

Logo-bibliotherapy on People Suffering from Myasthenia Gravis

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The Asian Conference on Psychology and the Behavioral Sciences 2014
Official Conference Proceedings 2014

0233

Abstract

Background: Someone once said that life is what happens to a person while he/she is being busy making other plans. But what happens when what he/she plans is interrupted by the diagnosis of a chronic disease like Myasthenia Gravis? This is one of the common dilemmas of patients diagnosed with Myasthenia Gravis. How the patients feel, how well they can cope is determined by many factors such as who will be around to help them (medically, physically and emotionally), how severe the symptoms they are experiencing and how long are they going to endure the disease that has been bothering them.

Objectives: The purpose of this study is to help particular patients to find the meaning in life through Logo-bibliotherapy which eventually help reduce the suffering such as depression that may interfere them from finding cure of the disease.

Methods: The researcher utilized the Pretest-Posttest Control Group Design to determine the effectiveness of the Intervention Program in alleviating the depression level, life regard, purpose in life of selected Filipino suffering from Myasthenia Gravis. Uriate et al., (1992) cited that this experimental design involved two groups of participants, both were randomly assigned to control group and experimental group. The two groups were pretested on the Beck Depression Inventory, Purpose in Life and Life Regard Index and post tested with the same test instruments as the pretest after the intervention program has been administered. Only one group was given the intervention treatment program.

Results: Myasthenia Gravis patients gain hope and optimism after undergoing logo-bibliotherapy. Moreover, patients are enlightened that they are capable to search the purpose in continuing to live a fulfilling life

Conclusions: Results showed that Logo-bibliotherapy is effective to Myasthenia Gravis patients for they are not cognitively impaired.

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Introduction

Myasthenia Gravis (MG) is a chronic autoimmune neuromuscular disease characterized by varying degrees of weakness and fatigability of the skeletal (voluntary) muscles of the body. It derived from Latin and Greek language that literally means “grave muscle weakness” (Conti-Fine BM, Milani M, Kaminski HJ, 006).

Myasthenia Gravis can be classified as either ocular or generalized (Muscular Dystrophy Association, 2004). Ocular myasthenia is when the disease confines itself to the eye muscles while generalized myasthenia on the other hand affects the muscle groups.

The spectrum of severity of the disease is broad, ranging from mild extraocular muscle weakness to severe, life-threatening generalized weakness. Different people experienced difficulties with different muscle groups thus severity may fluctuate, and reaction to treatment can vary as well. In addition, the course of the condition in every patient varies but in most cases progressive. Both studies of Kernich and Kaminski (1995) and Evoli et al., (1996) revealed that seventy-five to ninety percent of patients with ocular involvement progress to having generalized myasthenia disease when it affected the patient (Hopkins LC, 1994).

The symptoms of myasthenia gravis include drooping of one or both eyelids (ptosis); blurred or double vision (diplopia) due to weakness of the muscles that control eye movements; unstable or waddling gait; weakness in arms, hands, fingers, legs and neck; change in facial expression; difficulty in swallowing; shortness of breath; and impaired speech (dyasthenia).

The psychological aspect of Myasthenia Gravis (Paul RH, Mullins LL, Gilchrist JM, 2009) can be categorized into two areas: (1) the effect of patient’s psychological health on the expression of their disease, and (2) the effect of disease on the psychological health of the patient. The study further indicated four major factors believed to foster good psychological adjustment to the patients, such as (1) the patients feeling of control over one’s physical condition, (2) managing the uncertainty, (3) intrusiveness inherent in the illness, and (4) adequate social support.

Twork et al (2010), study revealed that despite prolonged life-expectancy among MG patients, health-related quality of life is low. The outcome resulted mainly from impaired mobility and depression. Most often than not, MG patients are not able to participate fully in daily life, mainly due to their muscle weakness. The persistent experience of weakness may negatively influence’ patients’ perceived quality of life especially among individuals from whom demands of work, family, and other responsibilities require significant physical involvement (Paul RH et al., 2001, Padua L et l., 2001). Mg patients felt extreme loneliness, burden to the family, discouraged with their future, loss interest in their life, and life become meaningless.

Logo-bibliotherapy

It is in this knowledge therefore that this present study attempts to determine the effects of Logo-bibliotherapy in the depression level and meaninglessness of selected Filipino suffering from Myasthenia Gravis. The basic hypothesis is that such patients could be helped to cope with the depression created by their poor prognosis and to establish new perspectives on the meanings and purpose in their lives.

