

THE SENSE OF MEANING AND PURPOSE  
OF HOSPICE FAMILY MEMBERS  
DURING THE GRIEF PROCESS

by

Sue Louise Mahan Stevenson

A Dissertation Submitted to the Faculty of the  
DIVISION OF EDUCATIONAL FOUNDATIONS AND ADMINISTRATION  
In Partial Fulfillment of the Requirements  
For the Degree of  
DOCTOR OF PHILOSOPHY  
WITH A MAJOR IN EDUCATIONAL PSYCHOLOGY  
In the Graduate College  
THE UNIVERSITY OF ARIZONA

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**The sense of meaning and purpose of hospice family members  
during the grief process**

Stevenson, Sue Louise Mahan, Ph.D.

The University of Arizona, 1989

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THE UNIVERSITY OF ARIZONA  
GRADUATE COLLEGE

As members of the Final Examination Committee, we certify that we have read  
the dissertation prepared by Sue Louise Mahan Stevenson  
entitled The Sense of Meaning and Purpose of Hospice Family Members  
During the Grief Process

and recommend that it be accepted as fulfilling the dissertation requirement  
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## ABSTRACT

This study was designed to assess the process of meaning loss for family members who cared for their terminally ill loved ones during the grief process as well as determine factors that might be related to loss of meaning.

The Purpose in Life Test (PIL) was used as the dependent measure. The independent variables consisted of age, education level, relationship to patient, gender, ethnicity, whether counseling was received, types of counseling received, and time between diagnosis, death and the present.

The data were gathered on 87 caregivers who were participating in the St. Mary's Hospice program in Tucson, Arizona. All caregivers were over age 18 and between three and thirteen months past the death of their loved one.

The data were analyzed in four stages beginning with the development of descriptive statistics. During the second stage a correlation matrix was constructed and explored. A multiple regression was performed during the third stage to assess which of the independent variables could explain any variance obtained with the dependent measure. In the last stage a factor analysis was done and compared with a factor structure from previous research with the PIL Test.

Nine hypotheses were tested producing the following results:

Meaning in life tended to be higher for those less close in relationship to the patient such as nieces, nephews, and in-laws. There was no significant difference between a caregiver being a spouse, child, sibling or parent of the deceased loved one and meaning in life.

There was no significant difference in age, education level, gender, ethnicity, whether counseling was received, types of counseling received and time between diagnosis, death and the present and meaning in life.

The factor analysis revealed a five factor solution. It was concluded that the PIL Test taps two factors that can be labeled Purpose in Life and Contentedness With Life.

The overall conclusion of the study was that caregivers in the sample possess a unique and similar sense of meaning in life that may be due to sharing a common experience. There may also be some unifying factor about those choosing to enter a Hospice program that may attract a homogeneous group of people.

## CHAPTER 1

### INTRODUCTION

It has been suggested that loss or grief is a "lifelong human condition" and permeates every human life (Viorst, 1986). In this day and age a common source of grief is the diagnosis of a terminal illness in a family member creating a crisis or transition period for those involved. While in this period of crisis family members of a patient can lose a sense of meaning and purpose in their lives. This loss can occur immediately following a terminal diagnosis and continue for years after the actual death of the loved one. Viktor Frankl (1986) calls this process of meaning loss "existential frustration" and suggests that our main motivation in life is a "will to meaning" or an innate desire to pursue meaning during the crises that occur throughout our lives. This study which is based on Frankl's ideas attempts to measure the process of meaning loss for family members who cared for their ill loved ones during the grief process.

#### Significance of the Problem

Although a large amount of research has been done with spouses of dying patients, little has been done with the caregivers in general. No research has been found that studies the sense of meaning of these family members as well as the factors that influence meaning and purpose during the grief process. Only one study pursues the

sense of meaning for widows (Levinson, 1979). The current study seeks to outline a pattern of a sense of meaning for caregivers after the death of the loved one and provide clues as to specific factors which may be related to the loss of meaning.

The results of this study can provide valuable information to medical personnel, psychologists and social workers in the field of loss and grief as some specific questions are answered. Those involved in this field of work may be better equipped to meet the needs of family members. By determining when the greatest amount of meaning loss occurs professionals and medical staff may focus the amount of intervention and services to that point in the grief process. High risk groups could be identified and their needs better met if it were found that factors such as sex, age, ethnic background, relationship to the patient, educational level achieved or time since diagnosis contribute to a lower sense of purpose or meaning in life. Finally, discovering whether the type of counseling received or the amount of counseling received made any difference in the individual's sense of meaning could shed light on the helpfulness and continuation of these services. If group counseling, for example, appeared to be more highly associated with a higher sense of purpose than individual

counseling then programs for family members could be increased to provide more group interactions.

Results from the study could also contribute to and substantiate the body of knowledge already existing as it relates to Frankl's theory of "existential frustration". For example, following Frankl's theory we would expect that family members who are in a state of crisis possess a low sense of meaning during the grief process.

#### Statement of the Problem

It has been documented that terminally ill patients themselves possess a low sense of meaning and purpose in life (Zuehlke & Watkins, 1975). Kubler-Ross (1969) suggests that family members of cancer patients react in nearly the same manner as their dying loved one. Family members too go through the same cycle in the grief process of Denial, Anger, Bargaining, Depression and Acceptance. One might expect the greatest expression of existential frustration or loss of meaning to occur during the Depression phase as depression has been found to be positively correlated with a low sense of meaning (Phillips, 1980). However, all grieving family members are different and the phase of Depression may come quite quickly after diagnosis of the terminal illness or it may come months later. Additionally, the length of each phase can vary considerably. The problem posed by this study is



whether a pattern of meaning loss exists for family members of terminally ill patients and, if so, what does this pattern look like throughout the grief process.

Kubler-Ross (1969) believes that some of the grieving is completed prior to the actual death of the family member. The following questions result from this suggestion:

1. Is there a moderately low sense of meaning soon after the death of the loved one if some of the grieving has already been achieved?
2. Is there an equally low sense of meaning throughout the grief process?
3. If a crisis causes one to pursue and, hopefully, find more meaning in life, when would a greater sense of purpose be detectable?

One goal of the study was to find out what factors contribute to a sense of meaning during the grief process. Questions related to this issue are as follows:

1. Would seeking psychological assistance be related to a higher sense of meaning at different points along the grief process?
2. Would age, sex, ethnic background, closeness of relationship with the patient, educational background or time since diagnosis have anything to do with a higher sense of meaning in the individual's life at any point following the

death of the loved one?

Based upon the above questions the study was designed to test the following null hypotheses:

1. There will be no significant difference in the sense of meaning between family members who are at different points past the death of the loved one.

Individuals whose loved one died three months ago will possess similar meaning in life as those whose loved one died thirteen months ago.

2. There will be no significant difference between those of different ages and the sense of meaning in life.

Individuals who are thirty years of age will possess no more or no less meaning in life than those aged forty or older.

3. There will be no significant difference between males and females and meaning in life.

Males will possess no more or no less meaning in life than females.

4. There will be no significant difference between individuals belonging to different ethnic groups and meaning in life.

Anglos will not possess any more or less meaning in life than will Native Americans or those in the Other subcategory.

5. There will be no significant difference between those with different educational levels and meaning in life.

Those with a college education will not possess any more or less meaning in life than those with less formal education.

6. There will be no significant difference between family members who have varying timelines from diagnosis to death and meaning in life.

Caregivers with lengthy time periods from diagnosis to death will not possess any more or less meaning in life than those with short preparatory grief periods.

7. There will be no significant difference between those who received counseling during the grief process and those who did not and meaning in life.

Caregivers who received counseling regarding their grief process will not possess any more or less meaning in life than those who received no counseling.

8. There will be no significant difference between the types of counseling received by an individual and meaning in life.

