

The Effectiveness of Logotherapy Program in Alleviating the Sense of Meaninglessness of Paralyzed In-patients

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ABSTRACT

Several studies have documented elevated levels of the general sense of meaninglessness. This sense of meaninglessness, which Victor Frankl termed as existential vacuum, has been interfering with rehabilitation process. Realizing the devastating effect of the meaninglessness on the physical, psychological and spiritual dimensions of the person, the Researcher of this study developed a Logotherapy program for the 16 randomly selected, paralyzed in-patients of the Philippine Orthopedic Center, Quezon City, Philippines. The Purpose in Life (PIL) and the Life Regard Index (LRI) tests are the two instruments utilized to determine the level of existential vacuum or meaning in life of the 32 randomly selected participants before and after the intervention. The *t*-Tests for dependent and independent sample means revealed significant differences between the pre- and post-treatment mean scores of the experimental group's participants. All of the experimental group were able to move out of the meaninglessness level after the completion of the Logotherapy program, while the members of the control group remained in the same meaninglessness level. This result demonstrates that with the help of Logotherapy program, it is possible to find meaning, even when confronted with a fate that cannot be changed.

Key words: meaninglessness, logotherapy, paralysis, purpose and meaning in life.

Logotherapy is a form of existential therapy founded by Dr. Victor Frankl. This therapy is known to be deeper and broader than other psychological therapies because it penetrates into the spiritual dimension of human existence and focuses on meaning and purpose in life. In fact, logos in Greek means not only meaning but also spirit (Frankl, 1963, p.160).

This pioneering effort of the researcher to apply Logotherapy to these seemingly helpless and hopeless paralyzed individuals, despite of the foreseen difficulty and challenges on the part of the former, is not only based on theories, concepts/principles underlying her chosen field of inquiry, but above all, it is founded on the researcher's faith, hope, love and commitment to God and His people. For the researcher, this is not only taken as a study to be accomplished; nonetheless, it is a mission to be fulfilled.

At present, there are approximately two million people worldwide who are paralyzed because of spinal cord injury (Bombardier, 2001). Paralysis is defined as complete loss of strength in an affected limb or muscle group (Yarkony, 1994). Classified by region, this study includes the two types of paralysis: Paraplegia (affecting both legs and trunk), and quadriplegia (affecting all four limbs and trunk).

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The 700 bed Philippine National Orthopedic Center in Quezon City cares for those with physical disabilities, many of whom are paralyzed (www.doh.gov.ph/press/January072002.htm). These people live in constant pain: central pain, muscle tension, visceral pain and psychogenic pain (Elliot, 1991).

Researchers have documented elevated levels of hopelessness and meaninglessness in the Spinal Cord Injured (SCI) population, with the majority of suicide attempts occurring within 12 months of injury onset (Kishi & Robinson 1996, Beedie & Kennedy 2002). The total suicide rate among individuals with SCI was nearly five times higher than expected in the general population. It is lower in marginally disabled persons and nearly twice as high in functionally complete quadriplegic individuals (Hartkopp, *et. al.*, 1998). In fact, this has been one of the major concerns of those in health care and others in helping professions, for it greatly interferes with the rehabilitation process (Boecamp, 1996). Encouraged by the necessity for a broader and deeper therapeutic psychotherapy that may help alleviate the sense of meaninglessness of the paralyzed in-patients, the researcher of this study attempted to determine the effectiveness of Logotherapy program in restoring the most important aspect of living for the selected paralyzed in-patients, the ultimate purpose and meaning of their human existence.

METHOD

Participants

The participants of this study were the selected paralyzed in-patients of the Philippine Orthopedic Center in Quezon City, Philippines. This venue was chosen for this research since in this center most of the paralyzed patients were admitted and Logotherapy had not been administered to depressed paralyzed patients. The participants, who willingly consented in this research, comprised male and female paraplegic and quadriplegic in-patients, from adolescence to old age (16-65 years of age). The primary cause of paralysis was spinal cord injury (SCI), most commonly secondary to motor vehicle accidents and gunshot wounds, falls, sports injuries, violence, and vehicular accidents, that caused fracture, dislocations, bleeding and swelling of the spinal cord. To obtain the sample, the English and Tagalog versions of Purpose in Life (PIL) and Life Regard Index (LRI) tests, were administered by the researcher to the SCI population (witnessed by the SCI patients' care-givers), before the inception of the Logotherapy program. Thirty two (32) Samples among the 78 members of the population were found to have significant level of meaninglessness (those who got the scores of 91 and below in PIL, and those who got the scores of 87 and below in LRI) became the participants of this study. To avoid research mortality, only those who have at least three days to one month length of stay at the hospital were included. Using the lottery sampling, the 32 patients were randomly assigned to the experimental and control groups. The final and total number of the participants who completed the program in this study was 32; 16 in the experimental group and 16 in the control group.

