The Impact of Logotherapy on Marital Burnout in Mothers with Children Suffering from ADHD

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INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is a consistent pattern of attention deficit, hyperactivity, and impulsive behaviors that is more common and severe than is typically seen in children and adolescents with similar developmental level [14] and is one of the most common psychiatric disorders in children [4]. These children due to their problem put major stress on their parents [18]. Therefore, their parents are more and more faced with unique challenges [13]. Research literature on children has clearly shown that children affect family environment and marital relationships of parents. Mother with hyperactive children undergo stresses such as taking care, control, and training the hyperactive child, and the stress of having a child with hyperactivity symptoms who is different from other children. Stress also has a significant negative impact on parents’ marital relationships [21].

Exceptional children’s mothers are more involved with child’s behavior problems compared with fathers. The mothers experience more stress and psychological crises and need more support. Disabled child threatens adjustment, and physical and mental health of the mother; and it often has a negative influence on her [16,5].

Research has shown that parents of hyperactive children often have marital problems and high levels of stress and interpersonal conflicts, These parents are more stressed and less satisfied compared to parents with normal children. Other studies [17,7,12] indicated that parents of children with attention deficit / hyperactivity showed higher levels of family conflict and lower levels of family organization compared with the control group. Beirami et al showed that mothers of hyperactive children expressed weaker and less emotional involvement in the family. In relation to emotional involvement, it can be said that emotional needs of couples are not met within the family, the couples experience a kind of apathy, and they show not much concern towards each other’s problems and issues. This could be the start of marital burnout. Contradictions, conflicts, and stresses can exacerbate the marital burnout.
Pines [9] considers burnout as a state of physical, emotional, and mental fatigue created in terms of long-term involvement with the emotional demands. In this definition, mental fatigue is characterized with loss of energy, chronic fatigue, weakness, and a wide variety of physical and psychosomatic complaints, while emotional fatigue involves feelings of helplessness, hopelessness, and being deceived. Mental fatigue returns to development of negative attitudes towards self, work, and life [10]. Research has shown that parents of children with ADHD face more stress compared to parents of healthy children due to parenting challenges they face [22]. Therefore, they are more prone to burnout. Mothers of boys with higher degrees of hyperactivity significantly experience more stress compared to mothers of children with chronic or lesser degrees of hyperactivity [1]. Marital burnout, even in a relatively normal routine of marital life, is possible and probable. In situations where families have hyperactive children, widespread stresses are imposed on families and marital relations that exacerbate burnout. A hyperactive child leads to parents' lack of proficiency on emotional routines of marital life and lack of their ability to meet even their spouse's reasonable expectations. In addition to negative impact on intimate relationships with spouse, it can influence early onset of marital burnout conclusively. In this case, one or both spouse significantly concerns about the growing relationship destruction and leading towards separation and divorce while experiencing feeling of dissociation of spouse and reduced interests and interactions.

Among psychological interventions, existential therapies including Logotherapy are approaches addressing the concepts of burnout and hope. In the Logotherapy perspective, burnout and despair are consequences of lack of meaning in life. According to existential and Logotherapy, the main reason for burnout is that people need to believe that life should be meaningful. As a result, when people can find no meaning for their lives, burnout takes place. From Logotherapy point of view, a burnout person feels no meaning, experiences failure as an individual, and a sense of failure and lack of meaning are the most important contributors to the burnout. From Logotherapy point of view, the main cause of burnout is proved to lie in people's need to believe that their lives are meaningful.

Considering human existence to be transient, Logotherapy calls human to make efforts instead of distrust and isolation, and states that what foots out humans is not their bad fate and pains, but it is absurdity of life, which is catastrophic. Studies have shown that Logotherapy using four therapeutic strategies (i.e. paradoxical intention, lack of attention, attitude adjustment, and sensitization training) to meaning has good empirical support in reducing marital conflicts and increasing quality of marital life. In another study, Ulrichová performed Logotherapy intervention and existential analysis in counseling psychology as the prevention and treatment of burnout syndrome. Hamidi, Manshaee, Dokanheei Fard studied the effectiveness of Logotherapy on marital satisfaction. After 14 weeks of Logotherapy, the results showed that this treatment significantly increased marital satisfaction. Another study in this regard showed that Logotherapy is effective in reducing depression and increasing marital satisfaction.

Research on issues of marriage and family, which are the main pillars of the community, is vital and necessary. Approaches that have been less studied in these areas are addressed. One of these approaches is Logotherapy. Therefore, Logotherapy approach, which aims to change the person's attitude toward stressful and inevitable events in life, is needed to be further examined on sensitive and routine issues such as marital burnout, and sense of absurdity and disappointment. This study aims to assess the effectiveness of Logotherapy on reduction of burnout in mothers with children suffering from attention deficit / hyperactivity disorder.