Meaning in life will be similar for caregivers regardless of participation in group, individual, family, clergy oriented or other forms of counseling.

9. There will be no significant difference between

those with various relationships to the patient and meaning in life.

Spouses or children will possess similar meaning in life to those less close to the patient such as nieces, nephews, and in-laws.

#### Assumptions of the Study

For the purposes of this study it was assumed that:

1. This loss of meaning will be readily detectable with the instrument chosen-the Purpose in Life Test (PIL).
2. The PIL Test possesses adequate reliability and validity and measures the construct of "meaning in life".

#### Limitations of the Study

The study was limited in the following manner:

1. Only family members who were caregivers of the patient were included.
2. Family members were eighteen years of age or older.
3. The sample was obtained only from the St. Mary's Hospice program in Tucson, Arizona, in order to increase homogeneity of the sample.
4. Data was collected from subjects who were enrolled with the Hospice program as of September 1, 1988, in order to decrease differences of subjects due to a broader

timeline.

5. Due to the nature of the study, random selection was not possible.
6. Generalizability of the findings was limited to other Hospice programs with demographic variables similar to that of St. Mary's Hospice.

#### Definition of Terms

Caregiver. A family member who took responsibility for the patient by providing physical care in the home. Caregivers frequently resided within the same household as the patient but not necessarily.

Bereavement. The state of loss through death.

Existential frustration. The feeling of meaninglessness experienced during a period of transition or crisis.

Grief. The process of experiencing the distress associated with a present or future loss.

Hospice. A medical and social service program for terminally ill patients and their families. A medical ward provides pain control services to patients as well as an environment in which to die with dignity if a home death is not chosen. Home medical care, group and individual counseling services are also provided by individuals specifically trained to work with terminally ill individuals.

Meaning in Life. An individual's belief that she or

he is pursuing valued goals and possesses an understanding of some purpose to life.

## CHAPTER 2

## REVIEW OF THE RESEARCH

Theoretical Background

The theoretical basis of this paper rests upon Viktor Frankl's theory regarding meaning in life (1986). Viktor Frankl suggests that the search for the answer to the question on the meaning of life or meaning in life is basic to what is uniquely human and is what makes us different from all other animals. Only we question our existence and search for meaning in our lives. Frankl also suggests that when we experience a transition or crisis we find a shortage of answers to this question. We challenge our purpose and experience feelings of emptiness, despair, confusion and a lack of control. This lack of meaning is called existential frustration. This is not a sign of pathology. On the contrary, Frankl insists that this lack of and subsequent search for meaning indicates a healthy state of being. It is when the individual is unable to find meaning at all that he or she ends up with what he calls noogenic neurosis. Fabry (1980) states:

Noogenic neuroses do not originate in the patient's psyche and are not brought about by such traditional Freudian causes as repressed sexuality, childhood traumas, or conflicts between different drives or between the id, ego, and superego. Noogenic

neuroses originate in our noetic dimension and may be brought about by value collisions, by conflicts of conscience, or by the unrewarded groping for our highest value- an ultimate meaning of life (p. 31).

Frankl describes the noetic dimension as the spiritual aspect of humanity, the third dimension of the mind/body/spirit triad. This third dimension as J. Fabry (1980) puts it

contains such qualities as our will to meaning, our goal orientation, ideas and ideals, creativity, imagination, faith, love that goes beyond the physical, a conscience beyond the superego, self-transcendence, commitments, responsibility, a sense of humor, and the freedom of choice making (p. 19).

Sigmund Freud sees our main motivation as the "will to pleasure" while Alfred Adler sees it as a "will to superiority" or "will to power". Frankl, however, sees our main motivation as the "will to meaning". This motivation as Fabry (1980) sees it is an "intuitive knowledge that life has meaning" (p. xiv) and that our pursuit of meaning is an "attempt to make sense of life in spite of apparent chaos and arbitrariness" (p. xvi).

As humans we go through periods of disruption or crisis in our lives such as divorce, grief, loss of a job, mid-life crisis and others. At these times we begin to



question why these events are occurring, what purpose they serve. Our pursuit of meaning can allow us to answer these difficult questions thereby reinstating order and equilibrium. Frankl suggests that any suffering we experience is negative and felt as despair if it has no meaning or significance to us. We don't like to think that events occur randomly, arbitrarily and totally out of our control. While in a Nazi concentration camp, Viktor Frankl was able to deal with his suffering by believing that there was a purpose for it. He believed that his suffering would allow him to learn from the experience and later develop further his ideas about "will to meaning". He believed he could help others in the future as a result of his suffering. Frankl strongly suggests that "Suffering can have meaning, if it changes you (the sufferer) for the better" (Fabry, 1980, p. 51). Additionally, he says that "we mature in suffering, grow because of it-it makes us richer and stronger" (Frankl, 1986, p. 109). A woman who experiences a brutal attack can turn the experience into something meaningful by learning self defense and helping other women learn how to defend themselves. A man who experienced years of drug abuse can become drug free and help others in a similar situation by volunteering at a drug abuse clinic. Finding meaning in this way allows us to feel a sense of control over the situation. Fabry (1980) states that "Despair

comes from a sense of feeling trapped." (p. xvii) When we are trapped we may perceive that we have little or no control. Studies indicate that those with little meaning in life also experience what is called an external locus of control or control which is outside ourselves (Eisner, 1978; Lewis, 1982; Phillips, 1980). It is when we realize that we can control our attitude that we can decrease a sense of despair in a potentially crisis-laden situation. As Frankl (1984) aptly puts it, "even the helpless victim of a hopeless situation, facing a fate he cannot change, may rise above himself, may grow beyond himself, and by so doing change himself. He may turn a personal tragedy into a triumph" (p. 170).

Meaning can be found by giving meaning to our situation or suffering and by choosing a more constructive attitude. It can also be found by several other means. One can pursue meaning through creative activities and through personal experiences such as peak experiences or close relationships. When one is devoted to a task or has meaningful and worthwhile relationships one has reason for living. Frankl suggests that meaning can also be found when the individual realizes that he or she is unique and irreplaceable. The world would not be the same without them. A person can also realize that they must take responsibility for their life. Frankl (1986) states that "man should not ask what he may expect from life, but

should rather understand that life expects something from him" (p. xxi). He believes that we inappropriately ask "What is the meaning of life?". Instead he suggests that life is questioning us, is "putting its problems to" us and that it is up to us to respond to its questions by being responsible in answering for our lives. We can be responsible by pursuing life as a task or mission in which we are required to accomplish goals, make a contribution in some way to humanity and experience life and relationships in the fullest possible way. We can also acknowledge that life is full of injustice, suffering and death. These are the realities and challenges of life and we are responsible for meeting them.

When one speaks of meaning there exists basically two types. First, there is a "super-meaning" or ultimate meaning of life. This meaning can provide religious or spiritual answers to the individual. Frankl suggests that there is no one ultimate meaning to life. It is just important that the individual seek and find the meaning which is relevant for him or her. The second type of meaning is the "personal meaning". This refers to the individuals philosophy as to one's own life purpose. Perhaps one believes he exists to pursue certain goals in life or to experience certain situations and grow from them. All individuals are motivated to pursue meaning in both realms.

### Research With the Purpose In Life Test

There has been an impressive amount of research utilizing the Purpose in Life Test. Much of this research has attempted to find the relationship between meaning in life and drug abuse (Allworth, 1976; Padelford, 1974; Strom & Tanel, 1967) or religious issues (Bettari, 1978; Soderstrom, 1977). In addition, a fair amount of the studies utilizing this instrument focus on high school and college students (DeVogler, & Ebersole, 1980; Hooper, 1968; Roberts, 1978) and neurotic and psychiatric populations (Black, & Gregson, 1973; Cleare, 1968; Hablos & Bolin, 1980). Many of these studies attempt to sort out a sense of meaning as it relates to different groups of individuals who are in different situations and points in their lives.

