Meaning in life
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MEANING IN LIFE: THEORY AND RESEARCH

The issue of life’s meaning has become prominent in modern times mainly as a result of the rise of existentialist thinking and the fall of traditional religion. In fact, writings on the meaninglessness of existence prior to the nineteenth century are rare (Blocker, 1974). Throughout human history the world was understood to possess meaning and now, suddenly, the world has been deprived of its intrinsic purposefulness and meaning. For the first time it was declared that: "... all existing things are born for no reason, continue through weakness and die by accident... It is meaningless that we are born; it is meaningless that we die" (Sartre, 1965). Existentialists have long argued that meaning and meaninglessness are basic components of the human condition that powerfully influence human thought, emotion and action. They have emphasised that the problem of meaning is an urgent question in human existence. This is especially true since the answers of traditional religion regarding the purpose and meaning of life have been less convincing.

It seems that nowadays the question of life’s meaning poses a threat to many persons. People have been found more willing to discuss intimate sexual matters than issues of life’s meaning (Freedman, 1978). Nervous laughter or satirising (as the Monty Python group so excellently did in the movie The Meaning of Life) seem the only safe responses to these issues (Baumeister, 1991). Workaholism is perhaps the most culturally accepted way for many people to escape from emptiness and boredom. That is, until free time (‘Sunday neurosis’) confronts

them painfully with the fact that there is nothing they really want to do (Yalom, 1980).

Because of its centrality in human existence, the subject of meaning has played a role in many scientific disciplines e.g., philosophy, linguistics, semiotics. Rather than exhaustively cover the extensive literature in these various domains, the present chapter provides an overview of the leading theoretical and empirical perspectives of this subject from within clinical psychology. To understand the general context of the present research it should be understood that the meaning issue has generally been addressed at two levels: “Does life serve any purpose?”; and, “What is the significance of my life?” The first question refers to the broad, philosophical subject of the meaning of life, whereas the second is about the worth of one’s personal existence or meaning in life. Since the present research on the psychometric, clinical and phenomenological aspects of meaning is explicitly concerned with the latter issue, the phrase ‘meaning in life’ is consistently used throughout this text.

Theoretical perspectives on meaning in life in clinical psychology

Traditionally, the concept of meaning in life has not occupied a central position in mainstream psychology. As holds true for many constructs in the existential-humanistic tradition, e.g., “authenticity” and “self-actualisation”, the meaning in life concept has long been considered too vague and boundless for the purposes of theoretical and empirical psychology. Consequently, only a few theorists have addressed the issue of the clinical and phenomenological aspects of meaning in life. Among the limited number of theories which have addressed the issue of life’s meaning those of Victor Frankl (1955; 1976), Abraham Maslow (1968; 1971), and Irvin Yalom (1980) have been most influential in clinical psychology. As each of these was considered as a guiding theoretical framework for the present research, these three approaches will be briefly summarised.

Victor Frankl’s theory. Frankl (1955; 1976) has conceived of meaning in life as a process of discovery within a world that is intrinsically meaningful. His theory postulates the following: meanings are not invented and can only be found outside the person. The search for a personal idiosyncratic meaning is a primary human motive. Fulfilment of meaning always implies decision-making and this is not understood to result in homeostasis, unlike need satisfaction. Meaning can be attained through creative, experiential and attitudinal values. Creative values inspire individuals to produce, create and achieve, usually
through some form of work. Experiential values include positive human experiences such as love and the appreciation of beauty. Attitudinal values bring persons to choose their stance toward unavoidable negative conditions such as facing injustice with dignity.

According to Frankl, meanings are not arbitrary human creations, but possess an objective reality of their own. There is only one meaning to each situation and this is its *true* meaning. Individuals are guided by their conscience to intuitively find this true meaning. Although circumstances exert a powerful influence on the making and fulfilling of meaning, these are largely dependent on person’s attitude toward their circumstances. Frankl’s theory postulates that if individuals do not pursue meaning they may experience an existential vacuum or meaninglessness. Under prolonged conditions this experience of meaninglessness can lead to a “noögenic neurosis”, a condition typified by boredom and apathy. On the contrary, when meaning is pursued individuals experience self-transcendence and profit from its concomitant sense of life satisfaction and fulfillment.

