APPLYING LOGOTHERAPY TO ENHANCE THE WELLNESS OF YOUNG DELINQUENTS WITH DRUG ABUSE

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ABSTRACT:

Background: Logotherapy, a meaning-centered psychotherapy, has been shown to be effective in improving meaning in life and quality of life of young people, as well as to help minimize existential distress in adolescents. This quasi-experimental study aimed to examine improvement of wellness in youths with behavioral and adjustment problems.

Methods: Participants were 180 delinquent youths aged 18-22 years with drug abuse at juvenile observation and protection centers in Southern Thailand. Instruments were the Wellness Scale and eight 90-minute sessions of logotherapy group for enhancing youth wellness. In the experimental groups, a researcher provided logotherapy sessions weekly for 8 consecutive weeks. At the same time, the control groups did routine activities of the centers. Participants completed the Wellness Scale on week 1(pretest), week 4 (between treatment), week 8 (posttest) and week 12 (one-month follow up). MANCOVA with repeated measure was used to analyze the data.

Results: The finding showed that the wellness scores of the juvenile delinquents with drug use on week 2, week 4, and week 8 after receiving logotherapy were significantly higher than those at the baseline. The significant differences between the posttest wellness scores of the experimental and control groups after adjusting the pretest scores were found.

Conclusions: Logotherapy intervention appears to be a promising method for enhancing wellness juvenile delinquents with drug use. Further research is needed to document its efficacy and to quantify intervention costs.

Keywords: Logotherapy group, Wellness, Delinquent youth, Drug abuse, Thailand

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INTRODUCTION

It is important and crucial for one to grow up with good life quality and wellness. This is especially true for youths who are generally considered valuable to their family, society and country. Wellness is holistic and multi-dimensional and an absence of illness and a state of well-being are both essential. Youths' wellness refers to the presence of good physical health, positive mental health, and successful living of an individual as a balanced mind, body, social, and spiritual existence. The state of wellness reflects the quality in the way they lead their life, their happiness, and their satisfaction with and success in life [1, 2]. Previous studies indicate that drug addiction is one phenomenon indicating failure of a person including youths to adapt to the society. That can happen when they try to fill the emptiness inside, to decrease the feeling of being meaningless and to reduce the feeling of life dissatisfaction and unhappiness so that they can continue with their life [3]. Apart from that, recent research has found that youths with psychological and adaptation problems usually have deficient level of wellness [4].On the contrary, youths with overall satisfactory level of wellness including being able to manage problems and to control themselves have lower tendency to turn to drug use [5].

Logotherapy, a meaning-centered psychotherapy, is aimed at helping youth to deal and understand what his /her existence entails. Existing literature

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suggests that logotherapy group is one type of therapy focusing on the realization of values and meaning of life, choosing to be the master of their own life, leading their life responsibly and not only to respond to their own desires as well as valuing the chance to live every moment of their life with aims and meaning. Although counseling intervention has been recognized as a potential tool to improve wellness [6], an intervention applied logotherapy as well as its effectiveness to enhance wellness among youths has not been verified yet. In this study therefore aimed to formally assess the effectiveness of logotherapy group on wellness of the juvenile delinquents with drug use.

METHODOLOGY

This quasi-experimental design with wellness assessment on week 1(pretest), week 4 (between treatment), week 8 (posttest) and week 12 (one-month follow up) aimed to examine the effectiveness of the 8-session logotherapy group on increasing wellness among juvenile delinquents with drug use. This study was approved by the Institutional Review Board, Chulalongkorn University (Certificate of Approval COA No. 033/2013).

Participants

One hundred and eighty youths who have done legally wrong andused drugsand hence grounded in Juvenile Observation and Protection Center, Region 8, Surat Thani Province andJuvenile Observation and Protection Center, Region 9, Songkhla Province: Sample size was be determined by calculating the number of subjects required to detect a correlation of r =.35 power, using a two tailed α of 0.01, β of 0.05, that were 136 youths. However, the final number of youth recruited was 180 youth to compensate for a loss to participate in the program. Informed consent by individual subjects was obtained before the data was collected. One hundred and eighty youths were then assigned into 2 groups (90 youths each in the experimental or control group).

Instruments

Instruments used were demographic form, Wellness Scale (WS) and Logotherapy Group. The Thai version of WS was developed by the first author from the work of Adams'[7]. The WS is a measure of wellness perceptions in each of six separate subscales (physical, spiritual, psychological, social, emotional, and intellectual wellness). Sample questions were "I expect to always be physically healthy," "I believe there is a real purpose for my life." Its reliability with Cronbach's alpha in this study was .93. Regarding Logotherapy Group, eight ninety-minute session logotherapy group intervention which were developed by the first and second authors based on Viktor E.Frankl's [8] concept of meaning of life were used once a week.

