



## **Effectiveness of Logotherapy Training on Self-Esteem, Communication Skills and Impact of Event Among Older Adults**

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### **ABSTRACT**

**Background:** The population aged 60 years and older is growing both in number and proportion. One treatment option for elderly patients with sleep issues and poor communication skills is logotherapy. This training assesses the effects of altering the meaning of life and attitudes of older persons through training in areas like self-esteem, communication skills, and the elements of mental helplessness when facing specific events. **The study aimed to** evaluate the effectiveness of logotherapy training in self-esteem, communication skills, and the impact of events among older adults. **The setting of the study:** The study was conducted in El-Sadat nursing home, Berket El-Saba nursing home, and Elderly Club, Shebeen El-Kom, Menoufia, Governate, Egypt. **Subjects:** A Convenience sample of 50 senior males and females. **Research Design:** A quasi-experimental design was used to achieve the aim of the study. **Data collection:** Four tools were used; Tool (1): Socio-demographic and clinical characteristics structured interview questionnaire. Tool (2): The Cooper Smith Self-Esteem Inventory Tool (3) Human communication skills scale Tool (4) Weiss and Marmar's Impact of Event Scale-Revised. **Results:** The findings of the study revealed that the mean age of the studied older adults was  $67.98 \pm 6.02$  and, more than half of them (52%) were females. There was a decrease in the mean score of the total impact of the event scale in the posttest (41.92) than the pretest (62.74). There was an increase in the mean score of self-esteem in the post-test (22.24) than pre-test (16.48). In addition, the mean score of the total communication scale was increased in the post-test (195.6) than in the pretest (160.98) with a statistically significant difference. **Conclusion:** Applying logotherapy training among older adults proved to be effective in improving self-esteem, and communication skills, and decreasing the impact of events among older adults.

**Keywords:** Logotherapy, Self-Esteem, Communication skills, Impact of Event, and Older Adults

## Introduction

The proportion of adults 60 and older is increasing, as is their number. In 2019, there were 1 billion persons 60 and older worldwide. There will be 1.4 billion people on earth by 2030 and 2.1 billion by 2050. This increase is occurring at an astounding rate and will continue to accelerate in the upcoming decades, particularly in developing countries (WHO,2022). Like many other countries, Egypt is enduring a demographic shift toward an aging society as global population aging accelerates in both developed and developing countries. The percentage of the population that was 60 or older in 2016 was 8.9%; however, it is anticipated that this percentage would rise to 10.9% in 2026 and to 12% by 2030 (Shaheen et al., 2017).

Because of the aging of the population, it is crucial to pay attention to their mental health where the enormous volume and diversity of stresses that older adults experience every day, such as losing their jobs and social status, close relatives, or their health, as well as changes in how they interact with others (White & Casey, 2017). Older people assert that they are miserable or disgusted and unable to enjoy life. Furthermore, they blame themselves for their shortcomings and have a deep sense of worthlessness (León Navarrete et al., 2017).

According to León Navarrete et al. (2017), depressed individuals are more prone than non-depressed individuals to have thoughts of personal misery, unfavorable expectations, low self-esteem, and helplessness. People with high levels of anxiety employ dysfunctional coping mechanisms to control their emotions because they are unable to think clearly and critically assess the situation due to their misunderstandings and misinterpretations of the circumstances.

Self-esteem is defined as the subjective assessment of one's worth. It comprises having a positive outlook on oneself and a sense of self-acceptance. As a result of both great and negative life experiences, a person grows in confidence. Self-esteem rises most during a person's formative years and adulthood, peaks at age 60 to 70, and then steadily fall as they age. This could be brought on by decreased physical and mental capacity, a decline in social status, financial difficulty, and the passing of loved ones. (Ryszewska-Łabędzka, D,2022). Older adults have trouble interpreting new cues that point out their errors and compel them to revise their opinions. A person's unwillingness to assess new knowledge decreases their flexibility, which in turn affects their ability to respond appropriately to tensions, leading to issues in their social interactions. (Soroush., et al 2021).

Austrian physician and psychiatrist Viktor Frankl created logotherapy in the 1930s based on "logos," the Greek word for meaning. Frankl created the term logotherapy and claimed that humans' search for meaning is one of their main drives. The foundation of Frankl's thesis is the idea that people are driven by a "desire for meaning." (Mortell, 2020). Logotherapy is assumed that a technique whose use can assist the individual in discovering meaning in his or her life since a meaningful life entails having a positive attitude toward life no matter what we encounter, whether suffering or death. While the precise circumstances of one's life cannot be changed, one can learn to alter the strategy used to deal with these experiences to have a better reaction and experience. Logotherapy helps the individual realize this. Logotherapy may be beneficial for persons going through existential sadness and not being able to discover "a cause to live." (Adhiya-Shah, 2017).