Design

The study used the randomized controlled trial to determine the effect of Logotherapy. This experimental design permits the comparison of the participants' level of sense of meaninglessness before and after the treatment sessions through the use of the Purpose in Life (PIL) and Life Regards Index (LRI) tests. The *t*-Tests for dependent and independent samples were then applied to allow the comparison between the experimental group and the control group in terms of the significant difference between their pretest and posttest scores as measured by the PIL and LRI tests.

Instruments

The research instruments *Purpose in Life Test* (PIL) and the *Life Regard Index* (LRI), were constructed based on Frankl's assumptions that life is meaningful under all circumstances, people have freedom of will, and the will to meaning. PIL test is an attitude scale constructed from the orientation of Logotherapy (Crumbaugh & Maholick 1964; Crumbaugh, 1968). PIL test was designed to measure an individual's experience of meaning and purpose in life or to detect existential vacuum. It consists of Parts A, B and C. In this study only Part A was administered because it is the only portion of the instrument that can be objectively scored. Part A of PIL is considered as reliable enough to detect the existential vacuum or meaninglessness and for most research purposes (Crumbaugh & Maholick, 1969). Part A of the PIL consists of 20 statements, each to be responded to by indicating personal agreement or disagreement on a 7-point scale. The total scores therefore, range from 20 to 140. The second instrument, the LRI, was constructed based on the concept of positive life regard. This was developed by Battista and Almond (1973) in an attempt to provide a simple nonbiased measure of meaning in life. The test is composed of 28 items with a 5-point scale, and is divided into two subscales. The Framework Scale (FR) measures the ability of an individual to see his life within some perspective or context, and to have derived a set of life-goals, and purpose in life. The Fulfillment scale (FU) measures the degree to which an individual sees himself as having fulfilled or as being in the process of fulfilling his framework of life-goals. Each scale is composed of 14 items, half phrased positively, half negatively, to control for response set. The sum of these two scales comprises the *Life Regard* (LRI) *Scale* and was included to evaluate its uses as an overall indicator of positive life regard.

Procedure

Two months prior to data gathering, the researcher submitted her letter of request to the Director of the Philippine Orthopedic Center (POC), Banawe, Quezon City, Philippines. The research permission was granted by the POC director one month after the research committee of the said hospital had reviewed the thesis proposal of the researcher. The data gathering procedure was then immediately initiated with the distribution of the Personal Data Sheet which included the following information from

the Spinal Cord Injured (SCI) in-patients: Name, gender, age, civil status, educational attainment, type of paralysis, religion, length of stay at the hospital, and a code number, known only to the researcher, was assigned to each SCI patient to facilitate the sampling method. Since the majority of the participants only completed elementary or high school level of education, both Purpose in Life (PIL) and Life Regard Index (LRI) instruments were translated to Tagalog language and were administered to 30 people who had a very satisfactory knowledge in both Tagalog and English languages, two weeks following the administration of the original English PIL and LRI translation.

The first translation that was done by a Filipino subject coordinator did not obtain a valid correlation with the English protocol because many of the items, especially those in the LRI were translated literally. This result prompted the researcher to have the research instruments translated by a Tagalog and English speaking Religious priest who has more knowledge and experience with existential questions. The second translation obtained a high correlation with the English version when administered to another group of thirty individuals.

RESULTS

The ages of the participants in this study were grouped according to the following stages: adolescence (16-20), early adulthood (21-40) and middle adulthood (41-65). This was done to facilitate the human experience of meaning or existential vacuum throughout life span, especially in the lives of the selected paralyzed in-patients. Table 1 shows the frequency and percentage distribution of the participants.