Data collection

After receiving approval from the Committee for Human Research, Chulalongkorn University, the first author contacted the centers' responsible persons to recruit the eligible participants. Then, interviews and wellness assessment using the WS at the baseline (on week 1 or pretest) were conducted. The researcher collected the data, categorized them and divided youths in the experimental groups for logotherapy into nine sub-groups of 8-12 members. The study was done over eight consecutive weeks, 2-3 hours per each session. The overall time for data collection was about 1 year (October 1, 2013-October 30, 2014). On week 4 (after attending the 4^{th} session), week 8 (after the 8^{th}attending session or posttest) and week 12 (one-month follow up), their wellness were also assessed.

Data analysis

MANCOVA with repeated measure was used to compare the difference between the average wellbeing scores of participants in the experimental group as a result of logotherapy and those in the control group with the first measured wellbeing scores as a co-variance. The analysis was done using SPSS for Windows and the value of $P< .05$ was regarded as significant.

RESULTS

The results of the analysis comparing the experimental and control groups 'average wellbeing scores measured at four different occasions using MANCOVA with repeated measure with the first measured average wellbeing scores as a variance showed that the results of the F-test used at intervals during the study time of both control and experimental groups differed significantly at .05 ($p<.05$). The average wellbeing scores on the second, third and fourth measurements in groups with high and low levels of self-control were not significantly different at .05 ($p>.05$). Details are presented in Table 1

MANCOVA with repeated measure was then used to compare the average wellbeing scores from the additional repeated measurements as follows.

(1) MANCOVA with repeated measure was used to compare the average wellbeing scores from the second, third and fourth measurements of the control and experimental groups and of the groups

Table 1 Average wellbeing scores of youth at four points of time (N= 180)

Time	Experimental group (n=90)			Control group (n=90)		
	M	S.D.	min-max	M	S.D.	min-max
Time 1 : Week 1 (Pretest)	150.89	23.81	99-215	137.40	12.96	102-166
Time 2: Week 4 (in Between)	168.38	18.02	130-216	137.00	13.39	101-167
Time 3: Week 8 (Post-test)	178.70	(18.14)	136-220	137.41	13.28	101-168
Time 4: Week 12 (One month follow-up)	168.77	(23.64)	110-220	136.46	13.69	101-170

Table 2 Results of MANCOVA with repeated measure of the overall average wellbeing scores from T2, T3 and T4 with T1 as a covariance

Effect/statistic		Value	F	df	Error df	p
Average wellbeing scores from T2 T3 and T4	Pillai's Trace	.092	8.832	2	174	.000
	Wilks' Lambda	.908	8.832	2	174	.000
	Hotelling's Trace	.102	8.832	2	174	.000
	Roy's Largest Root	.102	8.832	2	174	.000
Average wellbeing scores from T2 T3 and T4*	Pillai's Trace	.057	5.229	2	174	.006
Average wellbeing scores from T1	Wilks' Lambda	.943	5.229	2	174	.006
	Hotelling's Trace	.060	5.229	2	174	.006
	Roy's Largest Root	.060	5.229	2	174	.006
Average wellbeing scores from T2 T3 and T4*	Pillai's Trace	.261	30.661	2	174	.000
Control and experimental groups	Wilks' Lambda	.739	30.661	2	174	.000
	Hotelling's Trace	.352	30.661	2	174	.000
	Roy's Largest Root	.352	30.661	2	174	.000

Notes: Mauchly's test of sphecilityW = .805, Approx. Chi-Square = 30.69, df= 2, p=.000

Table 3 Results of the comparison of the average wellbeing scores from T1 T2 T3 and T4 (within-subjects effects), using MANOVA with repeated measure

Effect		SS	df	MS	F	p
Average wellbeing scores from T2 T3 and T4	Sphericity Assumed	1267.81	2	633.91	8.555	.000
	Greenhouse-Geisser	1267.81	1.674	757.35	8.555	.001
	Huynh-Feldt	1267.81	1.727	734.15	8.555	.001
	Lower-bound	1267.81	1.000	1267.81	8.555	.004
Average wellbeing scores from T2 T3 and T4*	Sphericity Assumed	812.15	2	406.07	5.480	.005
Average wellbeing scores from T1	Greenhouse-Geisser	812.15	1.674	485.15	5.480	.007
	Huynh-Feldt	812.15	1.727	470.29	5.480	.007
	Lower-bound	812.15	1.000	812.145	5.480	.020
Average wellbeing scores from T2 T3 and T4*	Sphericity Assumed	3315.67	2	1657.84	22.374	.000
Control and experimental groups	Greenhouse-Geisser	3315.67	1.674	1980.69	22.374	.000
	Huynh-Feldt	3315.67	1.727	1919.99	22.374	.000
	Lower-bound	3315.67	1.000	3315.67	22.374	.000

with high and low levels of self-control, with the first measured average wellbeing scores as a covariance. The results showed that the second measure differed significantly from the third and the fourth measures at .05 (F=129.818, p=.000)

