DISCUSSION AND CONCLUDING REMARKS

The main objective of this thesis is to investigate the psychometric, clinical and phenomenological aspects of meaning in life. The present chapter will discuss the relevance of the findings and their theoretical and clinical implications. In addition, suggestions for further research will be offered.

Psychometric Aspects

The lack of an adequate instrument to measure meaning in life has long hampered the empirical study of this construct. It is therefore encouraging that the present findings provide support for the psychometric properties of the translated version of the Life Regard Index, an instrument which was designed by Battista and Almond in 1973 and which had received no subsequent evaluation prior to the start of the current research project. The present psychometric findings are in agreement with results from a few studies on the LRI which have recently been published (Chamberlain & Zika, 1988a; 1988b; Orbach, Illuz & Rosenheim, 1987). We established in all studies high reliability estimates for the LRI in terms of internal consistency. Evidence of good stability for the LRI was also detected (Chapter 4). As to the LRI’s validity, evidence supportive of construct validity was obtained in terms of factorial validity (Chapter 3 and 4), discriminant construct validity (Chapter 6, 8 and 9) and predictive validity (Chapter 6). These qualities are important for enhancing the confidence in the LRI’s utility in research and clinical settings. Evidence of concurrent validity for the LRI could not be obtained since the only potentially useful instrument, the Purpose in Life test (PIL, Crumbaugh & Maholick, 1964), has been criticized on validity grounds itself (e.g., Dufton & Perlman, 1986; Dyck, 1987).
One way of establishing concurrent validity for the LRI in future research would be to correlate independent clinicians’ ratings of subjects’ degrees of meaning in life to their LRI scores.

Two issues deserve further discussion. First, the theoretical structure of the LRI, which discriminates two subscales, framework and fulfilment, was confirmed by the present results. Findings offer evidence of discriminant construct validity for these scales since these correlated highly with the total LRI and moderately with each other and yet had quite different, both linear and partial, correlations with major dimensions of psychological well-being (e.g. Chapter 4, 8). Fulfilment was found to be more strongly associated than framework with both positive estimates of happiness and self-esteem and with the negative estimates, such as depression, anxiety, interpersonal sensitivity and psychological distress. The findings, especially in the patient sample, suggest that the effects of fulfilment are dominant over those of framework: the partial correlations of fulfilment (deleting the effects of framework) with psychological well-being measures reached the levels of the linear correlations, whereas the partial correlations for framework with the same measures (deleting the effects of fulfilment) dropped dramatically (cf. Chapter 6).

The above findings are important since they suggest that to envision oneself as fulfilling or as having fulfilled goals in life is a more crucial factor in deriving a sense of psychological well-being and existential fullness than is the sheer presence of goals in life or framework. Results suggest that fulfilment represents the affective dimension of the meaning in life construct. In contrast, the specific content of the framework items (e.g. ‘I have a clear idea of what I want I’d like to do with my life’) and the pattern within the findings imply that framework represents the cognitive component of meaning in life. Future research needs to investigate whether framework and fulfilment adequately represent the construct of meaning in life or whether some additional actional factor, representing commitment or engagement, needs to be distinguished.

Second, in agreement with various theorists in the field (e.g., Battista & Almond, 1973; Fabry, 1980; Lukas, 1986) the variable meaning in life has been conceived of as a trait which can be comprehensively measured by means of the LRI. Although we believe that meaning in life essentially constitutes a personality construct, the demonstrated strong associations between fulfilment and emotional well-being do not seem to rule out the possibility that to some extent meaning in life has aspects of a state as well. For instance, it is conceivable that during episodes of acute depression feelings of profound meaninglessness may
prevail, but that these decline rapidly between episodes. This issue remains an important topic for future research.

From the present results we conclude that the LRI, given its psychometric properties, is the best available instrument to measure the meaning in life construct. In cases of clinical examination, however, we believe that one must be cautious about relying solely on scores from self-report questionnaires since these inherently suffer from the possibility of response bias, such as subject denial. A logical next step in preparing the Dutch LRI for clinical and research purposes is to provide data concerning patient and non-patient norm groups.