Table 1. Frequency and percentage distribution of the participants when grouped according to age, gender, civil status

Grouped according to Age, Gender, Civil Status					
Categories		Experimental Group		Control Group	
		<i>F</i>	%	<i>F</i>	%
Age	16-20	3	18.75	6	37.50
	21-40	6	37.50	5	31.75
	41-65	7	43.75	5	31.75
	Total	16	100%	16	100%
Gender	Male	9	56.25	13	81.25
	Female	7	43.75	3	18.75
	Total	16	100	16	100
Civil status	Single	8	50	10	62.50
	Married	8	50	6	37.50
	Total	16	100	16	100
Educational Attainment	Elem. Level	5	31.25	5	31.25
	High School	5	31.25	10	62.50
	College	6	37.50	1	6.25
	Total	16	100	16	100

Table 1 reveals that in the experimental group the oldest group of participants (41-65) constitutes the greatest percentage (43.75). Whereas in the control group, it is the youngest (16-20), that constituted the highest percentage (37.50).

Table 1 also indicates that more than one-half of the experimental group are males whereas in the control group, four-fifth are males and only around one-fifth are females.

Table 1 also reveals that there are equal number of married and single participants in the experimental group, while there are more single than married participants in the control group.

Table 1 illustrates that most of the participants have a high school level of education: 5 or 31.25% belong to the experimental group while 10 or 62.50% are in the control group. The second largest number of participants are those of elementary level: 5 or 31.25% are involved in the experimental group and also 5 or 31.25% are members of the control group. The smallest number of the participants are those who obtained a college level of education: 6 or 37.50% belong to the experimental group, and only 1 or 6.25% in the control group. This is due to the fact that the participants belonged to more or less the same level of the socio-economic status: They are the patients in the non-paying spinal ward.

It is important in this segment of the discussion to explain the two types of paralysis utilized in this scientific research. This experimental research employed two types of paralysis: the paraplegia and the quadriplegia. These two types of paralysis are both damage of the spinal cord that results in a loss of sensory and motor functions such as mobility and feeling.

The spinal cord is surrounded by rings of bone called vertebrae. These bones constitute the spinal column (back bones). In general, the higher in the spinal column the injury occurs, the greater the dysfunction a person will experience. The vertebrae are named according to their location. The eight vertebra in the neck are called the cervical vertebra. The top vertebra is called C-1, the next is C-2, etc. Cervical SCIs usually result in four limb paralysis. This is referred to as quadriplegia. The twelve vertebrae in the chest are called the Thoracic Vertebra. Injuries at the thoracic level and below result in paraplegia, with the hands not affected. At T-1 to T-8 there is most often control of the hands, but poor trunk control as the result of lack of abdominal muscle control. Lower T-injuries (T-9 to T-12) allow good trunk control and good abdominal muscle control. Sitting balance is good (Garland, 1998).

The frequency and percentage distribution of the participants according to the type of paralysis is presented in the Table 2.

Table 2. Frequency and percentage distribution of the participants when grouped according to type of paralysis, level of sense of meaninglessness

Categories		Experimental Group		Control Group	
		<i>F</i>	%	<i>F</i>	%
Paralysis	Paraplegia	8	50	10	62.50
	Quadriplegia	8	50	6	37.50
	Total	16	100	16	100

It can be gleaned from Table 2, that in the experimental group, there are equal numbers of paraplegic and quadriplegic participants, whereas in the control group, there are more paraplegics than quadriplegics.

To evaluate the effectiveness of Logotherapy program in alleviating the sense of meaninglessness of the selected participants, and for the purpose of choosing homogeneous participants in the sense of meaninglessness level, the whole population of paralyzed in-patients of the Philippine Orthopedic Center with ages 15-75 were pre-tested using the Purpose in Life (PIL) and Life Regard Index (LRI) tests. Thirty two out of Seventy eight qualified patients were randomly assigned as participants of this experimental study (see Table 3).

Table 3. Frequency and percentage distribution of the participants when grouped according to the level of sense of meaninglessness.

