The Effect of Group Counselling with Logotherapeutic Approach on Happiness and Quality of Life of Women Heads of Households

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Abstract
Studies show that women are more at risk of poverty and gender discrimination. Women heads of households are at risk of different social and psychological harms because of unfamiliarity with social skills, lack of access to resources and consequently lower quality of life as well as losing social networks and the responsibility of dependent family members. Thus the aim of the present study is to review the effect of group counselling with logotherapeutic approach on happiness and quality of life of women heads of households. This study has been quasi-experimental with pretest-posttest control group design. Statistical population of the study included 30 female householders who were selected through convenience sampling; then the participants were randomly divided into two experimental and control groups (each 15 persons). Participants of experimental group attended 10 sessions of group logotherapy. But the participant of control group waited for the therapy. Instruments of data collection were Oxford Happiness Questionnaire (1989) and World Health Organization quality of life questionnaire. The reliability of questionnaires has been 0.91 and 0.84 through Cronbach’s alpha. Besides, content-related validity has been adopted to measure the validity of the questionnaires and they were approved of by the related experts for this purpose. Analysis of the data obtained from the questionnaires was carried out through SPSS software in two descriptive and inferential (analysis of covariance) sections. The results revealed that logotherapy enhances happiness and quality of life in experimental group in posttest stage. The results indicated that group logotherapy can be used as an independent method and/or along with other therapies for the enhancement of happiness and quality of life.

Keywords: logotherapy, happiness, quality of life, women heads of households

Introduction
Changes made in the societies in recent decades have changed the structure of family and have forced women to accept more responsibility and take more stress for managing the life. Cases such as husband’s death or divorce require readjustment (Queen, 2003). According to the existing statistics, the heads of 9.4% of Iranian households are women. Women heads are considered to be among the vulnerable segments of society because of the current problems in family headship (Nazoktabar and Ali Abadi, 2011). One of the problems that women heads of households face is bad economic situation which causes worries about the future of their children and themselves (Queen, 2003). If these women engage in economic activities, they start working at lower wages because of their lower level of education as well as lower technical and educational skills compared to other women (Shabanzadeh et al., 2013). Not only these group of women live in poverty but also they are judged because of the beliefs and traditions existing in the society. They are struggling with the patriarchal culture of the society and these conditions worsen when they assume headship of the family without the presence of any man (2010). Besides, children of female-headed families are more likely to have behavioral and social problems and they have lower quality of life than children of nuclear families (Kvarme et al.,
2009). These groups of women exhibit higher levels of vulnerability and stress (Mullins et al., 2011). Women heads of households face higher stress than married women for managing life. Being employed, working at home, taking care of children, financial worries and lack of enough supporting resources causes women heads of households stress and distress on a daily basis and also causes them to face problems such as physical ailments, sleeping problems and depression, and eventually, their own and families’ well-being are affected (Filazoglu and Griva, 2008).

Sociological as well as behavioural sciences studies have confirmed the effect of social and economic environment on quality of life and appearance of mental illnesses in people particularly vulnerable groups (women and children) (Beldaji et al., 2010). Quality of life is the individual’s mental attitude towards cultural, social and economic aspects of the environment in which he/she lives and cannot be easily described. Quality of life has six dimensions of physical health, psychological state, level of independence, social relationships, environment and spirituality (Lee, 2008). Therefore, it can be inferred that quality of life is a general concept incorporating all the biological aspects such as material satisfaction and critical needs plus aspects of life transitions such as personal development, self-awareness and health (Yazdi et al., 2008). Shabanzadeh et al. (2013) studied the relationship between stress coping styles and social support, and quality of life of women heads of households. The results indicated that the ability to cope with stressful events, particularly through avoidant coping style and family support, can affect quality of life. Besides, in another study conducted by Beldaji et al. (2010) on the quality of life of women heads of households, it was concluded that women heads of households have lower quality of life than other women. Studies conducted by Hayes and Joseph (2003) as well as Widiger (2005) on the factors affecting individuals’ health indicated that individuals’ personality can be the most important factor affecting their adaptability, health and quality of life, and it plays a major role in exhibition, reduction or elimination of symptoms of mental disorders. King and Hinds (cited in MirShamsi, 2009) believed that quality of life is how to live, which incorporates exclusive differences between individuals and can differentiate between individuals.