Group logotherapy helps people by using techniques such as showing concern and empathy, sharing knowledge, giving them tools to help them change their views about how to solve difficulties, and assisting them in regaining their perspective on their interpersonal relationships (White & Casey, 2017). In addition to Jahanpour, (2014) mentioned that logotherapy has an important role in psychotherapy and is used in

mental health, self-esteem, happiness, and interpersonal relationships in different age fields.

### Significance of the study

Elderly people represent a population group that needs a particular and comprehensive strategy that supports their well-being and health. Contextual variables, including the emergence of diseases, might have a negative impact on key areas of their life. (LeónNavarrete et al., 2017). The goal of logotherapy is to highlight the range of individual control and freedom while assisting the person in discovering a life purpose that is in line with their existence. The importance of accepting responsibility is extensively emphasized in logotherapy. Individuals are encouraged through logotherapy to view the world differently and work to rediscover their ideals (Golshan et al., 2020).

The primary tenets of logotherapy are consistent with the teachings of the Quran, which list the meaningfulness and purposefulness of life in many verses. For example, in verse 115 of Sura Al-Muminoon, it is said: "Then did you think that we created you uselessly and that to Us you would not be returned?" (Farsinezhad & Dezhabad, 2009). Other factors which Frankl emphasized are understanding suffering and accepting them in life (Frankl, 2006). Allah says in verse 4, Sura Al-Balad: "We have certainly

created man into hardship". Researchers and translators of the Quran believe that this verse indicates that the universe is accompanied by hardship, and according to Quran, hardships construct men (**Shia News, 2013**).

Older persons are particularly susceptible to acquiring Post-Traumatic Stress Disorder (PTSD). due to the physical, emotional, and social changes brought on by aging as well as issues like having to deal with the deaths of colleagues. Thus The majority of countries have recently begun employing logotherapy to enhance the physical, mental, and social well-being of older adults. Logotherapy is a method that helps the individual find meaning in her life. (**Schulenberg et al., 2018**). Current events can have an impact on an individual's mental health. It is thus probable that discussions around current events may arise for mental health nurses in their interactions with patients. Logotherapy is introduced as a tool that mental health nurses, assist patients who are adversely affected by current events (**Mortell, 2020**). there are very few studies on the effects of Logotherapy on increasing self-esteem, improving social skills, and increasing the ability of individuals to deal with environmental stresses. Hence, this study aims to evaluate the effects of group logotherapy training on self-esteem, and communication skills, and the impact of the event among older adults.

## Materials and methods

### Aim of the Study:

To evaluate the effectiveness of logotherapy training on self-esteem, communication skills, and the impact of the event among older adults.

### Research hypotheses:

- Older adults who participate in logotherapy training will have higher self-esteem and communication skills post-intervention.
- Older adults who participate in the logotherapy training will have a lower score on the Impact of Events post-intervention.

### Research questions

1. What is the level of self-esteem among studied groups of older adults?
2. What is the level of communication skills among the studied groups of older adults?
3. What is the impact of event level among the studied groups of older adults?
4. Is there a correlation between the impact of an event, self-esteem, and communication skills?

## Design

A quasi-experimental design with a pre-and post-test was used to carry out the study's objectives.

## Setting

The study was implemented in El-Sadat nursing home, Berket El-Saba nursing home, and Elderly Club, Shebeen El-Kom. Menoufia, Governate, Egypt

## Sample

A Convenience sample of all elderly persons who had the following inclusion and exclusion criteria was selected

- **Inclusion criteria:** Age 60 years or older, unstable or poor self-esteem (self-esteem score  $>8$  on the Cooper Smith Self-Esteem Inventory), not currently participating in other studies, literate, and no cognitive impairment, authors consented to participate in the intervention.
- Unwillingness to continue study participation or repeated absences from the program and cognitive impairment were the exclusion criteria. The total sample size was 50 older adults.

## Study instruments

The following study instruments were used to gather data:

**Instrument 1:** A research questionnaire prepared by the researcher based on a review of relevant literature. It is comprised of socio-demographic characteristics such as age, sex, marital status, level of education, physical illness, familial problems, compliance with medications, source of social support, and the onset of the illness.

## Instrument 2: The Cooper smith Self-Esteem Inventory (CSEI) (Arabic version)

It was approved by Soroush et al., (2021). It was a valid and reliable Arabic scale to assess self-esteem. It consisted of 25 items, eight positive and seventeen negatives (25-24-23-22-21-18-17-16-15-13-12-10-7-6-3-2) in the form of a two-point Likert scale ranging from 0 (not applicable) to 1 (applicable). The total score was assumed by summing across all scale items after reverse coding negatively. The researchers divided the total by 25 and multiplied by 100 to get the final self-esteem score.