	Experimental Group (n= 16)				Control Group (n= 16)			
	PIL		LRI		PIL		LRI	
	Pretest		Pretest		Pretest		Pretest	
	F	%	F	%	f	%	F	%
Lack of clear meaning and purpose	16	100	16	100	16	100	16	100
Indecisive Range	0	0	0	0	0	0	0	0
Presence of definite meaning & purpose in life	0	0	0	0	0	0	0	0

The Table 3 shows the evidence of groups' homogeneity in the meaninglessness level. The pretests scores of both groups' participants apparently demonstrate lack of clear meaning and purpose in life or the significant level of the sense of meaninglessness as measured by the Purpose in Life (PIL) and Life Regard Index (LRI) tests.

Table 4 shows a striking difference between the experimental group's pretest and posttest mean scores with its standard deviation (from M= 53.25±5.42 to M= 114.81±6.02 in LRI, and from M= 58.12±15.71 to M= 121.12±4.36 in PIL). Another eye-catching outcome is a minor difference between the control group's pretests and posttest mean scores from M= 58.69±5.13 to M= 65.19±6.96, in LRI and from M= 58.00±14.07 to M= 74.81±6.60 in PIL.

According to the result of the *t*-test (see Table 5) for two independent means, there is no significant difference between the research groups' PIL pretest mean scores in existential vacuum, $t(30) = 0.02$, $p > .05$. This can signify that before the administration

Table 4. Pretests and posttest mean scores and standard deviation values of the sense of meaninglessness level of the participants in the experimental group and control group.

		Pretest		Posttest	
		Mean	SD	Mean	SD
LRI	Experimental Group	53.25	5.42	114.81	6.02
	Control Group	58.69	5.13	65.19	6.96
PIL	Experimental Group	58.12	15.71	121.12	4.36
	Control Group	58.00	14.07	74.81	6.60

*Table 5. The *t*- Test for the Significant Difference between Pretests, Posttests of the Control Group and the Experimental Group.*

Tests	Mean EG	Mean CG	<i>t</i> -value	<i>p</i>
PIL-PRE	58.13	58.00	0.02	.98
PIL-POST	121.12	74.81	23.42	.00
LRI-PRE	53.25	58.69	-2.91	.00
LRI-POST	114.81	65.19	21.56	.00

Notes: critical value of *t*: 2.04 at .05 level of significance; scores that define the level of existential vacuum in LRI= 87 and below; scores that define the level of existential vacuum in PIL= 91 and below

of the Logotherapy program the participants of both groups, experience a fairly similar level of the sense of meaninglessness. Thus, the null hypothesis is accepted. However, a slight but significant difference can be seen between the experimental and control groups' LRI pretests mean scores, $t(30) = -2.91$, $p < .05$. Thus, the null hypothesis is rejected. This slight significant difference simply lies on the fact that the raw scores in LRI that define the presence of existential vacuum extend from 28-87.

The experimental group's mean score (53.25) and the control group's mean score (58.69), although have significant difference statistically, are both within the level of existential vacuum. Hence the cited significant difference cannot be considered as an indication of the dissimilarity of the groups' sense of meaninglessness levels in LRI pretests. Contrary to the pretests results, the posttests outcomes both in PIL, $t(30) = 23.42$, $p < .05$ and LRI, $t(30) = 21.56$, $p < .05$, mark a significant difference between the experimental and control groups' mean scores of the sense of meaninglessness. Thus, the null hypothesis is rejected. These results clearly communicate that Logotherapy program has indeed, a remarkable effect on the level of the sense of meaninglessness in the participants of the experimental group.

Table 6 shows that both of the control group and experimental group's participants' level of the sense of meaninglessness have decreased during the posttest and both differences are statistically significant.

*Table 6. The *t*-test for significant difference between the Pre- and Post-treatment mean scores of the research groups.*

	Tests	Mean Pre-	Mean Post-	Mean Diff.	<i>t</i> - value	Interpretation
experimental group	PIL	58.13	121.12	-63.00	-15.19	Significant
	LRI	53.25	114.81	-61.56	-31.65	Significant
control group	PIL	58.00	70.88	-12.88	-2.73	Significant
	LRI	58.69	65.19	-6.50	-4.17	Significant

Notes: critical *t*-value: 2.13 at .05 level of significance; scores that define the level of existential vacuum in PIL = 91 and below; scores that define the level of existential vacuum in LRI= 87 and below; scores that indicate definite meaning & purpose in life in PIL= 113 to 140; scores that indicate definite meaning & purpose in life in LRI=109 to 140.