*Abraham Maslow’s theory.* Maslow (1968; 1971) in contrast to Frankl, has thought of meaning as an intrinsic emergent *property within the person.* His theory is composed of the following notions: Until the lower needs are satisfied, values and meaning in life have little impact on human motivation. However, when the lower needs are satisfied, values become motivational forces in individuals dedicating themselves to some mission or cause. Meaning in life is a “meta-motive”, “a growth need” or “meta-need” that operates according to different rules than a “deficit-need”. Meta-motives require fulfilment for healthy functioning and produce illness when unfulfilled. However, meta-needs are different from deficit needs in several ways. Meta-needs do not refer to internal deficit because tensions they create are often pleasurable. In fact, the gratification of meta-needs adds to their motivational power, their satisfaction creates growth rather than merely averting illness. Meta-needs can not be fully satisfied. Correspondingly, the total fulfilment of one’s meaning or purpose in life is not possible because meaning in life is found in ideals such as non-violence or beauty which cannot be perfected. Individuals are free to choose meanings, but they will be healthier if they choose meanings that help them to fulfill their inner nature. The healthiest outcome occurs if chosen activities match the intrinsic values as closely as possible.

Thus, Maslow’s theory holds that without the fulfilment of values, individuals in higher stages, become ill:” The state of being without a system of val
ues is psychopathogenic, we are learning. The human being needs a framework of values, a philosophy of life, a religion or religion surrogate to live by and understand by, in about the same sense that he needs sunlight, calcium or love” (1968, p.206).

**Irvin Yalom’s Theory.** Yalom (1980) has addressed the phenomenon of meaning in life from an existentialistic stance. His approach starts with the basic existential conflict that flows from the individual’s confrontation with four central givens of existence or ultimate concerns, i.e. death, freedom, isolation and meaninglessness. Psychopathology is conceived as the result of defensive and ineffective modes of dealing with these ultimate concerns. On the other hand meaning in life is considered an individual’s *creative response to* the world’s absolute *meaninglessness*. Humans essentially choose and create their own circumstances. Meaning does not exist outside of individuals, who fully create it of their own. There is not an ultimate design of, or purpose to the universe. Consequently, personal meaning is needed to survive in a meaningless universe. Meaning can be achieved through various ways e.g., altruism, dedication to a cause, creativity, or hedonism. However, since most individuals are aware of the self-created nature of their personal meanings, a second action is required, *commitment*.

Individuals need to commit themselves wholeheartedly to their chosen meanings and purposes if they wish to avoid the anxiety of nihilism. Anxiety of meaninglessness is often enlarged by an awareness of the inevitability of death. If all is lost with death, then what meaning can life have at all? A sense of meaningfulness of life is regarded essential to mental health: “The human being seems to require meaning. To live without meaning, goals, values or ideals seems to provoke considerable distress. In severe form it may lead to the decision to end one’s life... We apparently need absolutes, firm ideals to which we can aspire and guidelines by which to steer our lives”(Yalom 1980, p.422).

Thus, Yalom’s theory postulates that attributing meaning and purpose to external events provides a considerable amount of security and stability to human life. On the other hand, reaching the conclusion that the world does *not* possess meaning can be very disappointing and may result in an overwhelming sense of responsibility and despair.

**Evaluation.** From the above summaries it can be gathered that the three leading theorists concur that meaning in life is a clinically relevant construct which has both negative and positive mental health aspects. Frankl, Maslow and Yalom have all acknowledged that where an existential vacuum exists psycho-
pathological symptoms of all kinds, e.g., alcoholism, depression, hyperinflation of sex, daredevilry, rush in to fill it. Their conceptions of meaninglessness also essentially correspond with Maddi’s (1967) description of it as a state of pervasive nihilism and vegetativeness. Maddi has typified meaninglessness by the following phenomena: On a cognitive level by a chronic inability to believe in the usefulness or the value of any of life’s endeavours, on an affective level by a pervasive blandness and boredom, with episodic depressions, and on a behavioural level by a lack of selectivity of actions, if activity exists at all.