**Method:**

The research methodology is semi-experimental and utilizes a pretest – posttest research design with experimental and control groups with random replacement. The population consists of all mothers of hyperactive boys referred to Health Homes of municipal district 21 of Tehran, who could at least read and write and 5 to 15 years had passed since their marriage. In this research, mothers whose children were diagnosed with ADHD by a psychiatrist or clinical psychologist based on the diagnostic criteria for DSM-IV-TR were invited to participate in the research. Then, they filled out a questionnaire for ADHD. If their children gained adequate score, they were given a questionnaire for marital burnout to fill out. Of all participated mothers, 26 mothers with at least one of their children suffering from hyperactivity disorder were selected as available. Among these 26 mother, 13 mothers were randomly assigned to the experimental group and 13 to the control group. The experimental group had eight 90-minute Logotherapy sessions, which was held weekly. The control group received no treatment. After intervention by Logotherapy, again the questionnaires were given to experimental and control groups.

**Logotherapy sessions included the following aspects:**

**Session 1:** Introducing one’s self and staff members, performing the pre-test;

**Session 2:** Grounding for meaningful learning;

**Session 3:** Becoming more familiar with the meaning; finding meaning in suffer, work, and love; talking about optimism;
Session 4: Finding meaning through values of creativity; finding meaning through enjoyment of working;
Session 5: Finding meaning through empirical values; creating the ability to going beyond self and laughing at problems;
Session 6: Finding meaning through referring to the past; increased responsibility to find meaning in the present time;
Session 7: Training paradoxical intention technique and de-reflection method;
Session 8: Summing up the meetings; asking the opinions of members; and performing the post-test

The following instruments were used to collect data:
1) Attention Deficit-Hyperactivity Disorder Scale: Attention Deficit-Hyperactivity Disorder Scale is a 14-item questionnaire developed based on diagnostic criteria for attention deficit-hyperactivity disorder in the fourth revised edition of the Diagnostic and Statistical Manual of Mental Disorders. It measures three features of inattention, hyperactivity and impulsivity and us filled by teacher or parents of the child. It is a multiple-choice questionnaire scored as follows: never (0), just a little (1), almost too much (2), too much (3). The maximum score is thus 42 and the minimum is 0. To diagnose hyperactivity disorder in this study, total scores should be more than 16 and the subject should answer by choosing almost too much or too much for five questions of impulsive-hyperactive items. Scoring method is as follows: of the 14 questions, questions 1,2,3,6,7,8,12,13, and 14 related to Attention Deficit Hyperactivity Disorder and questions 1,2,4,5,9,10,11, and 14 related to impulsive-hyperactive. Validity of this scale was 0.78 using Cronbach's alpha. Reliability of the test and retest over two months is 0.95, confirming reliability of this instrument.
2) Pines Marital Burnout: Marital Burnout Scale is a self-report instrument developed by Pines (1996) aimed at measuring the degree of burnout in married couples. It contains three components of physical, emotional, and mental fatigue. This questionnaire consists of 21 items, 17 of which contain negative phrases and 4 contain positive phrases. This scale is scored on a 7-point Likert scale ranging from 1 (never) to 7 (always). Scoring four items is performed inversely and higher score of subject on this scale indicates marital burnout. Test-retest reliability coefficient of the scale was calculated over a period of one month to be 0.76. Moreover, reliability of this scale using Cronbach's alpha ranges from 0.91 to 0.93 (Pines, 1996). In another study, ENRICH Marital Satisfaction Scale was used to assess the validity and correlation coefficient between the two questionnaires obtained to be -0.40, which is significant at P<0.001. The reliability of this scale is 0.85 in this study.

Results:
The results of the demographic data showed that the mean age of subjects was 35.5 years and 79.2% had diploma. The mean duration of marriage was 13.79 years. Most subjects had two children (3.58%) and their hyperactive child was the first-born child (70.8%). The descriptive data showed that mean and standard deviation in experimental group was 92.76 and 1.76, respectively; and 86.84 and 1.35 in control group. Mean scores of marital burnout post-test of experimental group dropped compared to pre-test, while the scores increased in the control group (Table 1).

Table 1: Descriptive results of marital burnout scores based on groups in pre-test and post-test.