It is important, at this juncture, to recall that Table 6 presented the increments in the posttests scores of the participants giving a perception of how much the participants gained through Logotherapy program in their meaning and purpose in life. This portion of the study tells how many participants developed meaning and purpose in life as a result of Logotherapy program. Although the statistical test for significant difference between the experimental group's and the control group's increments and decrements in the PIL & LRI posttests cannot be applied because of the presence of zero frequencies.

Table 7 presents that the (100%) increments in the scores of the experimental group participants are primarily caused by the Logotherapy program. The increments in the scores of the control group (93.75% in PIL and 87.50% in LRI) can be misleading

Table 7. The frequency and percentage of increments and decrements in the posttest scores of experimental and control groups.

Groups		Increments		Decrements		No Change	
		<i>F</i>	%	<i>F</i>	%	<i>F</i>	%
Experimental	PIL	16	100	0	0	0	0
	LRI	16	100	0	0	0	0
Control	PIL	15	93.75	0	0	1	6.25
	LRI	14	87.50	2	12.50	0	0

Table 8. The participants' post-treatment level of the sense of meaningfulness.

Levels	Experimental Group				Control Group			
	PIL		LRI		PIL		LRI	
	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%
Lack of clear meaning purpose	0	0	0	0	16	100	16	100
Indecisive range	1	6.25	2	12.50	0	0	0	0
Indicate the presence of definite meaning & purpose	15	93.75	14	87.50	0	0	0	0

without further clarifications. The level of existential vacuum of meaning & purpose of existence can be the best tool for clarification (see Table 8).

Table 8 illustrates the effectiveness of the Logotherapy as it shows that in PIL (93.75%) of the experimental group's participants are able to gain the presence of definite meaning and purpose in life and (87.5%) in LRI improves to the said level, while (100%) of the participants in the Control group still remain in the level of the lack of clear meaning and purpose in both PIL and LRI tests where all of the participants were found during the pretreatment period of this experimental study.

DISCUSSION

Before the administration of the Logotherapy program intervention, one hundred percent (100%) of the participants in the control group and one hundred percent (100%)

of the participants in the experimental group suffered the impacts of the general sense of meaninglessness. The pretest results (see Table 3) seem to agree with Frankl (1984)'s experience of patients who complained of what they called *inner void* which he termed *existential vacuum* or *general sense of meaninglessness*. This sense of meaninglessness, according to Frankl, is a universal human experience, because the will to meaning can be blocked by external circumstances and internal hindrances. These internal hindrances can be the paralyzed person's beliefs that his/her life is now devoid of meaning. This was clearly presented by Kahn and his colleagues (1995), when they defined meaningful living as the ability to maintain the following three key behaviors or characteristics: low risk of disease and related disability, high mental and physical functions and active engagement with life. That is probably why it was difficult for the paralyzed in-patients to acknowledge that something "bad" happened to them. Most people would rather wish that a bad accident will happen to another person, but not to themselves. When accident does happen, there is often a life altering change in the person's physical and mental capability.

The participants of this study faced more than the substantial physical hardships. The psychological and social adjustment to having such a catastrophic, life-changing injury can be equally overwhelming. A spinal cord injury seems to be one of the most devastating of all physical traumatic events, and learning to cope with the physical, emotional, social changes, and spiritual crisis that this injury brings, takes time, courage, faith, and support.

The paralyzed in-patients' experience of meaninglessness is clearly illustrated by Mahoney (2001) as he stated what he observed of his patients. He observed that after being pulled into the seemingly endless chamber of horrors of spinal cord injury, new paralyzed persons have traditionally seen hell defined. They experience devastating heartache, misery, anguish, frustration and physical pain that are excruciating. The entire experience, according to him, is tormenting.

After being paralyzed because of spinal cord injury, most of the participants, if not all, suffer from feelings of grief, loss, and guilt. Losing the ability to walk or use their hands can cause many SCI patients feel hopeless and depressed, others may even feel suicidal. It is therefore, important that they be helped to find the meaning and purpose of their suffering.