Logo-bibliotherapy, the word logo came from the term logotherapy is a meaning-centered psychotherapy that draws from the tradition of existential philosophy and is grounded in the professional work and extraordinary life experiences of its originator, Dr Victor Frankl, Literally, logotherapy means “therapy through meaning”. “Logos” in Greek means not only meaningful but also spirit (Frankl, 1963, p.160)

Frankl (1963) believed that the patients never really despair because of the suffering in itself. Instead, their despair stems in each instance from a doubt as to whether suffering is meaningful. A person is deemed ready and willing to shoulder any suffering as soon and as long as he/she can see meaning in his/her suffering. “He/ She who has the why to live for can bear with almost any how” (Friedrich Nietzsche in Frankl, 1963 p.121).

The purpose of this study is not to prove that other psychotherapies and medical assistance are ineffective, rather it aims to help particular patients to find the meaning in life which eventually help reduce the suffering such as depression that may interfere them from finding cure of the disease.

Several studies have been performed to attest the effectiveness of Logo-bibliotherapy in helping alleviate suffering of the aged, students, drug addicts, those with terminal illness, paralyzed patients, etc. but nothing was conducted that focused on the suffering and finding meaning in life of patients with myasthenia gravis.

This pioneering effort of the researcher to apply Logo-bibliotherapy to these depressed individuals, despite unforeseen 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 people. To understand fully what is myasthenia gravis and to be able impart it to the public with hopes that this study will help in a way to alleviate the pains and suffering the myasthenics is undergoing, is not only taken for this researcher’s as a study to be accomplished, but a mission to be fulfilled.

Methodology

Research Design

The researcher utilized the **Pretest-Posttest Control Group Design** to determine the effectiveness of the Intervention Program in alleviating the depression level, life regard, purpose in life of selected Filipino suffering from Myasthenia Gravis. Uriate et al.,

(1992) cited that this experimental design involved two groups of participants, both were randomly assigned to controlled group and experimental group. The two groups were pretested with Beck Depression Inventory (BDI), Purpose in Life (PIL) and Life Regard Index (LRI) and post tested with the same test instruments as the pretest after the intervention program has been administered. Only experimental group was given the intervention treatment program.

It is usually the preferred method used in true experimental design to measure change and compare participant groups because it allows the administrator to assess the effect of the experimental manipulation by looking at the difference between the pretest and posttest. The experimental design permitted the comparison of the participants' depression level, life regard, purpose in life before and after the intervention sessions thru the use of Beck Depression Inventory (BDI-II), Life Regard Index (LRI), Purpose in Life (PIL).

The t-test for independent was used for the comparison between the experimental and the control group in terms of the sufficient difference between the pretest and posttest scores as measured by the BDI, LRI, PIL.

The symbolic presentation of the Pretest-Posttest Control Group research design in this study is the following:

R	O1	x	O2
R	O3	x	O4

Where:

R = Participants were assign to their group randomly.

O1 = Experimental Group Pretest (the group where the intervention program was administered)

O2 = Control Group Pretest (the group where the intervention program was not administered)

O3 = Experimental Group Post test

O4 = Control Group Post test

X = Intervention sessions

By using the Pretest and Posttest Control Group Design, the author was able to compare the respondents' level of depression, life regard, and purpose/meaning in life before and after the intervention session through the use of BDI-II, LRI, and PIL test.

The independent variable was the proposed intervention program which was Logo-bibliotherapy anchored by Logotherapy, while the dependent variables were the level of depression, life regard and the purpose/meaning in life of the participants.

Research Participants and Sampling Technique

There were thirty participants included in the study. The thirty participants were the total number of adult inflicted with myasthenia gravis, an autoimmune neuromuscular disorder that affects the muscle (serious muscle weakness). All the participants were the patients of Dr. Marita B. Dantes, Head of Neurology Section of National Kidney Institute in Quezon City and from the Outpatient department (OPD) Neurology Pavillion of Philippine General Hospital, Manila.

The participants were male and female ranging from twenty (20) to sixty (60) years old. Aside from the physiological complains of myasthenia gravis patients such as dropping of the eyelids, blurred or double vision, slurred speech, weakness in the arms and legs, chronic muscle fatigue, they also complained on difficulty in sleeping, loss of appetite, intense loneliness, neither motivated nor having drive in life.