Despite their agreement on the clinical aspects of the meaning in life concept the above theorists have offered discrepant construct definitions and theoretical differences. While Frankl postulates the intrinsic meaningfulness of life and describes meaning as a process of discovery, and Maslow provides a developmental perspective on meaning in life in which the process of self-actualisation and the creation of meanings are central, Yalom starts with the assumption of the absolute meaninglessness of existence and emphasises commitment to self-chosen values as the only way out of nihilism and despair. From these differences it can be gathered that a person’s attempts to achieve a sense of meaning in life hedonistically would be disregarded in a Franklian logotherapeutic approach given that, for Frankl, only self-transcendent values are believed to lead to fulfilment in life. On the other hand, religious clients who believe in a personal, protective God would have a difficult time with a Yalom-like existential therapist who holds that the belief in an ultimate rescuer is one of the basic defences against facing life’s meaninglessness which has to be outgrown. Maslow’s theory has also been criticised by Frankl (1966) because of the rigidity of his designed values hierarchy. Based on his own experiences as a concentration camp prisoner, Frankl has repeatedly stated that in contrast to animals humans are quite capable of voluntarily surpassing the satisfaction of lower needs and of transcending directly to the fulfilment of higher values, for instance out of concern for their loved ones. On the other hand, Maslow (1966) has criticised Frankl’s contention that self-transcendence is positive for anyone at any time. Maslow has pointed out the ‘danger’ of premature self-transcendence, as this may lead to the failure to fulfil deficit-needs at the proper time, which may eventually hamper psychological growth.

A second theoretical discrepancy relates to the created versus discovered nature of meaning in life. The postulated human faculty to freely create or invent personal meanings, which is a central component of existentialistic and humanistic theories, has been discussed by several theorists (e.g., Baird, 1985).
The development of meaning in life has been paralleled with language acquisition (Redekopp, 1990). According to this argument language is socially acquired and each child who acquires linguistic abilities is discovering the forms and processes of his or her linguistic community. The child directs his or her efforts toward discovering socially accepted language symbols and their referents rather than creating personal symbols. From a developmental perspective on meaning in life it can be similarly argued that meaning in life does not develop in a vacuum, but that, like language, it originates from the interplay of social interactions. Blocker (1974) has convincingly argued that in the early stages of human development meaning should be understood as a feature of the world, rather than a personal creation. In his view the first portion of life is spent discovering meaning, in all its forms, rather than consciously creating meaning. Adolescents become capable of questioning for the first time the adequacy of societal meanings which they have absorbed in their personal lives. Emotional or intellectual crises in middle and late adult life may precipitate the individual’s need to break free of these culturally acquired meaning systems and may initiate in them the search for and creation of more idiosyncratic and personal meanings from within (e.g., Lauber, 1990; Hedlund, 1987). This notion suggests that Frankl’s and Maslow’s conceptions of meaning in life which stress other-directed, altruistic and self-transcendent values might better describe the development of meaning in middle and late adulthood, when lower needs have been fulfilled, than the earlier developmental stages.

From the above evaluations it was concluded that the present research would show more consistent results if it were to focus on the clinical and phenomenological aspects of meaning in life in subjects belonging to one developmental life phase, i.e. either young, middle or late adults. It was also acknowledged that each of the three leading theories on meaning in life has its own specific merit from both a theoretical and a clinical point of view, given that each presents a relevant and unique aspect of this complex, multi-dimensional phenomenon. However, no reasonable decision could be made in favour of any of these theories as a framework for the present research, because no investigations have been conducted which establish the superiority of one of these theories. Therefore, it was concluded that a more sophisticated scientific framework was needed to further the empirical investigation of the meaning in life construct.

Of the few remaining theoretical approaches to meaning in life which have not been discussed above, the theoretical outlines of Battista and Almond (1973)
Battista and Almond’s theory. Battista and Almond (1973) concluded from a study of the existing theories on meaning in life that despite their profound differences regarding the nature of meaning they essentially concur on some important issues. Taking a meta-perspective toward the various theories on meaning in life Battista and Almond discovered that there are four basic underlying conceptions about meaning in life which are common to each theoretical approach. These can be described as follows: When individuals state that their lives are meaningful this implies that (a) they are positively committed to some concept of the meaning of life; (b) they have a framework or have derived a set of life goals, purpose in life or life view from these; (c) they see themselves as having fulfilled or as being in the process of fulfilling their framework or life goals; (d) they experience this fulfilment as a feeling of significance.