The data in Table 6 shows the results of pre- and post- tests of both experimental and control groups' participants. There are two possible causes of the insignificant but noticeable increase of the control group's posttest mean scores over its pretest. Firstly, the minor increase of the control group's posttest can be attributed to the effect of the "traditional" treatments that the participants received in the hospital (pharmacology, physical and occupational therapies and other services). It was clearly emphasized in the introduction of this present study that Logotherapy program is not to prove that the traditional treatments or medical assistance are ineffective. Rather, it aims to help the participants find the supra meaning in their suffering; so that, as a result, there will be no significant emotional responses for sense of meaninglessness that may interfere with treatment in rehabilitation. Secondly, the hospital setting in the spinal ward does not allow a conservative distance between patients. Note that the paralyzed in-patients,

particularly quadriplegics and newly admitted paraplegics, cannot or are not able to move out of their respective beds. Vicarious learning from other patients (who are participants of the experimental group) who have shared their meaningful insights with their bedmates can be one of the reasons of the insignificant /slight decrease of the level of meaninglessness or the increase in control group's posttest mean scores. This result can be a local actualization of what Frankl (1984) termed as "the *will to meaning*: the basic striving of human beings to find and fulfill meaning and purpose" (1985, p.34). Despite of their misery as paralyzed, the members of the experimental group were able to exercise the most important freedom of all: the freedom to determine one's own attitude and spiritual well being; to be of help to others. The members of the control group, on the other hand, tried to grasp what was seemed to be meaningful and helpful. But it was sad to say that what was being provided to them was not sufficient to diminish the sense of meaninglessness or the lack of clear meaning and purpose in life of the members of the control group.

Nonetheless, Table 8 data clearly communicate that Logotherapy program has indeed, a remarkable effect on the level of the general sense of meaninglessness in the participants of the experimental group. These results seem affirmed what Fabry (1994) observed that people who have gone through situations that were similar enough also react in a similar way. "They found what was meaningful in standard situations, and they also found universal meaning." (p.54). Correspondingly, the selected paralyzed in-patients who have experienced similar unavoidable suffering and were subjected to Logotherapy were also able to respond in a similar way as expressed in the significant increase of their posttests scores. Certainly, they were able to value what was given to them, and what they valued guided their search for meaning and simplify their decision making. As it was emphasized by Frankl (1969) that by virtue, human being is capable of distancing ones' self not only from a situation, but also from himself/herself. Frankl believes that life never ceases to hold meaning, for even a person who is deprived of both creative and experiential values is still challenged by a meaning to fulfill, that is, by the meaning inherent in the right, in an upright way of suffering.

Going into greater depth, a crisis of meaning or existential vacuum was experienced by the paralyzed patients because the things that once gave their lives meaning in the past may be missing or at least changed in their present state of dependency. Frankl stated, "In the past, nothing is irretrievably lost, but rather, on the contrary, everything is irrevocably stored and treasured" (Frankl, 1984, p. 151). The truthfulness of this thought of Frankl was clearly realized by the participants of the experimental group during their *first therapeutic session* wherein they were encouraged to *explore their experiences both the good and the bad and to try to find the purpose of those experiences*.

Through *Socratic Dialogue* they were able to realize and appreciate the unique pattern of their personal experiences. After helping the participants see the uniqueness of their personal experiences. The *modification of attitude* technique helped them see the value of pain and difficulties as the best teachers in their lives; while the *appealing technique* helped them to face the present reality of their lives. At the end of the first session the selected participants have realized that their past experiences were somehow needed for their survival in their present situation. Past sufferings have somehow given

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them strength and wisdom needed to face the future. Each of their experiences was a fulfillment of something with a purpose.

During the second session, *each of the selected participants was encouraged to identify his/her pain, guilt, and death*. All of the participants expressed their pain in one way or another. They all have regrets over their wrongdoings. They also thought of the reality of death: Every time they see one of them dies they cannot help but also think of their own turn to die. This was based on Frankl's theory that the search for meaning is more likely to be occasioned by three negative facets of human existence: pain, guilt and death. *Pain* refers to the human suffering; *guilt* the awareness of our fallibility; and *death* to our awareness of the transitoriness of life (Frankl, 1967, 1984).