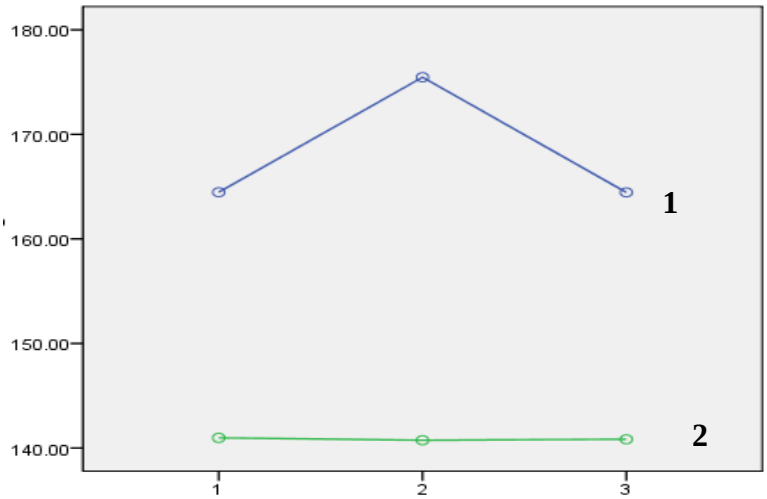
(2) MANCOVA with repeated measure was used to compare the average wellbeing scores from the second, third and fourth measurements with the first measured average wellbeing scores as a covariance. The results showed that the average wellbeing scores from the second, third and fourth measures differed significantly from those from the first measurement at .05 (F=176.586, p=.000)

(3) MANCOVA with repeated measure to compare the average wellbeing scores from the second, third and fourth measurements of the control and experimental groups showed that the second, third and fourth measures of the experimental groups differed significantly from those from the second, third and fourth measurements of the control groups at .05 (F=242.872, p=.000)

(4) MANCOVA with repeated measure was

Table 4 Comparison of the development format of the wellbeing scores of the experimental and control groups

Variance	SS	df	MS	F	p
Average wellbeing scores from T2 T3 and T4* of the control and experimental groups	3315.404	1	3315.404	282.830	.000
Error	14291.660	175	81.667		



Notes:
1 = experimental group
2= control group

Figure 1 Changes in wellbeing scores of the control and experimental groups

used to compare the average wellbeing scores from the second, third and fourth measurements of the groups with high and low levels of self-control. The results showed that the second, third and fourth measurements of the groups with high and low level of self-control did not differ significantly at .05 (F=013.818, p>.05). Details are shown in Table 2 and Table 3.

The comparison of the three measurements showed that the wellbeing scores have linear development (F=282.830, p=.000) and that the experimental group has higher level of development as shown in Table 4 and Figure 1.

DISCUSSION AND CONCLUSION

The finding showed that the wellness scores of the juvenile delinquents with drug use at week 2 and week 4 after receiving Logotherapy were significantly higher than those at the baseline. This may be due to the Logotherapy Group process and the focus on meaning of life. In the logotherapy group, the youths were encouraged to evaluate each dimensions of their wellness. Core values of their existence and meaninglessness life situations related to the behaviors which deteriorated health and well-being—being involved with drugs were examined. During the intervention session, the delinquent youths became conscious about their responsibility for promoting their wellness as well as their own life. In addition, they were aware that they could make their life meaningful without having to use drugs. They learned and accepted what had happened in their life and saw the meaning and the value of it. Apart from that, they made plans and implemented them seriously and, as a result, saw the value of themselves without having to use drugs. This eventually resulted in higher level of wellness of themselves, their family and the society they are in.

As mentioned in several studies [9-11], applied logotherapy helped the juvenile delinquents to increase their overall wellness perceptions. While previous studies had investigated the effectiveness of logotherapy group on purposes in life, meaning of suffering, and sense of coherence in the Thai context, no studies for enhancing wellness of this population exist. However, in order to make a conclusion of the intervention efficacy on wellness, a study using a randomized controlled design with a large number of participants is suggested.

In summary, this finding suggested that Thai youth with drug abuse may benefit from the 8-session logotherapy group as a means to improve their wellness score. However, further investigation on other possible impacts should be carried out in the future.

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