The thirty participants were randomly assigned to two groups, control group and experimental group. The thirty participants of the study were comprised of MG patients. This was also limited to those patients living in Metro Manila, Bulacan, and Cavite only.

Research Instruments

Beck's Depression Inventory (BDI)

BDI was a 21-item instrument designed to assess the severity of depressions in adolescence and adults. It was widely accepted instrument in clinical psychology and psychiatry for assessing the intensity of depression in psychiatric patients and for detecting possible depressions in normal populations.

The 21 symptoms and attitudes assessed by the original BDI include: 1) mood, 2) pessimism, 3) sense of failure, 4) self-dissatisfaction, 5) guilt, 6) punishment, 7) self-dislike, 8) self-accusations, 9) suicidal ideas, 10) crying, 11) irritability, 12) social withdrawal, 13) indecisiveness, 14) body image change, 15) work difficulty, 16) insomnia, 17) fatigability, 18) loss of appetite, 19) weight loss, 20) somatic preoccupation, and 21) loss of libido.

BDI has been used for 35 years to identify and assess depressive symptoms, and has been reported to be highly reliable regardless of the population. It has a high coefficient alpha, (.80) its construct validity has been established, and it was able to differentiate depressed from non-depressed patients. (Aaron T. Beck, Robert A. Steer, and Gregory K. Brown 2002). A large number of studies have indicated that the BDI can differentiate psychotic patients from normal (Steer et al, 1986). BDI can differentiate between Dysthemic and major depressive disorders and also can differentiate between generalized Anxiety disorders and major depressive disorders.

The BDI had concurrent validity in that it tends to agree with other measures of depression. It was also high on construct validity. An obvious way to judge validity of a test is to observe the person in real life situations. If the person scores as suffering severe

depression then this should be observable in their behaviour. BDI-II was introduced specifically to bring it into line with the DSM-IV diagnosis. BDI-II is seen as having higher content validity than its predecessor BDI-1A.

Reliability—Beck et al (1996) gave the test to 26 outpatients during two therapy sessions one week apart. The test-retest concordance was a very high 0.93. The test was also high on split-test reliability (0.85). Most studies carried out on reliability find that the BDI was a reliable test of depressive severity.

Table of Norms for Beck's Depression Test

Interpretation of Raw Scores	Beck's Depression Test
Considered normal	9-May
Mild to moderate depression	18-Oct
Moderate to severe	19-29
Severe depression	30-63

The Purpose in Life Test (PIL)

The test was an attitude scale constructed from the orientation of Logotherapy (Crumbaugh and Maholick's 1964; Crumbaugh, 1969). Purpose in Life (PIL) test was designed to measure an individual's experience of meaning and purpose in life. It consisted of Parts A, B & C. In this study only Part A will be employed because it is only portion of the instrument that was objectively scored. The test was done in consideration of the participant's physical condition. Part B & C was energy draining for the myasthenia gravis patients who experienced fatigability. Part A of PIL was usually reliable enough to detect the meaninglessness and for most research purposes, parts B & C were ignored. Although they had proved to be helpful in individual clinic use, where therapists and counselors had examined the content in relation to material brought out in the interview, so far, attempts to quantify them had added objective information to that furnished by Part A (Crumbaugh & Maholick, 1969).

Part A of the PIL consisted of 20 statements, each had responded by indicating personal agreement or disagreement on a 7-point scale. And total scores therefore, ranged from 20 to 140, Scores of 91-below defined the significant level of "lack of meaning and purpose in life".

Validity—In validating the PIL, Crumbaugh and Maholick found that the test significantly distinguished patient and non-patient populations and also showed a consistent progression of scoring from the one group one would expect the highest scores (junior league females and Harvard summer school graduate students) to the lowest (hospitalized alcoholics). Both construct and criterion (or concurrent) validity of the PIL had been assessed. Crumbaugh (1968) predicted correctly, from the standpoint of construct validity, the order of the means of four "normal" populations: N1 Successful business and professional personnel (M=118.90, N=230, S.D. = 11.31); N2 Active and leading Protestant parishioners (M=114.27, N=142, S.D.=15.28); N3 College

undergraduates (M=108.45, N=417, S.D.=13.98); and N4 Indigent nonpsychiatric hospital patients (M=106.40, N=16, S.D.=14.49).

