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WHAT IS THE MEANING OF THIS? A PROPOSED ASSESSMENT FOR EXPLORING MEANING OF LIFE IN THE THERAPEUTIC REALM

BY

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BY

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Submitted to the Faculty of the Graduate School of Eastern Kentucky University in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

2025

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Finally, I would like to give a dedication to this project and to this idea of searching for meaning in one's life. To the dreamers, the poets, and the playwrights and to anyone who has ever looked up to the heavens and wondered: "What is the meaning of this?" This one is for you.

Abstract

It is likely that since man has first learned to communicate with one another, we have wondered what the meaning of life is. Throughout recorded history, groups of individuals with religious, philosophical, and scientific backgrounds have searched for the answer to this deceptively simple question. Previous research has shown that finding meaning in one's life can render positive psychological and physiological outcomes for individuals presenting with depressive and anxiety disorders, trauma, chronic and terminal illness, and many more. There have been numerous attempts of creating assessments intended to measure a person's meaning in life, however most of them either do not explore the different avenues that one may find meaning in, while others lack significant validity and reliability. This proposed assessment, the Meaning of Life Exploratory Tool (MOLE-T), is intended to be an easy-to-use, simple-to-interpret tool to explore one's meaningful domains in their lives, and then utilize the results to take effective action to live a more fulfilling life.

Keywords: meaning, purpose, logotherapy, acceptance and commitment therapy, positive psychology, posttraumatic growth, spirituality.

Table of Contents

SECTION I- INTRODUCTION **8**

PURPOSE 9
STATEMENT OF SIGNIFICANCE 10

SECTION II- LITERATURE REVIEW **11**

METHODS FOR LITERATURE REVIEW SEARCH 11
DEFINING THE "MEANING OF LIFE" 12
THERAPEUTIC INTERVENTIONS AND MEANING-MAKING 16
Logotherapy *16*
Positive Psychology *18*
Posttraumatic Growth (PTG) *19*
Acceptance and Commitment Therapy *20*
EXAMPLES OF MEANING-MAKING IN PRACTICE 21
Depressive Disorders *21*
Anxiety Disorders *22*
Chronic Illness *23*
Terminal Illness *24*
Suicidality *25*
MEASURES OF MEANING IN LIFE/PURPOSE IN LIFE 26
Meaning in Life Questionnaire *26*
Life Attitude Profile- Revised *27*
Purpose in Life Test *27*
Personal Meaning Profile *28*
MEASURES OF VALUES 29
Rokeach Value Survey *29*
Valued Living Questionnaire *30*
Valued Action and Satisfaction Questionnaire *30*
Valuation Questionnaire *31*

SECTION III- THE MEANING OF LIFE EXPLORATORY TOOL (MOLE-T) **32**

THE ASSESSMENT TOOL 32
THE FOUR DOMAINS AND THE TWELVE SCALES 32
Interpersonal *33*
Occupational *34*
Intrapersonal *34*
Spiritual *35*
COMPARISON TO OTHER MEASURES 36
CLINICAL CONSIDERATIONS & THERAPEUTIC UTILIZATION 40
FUTURE DIRECTIONS 42
SUMMARY 45

SECTION I- Introduction

It could be argued that ever since man had first learned how to communicate with one another in spoken language, he has questioned his very own existence. Surely, there must have been some point when ancient man was not hunting wooly mammoths or dodging sabretooth tigers that they asked the question: “What is the meaning of all of this?”. It has been documented throughout history that this question of the meaning of life has been on the minds of countless philosophers, early religious scribes, and leaders in the fields of psychology.

Philosophers of old pontificated on the ideas of what the meaning of life could be for the human race in general. Aristotle argued that to first find the meaning of life, one must define what it means to live life, and he ultimately came to the idea that to live life meant to be engaged with intellectual activities (Johnson, 2018). According to Skrbina, (2018) Plato viewed the meaning of life as living a virtuous life with five key virtues: knowledge, justice, courage, temperance, and piety. Other philosophers took an opposing view that life may not have any prescribed meaning at all, giving birth to the idea of Nihilism (Diken, 2008).

We find differing views even within our own field of psychology. We have Sigmund Freud who thought at first that the meaning of life is fueled by our unconscious desires, but he ultimately focused in on the idea that meaning of life is death (Eagleton, 2007). Carl Jung, differed from colleague’s views, noting that the meaning of life was a spiritual matter, and that people may discover this by journeying deeper into the self, a process which he called “individuation” (Byers, 1992). The subfield of psychology which focused on meaning making and working with one’s own strengths was not fully brought

to power until the Austrian psychiatrist Viktor Frankl stepped to the plate. A survivor of the Holocaust, Frankl found the search for meaning to be so unique and important to man's psychological well-being that he created his own therapy centered around the very idea (Frankl, 1985). This became known as *Logotherapy* (Frankl, 1958).

