



# Meaning in Life And Substance Abuse Treatment

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## ABSTRACT

Meaning in life has been the focus of research for over fifty years. Previous research has pointed to a significant relationship between meaning in life and psychopathology, physical health, psychological well-being, coping, motivation and substance abuse. The focus of the present research was on sub-constructs of meaning in life and their relation to patient outcomes in substance abuse treatment.

Correlational analyses indicated all four sub constructs, (Search, Presence, Framework, and Fulfillment) of meaning in life were significantly related to patient psychological distress but not to patient engagement in treatment. The Fulfillment aspect of meaning in life emerged as having the strongest significant relationship with patient psychological well-being at both pre-treatment and post-treatment. Post-hoc analyses indicated that Fulfillment of meaning in life contributed significantly to the prediction of pre-treatment psychological distress.

Implications of the research point to the importance of having a sense that one can fulfill their meaning in life, not simply just search for it, name sources of it, or present a set of beliefs for it.

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## INTRODUCTION

The past two decades have seen a surge in research indicating that possessing a sense of meaning in life is an integral part of overall mental health and a strong indicator of psychological well-being (Debats, 1996; Zika & Chamberlin, 1992). Conversely, lacking meaning in one's life has been related to psychopathology including depression, substance abuse and suicidality (Heisal & Flett, 2004; Mascaro & Rosen, 2008).

Since Victor Frankl's discussion on meaning in life's relation to substance abuse in 1959, research has consistently connected the two constructs. Meaninglessness can be both an antecedent as well as a result of substance abuse. Further, substance abusers have been consistently shown to score lower on measures of meaning in life (Waisberg & Porter, 1994) and improve their scores after substance abuse treatment (Chen, 2006; Noblejas de la Flor, 1997; Waisberg & Porter, 1994). In some cases meaning in life has been associated with involvement in substance abuse treatment and in turn long-term sobriety (Oakes, 2008).

## METHODS AND MATERIALS

A convenience sample was selected from the chemical dependency program at Loma Linda University Behavioral Medicine Center (BMC). A total of 109 patients participated in the study.

To measure meaning in life, the Meaning in Life Questionnaire (MLQ) (Steger et al., 2006) and the Life Regard Index Revised (LRI-R) (Debats, 1998) were utilized. To measure psychiatric symptoms and functional difficulties the Outcome Measure (OQ-45) (Lambert, Gregersen & Burlingame, 2004) was utilized. Patients' engagement in treatment was assessed by their counselors, using the Patient Engagement Form.

Upon admission, patients were recruited for participation in the study. After consenting to participate, all subjects were given pre-test measures (OQ-45, MLQ, and LRI-R). Post-test measures (OQ-45, MLQ, and LRI-R) were given to Phase 2 patients at their discharge and not to patients completing only Phase 1. All subjects were assessed for their engagement in treatment (medical and non-medical) at their time of discharge.

## RESULTS

The first hypothesis that meaning in life would be negatively correlated with patient psychological distress was supported across the three dimensions of meaning in life; Presence, Framework, and Fulfillment. The first hypothesis was not supported regarding the Search subscale. Search for meaning was positively correlated, rather than negatively correlated, with psychological distress.

Given that there appeared to be a relationship between pre-treatment meaning in life scores and psychological distress, a follow up multiple regression analysis was conducted to determine which dimensions of meaning in life best predicted pre-treatment psychological distress. Results indicated that pre-treatment fulfillment of meaning in life contributed significantly to the prediction of pre-treatment psychological distress.

The second hypothesis that meaning life would be positively correlated with patient engagement with treatment was not supported by the research data.

The third hypothesis that pre-treatment meaning in life would be significantly lower than post-treatment meaning in life was supported for the Presence, Framework and Fulfillment aspects of meaning. The hypothesis was not supported for Search dimension.

The fourth hypothesis that pre-treatment psychological distress would be significantly higher than post-treatment psychological distress was supported in the current study.

Table 1. Means, Standard Deviations and Intercorrelations for Pre-Test Measures of Meaning in Life and Psychological Distress

Measure	M	SD	1	2	3	4	5
1. OQ45	78.09	24.40	--				
2. MLQP	22.01	7.72	-.41**	--			
3. MLQS	24.28	7.17	.21*	-.10	--		
4. LRFI	39.86	6.29	-.50**	.75**	-.11	--	
5. LRFIul	28.17	6.50	-.55**	.73**	-.19*	.80**	--

\*p < .05. \*\* p < .01

Table 2. Means, Standard Deviations and Intercorrelations for Pre-Test Measures of Meaning in Life and Engagement

Measure	M	SD	1	2	3	4	5
ENG	4.86	2.75	--				
MLQP	22.01	7.72	.07	--			
MLQS	24.28	7.17	-.01	-.10	--		
LRFI	39.86	6.29	.05	.75**	-.11	--	
LRFIul	28.17	6.50	.16	.73**	-.19*	.80**	--

\*p < .05. \*\* p < .01

Table 3. Comparison of Pre-treatment and Post-treatment ML scores.

Meaning Measure	Pre-Treatment		Post-Treatment		df	t
	M	SD	M	SD		
MLQP*	21.58	7.41	27.1	6.02	39	-5.43
MLQS	23.63	6.63	24.93	7.52	39	-1.17
LRFI*	31.10	5.94	35.30	5.55	39	-5.34
LRFIul*	29.05	6.54	35.15	5.21	39	-8.14

Table 4. Comparison of Pre-treatment and Post-Treatment Psychological Distress.

Measure	Pre-Treatment		Post-Treatment		df	t
	M	SD	M	SD		
OQ45*	75.44	24.316	62.65	23.166	67	4.42

Note. OQ45 scores range from 0-180 with a cut off score of 63 or above to indicate patient population. The higher the OQ score signifies the greater the amount of distress.  
\* Difference from pre-test to post-test significant at the .001 level.

## DISCUSSION

The results of the present study suggest several implications for clinical work. Clinicians can play a role in helping patients to achieve sufficient levels of each of sub constructs of meaning. Conceptually, it seems that having a Presence and Framework for meaning is at least partially a prerequisite for having Fulfillment of meaning. Achieving a sense of fulfillment of meaning is complex because one not only has to have sources and beliefs that allow for meaning but they must have the efficacy and ability to achieve it. There are various potential interventions to foster one's sense that they are/can fulfill their meaning in life.

Future research would benefit from examining clinical interventions related to the sub constructs of meaning in life. Also, the current study did not support meaning in life's relation to engagement in treatment. Future research might benefit from measuring engagement in a more comprehensive way and over a longer period of time.

## CONCLUSIONS

In conclusion, the research data suggested for substance abusers in substance abuse treatment, having a sense of meaning in life is important to psychological well-being. Implications highlight the importance of addressing the four aspects of meaning in life in treatment. Guiding patients to identify sources of meaning, beliefs about meaning and most importantly the ways in which they can and or are already achieving their meaning may help to significantly reduce psychological distress.

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