

Effects of Logo-autobiography Program on Meaning in Life and Mental Health in the Wives of Alcoholics

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Purpose This study aimed to identify the effectiveness of a newly developed group therapy, called the logo-autobiography program, in improving meaning in life and mental health in the wives of alcoholics.

Methods The program was developed in four steps: literature review, pilot program development, pilot study and detailed program structuring. The pilot program was developed by combining a modified guided autobiography program with logotherapy. A non-randomized controlled trial was conducted with a pre- and post-test design. The instruments chosen for the study were the *Purpose in Life* (PIL) test and the *Symptom Checklist-90-Revision* (SCL-90-R) to measure the meaning in life and mental health. Data were collected between November 2006 and March 2007 from 19 subjects in the experimental group and 21 subjects in the control group, who were all wives of alcoholics from four South Korean cities.

Results The score for meaning in life was significantly higher in the experimental group than in the control group ($p = .047$). Also, the scores for somatization ($p = .001$), interpersonal sensitivity ($p = .008$), depression ($p = .003$), hostility ($p = .002$) and global severity index ($p = .001$) were significantly lower in the experimental group than in the control group.

Conclusion This study indicated that the logo-autobiography program enhanced both meaning in life and mental health in alcoholics' wives, which suggests that the program would be very beneficial to this population. Furthermore, it might be suitable for improving mental health in families and communities that suffer from psychological trauma and meaninglessness. [*Asian Nursing Research* 2008;2(2):129–139]

Key Words alcoholism, autobiography, existentialism, mental health, psychotherapy, spouses

INTRODUCTION

The wives of alcoholics experience various psychosocial difficulties due to their husband's alcoholism. This represents a serious problem in South Korea, since 19% of the 78.5% of adults older than 19 years who drink alcohol are problematic drinkers

(Ministry of Health and Welfare, 2006). Many studies on difficulties experienced by spouses of alcoholics since the 1960s have demonstrated their very severe codependency (Cermak, 1986; O'Gorman, 1993; Smalley, 1984) and mental health problems, including depression, anxiety, obsession, interpersonal sensitivity, hostility and so on (Bailey, Haberman, &



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Received: April 1, 2008 Revised: April 2, 2008 Accepted: June 10, 2008

Alksne, 1962; Cheong & Yeon, 1982; Lee, 2000). Problems such as family conflicts and poverty caused by the husbands' alcoholism can be the main causes of the wives' suffering, and can result in the wives' losing meaning in their lives and experiencing despair and hopelessness (Kang, 1995; Lee, 2001). Wives of alcoholics are the core member in their dysfunctional family system (Lee, 2001), thus their mental health is very important to their alcoholic husband and children.

Logotherapy helps one to search for meaning in life (Frankl, 1971), to promote mental health (Kim, 2007; Park, 2005), and might be a successful nursing intervention for the wives of alcoholics who experience meaninglessness and suffering. Kang (1995) found that the lives of some alcoholics' wives could be improved by them pursuing meaning in life for themselves, which indicates that logotherapy for seeking meaning in life might be effective for them. However, studies on the application of logotherapy in alcoholics' wives have been insufficient, and few community mental health centers provide logotherapy in Korea. In fact, mental health nurses would be unfamiliar with applying logotherapy to clients in both hospitals and community mental health centers because logotherapy is not generally included in mental health nursing interventions, so most mental health nurses have little opportunity for learning logotherapy in Korea. Moreover, it is very difficult for clients to complete all the sessions of logotherapy, which comprises too many sessions from 10 to 12.

A guided autobiography program in which subjects write and share their life stories is effective for reviewing and integrating their lives. Such programs are very popular among community-based health institutions (Birren, 2006; Haight, 2001) because they can be easily conducted by anyone with experience of group programs in community mental health centers. Moreover, it might be useful for alcoholics' wives because they are often interested in writing, disclosing their life stories, and being consoled by those with whom they associate (Haight, Nomura, & Nomura, 2000). Another advantage of an autobiography program is that it allows people to reflect on themselves and to find meaning in their lives. A life review is one

of the ways by which one can find meaning in life and is commonly designated as being *therapeutic without therapy*—it is an efficient method of evaluating, integrating and accepting one's own life. Autobiography can complement the weakness of logotherapy due to these advantages of an autobiography program.