Some of the research attempts to further explain what meaning in life is and define some of its correlates. Battista and Almond (1973) define meaning as "positive life regard" and define it as "an individual's belief that he is fulfilling a life-framework or life-goal that provides him with a highly valued understanding of his life" (p. 410). The authors found satisfactory correlations between the Purpose in Life Test, the Life Regard Index and the Self-actualizing Value Scale of the Personal Orientation Inventory. They conclude that all three instruments apparently measure the same construct.

Sharpe and Viney (1973) compared Weltanschauung or world view with PIL scores and concluded that individuals scoring low on the PIL tend to possess a more negative than positive world view, possess less purpose and transcendent goals. Other correlations have been found between the PIL Test and the Depression scale on the Minnesota Multiphasic Personality Inventory (Crumbaugh, 1968) and the Zung Self-Rating Depression Scale (Phillips, 1980). One can conclude from these findings that an individual who scores low on the Purpose in Life Test may also be experiencing a certain amount of depression concurrently. Phillips suggests that when looking at both purpose in life and locus of control depressed individuals can be correctly identified three-fourths of the time.

In other studies locus of control has been equated with low scores on the PIL Test (Eisner, 1978; Lewis, 1982; Phillips, 1980). In these studies subjects who experienced a lower sense of meaning in their lives were also measured as having an external locus of control. This is consistent with Frankl's ideas that those with a greater sense of meaning and purpose in their lives may not see life events as haphazard and outside of their own control. If circumstances are not in the preferred realm the individual may believe that changes can be made or attitudes adopted to gain some amount of control over the situation. Additionally, not only did Eisner find a

relationship between locus of control and PIL scores, he also found that attitudinal values contribute significantly to predicting PIL scores. This supports Frankl's belief that a constructive perspective or attitude can provide meaning in an individual's life.

Closer to the purposes of this research project are the studies with terminally ill patients and meaning in life. Lewis (1982) administered the PIL Test to 57 late-stage cancer patients and found that locus of control correlated with self-esteem, PIL scores and anxiety. Apparently, individuals in this study who are facing their own death and who have an external locus of control tend also to have a lowered self-esteem, lower meaning in life and more anxiety.

Zuehlke and Watkins (1975) administered the PIL Test and a death anxiety scale to 12 terminally ill patients and found initial low scores on both instruments. After supplying the treatment group with Logotherapy which was developed by Frankl for coping with existential frustration subjects reported higher scores on the PIL Test and, interestingly, a greater sense of death anxiety than the control group. Apparently, those who received therapy may have had an opportunity to discuss their fear of death thereby acknowledging it to themselves and others. However, in a study of critically ill patients, non-critically ill patients and well control groups Thomas

and Weiner (1974) found that the critically ill patients scored higher than normal on the PIL Test while the two other groups scored within the average range. The non-critically ill group scored lowest possibly indicating some slight anger or depression due to their current situation. The authors suggested that perhaps the critically ill patients had already "worked through" their situations and found some sense of purpose or meaning in their illness.

Only one study has been found which assesses meaning in life with bereaved family members. Levinson (1980) studied thirty white, young, middle-class and well educated widows. Subjects were administered the PIL Test and given a subjective interview. The subjects tended to experience a lower sense of meaning than nonpatient populations yet more meaning than psychiatric patient populations. The author suggested that widows have a "unique amount of meaning in life". In addition, the subjects who had forewarning of the impending death of at least two weeks time tended to score higher on the PIL Test than those without forewarning.

This study provides helpful information yet does not seem to go too much further than previous studies have gone. Also, the study tells us what the sense of meaning may be for a relatively narrow group of widows who are white, educated, middle-class and relatively young. It is

uncertain whether the results apply to other population groups as well. Finally, the subjective nature of the interview used to collect some of the data may increase problems of validity, thereby bringing in possible interviewer bias or prejudice. The current study attempts to provide post death PIL scores with a wider population group as well as more extensive results.

#### The Role of Grief and Meaning

As mentioned before family members of terminally ill patients also experience much of the same grief process as the ill patient. Several models of grief have been offered for patients and family members. Kubler-Ross (1969) suggests a five stage model of Denial, Anger, Bargaining, Depression and Acceptance while Worden (1982) suggests five tasks of grief solely for the family members. These include Accepting the Reality of the Loss, Experiencing the Pain of Grief, Adjusting to an Environment in Which the Deceased Is Missing and Withdrawing Emotional Energy and Reinvesting It in Another Relationship. Worden acknowledges that the timeline and order of the tasks is quite variable making the grief process for each individual somewhat unpredictable.

Eliot (1932) prefers a simpler three model description of the grief process. The first stage is shock in which the individual can experience calm, repression or a refusal to acknowledge any loss. The



second stage is experienced as despair with feelings of cynicism and purposelessness. This is supportive of Frankl's ideas regarding loss of meaning during a crisis or period of transition. Eliot further suggests that this purposelessness and other symptoms during the second stage can be overcome during the third stage of recovery. This recovery is accomplished through new relationships, rationalizing the loss through religious explanation, pursuing other tasks, creating memorials or reintegrating the experience into the personality through productive mechanisms. These roads to recovery support Frankl's suggestions toward finding meaning in life as discussed earlier.

The importance of finding meaning and recovering from the loss experience is crucial as the individual can fall into complicated grief. An individual who fails to recover may take an inordinate amount of time to finish the grief process and the emotional pain can remain intense at the thought of the deceased (Worden, 1982). The person risks suicide, psychosomatic health problems (Eliot, 1932) and the inability to move forward in life. The person remains stuck in grief for an indefinite period of time.

#### Research Regarding Factors that Influence the Grief Process

Many of these previous studies have been done with

widows. Little of the literature has included family members in general however. Worden (1982) states that two of the six determinants of grief include the relationship of the patient to the bereaved and the nature of the relationship. A sister of the patient may react differently than would the mother of the patient. A widow who depended upon her husband a great deal may be more affected by the death than her adult children will. The addition of the variable "relationship to patient" then seems a valuable part of the research project. Worden also describes four other determinants of grief that include mode of death, historical factors of the individual, personality variables and social variables such as religious affiliation and ethnic affiliation. Historical factors and personality variables are left to be studied in another piece of research.

Forewarning as a mode of death in Levinson's study was found to be a factor in higher PIL scores among widows. This has been studied more extensively as "anticipatory grief" by several other researchers. The theory here is that with forewarning of the death through diagnosis of a terminal illness the family member has some time to grieve and progress through part of the grief process. Hence, the amount of grieving to be done after the death may be minimized. The longer the amount of time since diagnosis of the terminal illness the more the

individual has an opportunity to grieve. The findings of Ball (1977) support this viewpoint. Ball studied eighty widows who were bereaved for six to nine months. Each widow was given a questionnaire and an interview to assess the amount and degree of grief symptomatology which was compared with variables such as age and mode of death. She concluded that younger widows, aged forty-six or less, fared less well than other older widows if there was little or no forewarning of the death. Younger widows who had forewarning did just about as well as older widows regardless of their husband's mode of death. From the interview data roughly 50% of the widows who had forewarning expressed a sense of relief following their husband's death while 50% experienced shock and numbness. Interestingly, after one month's time most of the widows felt worse than at the time of death due to friend's and relative's returning to their own homes, getting back to their own lives and no longer calling. The only qualm this researcher has with this piece of research is the age breakdown by Ball. It is uncertain as to why the author broke the ages down as she did into young (18-46 years), middle (47-59 years) and old (60-73 years). The three categories appear to be grouped arbitrarily with no explanation for the points at which cut-offs were made.