Clinical Aspects

The present research project was one of the first to examine the clinical aspects of meaning in life in a sample of regular psychotherapy clients. Meaning in life has been previously studied with patients diagnosed as having addictive disorders such as alcoholism (e.g., Waisberg & Porter, 1994) or substance use (Harlow, Newcomb & Bentler, 1986). Recently there have also been an increasing number of studies on the impact of meaning in life on physical diseases such as AIDS (e.g. Schwartzberg, 1993), cancer (e.g. Taylor, Lichtman & Wood, 1984), disability (e.g. Dunn, 1994), and on coping with traumatic life events such as a stroke (e.g. Thompson, 1991) or incest (e.g. Silver, Boon & Stones, 1983). However, there is still an insufficient amount of research on meaning in life outcomes in people who are not addictive, psychiatric patients. The most general conclusion from the current clinical studies must be that the concept of meaning in life has significant relevance for current clinical practice (Chapter 6). Meaningfulness and meaninglessness appear to be more than philosophical concepts that can be by-passed in psychotherapy. In fact, young adult patients who have a low sense of meaning in life, as measured with the LRI, were found to have significantly worse outcomes in regular treatment than patients with a high sense of meaning in life. These findings clearly suggest that meaning in life issues demand serious therapeutic consideration. Since the training of psychotherapists generally omits value and meaning in life issues, the present findings point to the need of developing a professional perspective on how to adequately handle these issues in therapy. Such a perspective should acknowledge that problems with finding some purpose or meaning in life are a natural part of human existence and, hence, need be respected and dealt with in therapy, much like problems in other areas of life, e.g. work or interpersonal relationships.
However, the literature concerning therapeutic approaches to meaninglessness is remarkably silent when it comes to specific therapeutic procedures. The present clinical findings stressing the relevance of the interpersonal dimension suggest that the problem underlying the experience of life as meaningless may often be related to the feeling of being isolated. Yalom (1980) stated that the therapeutic answer to meaninglessness is engagement regardless of its source. However, since therapists cannot directly create a wholehearted engagement in patients, their therapeutic efforts should concentrate on removing the obstacles that block the patient’s desire to immerse him/herself in life. Therapists should avoid the pastoral role of actively telling clients what values or meanings in life they should pursue. In contrast, making genuine contact with low meaning clients in their experience of (existential) loneliness and perception of life as worthless may instill in them some hope and create some confidence that they themselves will eventually find their way out to some personal fulfilment in life. Our view is in accord with Jerome Frank (1974) who stated that psychotherapy is ultimately about the restoration of morale.

Whether or not the role of meaning in life is critical as a risk factor for the onset of psychiatric disturbances, as theorized by Frankl (1955; 1963) and other existential theorists, e.g., Bugental (1965), Maddi (1967), Yalom (1980), has not been exhaustively examined in relevant patient populations. What seems to be needed is an examination of which clinical populations, under what circumstances, respond to meaninglessness by aggravated clinical symptomatology if not treated adequately. It is therefore important that therapists have a conceptual framework which permits them to determine when meaninglessness is a problem and when it is not.

The established effects of client/therapist values dissimilarity and values convergence on psychotherapy outcome (Chapter 7) may confront clinicians who are still wedded to a fundamental notion of value neutrality in the practice of psychotherapy. In fact, the present research was started from the notion that psychotherapists can no more hide their values than they can fail to communicate, even if these are expressed by very subtle non-verbal signs of interest or disinterest. Overall the findings on values and psychotherapy are in keeping with the recognition that non-specific qualities of the therapeutic alliance account for the majority of treatment changes (Lambert & Bergin, 1994). The findings point to the crucial role played by the successful matching of clients to therapists in producing positive treatment outcomes. Since values play an important role in therapy, therapists should be trained to raise their awareness of
their personal values and to clarify the role they want their values to play in the treatment of their clients. One effective method to achieve this may be the self-confrontation method developed by Hermans (1974).

Abroms (1978) theorized that one of the goals of psychotherapy is promoting clients’ development from lower-order, less productive values to higher-order, more creative ones. This perspective implies that therapists cannot afford to pretend to be value free, since they must actively exemplify higher-order, more embracing values in life than their patients do. Otherwise the therapeutic alliance will hardly do patients good. This view accords with the present findings which point to the relevance of initial value dissimilarity, that is to say a tension between therapists’ and clients’ values, to positive treatment outcomes. However, we conclude from these findings that this disparity must not be too great so that clients still can perceive some agreement between theirs and their therapists’ most central values. Such value recognition may foster in clients, and as well as in therapists, a trust or expectancy of their successfully working together. This may also eventually enhance in clients a sort of daring to oppose, or even reject, some of therapists’ values. Note, that the current research detected this process of increasing disparity between therapist/client values over the course of treatment as being significantly related to positive treatment outcomes. On the other hand, findings suggest that if the therapist-client value distance is too large, because therapists’ values are either to high- or to low-ordered in reference to clients’ most central values, no successful working alliance can be expected.

Phenomenological Aspects.

Since few studies have previously investigated the components of the experiences of one’s life as meaningful and meaningless, two combined qualitative-quantitative studies were conducted with normal young adults and with patients. These investigations have yielded a wealth of relevant information concerning issues that do and do not matter in subjects deriving a sense of significance of personal existence.