## Scores Parameter

- 20-40 low self-esteem
- 40-60 Moderate self-esteem
- 60-80 High self-esteem

## Instrument 3: Human Communication Skills Scale

It was approved by Ali (2018). It was a valid and reliable Arabic scale to measure communication. This scale includes 46 items

that explore the following skills: Dialogue skills (14 items); body language (12 items); listening skills (ten items); and speaking skills (ten items). a five-point Likert-type scale, ranging from one (rarely) to five (always). It contained seventeen negative items, as follows: Dialogue skills (2-8-12); body language (12); listening skills (2-3-4-6-7-9-10); and speaking skills (2-4-5-8-9)

#### **Instrument 4: The Impact of Event Scale-Revised (IESR)**

It was created by Weiss D., & Marmar, C. (1997). It was translated into Arabic by Alaedain et al., (2021) and is extremely useful for assessing the effects of routine life stress, acute stress, and everyday traumas. This questionnaire consists of 22 questions and aims to assess the components of emotional helplessness in the face of specific life events (avoidance, intrusion, hyperarousal). Responses are based on a Likert scale and are rated on a scale of 0 to 4, never, sometimes, often, and very highly. This scale includes his three subscales: Avoidance (8 questions), intrusive thoughts (7 questions), and hyperarousal (7 questions). In general, higher total scores on this scale indicate higher levels of emotional helplessness and vice versa.

#### **Instruments' validity and reliability**

To maintain the authenticity of the original validity, the questionnaire was back-translated

into Arabic utilizing translation procedures. A jury of five nursing professionals, comprising psychiatry, community health, and administration experts, received the tools. The surveys were evaluated for their accuracy, clarity, completeness, and applicability. The instruments were proven to be valid in their eyes, and any necessary revisions were made. The Cronbach's  $\alpha$  for the self-esteem scale was 0,81, the communication scale was 0.81 and the impact of the event was 0.93 in this study.

#### **A pilot study**

To ascertain the tool's clarity, appropriateness, and the amount of time needed to complete the questionnaire, a pilot study was conducted using 10% of older persons. Some of the questions were altered and clarified in light of the findings of the pilot research. The current research total sample did not include the pilot sample to verify that the replies were consistent.

#### **Ethical considerations**

The ethical and research committee of the Nursing Faculty at Menoufia University provided its ethical approval. Each senior was given thorough information about the study's objectives before providing their informed consent. The older adults were informed of the study's ethical considerations, including the confidentiality of their identities and responses, and they were given the assurance

that no one interferes in one's personal or family affairs; they were given the option of participating in the study on the condition that they did so.

### **Field of work:**

The study was performed from the beginning of April to the end of August 2022. Participants voluntarily participated.

**Phase one: Assessment (pre-testing)**— This phase was intended to establish a connection between researchers and older adults and to explain the purpose of the study and the intervention plan.

The older adults were classified, each comprised of ten elderly adults to obtain a baseline assessment (pre-test).

The intervention was carried out for each group twice a week on various days throughout five weeks, each session lasting approximately 45 to 90 minutes depending on the older adult's ability to understand and speak.

### **Phase 2: Planning phase:**

This phase aims to develop logotherapy training. It was designed in the Arabic language based on relevant recent literature reviews.

### **This phase includes:**

Determining the objectives and contents of the logotherapy training which include:

- Concept of logotherapy.
- Benefit of logotherapy.
- logotherapy with others
- Strategies and exercises for logotherapy training.

### **Phase 3: Implementation:**

Implementation of the intervention took place in sessions using different teaching methods and guides developed during the planning phase. The intervention lasted 5 weeks to provide sessions to assess the effects of logotherapy training on older adults. The general objective of this training was to evaluate the effect of logotherapy training on self-esteem, communication skills, and the impact of events among older adults.

### **Sessions are scheduled as follows:**

**Session 1:** This session's goal was to motivate older adults to actively engage in logotherapy. This is done by getting to know the older adults, explaining the study's objective and nature, as well as the group's regulations regarding confidentiality.

Discuss with the members about their skills, encouraging the group to come up with solutions to enhance their skills, and get a

clear grasp of the interpersonal differences within the group or the environment.

**Session 2:** Enhancing the members' sense of responsibility by reviewing the prior session's homework, talking about the members' situations that are upsetting them and affecting their mental health; describing freedom, autonomy, and responsibility, and how these concepts relate to one another,

Who has the most influence over you? What have you done to date to make yourself happy? Who is the person you've used as an example?

### **Session 3: forming a mental picture**

Who do you think is in charge of one of the success or failure scenarios in your imagination? How do you feel about that person? List the behaviors or acts you have engaged in while being constrained by the standards and guidelines established by others, and then talk about the outcomes.