Battista and Almond’s approach involves a relativistic perspective on meaning in life. It holds that there is no “true” or “ultimate” meaning in life which is identical for everyone and acknowledges that divergent ways of reaching a sense of meaningfulness coexist. In contrast to other theories, this theoretical perspective emphasises the critical role of individuals’ process of believing rather than the content of their beliefs. Despite the fact that this approach had received no subsequent theoretical elaboration or empirical validation it was adopted as the theoretical framework for the present research because of its appealing intellectual soundness. The following three reasons were conclusive:

1) Whereas more philosophically oriented models have postulated that meaning in life develops only from the commitment to and fulfilment of the intrinsic meaning of life, i.e. God (religious models), being (existential models), or man (humanistic models), the present relativistic model states that commitment to any system of beliefs can serve as a life-framework for the development of meaning in life.

2) This approach avoids abstract philosophical discussion over which system of belief is ‘superior’ or ‘ultimately better’ and encourages the scientific study of the various clinical and phenomenological aspects of meaning in life.

3) This scientific stance promotes tolerance toward the wide variety of belief systems from which individuals have derived a deep sense of meaning in life. It acknowledges that there are many, divergent (e.g., theistic, atheistic,
humanistic) ways of deriving meaning in life which do not appear to be reducible to one ultimate, ‘true’ or fundamental meaning system.

Research on Meaning in Life

It seems that during the second half of this century the issue of meaning in life has gradually become unfashionable in philosophy. In contrast, this subject has been embraced more recently by several social sciences as a serious subject for scientific investigation. One major reason for this late admission of the meaning in life issue to empirical inquiry may be that meaning is, in fact, of an ontologically different order than the observable data of regular empirical science. It has been correctly noted that meaning is in the realm of “ideas” and not in the realm of “things” or in the empirical world, if “empirical” means capable of detection by the five human senses or their extensions (Wilber, 1983).

From this epistemological notion one might conclude that meaning cannot be known empirically. However, while we acknowledge that meaning may never be fully grasped by nor reduced to the realm of the empirical, it is our opinion that the empirical study of the meaning in life construct should be welcomed as an important and innovative scientific contribution. It was reasoned that people very much act and decide on the basis of values and meanings and that these decisions and actions produce very real and empirically observable consequences which merit scientific investigation.

Early Research. A major impetus to the empirical study of meaning in life in clinical psychology has been the development of the Purpose in Life Test, see below (PIL; Crumbaugh, 1968; Crumbaugh & Maholick, 1964). Crumbaugh and Maholick designed the PIL from Frankl’s theoretical approach called logotherapy, i.e., the healing of patients through activating their logos, their capacity for finding meaning in life. Practically all earlier studies have employed the PIL because this scale has long been the “only game in town” (Yalom, 1980). Equating ‘meaning’ and ‘purpose’ the PIL assesses the degree to which an individual experiences a sense of meaning or purpose in life. The PIL has been used in many unpublished Ph.D. dissertations and has been employed to assess the effects of purpose in life in a variety of problem areas. Studies have assessed significant relationships between PIL scores and social attitudes (Person & Sheffield, 1975), values (Crandall & Rasmussen, 1975), drug involvement (Padelford, 1974; and depression (Crumbaugh, 1968). However, validation studies have shown that PIL scores relate only moderately with
therapists’ ratings of life purpose in patients (r=.38) and with ministers’ ratings of parishioners (r=.47) (Braun & Dolmino, 1978).