One main conclusion is that the interpersonal dimension of life has critical relevance in deriving a sense of meaning in life. Findings present humans as essentially social beings who easily lack a sense of fulfilment if their needs for affiliation or recognition are not satisfied. Relationships appeared to be the most important source of meaning in life. Periods of meaninglessness were typified
by alienation from self, others and the world, whereas periods of meaningfulness were characterized by contact with self, others or world. In addition, presumably due to their psychiatric disturbances patients as compared to non-patients were found to be less committed to the relational source of meaning in life. The relevance of the interpersonal domain to meaning in life was further confirmed by the strong relationship between marital status and LRI scores (Chapter 4) showing persons with a partner to have significantly higher levels of meaning in life than persons without a partner.

A second conclusion is that significant commitment or engagement plays a crucial role in meaning in life processes, thus confirming Battista and Almond’s (1973) relativistic approach to meaning in life. In contrast to theories on meaning in life which hypothesize that it is the content of specific meanings and values that lead to existential fullness (e.g. Frankl, 1955; 1976) this perspective holds that it is not so much the content, as the degree of one’s commitment to personal meanings that is the crucial element of experiencing one’s life as meaningful. The current findings support this view since predictions derived from it were generally confirmed: LRI scores were independent of age, sex, educational level, specific values and sources of meaning in life, but related significantly to subjects’ commitment scores (Chapter 4, 9). The only effect for sex was that, in the normal sample, females mentioned more relationship-meanings than males. This finding is interesting since it suggests that while women have a relatively stronger (need for) relatedness than men, they loose this surplus value with the onset of psychological distress. The extent to which males and females are affected by their different socialization patterns in their development of a sense of fulfilment from meanings available in culture is a subject that deserves further investigation.

Finally, the various phenomenological findings suggest that meaning in life is a multi-faceted phenomenon. People may on the one hand derive a sense of meaningfulness through enjoying life as it is and by experiencing life as worthwhile in diverse activities such as in leisure, sports or arts. And yet, on the other side it seems that the need for deeper, more encompassing meanings becomes urgent when one has entered the shadow side of life as in severe crisis, onset of mental illness or being separated from a beloved one, as through death. Findings suggest that although patients have lower LRI and commitment scores than normal subjects, they value the development of psychological qualities more than non-patients. Hence, it is conceivable that ‘patients’, by successfully overcoming their psychological disturbances, and hence becoming ‘normals’ again,
may eventually gain a more mature and personal life concept than ‘normal’ persons who have not gone through a disruptive period of distress. Is it only through suffering that wisdom can be attained?

Concluding Remarks

The most general conclusion of the current research project must be that the need for a valued and meaningful life is a significant factor in human existence. We acknowledge that life can exist without values or meanings, although in that case the basic needs for oxygen, water, food and sleep and as well the desires for pleasure and sex are the only motivating factors that influence behaviour (Baumeister, 1991). The current research supports the clinical relevance of the meaning in life construct and clarifies some of its many important aspects. However, several issues, discussed below, remain unresolved.

1. Regarding the significant relationships between dimensions of meaning in life and multiple aspects of psychological well-being, the directionality of the established effects cannot be definitely determined. Leading theorists (e.g, Frankl, 1963 ;Yalom, 1980) have favoured the position, and researchers (Harlow, Newcomb, & Bentler, 1986; Newcomb & Harlow, 1986) have offered empirical evidence for its validity, that the meaning in life variable operates as a precursor or antecedent of psychological and general well-being. Although we sympathize with this view, the present results do not seem to rule out the alternative view that a sense of meaning in life may also to some extent result from psychological well-being. Yet, with this latter explanation one should consider that realizing one’s goals or purpose in life is not always easy, and often requires effort and discipline, which may be at odds with short-term satisfaction with life (Ryff, 1989). Note that Maslow (1962) has conceived of meanings and values as the dominant motivating forces in higher or later stages of human development. Hence, it may well be that purposes or meanings in life are in themselves central criteria of psychological well-being. Therefore, the idea that meaning in life and psychological well-being operate interactively seems to fit best with theoretical and empirical knowledge so far. Only a prospective, longitudinal study can shed more light on this important topic.