Traditional autobiography programs, however, are more focused on promoting a sense of integrity in the lives of the elderly, with less emphasis on therapeutic counseling by therapists. To place more emphasis on searching for the meaning in life in the autobiography program, the program needs to be modified by adding and combining the main contents of logotherapy.

The logo-autobiography program (LAP) is based on existentialism that is the foundation of Frankl's logotherapy, and combines logotherapy with autobiography. The purpose of this quasiexperimental study was to develop a LAP and to identify its effects on meaning in life and mental health among the wives of alcoholics. The following hypotheses were tested in this study: (a) participation in the LAP will improve the meaning that people have in their lives; (b) participation in the LAP will reduce mental health problems.

METHODS

Research design

A quasiexperimental research design and non-randomized sampling were used to apply the LAP to the experimental and control groups.

Subjects

A total of 19 women in the experimental group and 21 women in the control group who were wives of alcoholics participated in the study. Subjects in the experimental group were recruited from three alcohol counseling centers and an Al-Anon group in South Korea by convenient sampling. Three to eight members participated per center. Subjects in the control group were recruited from another three Al-Anon groups in Korea by convenient sampling. Six to eight members participated per Al-Anon group. Five in

the experimental group and seven in the control group failed to complete the program.

The following inclusion criteria were used: married with a husband diagnosed at least once with alcohol dependency; living with or separated from the alcoholic husband who is either in abstinence or currently drinking; sufficiently literate to complete the autobiography component of the study.

Meaninglessness and other mental health symptoms are retained by the wives who are separated from their alcoholic husbands because the symptoms are chronic and related to the experiences of life with the dysfunctional husband. Similarly, the wives of abstinent alcoholics are likely to experience the same symptoms continuously (Mathiasen & Devenport, 1988). Thus, the sample criteria included both wives who were separated from their alcoholic husbands and those still living with abstinent alcoholics.

Process of program development

The program was developed in four steps: literature review, pilot program development, pilot study and detailed program structuring. The program was developed as follows: (a) extracting themes of sessions such as creative value, empirical value, and attitudinal value from logotherapy; (b) specifying the themes to the wives of alcoholics such as "significant persons in the life" in the empirical value and "crises and attitudes toward them" and "attitudes toward death" in the attitudinal value; (c) grouping and disposing the specified themes in a dummy table which would be a set of themes for writing; (d) developing a guideline and manual for logotherapeutic intervention which would be applied in sessions; (e) developing a work book for the participants. It was then applied to three wives of alcoholics at an alcohol counseling center after being validated by a professor of psychiatric nursing and a psychiatric mental health nurse practitioner in the center. The three participants expressed their opinions about the program to the author, from which the final version of the program was determined. Participants commonly expressed that they had a good time to review their lives and find the meaning in their sufferings. However, they were also afraid of errors in spelling and confidentiality. Based on the opinions,

reassurances with regard to these issues were added to the guideline and manual of the final version.

Intervention

Each of six 2-hour intervention sessions was delivered to small groups of three to eight subjects once a week over a period of 6 weeks. The themes of the entire program were as follows (Table 1): (a) self-introduction, orientation and production of a chronological table; (b) significant persons in lives before marriage; (c) significant persons in lives after marriage; (d) crises and attitudes toward them before marriage; (e) crises and attitudes toward them after marriage; and (f) re-reading autobiographies, and sharing and evaluation. Each 2-hour session of the program consisted of four stages (Table 2): (a) warm-up; (b) writing autobiographies on the theme; (c) finding the meaning; and (d) sharing and closing.

Autobiographies handwritten using pens in the first five sessions were collected, typed up using a computer word processor, and bound into books for the sixth session. In the sixth session, subjects re-read their own autobiographic book and shared their feelings with each other.

For security and confidentiality purposes, the sessions took place in quiet and separated rooms of the counseling centers or the Al-Anon group's meeting room. Intervention and data collection were accomplished by the author alone, who is a psychiatric mental health nurse practitioner with 5 years of experience in psychiatric mental health nursing in Korea.