Clayton, Halikas, Maurice and Robins (1973) studied ninety-two widows and widowers through an interview

format. Subjects were interviewed at one month and thirteen months past the death of the spouse. The researchers attempted to find the amount of symptoms associated with the sudden death of spouses or prolonged illness of spouses. The results concluded that after one month of bereavement prolonged death widows and widowers did worse than sudden death widows or widowers. However, at thirteen months post-death neither group was significantly different. The authors also compared subjects whose spouse had a long illness and those who had a short illness and found no difference. The problem with this study is also the arbitrary nature of defining what is a short or long illness. The authors designated a short illness as being six days to six months before death and long illness as being six months or longer. This researcher as well as Ball believe that during the first six months of an illness the well spouse certainly has forewarning of the death and time to progress through a certain amount of the grief process.

In yet another study Blanchard, Blanchard and Becker (1976) interviewed thirty widows under forty-five years of age. All subjects were asked to recall their grief symptoms at a few weeks after the death of their spouse, at one year post-death and report their symptoms for the present which was two years after the death. The authors found no difference between those with forewarning and

those without it. An obvious criticism of the study is the retrospective nature of the interview. Subjects were asked to recall their symptoms from a time during which they were most likely quite emotionally distraught and in crisis.

One can clearly see by looking at the three previous findings the confusion produced by vastly differing results. Would the fact that subjects in the current study having shorter or longer periods of anticipated grief account for some variation in their sense of meaning at different points along the grief process? One cannot predict from looking at previous research results. The current study's goal was to shed some further light on this issue.

Blanchard, Blanchard and Becker (1976) continued in the previous study to delineate a timeline for symptom abatement. They attempted to assess what symptoms disappeared at what points along the grief process. This study is similar to the current one in that an attempt was made to delineate the sense of meaning for family members from three months to to thirteen months past the death of the patient. At a few weeks following the death the widows experienced physiological symptoms which included sleep disturbance, weight loss, fatigue, appetite loss and others as well as the psychological symptoms of poor memory, loss of interest, anger and poor concentration.

At one year past the death many of these symptoms decreased as would be expected. However, several of the symptoms showed a longer period of abatement. These included crying, fatigue, sleep disturbance and loss of interest. The authors also found that the symptoms of worthlessness, hopelessness, depressed mood, restlessness and dreams of the spouse did not decrease significantly after a year but slowly abated by about the two year mark. From these conclusions the current study might reveal a consistently low sense of meaning and hopelessness even up to the thirteen month time period.

Attempts have been made to establish the amount of time required to finish the grief process. Four months, one year, two years have been suggested as possible timelines. Some would even suggest that this process never ends. Many of the findings regarding grief timeline are inconclusive and ambiguous (Worden, 1982). Even though possible higher PII scores might be found thirteen months past the death of the loved one this would not necessarily indicate complete resolution of the grief process. Higher scores of any degree may indicate a certain amount of progression and reinforce the degree to which family members are able to reinstate some meaning in their lives.

Previous studies indicate that those widowed at a younger age tend to do more poorly than those widowed at

an older age (Ball, 1977; Blanchard, Blanchard & Becker, 1976). Younger widows may possess a decreased sense of meaning during the grief process as compared with older widows. Studies utilizing the PIL Test with randomly chosen subjects from ten churches indicate that older individuals in general tend to possess a greater sense of purpose or meaning in life than younger individuals up to 25 years of age (Meier & Edwards, 1974). From these results it was expected that the current study would also find a relationship between age and a lowered sense of meaning, particularly the closer the relationship between the family member and patient. Younger widows should have the lowest sense of meaning or purpose in this study.

Ball (1977) refers to a study by Kraus and Lilienfeld which concludes that sex, age and ethnic background are all factors in increased mortality rates for widows and widowers. It concludes that nonwhite males who have lost a spouse are at greatest risk for early death due to suicide or increased health problems. This may indicate that nonwhite males deal with grief through suicide or are less expressive than females thereby encouraging related health problems. It may not indicate that nonwhite males cope less well or possess a lower sense of meaning than females or white males. A previous study, however, indicates no differences in sex between males and females on the PIL Test (Meier & Edwards, 1974). The findings of

Garfield (1973) suggest too that minorities consistently score lower on the PIL Test although they imply that this is due to a culturally unfair test. It was suggested from these results that males, nonwhites and younger widows would score significantly lower on the PIL Test than other groups in this study. It was also suggested that female spouses would score lower than males. Married females would probably identify with and attribute more meaning in their lives from their spousal role than would males. Therefore, they would stand to lose more meaning when their marital role was lost.

In a norming study by Crumbaugh (1968) education level was not found to be related in any way with scores on the PIL Test. However, when studying 301 widows Lopata (1973) found a significant relationship between education level and the degree to which widows were affected by bereavement. Those with more education tended to report greater change in themselves after the death of a husband. Subjects reported the change as painful initially but, after the grief process was somewhat completed, they reported more independence and competence than previously. Lopata described these women as more dependent socially on the presence of their husbands. Does the "painful" change involve a lowered sense of meaning initially and does the educational background also increase the ability of the widow to increase her sense of meaning later in the grief



process? The current study attempted to provide some interesting results in this area.

#### Summary

It is increasingly clear that previous results which have looked at age, sex, ethnic background, education level and time since diagnosis are unclear and contradictory. No other studies have been found which look at meaning in life for caregivers of terminally ill patients after the death has occurred with the specific variables included in the current study. Hopefully, the results will clarify these variables' contributions in the grief process and shed new light on the sense of meaninglessness among caregivers.

## CHAPTER 3

## METHOD

Subjects

The participants in the study were family members who were caregivers in the St. Mary's Hospice program in Tucson, Arizona. Caregivers were between three and thirteen months past the death of the loved one. It was the belief of the Hospice staff that individuals whose family member had not died and those who were up to three months past the death were in too much emotional distress to be considered appropriate for the study. At the outset of the study the Hospice program consisted of over 300 patients. The number of caregivers approached this number as well. Although it was not expected that 300 caregivers would agree to participate, it was hoped that with this large sample size a good portion would be included. Those not included in the project would be individuals under the age of eighteen years and those who were family members but not actual caregivers. It is believed that the caregivers would more likely have had closer contact and investment with the patient and have been somewhat different from family members who live in another city with less emotional ties to the patient. The reason for limiting the participation in this way was to create a more homogeneous group of subjects thereby decreasing extraneous variables as much as possible.

### Instruments for Collecting Data

The instruments consisted of a questionnaire (Appendix C) developed expressly for this study by the author and the Purpose in Life Test (Crumbaugh & Maholick, 1969). The questionnaire included up to nine questions that requested information regarding the independent variables of age, sex, ethnic background, education level completed, relationship to patient, time of diagnosis, counseling hours received, type of counseling received and date of death.

The Purpose in Life Test (Appendix D) is an attitude scale developed to measure the degree to which an individual experiences a sense of meaning or purpose in life. The scale is based upon Viktor Frankl's concept regarding "will to meaning" and attempts to assess the degree of existential vacuum possessed by the individual. The scale consists of twenty, seven point statements on a Likert-type scale. The numbers on the scale that are circled by the subject are totaled. If the individual's total ranges from 92 to 112, the person is believed to possess a moderate sense of meaning. Scores that range from 112 or above indicate a clear sense of meaning. Scores under 92 are indicative of a low sense of meaning or purpose. Both instruments take approximately fifteen to twenty minutes to complete.