2. Another issue which has been neglected by most theorists regards the question of how meaning in life develops. Even Frankl, (1955; 1963) the most widely known proclaimer of the centrality of meaning in human
existence, has only marginally addressed this topic. It seems as if Frankl’s
postulated ‘will for meaning’ emerges full blown, out of nowhere, as the
major motivating force in middle adulthood. However, the scarce literature
suggests that developing a sense of meaning in life and creating major life
goals involve more than merely examining options and selecting some.
Many components may be involved in this process, including personality
characteristics, childhood experiences, socioeconomic conditions, and
genetic attributes (Baumeister, 1990). It seems likely that meaning in life
is not created in isolation from other elements of existence. Personality
characteristics influence individual interests which, in turn, influence the
types of meanings that individuals perceive to be fulfilling. Early experi-
ences notably influence interests, creating preferences or aversions which
are assimilated in and dealt with through adulthood meanings. Most
theorists acknowledge that needs exert strong influences on meaning in
life. In fact, our findings in young adults suggest that personal needs may
largely determine the types of meanings that will be experienced as
fulfilling. However, meaning in life has long been conceived as a unitary
phenomenon found only in adulthood, and little research has been
conducted to discover the precursors of meanings in earlier life phases.
Findings from developmental life-span studies (e.g., Reker, Peacock &
Wong, 1987) suggest that meaning takes different forms at different stages
of development, involves different tools in its orientation and utilizes
different processes. Erikson (1963) has also argued that issues of devel-
velopment of meanings are found in the identity formation, intimacy, gener-
avtivity and integrity phases of life. Hence, it is an interesting subject for
further investigation to assess the extent to which the present clinical and
phenomenological findings correspond with or deviate from results ob-
tained with middle aged or older adults.

(3). Another issue concerns the fact that most researchers have exclusively
focused on the positive outcomes of meaning in life, whereas some
theorists (e.g., Stein, 1983) have also argued that meaning in life can
produce negative outcomes, such as the avoidance of reality, premature
and unstable self-transcendence, need-fixation or developmental arrest.
Although it has been repeatedly determined that meaning in life can
improve psychological health (e.g., Zika & Chamberlain, 1987), reduce
stress (e.g., Thompson, 1985), and provide a sense of coherence and
control (e.g., Antonovsky, 1987), instantly attributing meaning to major
stressful life events may not always be psychologically desirable. Consider the example from the author’s clinical practice of a religious couple who had dramatically lost one of their children and had rapidly attributed to this incident the meaning “It is God’s will”. This offered them substantial consolation for their painful loss, but played a negative role in the mourning process in the long run, since this sense of meaning kept them from fully experiencing all the inherent emotions such as grief, anger and guilt. In addition, persons who are imbued with a self-transcendent meaning in life such as sacrificing oneself to the service of others at an early stage of psychological maturity, may miss out on phase-specific, self-centred need gratifications such as enjoying leisure and having fun, which may ultimately lead to developmental arrest (cf. Redekopp, 1990).

Finally, the diagnosis of meaning in life disturbances is a largely unresolved issue which most theorists have addressed only in passing. Jung (1966, cited in Yalom, 1980) declared that absence of meaning in life plays a crucial role in the etiology of neurosis, which he encountered in a third of his cases. Frankl (1955) claimed that 20 percent of the neuroses he treated were ‘noögenic’ in origin, i.e. were derived from a lack of meaning in life. Traditionally, the concepts of meaning and meaninglessness occupy a controversial place within the fields of clinical psychology and psychiatry. Meaninglessness is rarely considered a clinical entity, because it is generally conceived of as a symptom of some other ‘primary’ or more familiar syndrome, such as depression or alcoholism. Note, that existential thinkers have also emphasized that feelings or anxiety of meaninglessness belong to human existence and that these do not reflect an abnormal state of mind, although people often respond to it in toxic (e.g., drugs, alcoholism) ways.

However, profound and pervasive meaninglessness which is associated with severe clinical manifestations seems to be of a quite different nature. One of the largest problems in this area is to reliably differentiate a clinical state of meaninglessness from a major depressive disorder. Maddi (1967) has stated that, in contrast to depressive disorders, pervasive meaninglessness is to be recognized by severe dysfunctions in the cognitive (nihilism), affective (cynism) and motor (apathy, vegetativeness) domains. In our opinion it has not been adequately studied whether such states of profound meaninglessness just coincide with the absence of purpose and direction or whether these are of a distinct, more complex nature. Perhaps studies in suicidology (e.g. Petrie & Brook,
1992) may help clarify this important clinical issue. We learned that the theme of the perceived insignificance and meaninglessness of life is prominent in suicide notes (cf. Yalom, 1980). Hence, we were struck by the fact that some researchers are puzzled by suicides in a minority of cases with no apparent psychopathology, without considering the meaning in life issue (e.g., Brent, Perper, Moritz, Baugher & Allman, 1993). Does this mean that modern social scientists do not conceive of the meaning in life concept as possessing explanatory power in cases of severe psychological suffering and attempts to end one’s life? Although this issue can only be adequately resolved by future investigations, the following statement of Camus (1970) may stand on its own: “I have seen many people die because life for them was not worth living. From this I conclude that the question of life’s meaning is the most urgent question of all.”