Instruments

The instruments chosen for the study were the *Purpose in Life* (PIL) test and the *Symptom Checklist-90-Revision* (SCL-90-R) to measure the meaning in life and mental health. The former was designed by Crumbaugh and Maholick (1964) to operationalize Frankl's ideas and to measure an individual's experience of meaning in life, and is a 20-item scale that has been shown to have good reliability (Seeman, 1991; Zika & Chamberlain, 1992). Each item is rated on a 7-point scale from 1 to 7, and total scores therefore range from 20 (low purpose) to 140 (high purpose). High scorers on the PIL scale have goals and a sense

Table 1*Fundamental Structure of the Entire Program*

Session	Contents or theme	Life stage	Value
1	Pre-test Self-introduction Orientation Production of a chronological table	Whole life	Empirical
2	Significant persons in lives	Before marriage	Empirical
3	Significant persons in lives	After marriage	Empirical
4	Crises and attitudes toward them	Before marriage	Attitudinal
5	Crises and attitudes toward them Attitudes toward death	After marriage	Attitudinal
6	Re-reading autobiographies Sharing and evaluation Post-test	Whole life	Creative Empirical

Note. Frankl (1971) suggested creative, empirical and attitudinal values for finding meaning in life.

Table 2*Fundamental Structure of a Logo-autobiography Program Session*

Stage (time)	Goal	Contents	Skills
1. Warm up (10 min)	Forming rapport Reinforcing motivation Recognizing theme of writing	Self-introduction Establishing rules Sharing experience Informing about the theme of writing	Introducing nicknames Rounds Positive feedback Explanation
2. Writing autobiographies (40 min)	Self-reflection through life review	Writing autobiographies	Guidance Education
3. Break (10 min)			
4. Finding meaning (50 min)	Self-disclosure and sharing Exploring values in the theme Modifying attitudes Finding meaning in life	Giving out written autobiographies Sharing feedback Exploring alternatives	Active listening Discussion Separating symptoms Modifying attitudes Empathy Socratic method Paradoxical intention De-reflection
5. Sharing and closing (10 min)	Increasing self-esteem Increasing cohesion of the group Understanding the theme of the next session	Sharing feelings Guiding theme of next session	Empathy Encouragement Evaluative feedback Explanation

Note. Rounds mean the counseling skills which give each member a turn to speak.

of directedness in life, they feel that there is meaning to their life both currently and in the past, they hold beliefs that give life purpose, and they have aims and objectives for living. Low scorers lack a sense of meaning in life, have few goals, lack a sense of direction, do not see purpose in their past, and do not have meaningful outlooks on life (Ryff & Keyes, 1995). Park and Lee (2002) evaluated the cultural and content validity of the PIL test in Korea after translating it into Korean and found a Cronbach's α of .91. Their Korean version of the PIL test was used in this study.

The SCL-90-R is a 90-item self-reported system inventory designed in 1977 by Derogatis to reflect the psychological symptom patterns of community, medical and psychiatric respondents. It can be used as an outcome variable in clinical research. Each of the items are rated on a 5-point scale of distress ranging from "not at all" (scored as 0) to "extremely" (scored as 4). The nine primary symptom dimensions are categorized as somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. There are also three global indices: global severity index (GSI), positive symptom distress index (PSDI) and positive symptom total (PST); however, only the GSI was included in this study because of the relevance. Kim, Won, Lee, and Kim (1978) tested the content validity of the SCL-90-R in Korea after translating it into Korean, and found a Cronbach's α of .67-.89. Their Korean version of the SCL-90-R was used in the present study.

Data collection

Data were collected from November 2006 to March 2007 by convenient sampling. It took about 30 minutes to conduct the pre-test and post-test. The process of data collection in the experimental group was as follows: (a) the author obtained agreement from the heads of the three alcohol counseling centers and one Al-Anon group in Korea after explaining the purpose and method of the study; (b) the author visited the centers and obtained consent from the subjects after explaining the purpose and method of the study; (c) pre-test was conducted before the

first session, and post-test was conducted just after the last session; (d) 19 of 24 subjects completed the program.

The process of data collection in the control group was as follows: (a) the author obtained agreement from the head of the Al-Anon group association in Korea after explaining the purpose and method of the study; (b) the author visited four Al-Anon group meetings in Korea and obtained consent from the subjects after explaining the purpose and method of the study; (c) pre-test was conducted during the first visit of the author, and post-test was conducted 6 weeks later at their weekly meeting place; (d) 5 of 12 subjects who were absent from the post-test submitted data by mail—21 of 28 subjects completed both pre- and post-tests.

Data analysis

The .05 level of significance was used in all statistical procedures. Data were analyzed using SPSS version 12.0 (SPSS Inc., Chicago, IL, USA) on a personal computer. The *t* test was used for homogeneity and differences between the two groups, and the Mann-Whitney *U* test for homogeneity between the two groups. This study has limitation since parametric statistics were used though the sample size was small.