Adequate reliability coefficients have been obtained

for the PIL Test. In a split-half study of 225 subjects Crumbaugh and Maholick (1964) recorded reliability of .81 (Spearman-Brown corrected to .90). With a sample of 120 Protestant parishioners Crumbaugh (1968) received reliability of .85 (Spearman-Brown corrected to .92). Additionally, Reker and Cousins (1979) obtained reliability of .77, corrected to .87, on a split-half correlation of 248 introductory psychology students. The authors also obtained stability coefficients of .79 on a test-retest correlation of 31 psychology students. This was over a one week time period. Finally, Meier and Edwards (1974) also performed a test-retest study over a six week time period with two hundred subjects and obtained a reliability coefficient of .83.

Regarding validity, Crumbaugh (1968) found a correlation between therapists' ratings and patient's actual PIL Test scores to be .38 for fifty patients. He also found a correlation of .47 between minister's rating of parishioners and the parishioner's actual PIL Test scores.

Regarding construct validity, Crumbaugh (1968) was able to correctly predict the outcome of the means for four normal population groups. Correct predictions in the same study for a psychiatric population group was less accurate although the predicted progression of higher scores for alcoholics to lower scores for

non-schizophrenic psychotics was accurate. The group that scored unexpectedly high were the schizophrenics with a mean of 108. The authors suggested that schizophrenics tend to find an extra amount of meaning in even the most trivial of events and situations and this appeared to account for the higher scores.

As was mentioned earlier Battista and Almond (1973) obtained adequate correlations between the Life Regard Index, the PIL Test and a scale on the Personal Orientation Inventory suggesting that all three appear to measure the same construct, that of life meaning.

Reker and Cousins (1979) performed a factor analysis on the PIL Test and the Seeking of Noetic Goals Test or SONG which appears to assess the degree of motivation to pursue meaning in life. The authors were able to account for 60.9% of the total variance obtained. Ten factor loadings were found with the PIL Test items contributing six factors. These factors in order of contribution were: "Purpose in Life", "Contentedness with Life", "Goal Achievement", "Self-fulfillment", "Internal-External Control and "Life View". Only one PIL item loaded on the factor "Goal Seeking" and none loaded on "Search for Adventure". The authors concluded that the PIL Test measures primarily purpose in life while the SONG Test measures the motivation to pursue meaning and uphold the factorial validity of both tests.

### Procedures

All caregivers who were enrolled in the St. Mary's Hospice program as of the first week of September, 1988, were mailed the instrument package and asked to complete the contents within a two week time period. The names and addresses of caregivers were obtained from Hospice files. A file was kept on each patient which included the caregiver name, place of residence and relationship to the patient.

The package included a cover letter along with the two questionnaires. The cover letter (Appendix A) explained the purpose of the project and invited potential subjects to participate in the study. It also explained the anonymous and confidential nature of the study, the benefits to the medical and psychological community due to the findings and suggested that general results would be obtained at a later time. A self-addressed, stamped envelope was furnished for the return of the package.

All questionnaires were numbered for anonymity. The numbers on any returned packets were matched with those on a tracking list so that a follow-up letter (Appendix B) could be mailed to those who had not completed the questionnaires. This was to encourage participation in the study. Additionally, a paragraph was included in the July/August and September/October Hospice newsletters reminding caregivers about the upcoming research project.

These newsletters were mailed to all caregivers participating in the Hospice program.

#### Data Analysis

All analyses were performed using the SPSSx statistical program and consist of four stages. During the first stage descriptive statistics were acquired that include numbers obtained in each subcategory, means, standard deviations and ranges.

A correlation matrix was developed for the second stage of analysis. The goals were to discover the existence and strength of relationship between the independent variables and the dependent variable and any intercorrelations between independent variables that might supply interesting and helpful information.

In the third stage multiple regression was used to analyze the resulting data through forward and stepwise methods. Multiple R and R square were computed to determine the degree of relationship and the percentage a variable might contribute to the dependent measure. F statistics were calculated at the .05 level to determine the existence of significant differences not found by chance alone. It was expected that means between subcategories of independent variables would be significantly different from each other and that all the independent variables would account for a large proportion of the variance obtained. Type of counseling would

account for the smallest amount of variation. Since results obtained from previous research have provided ambiguous and contradictory results it would be interesting to find the percentages that each variable contributed to the total variation.

In the fourth stage a factor analysis was performed in order to evaluate the factor structure of the PIL Test and to compare the results with those of the Reker and Cousins (1979) study. The results provide further information to the growing body of research with the PIL Test.



## CHAPTER 4

## RESULTS

Descriptive Statistics

Out of 301 questionnaires mailed 91 caregivers responded and participated in the study. Fifty-seven caregivers responded from the first mailing and forty from the second. Four of the returned questionnaires were not used in the study due to incompleteness. Table 1 illustrates the numbers represented for the variables Gender, Ethnicity and Relationship to Patient. Thirty-one were male and fifty-nine were female. Fifty-two respondents described themselves as Anglo while twenty-six were Native American. The 5 Blacks, 3 Hispanics, 1 Asian and 1 Other were combined into the category of Other due to their low numbers. The category of Relationship to Patient consisted of 53 Spouses, 5 Parents, 2 Siblings, 0 Grandparents, 16 Children, 0 Significant Others and 10 Others. The Other subcategory consisted of nieces, nephews, mothers-in-laws, and daughters- or sons-in-laws.

Table 2 describes the sample characteristics for Age, Education level, PIL Total and time periods between diagnosis, death and the present. The average number of years of schooling completed was 13.1 with a range of seven to twenty years. The subjects ages varied from 27 to 88 years with a mean of 62.4 years.

TABLE 1  
Frequencies for Gender, Ethnicity  
and Relationship to Patient Variables

Gender		Relationship to Patient	
Males	31 (34%)	Spouse	53
Females	59 (55%)	Parent	5
		Sibling	2
Ethnicity		Grandparent	0
Anglo	52	Child	16
Native Amer.	26	Significant Other	0
Other	9	Other	10

The number of months from diagnosis of a terminal illness to the death ranged from 0 to 59 months with a mean of 8.4 months. The average time period for respondents since the death of the loved one was 8.7 months with a range of 0 to 13 months. Consequently, the average number of months from diagnosis to the present was 17.1.

The scores for the Purpose In Life Test ranged as low as 38 and as high as 137. The average score was 108.36 which is considered in the Indecisive or middle range of the Norms Table as found in Appendix E. Apparently, the population within this study has neither a high or definite sense of meaning in life nor a lack of meaning and purpose.

Thirty-six respondents received counseling regarding their dying family member as is illustrated in Table 3 while 54 received no counseling. The amount of counseling

received ranges from one to five hours. Individual and Group counseling tends to be favored over that of Clergy and Other. By and large those who do receive counseling apparently do not pursue a large number of sessions.

TABLE 2

Means, Standard Deviations and Ranges for the Variables of Age, Education, Time Periods Between Diagnosis, Death and the Present and PIL Total

	Mean	SD	Range
Age	62.4 yrs.	12.9	27 - 88
Education	13.1 yrs.	2.8	7 - 20
Diagnosis to Death	8.4 mos.	12.2	0 - 59
Death to Present	8.7 mos.	3.0	0 - 13
Diagnosis to Present	17.1 mos.	12.8	0 - 8
PIL Total	108.3	19.4	38 - 137

TABLE 3

Frequencies, Means, Standard Deviations and Ranges for Counseling Received

	Counseling Received?		Range
	Yes	No	
	36 (32%)	54 (48%)	
	Mean	SD	
Types of Counseling			
Individual	1.7	4.3	1-5 hrs.
Family	.7	3.5	1-3
Group	1.2	4.4	1-3
Clergy	.2	.7	2-5
Other	.3	3.3	1

#### Relationships Between Variables

A correlation matrix was constructed to assess

possible relationships between the independent and dependent variables. The only variable that correlated with the dependent variable was Relationship to Patient (.30,  $p=.005$ ). This is consistent with the results of the multiple regression which suggests that those less close in relationship to the patient tend towards higher PIL Test scores.