The (odd-seven) reliability index of the PIL as determined by Crumbaugh and Maholick (1964) was .81 computing for the Pearson Product-Moment Correlation of Coefficient (N=225, 105 “normal” and 120 patients) and computing for the Spearman-Brown it was corrected to be .90. Crumbaugh (1968a) showed similar relationship for another sample at .85 computing for the Pearson Product-Moment Correlation of Coefficient (N=120 Protestant parishioners; non-patients) and computing for Spearman-Brown it was corrected to .92.

The Purpose-in-Life Scale had proved useful in the following situations: In individual counseling of students, in vocational guidance and rehabilitation work, and in treatment of both in-and-out patient neurotics.

The Life Regard Index (LRI)

The LRI, based on the concept of positive life regard, was developed by Battista and Almond in an attempt to provide a simple non-biased measure of meaning in life. The test was composed of 28 items with a 5-point scale, and was divided into two subscales, Framework and Fulfillment. The Framework scale (FR) measured the ability of an individual to see his life within some perspective or context, and had derived a set of life-goals, purpose in life or life view from them. The Fulfillment scale (FU) measured 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 was 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.

Note: The “Framework (FR)” and the “Fulfillment (FU)” scores were not separately cited in the discussions of the result since there were no equivalents of these parts in the PIL. The “LRI” or the sum of the FUL & FR was the score considered in the interpretation with the PIL.

Validity & Reliability—A number of empirical findings attest to the reliability and validity of the LRI. Battista and Almond (1973) reported a test-retest reliability for the index of $r=0.94$. The results of his psychometric analyses of the Life Regard Index included a mid- correlation of social desirability (accounting for only 40% of the variance) and the differentiation of 14 top subjects (1.5 standard deviation above the mean on LRI) from the bottom 14. Battista and co-author Almond concluded that the PIL test and the LRI were measuring the same underlying construct. Greenblatt (1976) tested the Hebrew version of the LRI and established with an interval of 2 weeks a test-retest reliability of $r=0.79$. Cronbach alpha estimates of internal consistency of the scales were reported by Debats (1990), which ranged from 0.79 (FR), and 0.87 (FU) to 0.86 (Index). Chamberlain and Zika (1988), Orbach, Illuz and Rosenheim (1987), and Debats (1990) assessed the factorial validity index of the instrument. These studies showed that factor

structure of the exploratory analysis reflected the rational construction of the scale reasonably well.

Battista and Almond (1973) found the discriminant validity of the Index by discriminating high scorers as persons who significantly showed (a) more fulfillments of their ultimate life-goals and (b) score higher on the Purpose in Life (PIL) test (Crumbaugh & Maholick, 1964). Furthermore the LRI discriminated high scorers as persons that were happier and more satisfied with their lives than low scorers (Debats, 1990). One study (Chamberlain & Zika, 1988b) demonstrated substantial significant relationships between LRI scores and score on two other measures of meaning in life, the PIL (Crumbaugh & Maholick, 1964) and the Sense of Coherence (SOC) scale (Antonovsky, 1979), supporting the construct validity of the LRI. Score on the Index furthermore related in predicted ways to self-esteem, observer ratings of meaningfulness, openness and defensiveness, number of psychiatric visits, family background and work measures, environmental fit, and goals (Battista & Almond, 1973); degree of integration of personality (Orbach et al., 1987); religiosity, positive affect and life satisfaction (Chamberlain & Zika, 1988b); fear of personal death factors i.e. loss of social identity and self-fulfillment (Florian & Snowden, 1989); previous education, philosophy in life and emotional well-being (Debats, 1990), and effective coping with crises in the past (Debats, Drost & Hansen, 1995).

Norms of the PIL and LRI in this Study

INTERPRETATION OF RAW SCORES	PURPOSE IN LIFE TEST (PIL)	LIFE REGARD INDEX
Lack of clear meaning and purpose in life (Significant level of meaning in life)	91 and below	143 and below
Indecisive range (Uncertain definition of meaning and purpose)	92-112	144-164
Indicates the presence of definite meaning and purpose in life	113-140	165-196

The Intervention Program

The logotherapeutic sessions with the participants included the following therapeutic methods: Modification of attitude, Appealing technique and Socratic dialogue. These methods were based on Paul Wong's reformulation of Frankl's Logotherapy and Lukas (1984). se purpose of their existence.

Sampling Procedure

The researcher will use purposive sampling; the samples were randomly selected because the participants reflect a specific purpose of the study.

These were the criteria used in selecting the participants: the participants were Filipino suffering from Myasthenia Gravis, age 20 to 60 years old. The Myasthenia Gravis participants came from Class I to class III, a widely clinical classification created by the Myasthenia Gravis Foundation of America (MGFA).