Ethical considerations

Approval from community alcohol centers and members of Al-Anon was obtained before initiation of the study. Following explanation of the purpose, procedure, and confidentiality of the study, informed consent was obtained from all participants. Both groups were given a gift that was equivalent to 3,000 KRW after completing the program.

RESULTS

Sample characteristics and homogeneity in the two groups

The general characteristics were homogeneous in the two groups. The demographic variables of the experimental and control groups are presented in Table 3. The control and experimental groups comprised

Table 3

Homogeneity Test of General Characteristics Between the Experimental and Control Groups

Characteristics	Experimental (n = 19)	Control (n = 21)	t or Z	p
Age (years)	44.37 ± 11.47	48.00 ± 7.38		
Duration of marriage (years)	20.05 ± 11.59	24.05 ± 7.58	-1.302	.201
Children (n)	1.84 ± 0.77	2.19 ± 0.60	-1.609	.116
Employed			-0.123	.902
Yes	12 (63.20)	13 (61.90)		
No	7 (36.80)	8 (38.10)		
Husband is employed			-0.117	.907
Yes	13 (68.40)	14 (66.70)		
No	6 (31.60)	7 (33.30)		
Main earner			-0.853	.393
Husband	5 (26.30)	5 (23.81)		
Wife	5 (26.30)	5 (23.81)		
Both	7 (36.80)	4 (19.05)		
Other	2 (10.50)	7 (33.33)		
Marital status			-0.829	.407
Living together	17 (89.50)	17 (81.10)		
Living apart	0 (00.00)	2 (9.50)		
Divorced	2 (10.50)	2 (9.50)		
Religion			-0.135	.892
Christian	12 (63.20)	10 (47.62)		
Buddhist	0 (00.00)	3 (14.29)		
Catholic	3 (15.80)	8 (38.10)		
None	3 (15.80)	0 (00.00)		
Other	1 (5.30)	0 (00.00)		
Education			-0.655	.513
Primary school	2 (10.50)	0 (00.00)		
Middle school	1 (5.30)	3 (14.29)		
High school	13 (68.40)	13 (61.90)		
≥ College	3 (15.80)	5 (23.81)		
Monthly income (million KRW ^a)			-0.426	.670
≥ 3.00	4 (21.10)	6 (28.57)		
1.00–2.99	9 (47.40)	7 (33.33)		
≤ 0.99	6 (31.60)	3 (14.29)		
0	0 (00.00)	5 (23.81)		

Note. Values are mean ± SD or n (%). ^aIn June 2008, 1 million KRW was equivalent to about 964 USD or 625 EUR.

21 and 19 subjects, respectively. The mean age of the 40 subjects was 46.28 ± 9.59 years, they had been married for 22.15 ± 9.78 years, and they had 2.03 ± 0.70 children. Most of the women were living with their husbands: 89% ($n=17$) in the experimental group and 81% ($n=17$) in the control group. Protestants represented the largest proportion of both groups: 63% ($n=12$) in the experimental group and 48% ($n=10$) in the control group. The monthly income for both groups fell mainly in the 1.00–2.99 million won range: 47% ($n=9$) in the experimental group and 33% ($n=7$) in the control group. Furthermore, the outcome variables were homogeneous in the two groups.

Findings

The results of hypotheses testing are presented in Tables 4 and 5. Firstly, the score for meaning in life significantly changed in the experimental group after participation in the LAP. The PIL score in the experimental group changed from a pre-test score of 100.79 ± 15.25 to a post-test score of 108.68 ± 14.95 , representing a change of 7.89 ± 7.17 , whereas the change was only 1.38 ± 12.03 in the control group. This difference in the change between the two groups was statistically significant ($t=2.052, p=.047$), indicating that the first hypothesis of this study was supported. Secondly, significant changes in symptom dimensions of mental health were found in the experimental group after participation in the LAP. Independent t tests revealed that the LAP exerted statistically significant effects on four symptom dimensions and the GSI: somatization ($p=.001$), interpersonal sensitivity ($p=.008$), depression ($p=.003$), hostility ($p=.002$) and the GSI ($p=.001$) were

significantly lower in the experimental group than in the control group. Although differences in the other five symptom dimensions were not found to be significant, the second hypothesis of this study was partially supported by the significant differences in the GSI and four symptom dimensions.