On the other hand, one of the topics discussed in positive psychology is happiness. Happiness is a scientific term used for individuals’ evaluations of their lives. People can evaluate their lives in terms of a global judgment (such as life satisfaction or feelings of fulfillment), in terms of evaluating the domains of their lives (such as marriage or work), or in terms of their ongoing emotional feelings about what is happening to them (feeling pleasant emotions, which arise from positive evaluations of one’s experiences, and low levels of unpleasant feelings, which arise from negative evaluations of one’s experiences) (Diener, 2005). Van Hoven defined happiness as a series of emotions and cognitive evaluation of life and considered it to be a degree of individuals’ quality of life that is positively evaluated in general (Rojas, 2007).

Many factors can enhance the happiness and quality of life of people, and one of these factors is logotherapy. It is time to combine spiritual strategies with theories and scientific methods of psychotherapy (Richards et al., 2007). Historically, different human and psychological schools have been trying to present solutions and have paid attention to human and his needs. Spiritual studies in psychology are at a level of a serious and fundamental subject which is increasingly considered in many countries (Puchalski et al., 2000, cited in Richards et al., 2007). Logotherapy incorporates perceptions of oneself and a combination of personality factors and core beliefs about existence and meaning in life, and these beliefs relate to various aspects of life including social, physical and psychological aspects (Yang et al., 2007).

Spirituality is a dimension of human, which shows his relationship and integration with the universe. Relationship and integration give hope and meaning to human, and take him beyond the boundaries of time and place and material interests (Ghobari Bonab, 2008). In summary, spirituality is one of the dimensions of human life and when people enter the counselling and therapy room, they do not leave behind their spiritual dimension, but bring along their spiritual beliefs, actions, experiences, values, relationships and spiritual challenges to the counselling and therapy room as well (Pargament, 2007). Logotherapeutic approaches encourage the therapist to
address the client at the right time in treatment of important spiritual problems and to use a language and interventions in line with utilizing the potential power of faith and spirituality of the clients in treatment and improvement, which shows therapist’s respect for and valuing client’s spiritual problems (Richards et al., 2007).

Several studies have examined the effectiveness of logotherapy. Fischer et al. (2010) examined the relationship between religious identities and preferred coping strategies: An examination of the relative importance of interpersonal and intrapersonal coping in Muslim and Christian faiths. They stated that religious affiliation has consistently been shown to help individuals cope with adversity and stressful events. The present paper argues that this proposition is valid for both Christians and Muslims, but that these religious identities foster different types of coping. Cunningham’s (2005) study described an exploratory study on the effects of a brief psychoeducational course emphasizing spiritual aspects of coping and healing. And significant improvements in scores were found immediately following the intervention.

Preliminary findings indicate that more rigorous investigation within the framework of group therapy can be of great benefit to people. Revheim and Greenberg (2007) also indicated that use of spirituality in group therapy is one of the useful and important factors which can be effective in enhancing social support, coping and adjustment in affairs related to health. Zahed Babolan et al. (2012) examined the relationship between attachment to God and resiliency, and meaningfulness in students’ lives. The results indicated that there is a significant correlation between attachment to God, meaningfulness in life and resiliency. Gwyther (2006) studied the role of spirituality in the improvement of family. He stated that spirituality, faith and religion help troubled and unable families to find a goal and meaning in life and consider spirituality to be a backing for identity and a basis for coping with changes, shortages and constraints.

Since having a meaning in life has a major and undeniable role in enhancing human’s mental health and improving quality of life and effectively coping with events of life, the status of women heads of households and their children has been considered and studied by scholars and theorists. In fact, expansion of these forms of families in all the countries around the world, either industrial or third world, has been the reason for such studies. This study has been conducted to examine the effect of group counselling with logotherapeutic approach on happiness and quality of life of women heads of households. It is expected that the awareness obtained through such studies can prepare the therapists for educational intervention for the target group. The following hypotheses are formulated based on the theoretical principles:

- Group counselling with logotherapeutic approach enhances happiness of women heads of households.
- Group counselling with logotherapeutic approach enhances the quality of life of women heads of households.