Reducing the stress caused by a disruption in one's self- and body-image, and teaching life-expectancy techniques

### **Session 4: Expanding the older adults' field of perception**

discussing topics that may have an impact on older adults' thoughts and feelings

How much can you relate to other people?

How much do you believe you owe your family, your country, and strangers? When did you last lend a hand to someone? How do you feel after lending a hand or showing someone kindness? Sort the important qualities or deeds you haven't done but are concerned about in priority order. How perceptive are you to other people's issues?

### **Session 5: "The Art of Paradoxical Aim"**

older adults' behavioral and mental issues using replacement (in effect, the thoughts or muscles get involved in this new action and behavior, making the repetition of the prior habit impossible).

Make a note of your difficulties and any unfavorable behaviors or thoughts you have. What steps have you taken to address these problems so far?

How prosperous were you? Using a technique to increase your capacity to regulate bodily functions and reactions that you previously believed you couldn't

**Session 6:** Modifying attitudes and logotherapy through dispositional, creative, and experiential values, reviewing the homework from the previous class; expressing your problem; try to approach it from various aspects. Can you find an acceptable



explanation for your issue? Can you reach a higher level of peace by changing your attitude toward the issue? In reality, throughout this session, incorrect beliefs that are frequently linked to anxiety, a bad mood, and severe depression will be challenged, such as unpleasant fate, negative fate, terrible omens, and guilt.

**Session 7: Retrieval Techniques** (Teaching Logo Sensitivity) and Review of Homework from the last Session Encourage and support older adults to act on their true desires and values. describes his journey. How do you view your own religious beliefs? Do others share your beliefs? Practice hugging (eye contact, friendly speech, and touching).

**Session 8: (self-esteem strategies)** Establish social contacts, encourage a sense of independence, and look for a senior group; review the homework from the previous sessions, then provide feedback; It's preferable to encourage an aging loved one to concentrate on what they can manage and do for themselves rather than lamenting inevitable losses, even if they do need some assistance or modifications.

**Session 9:** (Improving Communication) Review the homework from the last session, talking about active listening, communication methods, friendliness, sharing feedback, empathy, and respect. Explain that poor

communication can make older people feel inadequate, disempowered, and helpless.

**Session 10:** This session is designed to provide a summary of skills to date, gain insight into the older person's experience, and provide feedback on the logotherapy session. At the end of the session, the researchers congratulated the elderly who participated in the logotherapy session.

**Phase 4: Evaluation phase:** The training was evaluated by immediately reapplying the study instruments (2, 3, and 4) as a post-test.

#### **Statistical analysis:**

All data were collected, tabulated, and statistically evaluated using SPSS 22.0 for Windows. Quantitative data are expressed as Mean $\pm$ SD. Qualitative data were expressed as frequency (number) and relative frequency (percentage). Proportions of variables were compared using the chi-square test, Fisher's exact test, and paired t-test as appropriate. A P-value < 0.05 was considered statistically significant (S).

#### **Results**

**Table (1):** This table demonstrated that the mean age of the studied sample is 67.98 $\pm$ 6.02. Regarding sex; 52% of the studied sample were females. Nearly two third of the studied sample (64 %) were married. The majority of the sample (94 %) have a good relationship

with their families. concerning chronic diseases;58% of the studied sample have diabetes and 22 %of them have hypertension.

**Figure (1):** Revealed that there is a decrease in the mean score of the total impact of event scale in the posttest (41.92) than the pretest (62.74). There is an increase in the mean score of self-esteem in the post-test (22.24) than pre-test (16.48). In addition, the mean score of the total communication scale was increased in the post-test (195. 6) than in the pretest (160.98) with a statistically significant difference.

**Table (2):** Illustrated that there is a decrease in the mean score of **Intrusion** in the posttest ( $16.78 \pm 7.31$ ) than the pretest ( $24.66 \pm 6.41$ ). Also, there is a decrease in the mean score of **Avoidance** in the posttest ( $13.36 \pm 5.53$ ) than the pretest ( $20.14 \pm 6.46$ ). Moreover, there is a decrease in the mean score of **Hyperarousal** in the posttest ( $11.78 \pm 5.35$ ) than the pretest ( $17.94 \pm 5.18$ ). In addition, there is an observed decrease in the mean score of the **total score of the impact of event scale** in the post-test ( $41.92 \pm 17.29$ ) than pre-test ( $62.74 \pm 16.10$ ) with a statistically significant difference between pre and post-test.

**Table (3):** Showed that there is an increase in the mean score of **Dialog** in the post-test ( $57.62 \pm 6.97$ ) than pre-test ( $46.76 \pm 7.73$ ). Likewise, there is an increase in the mean score of **Body language** in the post-test ( $50.32 \pm 6.43$ ) than pre-test ( $41.66 \pm 8.56$ ).