Overall, patient populations were consistently found to have a lower PIL score than nonpatients: e.g., drugs addicts were found to have particularly low PIL scores (Padelford, 1974). Patients hospitalised for chronic alcoholism and psychotic disorders were also found to have lower PIL scores than have neurotic outpatients (Crumbaugh, 1968). Alcoholics were reported as having particularly low PIL scores (Crumbaugh, 1971). A study of outpatients in a British clinic demonstrated that the more highly neurotic and socially introverted patients had lower PIL scores (Sheffield & Pearson, 1974). Furthermore, the PIL was found to not correlate highly with other personality scales, except for the Depression scale of the MMPI (Crumbaugh, 1968). Although these early investigations have definitely contributed to the increasing interest of social scientists in studying the meaning in life concept, results based on the PIL must be interpreted with some care, given that its validity properties have been questioned (see below).

**Recent Research.** Interestingly, the number of social scientists who have come to include in their research a measure for meaning in life or a related construct is currently increasing. The inclusion of a measure for meaning in life also results from the opinion of research subjects who, upon invitation to comment on the research assessments (concept mapping), criticised the lack of a measure for meaning in life (van Nieuwenhuizen, Schene, Boevink & Wolf, 1995).

Over the last two decades the construct of meaning in life has also received attention from scientists of different disciplines in this country. These scientists have more descriptively than empirically investigated the significance of the phenomenon of meaning in life in various contexts, e.g., psychogerontology (e.g., Nies, Munnichs, Stevens & Buysen, 1983; Dittmann-Kohli, 1994), psychotherapy (Debats, 1990), religion (van der Lans, 1990), person-centred theory (van Kalimthout, 1994), and valuation theory (Hermans, 1988).

**a. Sense of Coherence.** Beyond the domain of clinical psychology a relatively new theoretical approach has been inspiring researchers to embark on the empirical study of a concept which is related to meaning in life, i.e., Sense of Coherence (SOC, Antonovsky, 1983). The Sense of Coherence is a construct which refers to a disposition to look at life and its problems in a manner which makes coping easier by viewing the world as meaningful, comprehensible and
manageable. Antonovsky has departed from much of the traditional stress litera-
ture and has started to investigate why some of the concentration camp survivors
were doing well despite their extremely traumatic experiences in the past. He
has aimed at capturing how people cope in the face of stress, rather than dwell-
ing on the negative impact of stressors. Thus, the SOC takes a ‘salutogenic’ or
health oriented rather than a ‘pathogenic’ or disease oriented approach to cop-
ing.

This model has been mainly investigated in the field of medical sociology,
which examines health and disease as they pertain to socio-cultural factors
(e.g., Ryland & Greenfeld, 1991). Due to its recent nature, research examining
the impact of sense of coherence on health outcomes is limited. SOC scores
have been correlated positively with self-reported health (Antonovsky, 1983).
In one study which used sense of coherence a as predictor of response to brief
pain-management programme, only the meaningfulness factor significantly
predicted reported pain at the six-month follow-up (Petrie & Azariah, 1990).
Another study (Petrie & Brook, 1992) established the ability of pre-test SOC
scores to predict suicidal ideation and reattempting suicide at the six-month fol-
low-up.

b. Mental Health Outcomes. Employing psychometrically improved ver-
sions of the PIL, a number of well-designed studies have explored the relation
of meaning in life to mental health outcomes. Newcomb and Harlow (1986)
found that perceived loss of control and meaninglessness in life mediated the re-
lation between uncontrollable stress and substance use. Harlow, Newcomb and
Bentler (1986) found meaninglessness to mediate between depression and self-
derogation, as well as subsequent drug use for women and suicidal ideation for
men. Along similar lines, Coleman, Kaplan and Downing (1986) reported that
drug addicts are less likely than non-addicts to have a well-defined meaning in
life. Ganellen & Blaney (1984) concluded that alienation from self, a construct
closely related to meaning, moderated the effects of life stress on depression.
Zika & Chamberlain (1987) found meaning in life to be a strong and consistent
assessed the ability of purpose in life to predict the outcome of psychotherapy
of alcoholics three months following treatment.