Classification of Myasthenia Gravis:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class IIa: Predominantly limb or axial muscles

Class IIb: Predominantly bulbar and /or respiratory muscle

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IIIa: Predominantly limb or axial muscles

Class IIIb: Predominantly bulbar and/ or respiratory muscles

Data Gathering Procedure

Structured Interview

After selecting the participants whose depression level was high, > 30 based from the Beck Depression Inventory II, negative life regard from the Life Regard Inventory, and low level of purpose in life from the Purpose in Life test. The participants were interviewed about how they feel, their life, the sickness, their family, their coping, their economic status, their future plans.

The selection procedure presented the criteria that served as the basis in identifying qualified participants in the study.

The author's objective for this study was to find 30 qualified respondents who were Filipino suffering from MG patients who first took the pre-test. All respondents had regular check-up with a neurologist of the National Kidney Institute, Quezon City, Dra Marita B Dantes and the other doctors in PGH. The study was limited only to adult patients living in Metro Manila, Bulacan and Cavite whose age ranges from 20- 60 years old and possessing high level of depression and low level of purpose and meaning in life.

Before deciding on this study, the author had sought the opinion from resource people; neurologists, psychotherapists and people who conducted research using logotherapy and bibliotherapy, for some advice and insights on how to effectively conduct the study.

In addition, an initial coordination with a neurologist, Dra Marita Dantes, was made to discuss the purpose, methodology and procedures of the research. The author also personally solicited from the good doctor, information about the patients who have been diagnosed and were undergoing check-up.

After which, the author coordinated with the referred patients and with their families for the schedule, the interview and implementation of the study.

To date, the Philippines has no national registry of the disease yet. Japan is the only country in Asia who has performed a national survey to determine the prevalence of myasthenia gravis patients in their country. The lack of public awareness of the disease resulted to many undiagnosed MG patients. The country still has no special ward for MG patients. Our well known hospitals in Metro Manila only offer a out-patient clinic for the regular check-up of MG patients and confinement if needed under the care of the neurologist. Although there exist a Myasthenia Gravis Society in the country, only limited meetings and interactions between MG patients have been carried out.

Moreover, due to low prevalence of the disease in the program, a significant level of depression (those who will score 30 and above) and purpose and meaning in life (those who score 91 & below in PIL and those who will score 143 & below in LRI) will be chosen as respondents of this study.

After the interview and the pretest, the findings were thoroughly analyzed and the researcher did propose intervention anchor to Logotherapy and bibliotherapy that were address to the utmost needs of the participants and rendered this Logo-bibliotherapy to the 30 participants in the experimental group. The experimental group received eight sessions of intervention, while the control group received no intervention. After the intervention, respondents were given a similar post-test of BDI, PIL and LRI to measure the effectiveness of the intervention employed in

Results

Table 1

Pre-test Score of the Control Group

	Mean	SD	Verbal Description
Depression	36.67	4.17	Severe depression
Life Regard	46.6	9.92	Lack of clear meaning in life
Purpose in Life	50.87	8.58	Lack of purpose in life

Legend: Beck's depression test: considered normal (5-9); mild to moderate depression (10-18); moderate to severe depression (19-29); severe depression (30-63).

Life regard: lack (143 and below); indecisive (144-164); definite (165-196).

Purpose in life: lack (91 and below); indecisive (92-112); definite (113-140)

Table 2

Pre-test Score of the Experimental Group

	Mean	SD	Verbal Description
Depression	42.07	7.89	Severe depression
Life Regard	51.4	7.16	Lack of clear meaning in life
Purpose in Life	47.4	7.23	Lack of purpose in life

Legend: Beck's depression test: considered normal (5-9); mild to moderate depression (10-18); moderate to severe depression (19-29); severe depression (30-63).
 Life regard: lack (143 and below); indecisive (144-164); definite (165-196).
 Purpose in life: lack (91 and below); indecisive (92-112); definite (113-140).

Table 3

Difference in the Pre-test Score Between Control and Experimental Group

	Difference		t	p-value	Ho	Cohen's d
	Mean	Std. Error				
Depression	-5.4	2.3	-2.34	0.03	Reject	0.86
Life Regard	-4.8	3.16	-1.52	0.14	Do not reject	-
Purpose in Life	3.47	2.9	1.2	0.24	Do not reject	-

df = 28

Ho is there is no difference between the pre-test score of control and experimental group.