Moreover, there is an increase in the mean score of **Listening skills** in the post-test ( $43.86 \pm 3.94$ ) than pre-test ( $35.76 \pm 5.51$ ). Furthermore, there is an increase in the mean score of **Speaking skills** in the post-test ( $43.80 \pm 4.35$ ) than the pretest ( $36.74 \pm 5.18$ ). In addition, there is an observed increase in the mean score of the Total score of **the communication scale** in the post-test ( $195.60 \pm 18.52$ ) than the pre-test ( $160.98 \pm 22.45$ ) with a statistically significant difference between the pre and post-test.

**Table (4):** Illustrated that, following the intervention, there was a statistically significant positive correlation between overall self-esteem and communication skills. In other words, when overall communication skills improved, self-esteem also will improve, even though there was a statistically significant negative correlation between overall communication skills and total event scale post-intervention. i.e., total event scale symptoms are reduced when overall communication skills are enhanced.

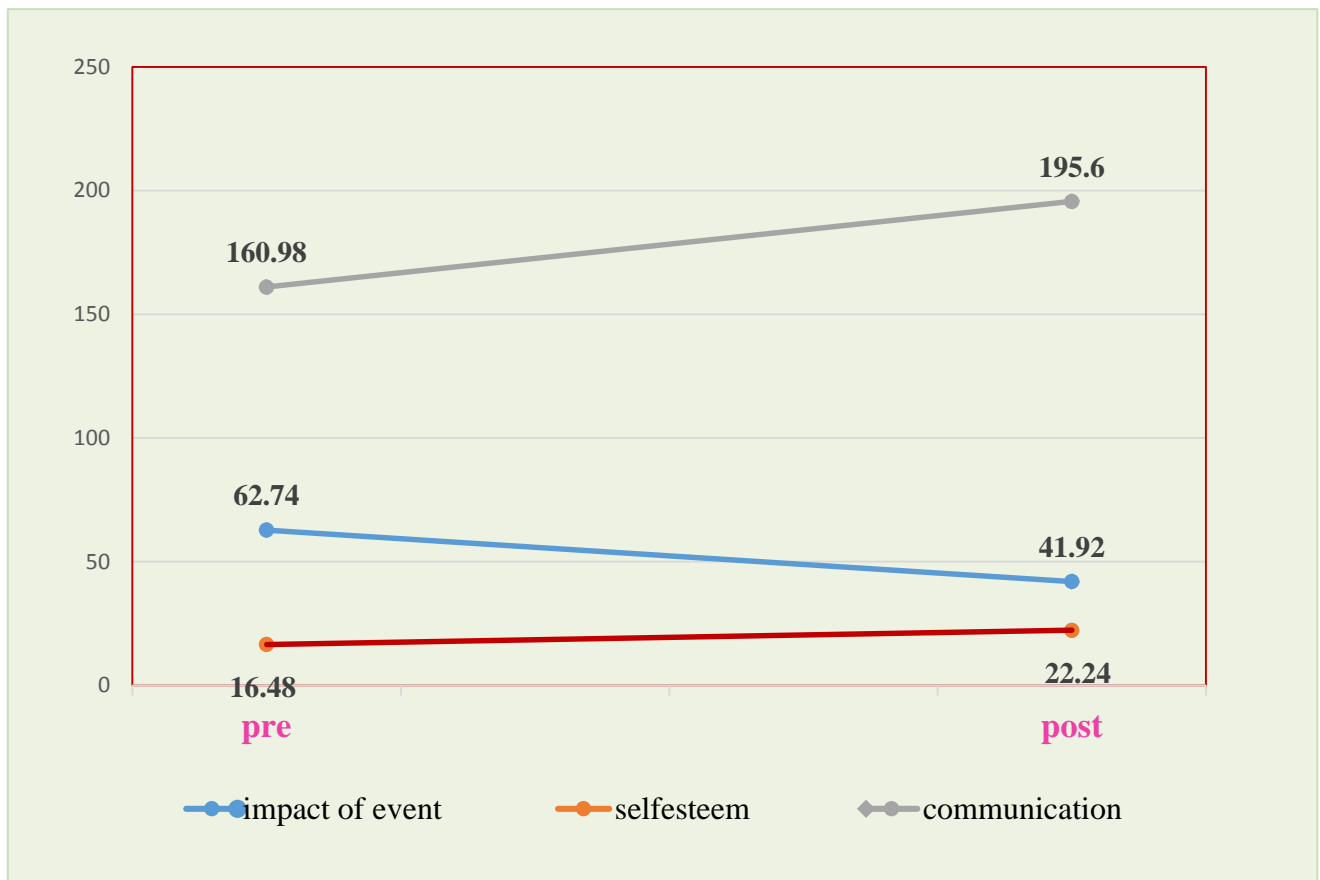
**Table (5):** Showed that there was a statistically significant negative correlation between age, communication skills, and overall self-esteem and post-intervention. even though there was no significant correlation between age and the total event scale post-intervention.