DISCUSSION

The major finding of this study was that the LAP was effective at enhancing both meaning in life and mental health in alcoholics' wives. Compared to the control group, meaning in life and mental health were both significantly better in the intervention group immediately after program completion.

This LAP combines guided autobiography and logotherapy, and it appears that the PIL scores improved because self-reflection with guided autobiography and the effectiveness of finding meaning in life (Haight, 2001; Malde, 1988) were successfully revealed through the group process of applying logotherapy.

Research into group logotherapy in Korea (Kim 2007; Park, 2005) found that logotherapy was effective at facilitating finding meaning in life. According to the present study, the PIL score in the experimental group improved from 100.79 to 108.68; however, the post-test score showed their uncertain purpose in life. The higher score variation in the study of Park involving Korean college students may indicate that meaning in life is correlated with depression (Noonan & Wilgosh, 1981), age and health condition (Lee, 2005). Therefore, this program needs to be applied to diverse groups of subjects to ascertain

Table 4

Comparison of Meaning in Life Between the Experimental and Control Groups

	Pre-test	Post-test	Difference	t	p
Group				2.052	.047*
Experimental ($n=19$)	100.79 ± 15.25	108.68 ± 14.95	7.89 ± 7.17		
Control ($n=21$)	97.10 ± 21.26	98.48 ± 20.62	1.38 ± 12.03		

Note. Values are mean \pm SD. * $p \leq .05$.

Table 5
Comparison of Mental Health Between the Experimental (Exp) and Control (Con) Groups

Subcategory	Group (n)	Pre-test	Post-test	Difference	t	p
Somatization	Exp (19)	51.95 ± 13.55	44.37 ± 10.63	7.58 ± 10.55	3.615	.001*
	Con (21)	46.43 ± 10.82	48.38 ± 12.91	-1.95 ± 5.63		
Obsessive-compulsive	Exp (19)	49.11 ± 9.79	47.11 ± 9.29	2.00 ± 9.03	-0.202	.841
	Con (21)	52.71 ± 8.86	50.19 ± 10.23	2.52 ± 7.35		
Interpersonal sensitivity	Exp (19)	49.58 ± 8.96	43.26 ± 7.14	6.32 ± 7.16	2.784	.008 [†]
	Con (21)	53.05 ± 12.86	52.81 ± 12.17	0.24 ± 6.65		
Depression	Exp (19)	50.74 ± 11.64	43.37 ± 8.07	7.37 ± 9.36	3.201	.003 [†]
	Con (21)	51.19 ± 10.89	50.95 ± 11.24	0.24 ± 3.90		
Anxiety	Exp (19)	48.84 ± 11.06	44.79 ± 7.90	4.05 ± 8.84	1.433	.160
	Con (21)	50.81 ± 11.49	50.00 ± 13.81	0.81 ± 5.17		
Hostility	Exp (19)	51.95 ± 12.09	45.84 ± 7.43	6.11 ± 6.80	3.345	.002 [†]
	Con (21)	48.86 ± 9.48	49.05 ± 9.72	-0.19 ± 5.06		
Phobic anxiety	Exp (19)	44.16 ± 4.59	42.58 ± 3.53	1.58 ± 5.00	1.694	.098
	Con (21)	46.24 ± 5.70	47.14 ± 7.28	-0.90 ± 4.27		
Paranoid ideation	Exp (19)	44.95 ± 7.74	46.16 ± 7.48	-1.21 ± 6.80	-1.050	.300
	Con (21)	49.52 ± 8.65	48.10 ± 10.64	1.43 ± 8.84		
Psychoticism	Exp (19)	49.95 ± 9.22	45.63 ± 8.31	4.32 ± 3.89	1.825	.076
	Con (21)	52.62 ± 9.19	51.10 ± 10.50	1.52 ± 5.55		
Global Severity Index	Exp (19)	49.58 ± 10.43	42.58 ± 8.44	7.00 ± 6.54	3.650	.001*
	Con (21)	50.95 ± 11.34	50.24 ± 13.58	0.71 ± 4.21		

Note. Values are mean ± SD. * $p \leq .001$; [†] $p \leq .01$.

whether it is widely effective at improving meaning in life.

Although the experimental group subjects in this study did not express a high purpose in life after the LAP, it is clear that there were no large differences between the effects of this six-session LAP and the effects of a 10-session group logotherapy program (Kim, 2007; Park, 2005), indicating that the number of sessions is not a critical variable. Therefore, our program—which has fewer sessions and is equally effective—would be more suitable for application in community settings.