<table>
<thead>
<tr>
<th>SD</th>
<th>Mean</th>
<th>Maximum</th>
<th>Minimum</th>
<th>Number</th>
<th>Index Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.76</td>
<td>92.76</td>
<td>114</td>
<td>53</td>
<td>13</td>
<td>Pre-test group</td>
</tr>
<tr>
<td>1.55</td>
<td>63.38</td>
<td>84</td>
<td>33</td>
<td>13</td>
<td>Post-test group</td>
</tr>
<tr>
<td>1.35</td>
<td>86.84</td>
<td>112</td>
<td>64</td>
<td>13</td>
<td>Pre-test group</td>
</tr>
<tr>
<td>1.18</td>
<td>92.53</td>
<td>109</td>
<td>68</td>
<td>13</td>
<td>Post-test group</td>
</tr>
</tbody>
</table>

To check the homogeneity of variance of the two groups in marital burnout pre-test and post-test, Levene test was used. F values obtained for pre-test and post-test were 0.3 and 0.8, respectively, which were not significant at p>0.05 (p=0.84 and p=0.37, respectively). Thus, the assumption of homogeneity of variance is confirmed in the scale (p>0.05).

In order to investigate the Logotherapy effect on marital burnout, the univariate analysis of covariance was used. The results show that there are significant differences between scores of marital burnout pre-test and post-test (p<0.05) and invention after elimination of the pre-test effect had a significant effect on post-test scores (Table 2).

Table 2: Univariate analysis of covariance of subjects' scores on Marital Burnout Scale.

<table>
<thead>
<tr>
<th>Significance level</th>
<th>F</th>
<th>Mean square</th>
<th>Degrees of freedom</th>
<th>Sum of squares</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.002</td>
<td>12.51</td>
<td>1606.001</td>
<td>1</td>
<td>1606.001</td>
<td>Pre-test</td>
</tr>
<tr>
<td>0.001</td>
<td>50.66</td>
<td>6503.23</td>
<td>1</td>
<td>6503.23</td>
<td>Group</td>
</tr>
</tbody>
</table>
In order to assess the equality of variance errors of the two groups in marital burnout components, Levene test was used. The results showed that assumption of equality of variance errors of the two groups was approved regarding marital burnout components based on significant levels (Table 3). Moreover, in order to check normal distribution of scores, Shapiro-Wilk test was used, which confirmed normal distribution of scores in post-test for the variables.

Table 3: Results of Levene test on the equality of variance errors for marital burnout components.

<table>
<thead>
<tr>
<th>Significance level</th>
<th>Degrees of freedom 2</th>
<th>Degrees of freedom 1</th>
<th>F</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.95</td>
<td>24</td>
<td>1</td>
<td>0.004</td>
<td>Physical fatigue</td>
</tr>
<tr>
<td>0.32</td>
<td>24</td>
<td>1</td>
<td>0.99</td>
<td>Emotional fatigue</td>
</tr>
<tr>
<td>0.92</td>
<td>24</td>
<td>1</td>
<td>0.01</td>
<td>Mental fatigue</td>
</tr>
</tbody>
</table>

The results of multiple covariance analysis of subjects in each component of marital burnout are presented in Table (4) to compare post-test scores in experimental and control groups.

Table 4: multiple covariance analysis of subjects in each component of marital burnout.

<table>
<thead>
<tr>
<th>Significance level</th>
<th>df error</th>
<th>df hypothesis</th>
<th>F</th>
<th>Value</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>22</td>
<td>3</td>
<td>7.43</td>
<td>0.50</td>
<td>Pillai's trace</td>
</tr>
</tbody>
</table>
| 0.001              | 22        | 3             | 7.43  | 0.49  | Wilks' lambda | 7.43
| 0.001              | 22        | 3             | 7.43  | 1.01  | Roy's largest root | 7.43

As can be seen in Table 4, a linear combination of marital burnout components are significantly different due to belonging to a group. In order to realize that what variable differs among the groups, univariate analysis of covariance was performed. The results are given in Table (5).

Table 5: The results of the univariate analysis of covariance on marital burnout components scores.

<table>
<thead>
<tr>
<th>Significance level</th>
<th>F</th>
<th>Mean square</th>
<th>Degrees of freedom</th>
<th>Sum of squares</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>23.58</td>
<td>477.59</td>
<td>1</td>
<td>447.59</td>
<td>Physical fatigue</td>
</tr>
<tr>
<td>0.001</td>
<td>34.47</td>
<td>773.73</td>
<td>1</td>
<td>773.73</td>
<td>Emotional fatigue</td>
</tr>
<tr>
<td>0.001</td>
<td>30.66</td>
<td>596.17</td>
<td>1</td>
<td>596.17</td>
<td>Mental fatigue</td>
</tr>
</tbody>
</table>

According to Table 5, the results of univariate analysis of covariance on marital burnout components showed that there is a significant difference between the experimental and control groups in terms of physical fatigue (F=23.58 & p<0.001), emotional fatigue (F=22.47 & p<0.001), and mental fatigue (F=30.66 & p<0.001). In other words, Logotherapy reduces marital burnout components in the experimental group compared to the control group.

