). The Nature and Assessment of Perfectionism: A Critical Analysis. In: *Perfectionism: Theory, Research, and Treatment,* edited by Flett GL and Hewitt PL (Washington. DC: American Psychological Association) 33-62.

Etzion D (2007). Moderating Effect of Social Support on the Stress-burnout Relationship. *Journal of Applied Psychology* 69(4) 615-622.

Harris PW, Pepper CM and Maack DJ (2008). The Relationship Between Maladaptive Perfectionism and Depressive Symptoms: The Mediating Role of Rumination. *Personality and Individual Differences* 44 150-160.

Henningsgaard Jude M Arnau and Randolph C (2008). Relationships between Religiosity, Spirituality, and Personality: A Multivariate Analysis. *Personality and Individual Differences* **45** 703–708.

Kelly O (2010). What is Perfectionism? Retrieved from: ocd.About.com/od/glossary/g/ What-Is-Perfectionism.htm.

Lowell S and Limke A (2009). Adult Romantic Attachment and Types of Perfectionism. *Journal of Scientific Psychology* 18-23.

Maslach C and Jackson SE (1984). Burnout in Organizational Setting. Applied Social Psychology Annual 5 133-153.

Research Article

Mindful Project (2008). Social Support - Definition and Scope. Retrieved from: *http:// www.euphix.org*. Moneta GB (2011). Need for Achievement, Burnout, and Intention to Leave: Testing an Occupational Model in Educational Settings. *Personality and Individual Differences* 50(2) 274-278.

Morrow A (2011). Stress Definition. Retrieved from: Dying.about.com/od/glossary/g/ stress.htm.

Neumann Y (1990). Quality of Learning Experience and Students College Outcomes. *International Journal of Educational Management* 7 1-16.

Perrewe PL, Hochwarter WA, Rossi WA, Wallace AM, Maignan A, Castro I, Ralston SL, Westman DA, Vollmer M, Tang G, Wan MP and Van Deusen CA (2002). Are Work Stress Relationships Universal? A Nine-region Examination of Role Stressors, General Self-efficacy, and Burnout. *Journal of International Management* 8(2) 163-187.

Salmela-Aro K, Savolainen H and Holopainen L (2008). Depressive Symptoms and School Burnout During Adolescence. *Journal of Youth and Adolescence* 6 34-45.

Stoeber J and Rambow A (2007). Perfectionism in Adolescent School Students: Relations with Motivation, Achievement, and Well-being. *Personality and Individual Differences* 42 1379-1389.

Stoeber J, Otto K, Pescheck E, Becker C and Stoll O (2007). Perfectionism and Competitive Anxiety in Athletes: Differentiating Striving for Perfection and Negative Reaction to imperfection. *Personality and Individual Differences* **42**(6) 959-969.

Sundin L, Hochwalder J, Bildt C and Lisspers J (2007). The Relationship Between Different Workrelated Sources of Social Support and Burnout among Registered and Assistant Nurses in Sweden: A Questionnaire Survey. *International Journal of Nursing Studies* 44(5) 758-769.

Tajar J (2007). Assessment in the Study of Personality 1 120-172.

Taris TW, Van Beek I and Schaufeli WB (2010). Why Do Perfectionists Have a Higher Burnout Risk Than Other? The Meditational Effect of workaholism. *Romanian Journal of Applied Psychology* **12**(1) 1-7.

Zare H (2014). Psychological Tests personality and Mental Held 5 34-68.