Only a few less meaningful intercorrelations were revealed up to the .05 significance level as can be found on Table 4. Both Ethnicity (.32) and Relationship to Patient (-.57) correlated with Age. Caregivers who are a Spouse are more likely to be older in age than those of a different relationship to the patient. The time period of Diagnosis to Death correlated with Gender (-.24) while Education correlated with Ethnicity (-.23). Finally, Family Counseling correlated with Education level (-.21) indicating that caregivers who pursue family counseling tend towards lower levels of education.

Since the time periods Diagnosis to Present, Death to Present and Diagnosis to Death are redundant and intercorrelate Diagnosis to Present was removed as a variable from the multiple regression analysis. As Counseling Received (yes/no) was also redundant and intercorrelated with Types of Counseling Received only the latter was used in the analysis.

TABLE 4. Correlation Matrix of All Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
Age													
Gender	-.04												
Ethnic	.32*	.10											
Education	-.12	-.12	-.23*										
Rel to Patient	-.57*	.02	-.04	.13									
Diag to Death	-.14	-.24*	.00	-.06	.16								
Death to Present	.13	-.10	.11	-.02	-.18	.11							
Counseling	.14	.04	.15	-.20	.05	.13	.11						
Indiv Coun	-.01	-.16	-.00	-.06	-.00	-.11	-.02	-.47*					
Fam Coun	.10	-.19	.11	-.21*	-.07	-.05	.03	-.23*	.61*				
Group Coun	-.03	.07	-.08	-.02	-.16	-.03	-.02	-.33*	.07	-.03			
Clergy Coun	.09	.03	.01	.16	-.21	-.10	-.04	-.38*	.10	.03	-.09		
Other Coun	-.17	.08	-.07	-.03	.13	-.08	.10	-.13	-.04	-.02	-.03	-.03	
Diag to Present	-.14	-.25*	.01	-.04	.13	.97*	.34*	.13	-.11	-.03	-.03	-.10	-.04
PIL Total	-.19	.07	-.04	.09	.30*	.20	-.03	.05	-.11	-.11	-.20	-.03	.00

\*p<.05

### Multiple Regression Analyses

Forward and stepwise analyses were performed attempting to predict PIL scores with the independent variables. Table 5 illustrates the findings from the forward method of analysis. The significance of this table are discussed below.

#### Results Related to Specific Hypotheses

Hypothesis 1 - There will be no significant difference in the sense of meaning between family members who are at different points past the death of the loved one.

The time period between death and the present was not included in the regression equation as being significant. Meaning in life was not related to the caregiver being three months, six months or even twelve months past the death of the loved one. Therefore, this hypothesis is accepted.

Hypothesis 2 - There will be no significant difference between those of different ages and the sense of meaning in life.

Caregivers who were in varying stages of life did not have significantly different meaning in life from each other. Therefore, this hypothesis is accepted.

Hypothesis 3 - There will be no significant difference between males and females and meaning in life.

Meaning in life was not related to the caregiver

being male or female. Therefore, this hypothesis is accepted.

Hypothesis 4 - There will be no significant difference between individuals belonging to different ethnic groups and meaning in life.

Ethnicity was not included in the regression equation as being significant. Meaning in life was not related to the caregiver being Anglo, Native American or Other. Therefore, this hypothesis is accepted.

Hypothesis 5 - There will be no significant difference between those with different educational levels and meaning in life.

Education was not included in the regression equation as being significant. Meaning in life was not related to the caregiver having little or much academic education. Therefore, this hypothesis is accepted.

Hypothesis 6 - There will be no significant difference between family members who have varying timelines from diagnosis to death and meaning in life.

Caregivers with a lengthy grieving period before death had no more or less meaning in life than those with shorter diagnosis to death time periods. Therefore, this hypothesis is accepted.

Hypothesis 7 - There will be no significant difference between those who received counseling during the grief process and those who did not and meaning in

life.

Those who received counseling did not have more meaning in life than those who did not have counseling. Therefore, this hypothesis is accepted.

Hypothesis 8 - There will be no significant difference between the types of counseling received by an individual and meaning in life.

Those receiving one type of counseling did not possess higher or lower meaning in life than those receiving another type of counseling. Therefore, this hypothesis is accepted.

Hypothesis 9 - There will be no significant difference between those with various relationships to the patient and meaning in life.

Only one variable, that of Other from the Relationship to Patient category, was significant and related to PIL scores ( $F(1,88)=5.6, p=.02$ ). The mean PIL score total for those in the Other subcategory was 123.1 while the mean for the entire sample was 108.3. The positive correlation indicates that those in the subcategory of Other tend towards higher PIL scores. Hence, the null hypothesis of no difference is rejected. The forward equation shows that 5% of the variance is accounted for with a Multiple R of .24. The variable Child from the Relationship to Patient category was marginally significant ( $p=.056$ ).



TABLE 5

Results of the Forward Method Multiple  
Regression Analysis

		Variable	B	SE B	Beta	Sig T
Multiple R	.24479	OTHER	14.87	6.280	.244	.0201
R Square	.05992	Constant	106.72	2.093		.0000
Adjusted R Square	.04924					
Standard Error	18.72539	F= 5.60918		Signif F= .0201		

Factor Analysis

The Purpose in Life Test scores were subjected to an exploratory image factoring analysis with varimax rotation using the SPSS-X statistical package. Eigenvalues greater than one were used. Technically, five factors were extracted as is illustrated in Table 6. However, only two of the factors accounted for the greatest amount of variance (42.9%, 9.0%) with eigenvalues of 9.097 and 2.332 respectively. The other three factors were included with eigenvalues of only 1.192, 1.192 and 1.025 in order. The variance accounted for by these factors was quite small at 3.6, 3.9 and 2.4%.

The goals in performing the factor analysis were to assess the factor structure of the PIL Test with the sample obtained and to compare the findings with those obtained by Reker and Cousins (1979). The current analysis is different in that Reker and Cousins obtained a six factor solution with 5% or above of the variance

being accounted for by all six factors compared with this study's finding of a five factor solution. And recall that this study's variance accounted for on factors III, IV and V is 3.9 or below. Additionally, the items and loadings for the present studies' last three factors differ substantially from those of Reker and Cousins. Similarity exists, however, in that many of the items loading highly on Factor I and II of this study also load highly on the first two factors of the 1979 study. The factor labels on Factors I and II for both studies are Purpose in Life and Contentedness With Life.

TABLE 6  
Results of Factor Analysis with the  
Purpose in Life Test

Factor	SS Loadings	% Variance	Cum. %
1	8.58	42.9	42.9
2	1.79	9.0	51.9
3	.72	3.6	55.5
4	.77	3.9	59.4
5	.47	2.4	61.8

To summarize, apparently the PIL Test taps two factors that can be labeled Purpose in Life and Contentedness With Life as is demonstrated with the present and 1979 factor analyses. However, differences in populations sampled and different numbers may account for some of the dissimilarity in findings between the two

studies. Based on further research using factor analysis, other varied samples and the PIL Test one might eventually utilize a smaller number of PIL Test items to evaluate purpose or meaning in life.

## CHAPTER 5

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The average PIL Test score for the current sample was 108.36 which is in the indecisive range for purpose or meaning in life. Subjects in the sample show less meaning than nonpatient populations but more purpose in life than psychiatric populations (Crumbaugh & Maholick, 1964). This is consistent with Frankl's suggestion that those enduring a transition or crisis tend to have a lowered sense of meaning in life. These findings are also consistent with Levinson's (1979) study of widows which indicates that those in the grief process have a unique sense of meaning in life which is different from normal and psychiatric samples. Since the average caregiver does not possess very low meaning in life it is possible that some of the grief process may have been completed for many in the sample.