**Table (6)** portrayed that there is only a significant relationship between self-esteem, occupation, and marital status. concerning communication skills and event scale there is

only a significant relationship between communication skills, event scale, occupation, and chronic disease.

**Table 1: Distribution of Sociodemographic data among the studied sample (N= 50).**

Demographic data	No.	%
<b>Age:</b>	Mean±SD 67.98±6.02	
<b>Sex:</b>		
Male	24	48
Female	26	52
<b>Marital status:</b>		
Married	32	64
Divorced	5	10
Widowed	13	26
<b>Relationship with family:</b>		
Good	47	94
Bad	3	6
<b>Chronic diseases:</b>		
Diabetes	29	58
Hypertension	11	22
Heart disease	5	10
Comorbidities	5	10
<b>Occupation:</b>		
Worked	9	18
Not worked	27	54
On promotion	14	28
<b>Total</b>	50	100



**Figure (1): Mean scores of the total impact of event scale, self-esteem scale, and communication scale among studied sample pre and post-test (n=50)**

**Table 2: Mean score of domains of the impact of event scale among studied sample pre and post-logotherapy (N=50)**

Domains of the impact of event scale	pre	post	t	p
	M± SD	M± SD		
<b>Intrusion</b>	24.66± 6.41	16.78± 7.31	10.837	0.001
<b>Avoidance</b>	20.14± 6.46	13.36± 5.53	8.842	0.001
<b>Hyperarousal</b>	17.94± 5.18	11.78± 5.35	12.358	0.001
<b>The total score of the impact of the event scale</b>	62.74±16.10	41.92±17.29	11.352	0.001

**Table 3: Mean score of domains of communication scale among studied sample pre and post-logo therapy (N= 50)**

Domains of communication scale	pre	Post	t	P
	M± SD	M± SD		
<b>Dialog</b>	46.76± 7.73	57.62± 6.97	10.991	0.001
<b>Body language</b>	41.66± 8.56	50.32± 6.43	11.130	0.001
<b>Listening skills</b>	35.76± 5.51	43.86± 3.94	14.171	0.001
<b>Speaking skills</b>	36.74±5.18	43.80±4.35	14.678	0.001
<b>The total score of the communication scale</b>	160.98±22.45	195.60±18.52	15.133	0.001

**Table (4) Pearson correlation between total communication skills, self-esteem, and total event scale**

Studied variables	Total communication skills	
	R	P value
<b>Total self-esteem</b>	.477**	.000
<b>Total event scale</b>	-.385**	.006

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table (5) Correlation between age, total communication skills, self-esteem, and total event scale

Studied variables	Age	
	R	P value
Total self-esteem	-0.331*	.0019
Total event scale	0.221	0.124
Total communication skills	-0.508**	0.000

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table (6) Relation between total communication skills, self-esteem, and total event scale and sociodemographic data

Sociodemographic data		Total event post	Self-esteem post Total	Total communication post
		Mean±SD	Mean±SD	Mean±SD
sex	Male	37.41±17.31	22.66±1.71	198.25±20.00
	Female	46.07±16.52	21.84±1.73	193.15±17.08
Test of sig.	T-test	<b>-1.809</b>	<b>1.681</b>	<b>.971</b>
	P value	<b>0.077</b>	<b>0.099</b>	<b>0.336</b>
Marital status	Married	37.53±15.72	22.31±1.82	198.46±19.20
	Divorced	54.60±12.09	22.00±1.22	197.60±12.75
	Widow	47.84±19.44	22.15±1.86	187.76±17.45
Test of sig.	F test	<b>3.449</b>	<b>.086</b>	<b>1.613</b>
	P value	<b>.040</b>	<b>.917</b>	<b>.210</b>
chronic disease	Yes	42.26±18.40	22.66±1.52	197.78±18.88
	No	40.12±10.30	20.00±1.06	184.12±11.67
Test of sig.	F test	<b>.101</b>	<b>.22198</b>	<b>3.866</b>
	P value	<b>.752</b>	<b>.000</b>	<b>.055</b>
Occupation	Worked	33.22±11.43	23.55±1.66	209.33±16.91
	Not worked	38.00±17.18	22.11±1.73	199.37±16.45
	On promotion	55.07±13.66	21.64±1.49	179.50±11.73
Test of sig.	F test	<b>7.415</b>	<b>3.796</b>	<b>12.074</b>
	P value	<b>.002</b>	<b>.030</b>	<b>.000</b>