Table 4

Score of the Control Group After Receiving No Intention

	Mean	SD	Verbal Description
Depression	35.4	8.1	Severe depression
Life Regard	45.2	6.69	Lack of clear meaning in life
Purpose in Life	50.47	7.2	Lack of purpose in life

Legend: Beck's depression test: considered normal (5-9); mild to moderate depression (10-18); moderate to severe depression (19-29); severe depression (30-63).
 Life regard: lack (143 and below); indecisive (144-164); definite (165-196). Purpose in life: lack (91 and below); indecisive (92-112); definite (113-140).

Table 5

Score of the Experimental Group After Receiving the Intervention program

	Mean	SD	Verbal Description
Depression	4.6	3.56	Normal depression
Life Regard	166.07	5.68	Definite meaning in life
Purpose in Life	113.13	3.78	Definite purpose in life

Legend: Beck's depression test: considered normal (5-9); mild to moderate depression (10-18); moderate to severe depression (19-29); severe depression (30-63). Life regard: lack (143 and below); indecisive (144-164); definite (165-196). Purpose in life: lack (91 and below); indecisive (92-112); definite (113-140).

Table 6

Difference in the Post-test Score between Control and Experimental Group

	Difference		t	p-value	Ho	Cohen's d
	Mean	Std. Error				
Depression	30.8	2.28	13.49	0	Reject	4.92
Life Regard	-120.87	2.26	-53.36	0	Reject	19.48
Purpose in Life	-62.67	2.1	-29.85	0	Reject	10.9

df = 28

Ho: There is no significant difference between the post-test score of control group and experimental group.

Result is reject the Ho that there is no significant difference between the post test score of control group and experimental group.

Ho: Logo-bibliotherapy is not effective in alleviating depression on people suffering from myasthenia gravis.

Result: Logo-bibliotherapy is effective on alleviating depression among Myasthenia Gravis

Discussion

The myasthenia gravis looks normal with all the sense organ intact, upper and lower extremities moving, and yet they can't move for a longer time than normal people. The reason is the immune system of the MG is creating abnormal antibodies that attack the acetylcholine receptors at the neuromuscular junction. Acetylcholine is responsible for the contraction of different muscles for vision, chewing, swallowing, breathing and movement of extremities.

MG patients who are married confessed feel very incapable to satisfy the needs of their partner. Meanwhile, in gatherings, MG patients do not interact with relatives and friends since they talk with sound coming from nose called nasal twang, they are hardly understood by people. Also, summer time is very horrible for MG patients, breathing is the utmost problem, they cited they are like fish that is not on their water habitat but like near death experience. Oxygen is very thin that they feel it is not enough to keep them alive. They also collapse while doing works. Moreover, they are also prone to bone fractures and dislocations and painful cramps due to weakening of the muscles.

Consequently, these experiences bring depression to MG patients, they lose the hope of living. They think they are burden and worthless as a person in existence. They lose their purpose in life, purpose of his remaining years of life. Also, since depression may cause other illnesses and complications, MG patients might develop certain diseases and even cancer.

Logo-bibliotherapy is anchored to Logotherapy by Victor Frankl. Participants belong to the experimental group received the said psychotherapy. They were made to realize that they were not a victim of circumstances! They might have the symptoms but he is not the symptoms. They were able to find meaning within their "meaning triangle". 1. Creativity (creating a work or a deed). 2. Experiencing a value (by experiencing something or encountering someone). 3. Change of attitude towards unavoidable suffering.

Conclusion

When we experienced tragedy, misfortune, sickness, and other calamities strikes one's lives, stress, depressions, frustrations and many other debilitating emotions will surely set in. The situation will cause a feeling of hopelessness, no purpose in life, unmotivated. The spirit to live is dying.

After administering Logo-bibliotherapy, the MG participants found their purpose of their existence. Usually it's their family that they wanted to be with and renewed trust in GOD. Motivated to live their lives to the fullest and they can still do little things to make their family happy which is the creativity in meaning triangle.

In my study, all the participants in the experimental group had shown significant changes of attitude after the Logo-bibliotherapy program. For them, all is not hopeless and they have still many purposes to live on as long as they have breath. Therefore I conclude that Logo-bibliotherapy is effective.

Recommendation

Logo-bibliotherapy is not limited to MG patients only. In fact, anyone can undergo this therapy especially those who are experiencing depression, anxiety. People who experiencing existential vacuum, boredom, losing purpose in life, meaningless of one's being.

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