The paralyzed in-patients suffered physically, emotionally and spiritually. Hanson, Buckelew, Hewett, and O'Neal, (1993) pointed out that blame for the injury has a great impact on coping and adjustment skills. This is very true to the Filipino paralyzed in-patients. Most of them blamed themselves for not being good enough, or for not being so careful. Others blamed other people or God. Some of them thought that God punished them. When they saw someone died, they also feared for their own death. With the aid of *Socratic dialogue*, the selected participants have realized that in this world no one is completely in control of situations except God. And God allows something bad to happen for a noble purpose. So, they realized that, although, in some situations, they have some responsibilities for creating or at least perpetuating their problem situations, blaming themselves or others will not make them better.

During the third session, *the selected participants were assisted in finding meaning in life by being in touch with his/her "meaning triangle:" creativity, experiencing a value, and change of attitude*. This is based on what Frankl said that meaning could come, through what we give to life, by what we take from the world, and through the stand we take toward a fate we no longer can change (Frankl, 1984). The selected participants have realized that they have the duty to actualize their gifts and talents, to be grateful for the goodness of the Lord and others, and to strive for the fulfillment of their mission in life; the very purpose and meaning of their existence

During the fourth session the selected participants were *able to realize that they have freedom to choose what attitude they can take to their limitations*. With the aid of the three logotherapeutic techniques, they were able to pin point their main concerns, their fears, explore their "I can't" and use their freedom to make the best choice for their holistic well being. This is an affirmation of what Victor Frankl (1978) have realized that "Human freedom is finite freedom. Man is not free from conditions, but he is free to take stand in regard to them. The conditions do not completely condition him" (p.47). This means that although our existence is influenced by instincts, inherited disposition and environment, an area of freedom is always available to us. "Everything can be taken from a man, but not the last of human freedoms -to choose one's attitude in any given set of circumstances and to choose one's own way" (Frankl, 1963, p.104). In the same way, and with the same faith, the selected participants in this study have used their freedom to take a stand towards the restrictive conditions, and transcend their fate.

The fifth session *allowed the selected participants to appreciate the value of their physical suffering*. After this session the participants have realized that paralysis

has given them the opportunity to reflect more deeply upon the purpose of life, the importance of their loved ones, to evaluate their successes and failures in relation to their responsibilities and relationships -including their relationship with God. As they reached the limits of their capability they also learned to pray as never before. This agrees to the observation of Sabatino (1993) that in time of crisis or overwhelming circumstances, people feel the need for each other or even God, as friend. Meaning, someone who can “touch and make a difference in some way” (Sabatino, p. 408). He undoubtedly added, that the religious experience of God is very much founded upon an understanding of the human as needing to depend, and ultimately trust (Sabatino, p. 405).

The sixth session marks the selected participants’ significant realization *of the good that their sufferings have contributed to the lives of others*. According to Frankl (1984), if there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death human life cannot be completed. With the help of *Socratic dialogue*, the selected paralyzed in-patients realized that they were not useless disabled bodies at all: in fact, their fate has allowed doctors, nurses and other health workers to practice their profession and to earn money to support the needs of their families. Moreover, because of their suffering the different charitable organizations are able to do their mission in life: Indeed, The selected participants’ families and friends learned to go out from their selves to visit the sick. In other words, their suffering has, somehow, brought life, success, and happiness to others. As a result of these realizations, their paralysis is not anymore considered as a fate but a noble mission: . Fortunately, they further understood that this great mission would not be completed without their acceptance of their suffering.

Through the use of Appealing technique and Modification of Attitude, the seventh session *encouraged the selected participants to find meaning in their daily life by expressing their positive attitude towards others*. This is based on Frankl’s theory that human beings can give meaning to their lives by realizing creative values and by achieving tasks. Nevertheless, they can also give meaning to their lives by realizing experiential values, by experiencing the Good, the True, and the Beautiful or by knowing one single human being in all his uniqueness (Frankl, 1963). Having realized that their stay in the hospital is still a God-given mission to them, the selected participants can now rejoice in the truth that they need to pass through Calvary willingly, before they can enter Heaven. This is an affirmation of the fact that to be human is to strive for something outside of oneself. Frankl (1984) used the term “self transcendence” (Frankl, 1979, p.17), to describe the quality behind the will to meaning, the grasping for something or someone outside the self. Like the eye, we are made to turn outward, toward another human being to which we can love and give ourselves. Only in such a way do Homo sapiens demonstrate itself to be truly human. Only when in service of another does a person truly know his or her humanity. The realization that despite of paralysis their mission has not ended, it has only changed from a more-physically-working to a more-attitudinally-being has somehow given the selected paralyzed in-patients strength and courage to respond to the people around them lovingly and gratefully.