## Discussion

The current societal transformation is being influenced by the population's trend toward aging. The forecast estimates that the proportion of individuals over 60 will increase from around 11% to 22 between 2000 and 2050 and that the total number of people 60 and older would increase from 605 million to 2 billion during that time. (Asadollahi, et al., 2017). Dr. Victor Frankl developed the existential therapy modality known as logotherapy. Because it explores the spiritual aspect of human existence and places a strong emphasis on the meaning and purpose of life, this treatment is seen as being both deeper and more comprehensive than other psychological therapies. (Angelina and Rosalito, 2013) Logotherapy is a technique that can assist a person in finding meaning in their life. To live a meaningful life, one must respond positively to everything that comes their way. The majority of nations now practice logotherapy to raise the social, psychological, and physical well-being of older adults. (Soroush., et al 2021) Therefore, in this study, we examined the effect of Logotherapy training on self-esteem, communication skills, and the impact of events among elderly adults

The current study's findings portrayed that the mean age of the studied sample is  $67.98 \pm 6.02$ . Nearly two-thirds of the sample under study were married, and nearly half of the sample under study were female. Most people in the sample had a good relationship with their families. This result

was in line with what studies by Soroush et al. (2021) on "the Effects of Group Logotherapy Training on Self-Esteem, Communication Skills, and the Impact of Event Scale-Revised (IES-R) in Older Adults" discovered the participants in his study ranged in age from 60 to 80 years, with 8 women (53.33%) and 7 men (46.66%). 66.66 % were married and 73.33 % had strong relationships with their families. Furthermore, was reported in a study by Ravari et al., (2021) on "the Comparison of the Effects of Cognitive Therapy and Logotherapy on Iranian Elderly People's General Health". the age of the control was  $68.63 \pm 5.48$  years. Since a meaningful life entails having a positive attitude toward life no matter what we face, including suffering or death, logotherapy is a technique that is used to help people find meaning in their lives. This understanding helps people realize that while they cannot change some events in their lives, they can learn to change how they deal with these events and have a better reaction and response when facing those events. For people experiencing existential sorrow and failing to discover "a cause to live," logotherapy is available (Adhiya-Shah, 2017).

The current study's findings supported the aforementioned claim, showing a decline in the mean scores of the total impact of event scale, the Intrusion, Avoidance, and Hyperarousal dimensions of the total impact of event scale in the posttest (41.92, 7.31, 6.41, and 5.53) compared to the pretest (62.74, 16.78, 24.66, and 11.78, respectively). This may be a result of the impact of logotherapy, which functions by demonstrating

concern and empathy, disseminating knowledge, supplying resources for the diffusion of beliefs in problem-solving, and assisting the person in regaining their perspective on their interpersonal environment. Along with the three paths to finding one's life's purpose—creative, empirical, and orientation—creative values that have been realized through activity are typically reliant on some sort of action; they are produced by a tangible thing or an idea or by helping others, to be able to provide one's life's purpose.

Additionally, this is also consistent with (Soroush et al., 2021), who suggested that logotherapy may be able to support older persons in having acceptable reactions when confronted with unfavorable life circumstances. It will avoid a lot of issues brought on by tensions after tense life events including the death of a spouse, handicaps, and loneliness. In another hand, this is in the same line with Angelina and Rosalito, (2013) title of the research "The Effectiveness of Logotherapy Program in Alleviating the Sense of Meaninglessness of Paralyzed In-patients" results show that with the aid of the Logotherapy program, it is possible to find meaning, even when faced with a fate that cannot be changed. Furthermore, these findings supported a study by Safariolyaei et al., (2015) titled "The effect of logotherapy on sleep symptoms of PTSD in emotionally abused men ", which revealed that log therapy treatment was successful in helping these men find purpose in their life and manage sleep issues. However, this study" logotherapy as an adjunctive treatment for chronic combat-related

PTSD " by Southwick et al., (2006) produced the same results and found that logotherapy is considered to be an adjunctive therapy, enhancing rather than replacing other treatment approaches.

According to the current study, the mean self-esteem score increased from the pre-test (16.48) to the post-test (22.24). This might be because of the effect of logotherapy training on self-esteem among elderly adults. This was in line with research done by Soroush et al., (2021) titled "The Effects of Group Logotherapy Training on Self-Esteem, Communication Skills, and the Impact of Event Scale-Revised (IES-R) in Older Adults". found that the self-esteem scores of the older adults attending the group logotherapy sessions were substantially higher than the self-esteem scores of the older adults not attending the logotherapy sessions ( $P < 0.005$ ). when comparing the mean scores of the posttest. Moreover, a research project by Mahmoudi et al., (2015). indicated that the learner's self-concept was improved through participatory learning, which also increased the learner's social acceptance. On the other hand, a study by Zahra et al., (2014) titled "The study of group logo-therapy effectiveness on self-esteem, happiness, and social sufficiency in Tehranian girl teenagers" revealed after controlling for pre-test effects that the experimental group experienced a significant change in self-esteem in the post-test ( $F=44$ ;  $df = 1, 39$ ;  $p < 0.001$ ). The self-esteem of the control group has not significantly changed.