Discussion:

This study aimed to determine the effectiveness of Logotherapy intervention on reducing marital burnout in mothers with children suffering from ADHD. The results indicated that there is a statically significant difference between the experimental and control groups in marital burnout post-test and its components, and using the Logotherapy intervention significantly reduced marital burnout and its components in the experimental group compared with the control group. This finding is consistent with results of Hamidi, Manshaee, Dokanheei Fard and Jamshidi et al., who showed that Logotherapy can increase marital satisfaction and reduce marital conflicts, because marital conflicts and reduced marital satisfaction can cause marital burnout. Therefore, when Logotherapy can increase marital satisfaction and reduce marital conflicts, according to our results, it can also reduce marital burnout. In addition, this result confirms the findings Ulrichová who showed that Logotherapy and Existential Analysis in psychological counseling could be done to prevent and treat the burnout syndrome.

Logotherapy approach helps people give purpose and meaning to their lives and seek meaning in other aspects of life such as work, art, loving spouse, and life by introducing other meaning sources, such as empirical values or creativity values, through enjoying doing tasks. In this way, they can overcome disappointment, frustration, disillusionments, and purposelessness that lead to burnout. In fact, Logotherapy provides a new framework through which one can look at life from a different perspective and give meaning to life. When mothers of children with the disorder can find the meaning of their lives, the will feel worthy and can overcome feeling absurdity and burnout. In particular, Logotherapy can help these people by finding meaning in loving spouse and marital life not only overcome isolation and separation from their spouse, but also feel greater intimacy with their spouse and enhance their marital relationship quality, since it is a fact that love is the highest and ultimate goal that human beings desire. Human freedom is through love and in love. Human who has lost everything in this world, yet could think of happiness and love, even for a short moment. While human experiences complete gap and cannot express internal needs in a form of a positive action, the only thing he can
do is to make himself happy by seeking meaningful help from love while tolerating his sufferings in an honorable manner, and this is one of the strategies that have to be addressed in Logotherapy.

Meaninglessness can also create the sense that one has nothing to live for neither a future. This leads to isolation and distancing from others, especially the spouse. This emotional isolation, despair, and purposelessness expand into marital life over time and can cause marital burnout. Moreover, according to Logotherapy and existential perspective, the burnout person feels having no meaning, he/she experiences failure as an individual, and lack of meaning is the most important contributor to the burnout. From Logotherapy view, the main reason for burnout is that people need to believe that life should be meaningful.

Physical symptoms of burnout generally occur as a kind of chronic fatigue that cannot be overcome by sleep. Usually, after spending the whole weekend in bed, people with burnout wake up with a feeling of fatigue early in the morning at the beginning of the week; or when the night comes, they cannot sleep, and when finally they do sleep, they have nightmares. Physical symptoms of burnout are due to anxiety and chronic stress in these people. As research has shown, chronic fatigue is due to stress and anxiety that a person experiences [20]. People with meaning rather than focusing on adverse events that increase anxiety would learn from them and use them in pursuit of future goals. In addition to psychological effects, Logotherapy is correlated with various biological factors such as effective function of serotonin and adrenaline neurotransmitters, effective function of immune system, increasing link of GABA neurotransmitter and inhibition of recalling tragic events, which contribute into mental stress tolerance [6]. In fact, it can be said finding meaning in life gives comfort to the person that affects the nervous system and through influencing on neurotransmitters reduces anxiety that leads to physical symptoms of burnout.

In terms of emotional fatigue, people with burnout always immersed in the thought of being emotionally destroyed and are constantly irritated and discouraged. These feelings manifest as feelings of depression, loneliness, lack of motivation, being trapped, and emotional disorders and may cause suicidal thoughts in a burnout person. During Logotherapy, people learn that even in the most inevitable situation, no matter how slight, they have free will and are not absolutely subjugated by their conditions. When they believe in the free will and choice, they will greatly be able to change what they feel and experience, and rescue from helplessness and frustration the same extent that is introduction or origin of depression and feeling trapped. Studies have shown that Logotherapy helps people experience more positive emotions, so that the approach help people make sense of life. The more people consider their lives meaningful and purposeful, the better mental health they will have, and the more satisfied they will be.

Mental burnout manifests as loss of self-esteem and negative opinions on relations with spouse. They generalize marital burnout to other issues of their lives about other people, future, and so on. They feel that they can no longer love themselves and their spouse (Pines, translated by Gohari Rad and Afshar, 2004). During Logotherapy, when women learn to maintain their authority and ability through marital difficulties and frustrations by changing attitude and accepting responsibility and find new meaning in their lives, they can change their approach and response to many shortcomings so that it would be effective in improving the relationship with the spouse.

REFERENCES