Furthermore, research showed that individuals who were able to find
meaning in experiences, such as terminal illness (e.g., Hamera & Shontz,
1978), cancer (Taylor, Lichtman, & Wood, 1984), AIDS (Schwartzberg, 1993),
the loss of a child (Chodoff, Friedman, & Hamburg, 1964), or being victim of
incest (Silver, Boon, & Stones, 1983), coped better after the event than those who were unable to find meaning. In addition, a number of studies investigated the interactive effects between trauma and process of ascribing meaning to life with a wide variety of populations, including survivors of holocaust, combat, natural disaster and untimely bereavement (e.g., Janoff-Bulman, 1992; Lifton, 1980; Wortman & Silver, 1989). A central issue in this research is the demonstrated need for survivors to establish some meaning or purpose in the profoundly disrupting events they have experienced.

**The measurement of meaning in life**

A major problem in conducting empirical research on meaning in life has been that psychometrically sound instruments are rare. In fact, only three theoretically derived scales have been developed to measure the relevant construct: the Purpose in Life test (Crumbaugh, 1968; Crumbaugh & Maholick, 1964; the Sense of Coherence Scale (Antonovsky, 1983); and the Life Regard Index (Batista and Almond, 1973).

**The Purpose in Life (PIL)** test has long been the only available instrument. The PIL is a 20-item 7-point attitude scale. Eight items deal explicitly with life meaning (purpose, mission); six items deal with life satisfaction (life is boring, routine, exciting, or painful); three items deal with freedom; one item with fear of death; one item with contemplation of suicide; and one with worthwhileness of one’s life. Despite its wide usage, established satisfactory estimates of reliability in terms of split-half reliability of 0.90 (Crumbaugh, 1968; Reker, 1977), and test-retest coefficient of 0.83 (Meier & Edwards, 1974), its validity has been repeatedly and seriously questioned by several researchers (e.g., Braun & Dolmino, 1978; Dufton & Perlman, 1986; Dyck, 1987; Garfield, 1973). These criticisms relate to the blending of distinct concepts (e.g., meaning in life, fear of death, freedom), to being loaded on social desirability (a correlation of .57 with the Marlow Crowne Social Desirability Scale), and to being highly value-laden (e.g., the Protestant work ethic underlies most of the 20 items). Because of these questionable psychometric properties it was concluded not to adopt the PIL as a criterion measure in the present research.

**The Sense of Coherence Scale (SOC)** is a relatively new instrument that has been developed by Antonovsky (1983; 1985). This scale is a 29-item self-report questionnaire, with each item being rated on a 7-point Likert scale. The SOC is more general than the PIL and is composed of three sub-scales. The
comprehensibility sub-scale assesses the extent to which the world is perceived as ordered, predictable and explicable (e.g., "How often do you have the feeling you are in an unfamiliar situation and don’t know what to do?"). The manage-ability sub-scale assesses the degree to which life events can be coped with and challenges met (e.g., “How often do you have feelings that you’re not sure you can keep under control?”). The meaningfulness sub-scale measures the degree to which life is viewed as important and events viewed as challenges worthy of commitment (e.g., “How often do you have the feeling there is little meaning in the things you do in you daily life?”).

To date, only a few studies have evaluated the psychometric properties of the SOC. Antonovsky (1983) has reported \( \alpha \)-coefficients for the full-scale ranging from 0.82 to 0.91, with a test-retest reliability estimate of 0.63. However, the three postulated components were not empirically discriminated. Chamberlain and Zika (1988) concluded from a principal components analysis of the SOC items, that the conceptual structure of the scale was not supported by the results. It was also noted that Antonovsky himself (1987), despite his theoretical discrimination of three separate dimensions, has recommended abandoning the use of the three separate subscales, and employing the global SOC score instead. However, given that only the subscale of meaningfulness was relevant in the current research context, the SOC was eliminated as an operationalization of the meaning in life construct for the present research.

The Life Regard Index (LRI) was developed by Battista and Almond in 1973 in response to the criticism of the PIL as a value-independent operationalization for the construct of positive life regard, which they used synonymously with the construct of meaning in life. The LRI is composed of 28 items which are rated on a five-point Likert scale. The scale consists of two subscales: a Framework scale and a Fulfilment scale. The Framework scale was designed to assess the degree to which individuals can envision their lives within some meaningful perspective or have derived a set of life-goals or philosophy of life from these. The Fulfilment scale measures the degree to which people see themselves as having fulfilled or as being in the process of fulfilling their framework or life-goals. Each scale has 14 items, half phrased positively (e.g., “I have a very clear idea of what I’d like to do with my life”) and half negatively (e.g., “I don’t really value what I’m doing”).