During the eight session the selected participants were helped *to transcend their suffering by reflecting on the finiteness of life here on earth and to come up with*

an after life decision. As stated by Fabry (1994), our healthy core lies in the noetic dimension, therefore, the medicine chest of Logotherapy is to be found in the “defiant power of the human spirit” (p.18), which he refers to the human capacity to tap into the spiritual part of the self and rise above the negative effects of situations, illness or the past. According to some researchers, one of the key concerns of paralyzed and dying patients that need to be supported is their spirituality (Conrad 1985, Moberg 1965 & 1982, Byrne 1979, Gartner 1991, Paloma 1991). According to Leighton (1996), The physician will do better to be close by to tune in carefully on what may be transpiring spirituality, both in order to comfort the sick and the dying. This broadens their own understanding of life and its ending.

What Frankl said and many researchers observed are also true to the Filipino paralyzed in-patients. Their confrontation of their anxiety and fears about their helplessness and death has led them to an enriched sense of who they really are and what really matters. Their suffering pushes them to move from the unconscious and the familiar to a new consciousness and the unfamiliar, from the superficiality of the routine to a deeper attention of the soul.

It was truly a precious learning to observe the transformation of the selected participants, that when things of this world fade away, the abiding spirituality comes to the forefront. As a result, the selected paralyzed participants learned to treasure their suffering and the remaining days of their lives as precious opportunities for them to gain an everlasting happiness in heaven.

In the ninth session each of the participants were *helped to realize the importance of the unavoidable suffering for his/her spiritual life.* During this session the selected participants were led to deepen their understanding of the ultimate purpose and meaning of their suffering. One of the significant learning that adds meaning to their suffering is the realization that their condition has led them away from their sinful inclinations, has brought them closer to God. Another significant insight that they gained from the Logotherapy program was the realization that they share Christ’s suffering and, if they persevere with faith, hope, and love, they will surely share in his resurrection. In fact, when the selected paralyzed participants united themselves with Christ, hopelessness was transformed to hope and despair to inspiration.

The tenth session allowed the participants *to evaluate their attitude towards the crosses in their lives.* They learned to appreciate the value of the crosses in their lives as not anymore a burden but a friend who can bring them to eternal happiness.

In the eleventh session the participants were *helped to make an active resolution to persevere in life despite the presence of the unavoidable suffering.* They were also given the opportunities to know its existential or ultimate purpose. Although the selected paralyzed participants do not know when is the ending of their suffering, they are convinced that they have traveled and endured suffering far enough to treasure. The end of the road of suffering may not be so far away from where they are, most of them are now resolved not to waste the grace that they have already accomplished.

In the twelfth session, *each of the selected participants were encouraged to hold on the to “defiant power of the human spirit” so that he/she may successfully reach the ultimate purpose and meaning of his/her life.* Being aware of their weakness and

vulnerability, the selected paralyzed participants believe that only faith and intimate relationship with God through prayers and good works can help them to persevere to the end. With the help of the three-logotherapeutic techniques utilized in this study they are convinced that “with faith anchored in God and the redemption He offers, the burden to create meaning from nothing is relieved.

The result of this study is a revelation that life without meaning is empty. Meaning is available to each individual under all circumstances because a person has the freedom of will and the will to meaning. Through the defiant power of the human spirit, a person is capable to transcend beyond the influence of the instincts and the past negative experiences. Logotherapy is useful not only for those who are physically sick. It is also useful for those “still active people” who find life burdensome and devoid of meaning.

Based on the results of this research the following conclusions are drawn: (1) age, gender, religion, and type of paralysis are not important indicators of the general sense of meaninglessness; (2) thoughts for the loved ones are important component in “the will to meaning among married people;” and (3) based on the results of the statistical treatments and observation logotherapy program is effective in alleviating the sense of meaninglessness of the selected paralyzed in-patients.

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