Additionally, the results of the current study are consistent with those of studies conducted by Kim,



who examined "the effects of logotherapy on making life purposeful, reducing stress, and increasing self-esteem". (Kim, 1995); Koulaee et al. also measured "the impact of logotherapy on coping with social exclusion among older adults" (Koulaee et al., 2018); and the study carried out by Yazdanbakhsh, who focused on feeling lonely among older adults men (Yazdanbakhsh et al., 2016). According to Duffy et al., the association between social conflict and negative social difficulties was moderated by self-esteem (Duffy et al., 2006). Furthermore, the findings of the present study can be considered in line with the results of studies by scholars including (Dadkhah et al., 2012; Ebrahimi et al 2014; Golmohammadian,2016).

The current study portrayed there is an increase in the mean score of communication skills in the post-test (22.24) than in the pre-test (16.48). This might be because of the effect of logotherapy training on communication skills among elderly adults. This was consistent with studies conducted by Soroush et al., (2021). "The Effects of Group Logotherapy Training on Self-Esteem, Communication Skills, and the Impact of Event Scale-Revised (IES-R) in Older Adults". The findings suggest that group logotherapy training may be able to significantly improve older persons' interpersonal communication abilities. These skills exhibit a lower level of reduction over time, which may indicate the older adults' capacity to comprehend and apply the logotherapy skills that were taught to them. In contrast to self-esteem, whose persistence depended on changes in

attitude, these skills involved a series of actions for improving the older adults' capacity for communication.

The current finding demonstrated that there was a statistically significant positive correlation between overall self-esteem and communication skills. Self-esteem will rise when overall communication skills improved. This finding is consistent with research by Akshara et al., (2021), who studied research on "self-esteem and communication skills among young adults". They discovered a substantial connection between young adults' communication skills and self-esteem. Using approaches like feedback and modeling, the American Psychological Association (APA) defines communication competence as an intervention that teaches people to communicate themselves emphatically and clearly in a group, family, or work setting. Eylem et al., (2016), who investigated "a Comparison of Self-Esteem and Communication Skills at the 1st and Senior Year Nursing Students"., also corroborated this finding. demonstrated that there is a clear positive correlation between the students' perceptions of communication skills and self-esteem.

The present result illustrated that there was a statistically significant negative correlation between overall communication skills and event scale, i.e., that when overall communication skills are increased, the symptoms of the event scale will diminish. This finding is consistent with Fredman et al., (2016), who found that PTSD symptoms, especially signs of effortful avoidance, that become apparent as soon as one month after

trauma can raise the risk for later communication difficulties. in his study titled "Longitudinal Associations Between PTSD Symptoms and Dyadic Conflict Communication Following a Severe Motor Vehicle Accident". Additionally, this was consistent with a study by **Markowitz et al., (2009)** entitled "Interpersonal Factors in Understanding and Treating Posttraumatic Stress Disorder". Who provides a method to explain why strengthening relationships may lessen PTSD symptoms by drawing attention to the potential significance of attachment and interpersonal relationships.

According to the findings of the current study, sex and income and total Self-Esteem and Communication Skill are not significantly related. **Akshara et al., (2021)** that there is no significant difference between self-esteem and communication skills among young adults across their gender. In addition, this result is in accordance with **Eylem et al., (2016)** who found The mean scores of nursing Students' Self-Esteem and Communication Skill Evaluation Scale were compared with the gender and income status of their parents The result of the statistical analyses showed that there was no difference. Concerning the relationship between total Self-Esteem and Communication Skills and age, and occupation. The current study's findings showed a significant relation. This study is contradicted by **Derici Cevap & Mentiş (2018)**. who investigated " Investigation of the relationship between self-esteem and communication skills of primary school teachers in terms of various variables ".

According to his findings, there was no significant difference between the perceptions of self-esteem of the class teachers and teachers' communication skills scores by gender, occupational seniority, education status, and age.

## Conclusion

According to the study's findings, logotherapy training had a highly statistically significant positive impact on older persons' self-esteem, communication skills, and ability to respond appropriately to stressful life events.

## Recommendation

- In light of current research, the results recommend performing logotherapy on older adults in a variety of settings to improve their self-esteem, communication skills, and their ability to respond appropriately to stressful life events.
- A future direction of research is to conduct such intervention studies in a variety of settings for larger groups of older people.

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## Conflict of Interest

The authors of this study have declared no conflicts of interest.

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