It is understandable that individuals who are less close in relationship to the deceased family member would possess a higher sense of purpose in life after the death and would be doing better emotionally than that of a spouse, parent or child who might be closer in relationship to the patient. That is what we find. Nieces, nephews, mothers-in-laws and daughters or sons-in-laws tend to have higher PIL Test scores and

meaning in life. And that is assuming that these individuals have less of a close relationship with the deceased than would a spouse, parent or child. However, one would expect those who have much invested in their relationship with the deceased to have a low sense of meaning. One would assume that an older individual who has lost someone whom they may have spent ten, twenty, thirty or more years with would experience a significant loss of meaning in their lives. The results did not show this. Being an immediate family member was not associated with a lower PIL score.

Additionally, varying time periods between diagnosis to death and death to the present were not associated with any variation in one's PIL score. Subjects who were three months post death did not have significantly less meaning or purpose in life than did those thirteen months post death. This supports the study by Blanchard, Blanchard and Becker (1976) in which symptoms such as hopelessness in widows did not abate after one year past a spouses death. Apparently, improving one's purpose in life requires at least one years time. Those with little forewarning of the impending death did not do significantly worse on the PIL Test than did those with a lengthy grieving process. This contradicts the findings of Levinson (1979), Ball (1977) and Clayton, Halikas, Maurice and Robins (1973) but supports the results of

Blanchard, Blanchard and Becker (1976).

Males apparently have no more meaning in life than do the females in this sample which supports a 1974 study by Meier and Edwards. The same can be said of those with higher education levels. Having twenty years of education does not contribute to a higher sense of purpose than it does for those with a seventh grade education according to this study. Crumbaugh (1968) found similar results regarding education and PIL scores. Anglos, Hispanics, Asians, Native Americans, Blacks and Others have a fairly consistent sense of meaning which contradicts the findings of Garfield (1973) who found that minorities tended to score lower on the PIL Test than nonminorities.

The findings of several previous studies indicate that older individuals tend to possess more meaning in life than those who are younger (Ball, 1977; Blanchard, Blanchard & Becker, 1976; Meier & Edwards, 1974). The current studies' findings do not support this. Older individuals possess a similar sense of meaning or purpose as compared with younger individuals.

It is not encouraging to the counseling and psychology community that those with counseling during the grief process do not possess significantly more meaning or purpose than do those not receiving counseling. It is quite possible that those not receiving counseling have a certain sense of purpose in life and, consequently,

do not feel the need for intervention while those with an initial low sense of meaning pursued counseling thereby improving their sense of purpose in life. As a result both groups end up having similar scores on the PIL Test which are neither high nor low. If this were the case then counseling would play an important role in the Hospice program.

#### Conclusions

Although 301 caregivers were asked to participate in the study only 91 subjects responded to the mailings. Since low numbers were represented in some of the Ethnicity and Relationship to Patient categories there may not have been adequate representation in all groups to get significant findings if they exist. Higher numbers were found in the Anglos, Native Americans, Spouses, Children and Others categories. Low numbers in all other categories may have accounted for some of the insignificant findings.

If the current results are accurate in that Age, Gender, Education level, Ethnicity, Counseling Received and timeline between diagnosis, death and the present do not predict PIL scores results from previous studies which contradict these findings come into question. Or are the subjects in this sample comparable to those in previous studies? One possible explanation for the results may be that this is a special sample of individuals having gone through a common experience which may negate

differences due to gender, age, education, ethnicity and grieving timelines. There may also be some common, unifying factor about those choosing to enter a Hospice program that may attract a homogeneous group of individuals. Subjects may be similar in ways that originally motivated them to pursue and participate in the Hospice program. The Hospice program and philosophy is not attractive to everyone. It encourages independence from medical facilities and personal decision-making regarding one's own dying process. Individuals with high internal locus of control and the desire for a more holistic medical approach may end up in a Hospice program. Internal locus of control, strong decision-making about one's own life regardless of what others are choosing and other unidentified factors may be associated with a unique sense of meaning or purpose in life.

The services and large amount of support provided by the Hospice program may affect one's coping and sense of meaning and purpose. These services include visits from social workers, phone calls from volunteers, in-home medical care, in-patient pain control, volunteer assistance which provides respite for the caregiver and a general, ongoing flow of support and encouragement. The caregiver can get a sense of not being alone during such a trying ordeal. Through the aid of Hospice staff the caregiver may also learn effective ways of coping with



their difficult situation. These issues may account for the subjects unique sense of purpose in life and may explain differences from other grieving populations.

#### Recommendations for Future Research

Directions for future research are many. Obtaining a large sample with adequate numbers in all categories of the independent variables presented above would prove beneficial and could assist in confirming or explaining findings. A longitudinal study with the same independent and dependent variables but including PIL scores close to diagnosis, three months post-death and two to three years post-death could yield some interesting results. This type of study might yield changes in purpose in life over a larger part of the grief process and further answer questions about the timeline for improving meaning in life. A control group of non-Hospice caregivers might be added to shed light on the differences in the sense of meaning in life that could be attributed to Hospice participation. Two measures could be added as well. These might be a locus of control scale and a religiosity scale. Both issues appear to be related in previous research to purpose in life and may account for more of the variance which was unexplained in this study (Eisner, 1978; Lewis, 1982; Phillips, 1980; Soderstrom & Wright, 1977).

### Recommendations for Hospice Staffmembers

There do not appear to be high risk groups among caregivers in this study's Hospice sample. Hence, no additional special services are recommended at this time. The support and services currently provided may contribute to caregivers moderate or indecisive sense of meaning in life although future research is needed to assess this more fully.

Although those receiving counseling possess similar meaning in life with those not receiving counseling it is suggested that counseling services continue. Those who pursue individual, family, group or clergy oriented counseling may find benefits untapped by this study and may be improving their sense of meaning because of those benefits. Caregivers receiving counseling may derive a sense of comfort and relief from discussing their difficult situations with others.

Services are currently provided to Hospice caregivers up to thirteen months past the death of the loved one. According to the results of this study the average caregiver does not possess any more meaning in life at one year than do those who are three months past the death. Those one year past the death may require as much support from the Hospice program as those whose loved one died more recently. It is further suggested that services be extended past the thirteen month mark as there is still a moderate or indecisive sense of meaning up to that time.

APPENDIX A  
COVER LETTER



# Carondelet St. Mary's

Fall, 1988

Dear Hospice Caregiver:

Professionals in the Hospice field enhance their ability to provide quality service by doing periodic studies. We invite you to participate in our current project. This study seeks to find out how you feel about your life and determine what factors contribute to a sense of meaning and purpose in your life right now.

Your participation in this study is voluntary and will not in any way affect your service provided by the Hospice. There is no risk and no cost to you. Also, please note that this survey is different from the Hospice satisfaction survey which is done by telephone each month with a small sample of families.

If you choose to participate please fill out both questionnaires and answer each item to the best of your ability. It will take about 15-20 minutes. The forms are coded to assist in follow-up and data collection.

All information provided is completely confidential and will be seen only by the researchers. To return, mail the completed questionnaires in our pre-addressed, stamped envelope. You will receive a synopsis of the study by August, 1989.

Again, thank you for your valuable time and participation in this project. We would appreciate return of the packet within two weeks. If any problems or questions arise, please call either of us.

Sincerely,



Sue Stevenson, M.Ed.  
Project Researcher  
722-3118



Sally Poore, M.Ed.  
Hospice Bereavement Coordinator  
622-5833, ext. 1540

APPENDIX B  
FOLLOW UP LETTER

 Carondelet St. Mary's

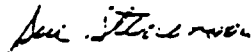
Dear Hospice Caregiver,

We would like to remind you of the questionnaire on the grief process which we sent you about three weeks ago. We realize that you may be busy and have probably put the questionnaire aside and have forgotten to return it.