Somatization, interpersonal sensitivity, depression and hostility were the subsymptoms of mental health that were reduced after the LAP in the experimental group of this study. This is very similar to the

results of studies on expressive writing about traumatic events (Cho & Hah, 2006; Schoutrop, Lange, Hanewald, Duurland, & Bermond, 1997; Smyth, Stone, Kaell, & Hurewitz, 1999), and may indicate that this program influences the mechanisms of emotional disclosure during expressive writing about traumatic events. In addition, these results might be due to an improvement in meaning in life. However, the previous studies also found that expressive writing influenced obsessive-compulsive and anxiety, which were not significant in the present study. This discrepancy may be related to our post-test data being collected during the holiday period, which included the end of December and Chinese New Year's Day, the biggest holidays in South Korea. The wives of alcoholics may feel increased anxiety that their

husbands—who are trying to abstain from alcohol—would be more likely to drink during the holiday period. It is also likely that those who are not abstaining from alcohol would be more tempted to drink. Therefore, a more precise study of effectiveness requires daily and seasonal events to be controlled for.

Several critical points were raised during the study. First, it is very important to assure the client that her security and confidentiality would be kept because they are still in trauma and likely to hide their trauma. They might omit the meaningful events from their autobiographies if they do not trust the therapist. Second, it is important to encourage clients continuously because they are likely to have low self-esteem (O’Gorman, 1993; Smalley, 1984). They might lose self-confidence and drop by the wayside if the therapist fails to encourage them. Finally, this program should be run by mental health nurses who have at least 1 or 2 years of experience in a psychiatric unit or alcohol-related unit. Therapists involved in this program should have excellent therapeutic communication skills to facilitate clients to find meaning. Potentially, these would affect the results of the program.

Practical points were also raised through the program. To begin with, therapists should hold a prep meeting before the first session. Many alcoholics’ wives are likely to hesitate to attend a new program with a new therapist because most of them have high interpersonal sensitivity and mistrust (Lee, 2000). It would be better if the therapist explains the program and determines the ground rules for the group together with clients at the prep meeting to reduce their anxiety and improve their adaptation to the program. Second, the chronological table is very useful throughout the entire series of sessions because it ensures that important events are not omitted in the autobiographies and it is a good tool for reminiscence. Thus, it should be made in the first session. Third, expression of feeling is an important factor in the sessions because disclosure itself is very therapeutic to mental health (Pennebaker, 2004). In fact, many subjects cried when writing and reading their own autobiographies. In that situation, the therapist

should let her cry for a moment and then ask her to express her feelings verbally. Finally, it would be helpful if the therapist provides snacks during the sessions. Most clients arrive hungry because they attend the program after work without first having dinner. To improve attendance, therapists should aim to provide as much convenience as possible.

Whilst there has been substantial research on the mental health of alcoholics’ wives, there have been few interventional studies. Therefore, this study is useful for having developed and verified the effectiveness of a systematic intervention program for the first time in Korea. Although related disciplines have attempted to provide group programs for those wives, they have approached the problem by considering the wives to hinder the recovery of those dependent on alcohol or limited them as the object for education. In contrast, the LAP used in the present study considers wives to be the key player in transforming the family system, and empowers them so that they can take control of their own lives. This feature, in turn, might have a positive impact on a dysfunctional family system by changing attitudes towards life.

CONCLUSION

Logo-autobiography is a type of group psychotherapy in which clients search for meaning in their lives by sharing their own private life stories. This study found that the program improved meaning in life and mental health in the wives of alcoholics. Furthermore, this program may help to improve mental health in families and communities that suffer from trauma and meaninglessness in their lives.

This is the first interventional study on the development of nursing intervention for wives of alcoholics in Korea. Considering this creative attempt, it is hoped that this study will affect future research and development in alcohol-related disciplines and even mental health nursing.

Based on the findings of the study, the following suggestions are made. Follow-up studies should be conducted to verify the long-term effectiveness of the

LAP. Qualitative studies that analyze the content of the autobiographies should be conducted to verify the effectiveness of the LAP. This program should be applied in community mental health settings and verified continuously by mental health nurses. The effectiveness of the LAP should be generalized by applying it to groups of diverse age, race, sex and other characteristics. This generalization could lead to the future development of an existential nursing model.

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