Yalom concluded in 1980 that the LRI was more conceptually sophisticated than the PIL and he regretted that the LRI had received no subsequent use
nor psychometric evaluation. Despite the fact that this situation had not changed at the time of the start of the present research in 1987, the LRI was selected as an instrumental operationalization for the meaning in life construct in the present research. One obvious reason was that the LRI fitted perfectly well with the relativistic approach of Battista and Almond which was adopted as general theoretical framework for the current research.

A second reason for the selection of the LRI as a criterion measure was that the few available psychometric properties of the LRI were found to be satisfactory. Battista and Almond (1973) reported a test-retest reliability for the LRI of 0.94, and found that social desirability accounted for only 4% of the LRI scores’ variance. Preliminary evidence of discriminant construct validity for the LRI was established as LRI-scores discriminated low from high meaning subjects in predicted ways: low meaning as compared to high meaning subjects had visited psychiatrists more often in the past and for longer periods of time, they had significantly lower levels of self-esteem and saw themselves fulfilling their ultimate life goals to a lesser degree (cf. Battista & Almond, 1973).

Values and Meaning in life

From the previously discussed theories on meaning in life it can be gathered that values play a crucial role in the process of finding meaning in life. While Frankl (1976) emphasised the process of self-transcendence and the role of creative, experiential and attitudinal values in developing a sense of meaningful life, and Maslow (1971) focused on self-actualisation and the different roles of deficiency and growth values, Yalom (1980) stressed engagement and the values of creativity and commitment. Despite their theoretical disagreements these theorists concurred that individuals strongly need the guidance of certain values in their search for purpose and meaning in life, regardless of whether these values are consciously held or not yet conceptualised. Without values the quest for meaning would lack direction.

Because of the centrality of the value concept in the development of meaning in life an investigation of its effects was included in the present research. We adopted Rokeach’s (1973) definition of the value concept since it is clear, well established and comprehensively operationalised in the Rokeach Value Survey (RVS, Rokeach, 1973). Rokeach defined the value concept as “an enduring belief that a specific mode of conduct or end state of existence is personally or socially preferable” to another (p.5.). Rokeach distinguished terminal and instru-
mental values. Terminal values refer to goals or end states of existence and involve values of a personal nature e.g., ‘self-respect’ and ‘pleasure’ or a social nature e.g., ‘a world at peace’ and ‘equality’. Instrumental values refer to modes of conduct and concern issues of competence e.g., ‘capable’ and ‘independent’ or morality e.g., ‘responsible’ and ‘helpful’.

Regarding the effects of values two areas of interest were selected. First, the validity of Battista and Almond’s (1973) relativistic theoretical perspective on meaning in life was tested. This perspective postulates that the development of positive life regard is essentially value-independent, i.e. that meaning in life can be attained in many different ways and that ultimately no values are superior nor inferior to others in producing these effects. Secondly, since it has been demonstrated that persons, including therapists, have certain values even when they intend to be value free (e.g., Bergin, 1980; Weiskopf-Joelson, 1980) we wanted to evaluate the effects of clients’ and therapists’ values on the process and outcome of psychotherapy. The roles of two relevant phenomena which are reported in literature were investigated: client/therapist value-dissimilarity, i.e. a tension between clients’ and therapists’ values at the start of treatment, and value-convergence, the increasing similarity between clients’ and therapists’ values during the course of treatment.

Conclusion

Based upon the above theoretical and empirical considerations, the present research was undertaken to further investigate the clinical and phenomenological aspects of the construct of meaning in life. It was decided to adopt Battista and Almond’s approach to meaning in life as a guiding theoretical framework, to select the Life Regard Index (LRI) as a criterion measure for assessing the construct of meaning in life and to investigate the multiple aspects of values and the meaning in life construct in subjects of one developmental life phase, i.e. young adults. The first aim of the present research, then, was to investigate the psychometric properties of the two central instruments in this research, the LRI and RVS. In the next chapter the several studies which have been conducted will be introduced.