**Research Methodology**

This study is quasi-experimental with pretest-posttest control group design. Statistical population included women heads of households who went to Imam Khomeini Relief Committee in 2013-14. From among 58 women heads of households who went to Imam Khomeini Relief Committee in Saveh city, 30 persons (15 in experimental group and 15 in control group) were randomly selected and were assigned to two control and experimental groups. During the intervention, none of the individuals of control and experimental groups received medication and were not provided with any other pharmaceutical and non-pharmaceutical interventions. In fact, the criteria for selecting the participants included women heads of households who were affected by difficult social and economic conditions. The resiliency and quality of life questionnaires were administered in pretest and posttest stages to these two groups; participants of experimental group were offered 10 group training with logotherapeutic approach. The topics of the sessions are presented in table 1.
The data collection instruments of the study were Oxford Happiness Questionnaire and WHO quality of life questionnaire. Argyle and Lu’s (1990) Oxford Happiness Questionnaire: Oxford Happiness Questionnaire was developed by Argyle and Lu in 1990. Argyle consulted with Beck, then reversed the phrases of his depression inventory; consequently, 21 items were prepared and 11 other items were added to encompass other aspects of happiness. Afterwards, this inventory was administered to a number of students, and then the final 29-question form of the questionnaire was prepared according to the face validity of the questions and removing a few items (Paeizi et al., 2007). This questionnaire was translated by Alipour and Nourbala (2009) to Persian and its validity was approved of by 10 experts. The reliability of this questionnaire has been 0.92 based on split-half method and it has been 0.93 based on internal consistency and Cronbach’s alpha. 5 factors were extracted from 29 questions through factor analysis, which explain 57.1% of the total variance (Omidian, 2007). Besides, in the study conducted by Paeizi et al. (2007), the reliability of the Oxford questionnaire was reported 0.91 through Cronbach’s alpha for measuring the internal consistency.

WHO quality of life questionnaire: this questionnaire contains 26 questions which measure four dimensions of individuals’ quality of life which include: physical health, 2) psychological state, 3) social relationships, and 4) environment. This questionnaire has been translated into 19 different languages and is used in different countries to measure the individuals’ quality of life. Research group of WHO consider this scale to be an intercultural scale and that is why it is adopted in different cultures (WHO, 1996). In Iran, Nasiri et al. (2006) translated this questionnaire into Persian and reported its validity and reliability. Cronbach’s alpha coefficient of 0.84 indicates that its internal consistency is desirable. On the other hand, factor analysis of the 26 items of this scale showed that there are four subscales (physical health, psychological state, social relationships, and environment) which indicate its construct validity.

The analysis of the data obtained from the questionnaires was carried out through SPSS software in two descriptive and inferential (analysis of covariance) sections.

**Findings**

In this section, first, the variables of the study are described.

1. Describing study variables

   In table 1, mean and standard deviation of the study variables separately for each group in pretest and posttest are presented.
Table 2. Mean and standard deviation of the study variables separately for each group in pretest and posttest

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Variable</th>
<th>Control (15)</th>
<th>Experimental (15)</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>pretest</td>
<td>Happiness</td>
<td></td>
<td></td>
<td>7.5</td>
<td>39.27</td>
<td>6.2</td>
<td>38.93</td>
</tr>
<tr>
<td></td>
<td>Quality of life</td>
<td></td>
<td></td>
<td>7.7</td>
<td>40.07</td>
<td>7</td>
<td>47.87</td>
</tr>
<tr>
<td>posttest</td>
<td></td>
<td></td>
<td></td>
<td>9.5</td>
<td>54.53</td>
<td>9</td>
<td>56.73</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.3</td>
<td>55.33</td>
<td>11.9</td>
<td>66</td>
</tr>
</tbody>
</table>

The results of the above table suggest that the mean for both variables (happiness and quality of life) in experimental group have increased in posttest compared to pretest. While, in control group, the difference between the means for two groups is not considerable. These results can be seen in following figures.