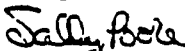
We hope that you will be able to find some time to fill it out and return it to us as quickly as possible. Enclosed is another questionnaire package and a stamped envelope for your use.

If you have chosen not to participate in the project or have already sent your questionnaire package to us, please disregard our reminder and accept our thanks.

Sincerely,



Sue Stevenson, M.Ed.  
Project Researcher



Sally Poore, M.Ed.  
Hospice Bereavement Coordinator

APPENDIX C  
QUESTIONNAIRE

HOSPICE CAREGIVER QUESTIONNAIRE

Please write in or circle the appropriate answer to each question.

- 1) Age:
- 2) Sex: Male Female
- 3) Ethnic Background: Hispanic Anglo Black  
Asian Native American Other (specify)
- 4) Highest grade completed: 7 8 9 10 11 12 13 14 15 16 17  
18 19 20+
- 5) Relationship to the patient: Spouse Parent Sibling  
Grandparent Child Significant Other Other(specify)
- 6) What was the month and year you were notified of your family member's terminal illness? month\_\_\_\_\_year\_\_\_\_\_
- 7) In what month and year did your family member die?  
month\_\_\_\_\_year\_\_\_\_\_
- 8) Have you received any counseling in which you dealt with your grief or anything related to your family member's illness?
- 9) If yes, please indicate the type of counseling you have received and the approximate number of hours spent in counseling.
 

individual counseling (just yourself and a counselor, psychologist, social worker, or volunteer)	number of hours_____
family counseling	number of hours_____
group counseling	number of hours_____
clergy	number of hours_____
other (please specify)	number of hours_____
- 10) Today's date is: month\_\_\_\_\_day\_\_\_\_\_year\_\_\_\_\_



APPENDIX D  
PURPOSE IN LIFE TEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Classification \_\_\_\_\_

**P I L**

James C. Crumbaugh, Ph.D.  
 Veterans Administration Hospital  
 Gulfport, Mississippi

Leonard T. Maholick, M.D.  
 Atlanta Psychiatric Clinic  
 Atlanta, Georgia

**PART A**

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgment either way; try to use this rating as little as possible.

## 1. I am usually:

1	2	3	4	5	6	7
completely bored			(neutral)			exuberant, enthusiastic

## 2. Life to me seems:

7	6	5	4	3	2	1
always exciting			(neutral)			completely routine

## 3. In life I have:

1	2	3	4	5	6	7
no goals or aims at all			(neutral)			Very clear goals and aims

## 4. My personal existence is:

1	2	3	4	5	6	7
Utterly meaningless without purpose			(neutral)			very purposeful and meaningful

## 5. Every day is:

7	6	5	4	3	2	1
constantly new			(neutral)			exactly the same

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**PSYCHOMETRIC AFFILIATES**

Box 807  
 Murfreesboro, TN 37133  
 (615) 890-6225

Test #168  
 FORM A

6. If I could choose, I would:

1	2	3	4	5	6	7
prefer never to have been born			(neutral)			Like nine more lives just like this one

7. After retiring, I would:

7	6	5	4	3	2	1
do some of the exciting things I have always wanted to			(neutral)			loaf completely the rest of my life

8. In achieving life goals I have:

1	2	3	4	5	6	7
made no progress whatever			(neutral)			progressed to com- plete fulfillment

9. My life is:

1	2	3	4	5	6	7
empty, filled only with despair			(neutral)			running over with exciting good things

10. If I should die today, I would feel that my life has been:

7	6	5	4	3	2	1
very worthwhile			(neutral)			completely worthless

11. In thinking of my life, I:

1	2	3	4	5	6	7
often wonder why I exist			(neutral)			always see a reason for my being here

12. As I view the world in relation to my life, the world:

1	2	3	4	5	6	7
completely confuses me			(neutral)			fits meaningfully with my life

13. I am a:

1	2	3	4	5	6	7
very irresponsible person			(neutral)			very responsible person

14. Concerning man's freedom to make his own choices, I believe man is:
- |                                             |   |   |           |   |                                                                   |   |
|---------------------------------------------|---|---|-----------|---|-------------------------------------------------------------------|---|
| 7                                           | 6 | 5 | 4         | 3 | 2                                                                 | 1 |
| absolutely free to<br>make all life choices |   |   | (neutral) |   | completely bound by<br>limitations of heredity<br>and environment |   |
15. With regard to death, I am:
- |                          |   |   |           |   |                              |   |
|--------------------------|---|---|-----------|---|------------------------------|---|
| 7                        | 6 | 5 | 4         | 3 | 2                            | 1 |
| prepared and<br>unafraid |   |   | (neutral) |   | unprepared and<br>frightened |   |
16. With regard to suicide, I have:
- |                                         |   |   |           |   |                                    |   |
|-----------------------------------------|---|---|-----------|---|------------------------------------|---|
| 1                                       | 2 | 3 | 4         | 5 | 6                                  | 7 |
| thought of it seriously<br>as a way out |   |   | (neutral) |   | never given it a<br>second thought |   |
17. I regard my ability to find a meaning, purpose, or mission in life as:
- |            |   |   |           |   |                  |   |
|------------|---|---|-----------|---|------------------|---|
| 7          | 6 | 5 | 4         | 3 | 2                | 1 |
| very great |   |   | (neutral) |   | practically none |   |
18. My life is:
- |                                          |   |   |           |   |                                                          |   |
|------------------------------------------|---|---|-----------|---|----------------------------------------------------------|---|
| 7                                        | 6 | 5 | 4         | 3 | 2                                                        | 1 |
| in my hands and I<br>am in control of it |   |   | (neutral) |   | out of my hands<br>and controlled<br>by external factors |   |
19. Facing my daily tasks is:
- |                                          |   |   |           |   |                                      |   |
|------------------------------------------|---|---|-----------|---|--------------------------------------|---|
| 7                                        | 6 | 5 | 4         | 3 | 2                                    | 1 |
| a source of pleasure<br>and satisfaction |   |   | (neutral) |   | a painful and bor-<br>ing experience |   |
20. I have discovered:
- |                                  |   |   |           |   |                                                     |   |
|----------------------------------|---|---|-----------|---|-----------------------------------------------------|---|
| 1                                | 2 | 3 | 4         | 5 | 6                                                   | 7 |
| no mission or<br>purpose in life |   |   | (neutral) |   | clear-cut goals<br>and a satisfying<br>life purpose |   |

APPENDIX E  
TABLE OF NORMS FOR THE PIL TEST

Table of Norms and Percentile Equivalents for  
Part A, Purpose in Life Test  
(Based on 1,151 cases reported by Crumbaugh, 1968)

PIL Raw Score	Percentile	PIL Raw Score	Percentile
140		99	43-44
139	98	98	41-42
138		97	39-40
137		96	37-38
136	97	95	35-36
135		94	33-34
134	96	93	31-32
133		92	29-30
132	95	91	27-28
131	94	90	26
130		89	24-25
129	93	88	22-23
128	92	87	21
127	91	86	19-20
126	90	85	18
125	89	84	16-17
124	88	83	15
123	87	82	14
122	86	81	13
121	85	80	12
120	83-84	79	11
119	82	78	10
118	80-81	77	9
117	79	76	8
116	77-78	75	7
115	75-76	74	
114	74	73	6
113	72-73	72	5
112	70-71	71	
111	68-69	70	4
110	66-67	69	
109	64-65	68	3
108	62-63	67	
107	60-61	66	
106	58-59	65	2
105	56-57	64	
104	54-55	63	
103	52-53	62	
102	Mean 49-51	61	1
101	47-48		
100	45-46		

Note: PIL raw scores below 92 indicate a lack of clear meaning; scores from 92 to 112 are in the indecisive range; scores above 112 indicate definite purpose in life.

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