Figure 1. Line chart for the mean of groups’ happiness in pretest and posttest

Figure 2. Line chart for the mean of groups’ quality of life in pretest and posttest
Analysis of Results

In this section, given the nature of variables, both hypotheses of the study are tested by using analysis of covariance.

First hypothesis: Group counselling with logotherapeutic approach enhances happiness of women heads of households.

First, assumption of homogeneity of regression slopes was examined by F-test. The results indicated that the assumption of homogeneity of regression slopes can be accepted in two control and experimental groups (p= 0.37, df= 1.26, F= 0.85).

Besides, the assumption of homogeneity of variances of groups was examined by Levene's test and a summary of the related calculations are presented in the table below.

<table>
<thead>
<tr>
<th>Significance level</th>
<th>Degree of freedom 2</th>
<th>Degree of freedom</th>
<th>F statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.09</td>
<td>28</td>
<td>1</td>
<td>3.6</td>
</tr>
</tbody>
</table>

As it is seen in the above table, significance level of the Levene's test is larger than 0.05. Therefore, the assumption of equality of variances is accepted.

Table 4. Summary of ANCOVA for examining the effect of group counselling on happiness

<table>
<thead>
<tr>
<th>Effect size</th>
<th>Significance level</th>
<th>F ratio</th>
<th>Square mean</th>
<th>Degree of freedom</th>
<th>Sum of squares</th>
<th>Source of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.720</td>
<td>0.01</td>
<td>69.5</td>
<td>1126.3</td>
<td>1</td>
<td>1126.3</td>
<td>Covariate I</td>
</tr>
<tr>
<td>0.538</td>
<td>0.01</td>
<td>31.5</td>
<td>510.2</td>
<td>1</td>
<td>510.2</td>
<td>Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.2</td>
<td>437.5</td>
<td>27</td>
<td>437.5</td>
<td>Error</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30</td>
<td>30</td>
<td>59821</td>
<td>Total</td>
</tr>
</tbody>
</table>

According to the above table, by controlling the effect of pretest, the effect of intergroup factor is significant at the level of 0.01 (P=0.01, F(1.27)=31.5). In other words, the difference between scores of posttest in control and experimental groups is significant. According to table 1, the scores related to experimental group have increased after group counselling based on logotherapy. While, such increase is not observed in control group. Therefore, null hypothesis can be rejected at the level of 0.01 and it can be concluded with 99% confidence that group counselling with logotherapeutic approach enhances happiness in women heads of households. The effect size also shows that about 53.8% of the increase in happiness in participants can be explained by group counselling based on logotherapy.

Second hypothesis: Group counselling with logotherapeutic approach enhances quality of life of women heads of households.

F-test confirmed the homogeneity of regression slopes (p= 0.08, df= 1.26, F= 3.3). Therefore, the assumption of homogeneity of regression slopes can be accepted in two control and experimental groups.

Besides, Levene's test indicated that the assumption of homogeneity of variances of groups is established (p= 0.15, df= 1.28, F= 2.2).
Table 5. Summary of ANCOVA for examining the effect of group counselling on quality of life

<table>
<thead>
<tr>
<th>Source of changes</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Square mean</th>
<th>F ratio</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate I</td>
<td>2762.6</td>
<td>1</td>
<td>2762.6</td>
<td>30</td>
<td>0.01</td>
</tr>
<tr>
<td>Group</td>
<td>586.9</td>
<td>1</td>
<td>586.9</td>
<td>27</td>
<td>0.01</td>
</tr>
<tr>
<td>Error</td>
<td>15.8</td>
<td>30</td>
<td>426.3</td>
<td>0.866</td>
<td>0.579</td>
</tr>
<tr>
<td>Total</td>
<td>115649</td>
<td>30</td>
<td>30</td>
<td>31.5</td>
<td></td>
</tr>
</tbody>
</table>

According to the above table, the difference between groups is significant at the level of 0.01 (P=0.01, F(1.27)=37.2). The comparison between scores of the groups in table 1 shows that the scores related to experimental group have significantly increased after intervention. While, changes in scores of control group is not significant. Therefore, it can be concluded with 99% confidence that group counselling with logotherapeutic approach increases quality of life in women heads of households. The effect size also has been 57.9%.

Conclusion and Discussion
The aim of the present study has been to examine the the effect of group counselling with logotherapeutic approach on happiness and quality of life of women heads of households. The related results indicated that logotherapy significantly enhances happiness. This result is consistent with the findings of Ingenel et al. (2006), Fischer et al. (2010), Lione et al. (2004), Cunningham (2005), Revheim and Greenberg (2007), Gwyther (2006), and Zahed Babolan et al. (2012) regarding the effect of logotherapy.

In this section, previous results are discussed and it is explained how the results are obtained and whether these results are consistent with the theoretical principles and if they are not, what reasons can be stated for it. Theoretical principles suggest that the obtained results cannot be considered to be the result of one factor; this is due to the interconnected and multifactor nature of this treatment program. For this reason, various factors can be referred to in order to explain the results. The first and most important factor related to the effect of logotherapy on the improvement of individual’s attitude towards and interpretation about life. The importance of overwhelming factor is determined through cognitive evaluations which are affected by personal beliefs and values such as individual control and existential and spiritual beliefs. Individuals manage their stress based on available resources and through various coping strategies. From this point of view, it can be said that beliefs affect important cognitive evaluations in the coping process and thus spirituality can help people evaluate negative events in a different way. Therefore, spirituality creates a stronger sense of control which helps psychological adjustment (Marton et al., 2002). Yang believed that religion originates from human subconscious, and it strengthens confidence, hope and power in the individual and reinforces moral and spiritual traits in him/her; religion also establishes a firm basis for coping problems, difficulties and deprivations (cited in Babolan et al., 2012). Yang and Mao (2007) believed that having meaning and goal in life, sense of attachment to the sublime meaning, hoping that God will help in problematic situations of life and enjoying social and spiritual support are all among the ways that spiritual individuals adopt to face stressful events of life in order to suffer less damage. Besides, according to Fountoulakis et al. (2008), believing in presence of a God who controls situations and supervises the humans, largely reduces the anxiety related to predicaments; in other words, these individuals believe that they can take control of uncontrollable situations by relying on God. Therefore, these people enjoy more happiness and mental health.

The other hypothesis of the study has been that logotherapy enhances quality of life. As the analysis of covariance indicated, logotherapy enhances quality of life of women heads of
households. This result is consistent with findings of Shabanzadeh et al. (2013), Beldaji et al. (2010), Hayes and Joseph (2003) and Widiger (2005).

In order to explain the above result, it can be said that quality of life is a multidimensional and subjective concept. Previous studies have shown that the quality of life is concealed in life experiences and only the individuals themselves can judge their quality of life. Satisfaction with life is one of the important aspects of individuals’ quality of life and since satisfaction with various spheres is different for individuals, the importance of these spheres is also different for various people and does not have a similar effect on individuals’ quality of life. On the other hand, quality of life means feeling of comfort which is originated from individual's satisfaction or dissatisfaction with spheres of life important to him/her. In addition, knowing that how people evaluate their conditions is necessary for planning and implementing psychological interventions (Halaby, 2006). Therefore, logotherapy is in the field of new psychotherapy which requires extensive research in all areas. Logotherapy helps people to not focus on what has been lost, but to seek meaning. As a result, life is meaningful in any condition from the viewpoint of spiritual therapy. Logotherapy, purposefulness and hopefulness in life are among the strengthening components of mental health. Thus, if the life is purposeful and meaningful, naturally the human being can exhibit more strength in any event, even overwhelming, and as a result, quality of life enhances.

One of the limitations of this study is that it has been conducted on women heads in Saveh city, and they may have problems and conditions specific to Saveh city compared to women heads in other cities, as a result, the results should be generalized with caution. For a more precise study of how group counselling with logotherapeutic approach on individuals 'psychological states, it is suggested to control or study the effect of components of emotional intelligence and stress coping styles on variables of mental health in general and well-being in particular in future researches. It is suggested to carry out future researches with awareness of the limitations of the current study based on practical instructions about other vulnerable groups. It is also suggested to adopt other psychotherapeutic methods in future studies.

References