In light of the vast sea of answers presented in the last few thousands of years, I am going to center my work among Frankl's view, which will serve as the foundation for my original contribution. Frankl's focus on the importance of finding meaning in life in the therapeutic realm and his understanding of a unique and ever-changing meaning of life is the theoretical cornerstone of my proposed assessment (Frankl, 1958).

Frankl viewed the search for meaning as a heavy motivator in the life of man, he quoted Nietzsche saying, "He who has a *why* to live for can bear with almost any *how*" (Frankl, 1987, p. 97). Frankl held the belief that, because of the uniqueness of each individual man's circumstances and the changing circumstances of his lifetime, meaning in life is never an absolute, stagnant ideal, rather it is dependent upon the individual and their unique situation (Frankl, 1987).

Purpose

The objective of this doctoral project is to design an assessment measure which will serve as an exploratory tool for an individual to discover their own "meaning of life" at the present period in their life. This assessment will utilize the client's self-prescribed values and can serve as a helpful guide within the therapeutic context. Although there are currently many assessments which measure meaning/purpose of life and values, to my knowledge there is no assessment tool quite like the one being proposed in this project.

Statement of Significance

Research has shown that therapies involving "meaning making" techniques have had positive effects on clients which could assist in the facilitation of post-traumatic growth (Mata, 2023). Furthermore, specialized therapies whose basis involves finding meaning in life (such as logotherapy) have been effective in treating a number of psychological concerns such as loneliness and death anxiety (Dilmaghani et al., 2022). The applications of logotherapy are not only contained within the mental health field but have also been effective in increasing a purpose of life of individuals who have terminal illnesses (Zuehlke & Watson, 1977).

There have been numerous scales and measures which have attempted to measure purpose of life and meaning of life, although most of these do not implement an explorative aspect (Steger et al., 2006). Instead, the measures rely on the client to already have the values in mind and be able to rank the listed values based on the level of importance to the client (Rokeach, 1967). Although these measures have been beneficial with clients who have the capability to recall values in their life and then rank those values' importance, what about the people who are unable to do so? What then happens to the client who has experienced such severe anhedonia that they lose all interest in the meaning they used to make with life (Watson et al., 2019)? What of the client with schizophrenia who was recently discharged from a psychiatric facility with no social supports and feels as if there is no meaning at all to their life (Ritsner & Ratner, 2019)? What of the client who, with a history of or current suicidal ideations, finds it difficult to search for their own reasons to live (Moreno-Küstner et al., 2016)?

It is my understanding that these types of clients are truly aware of the meaning they make within their lives, even if they may not be consciously aware of it (Heintzelman & King, 2013). It is my understanding that if a person once had meaning in their life and it now appears lost to them, they can find that meaning of life again even if it is from a different medium. This is why the need for an *exploratory* tool of this nature is crucial. It can help tap into the unconscious mind for those who present with anhedonia, suicidality, hopelessness, and more. It need not be too broad so that the client finds it difficult to place their values and it need not be too specific so that the client feels pigeonholed into a less than desired value. My hope is that this assessment will bring awareness to clients and that it may be used by them and their therapists to structure therapeutic goals around their newfound meaning of life. Similar to logotherapy, a person's meaning of life is not a tool which can be used in therapy, rather it is the very foundation of the therapeutic process.

SECTION II- Literature Review

Methods for Literature Review Search

Research was conducted by searching psychology based online search engines such as PsychInfo and Google Scholar electronic databases. Journals searched included the American Journal of Psychoanalysis, Journal of Religious Studies, Journal of Religion and Health, Counseling Psychology Review, Aging Psychology, Journal of Nervous and Mental Disorder, European Child and Adolescent Psychiatry, and many more. The literature review also includes texts on the subjects of dying and aging, the searches for meaning in life, human behavior, spirituality, logotherapy, and values of life. These texts were found at both the in-person library and online databases of Eastern

Kentucky University. Research was conducted by searching the internet and aforementioned library for information regarding meaning making used as a tool in different therapeutic orientations and the effectiveness of such tools in populations presenting with a variety of mental health and medical problems. Research was also conducted on current measurements of values and meaning of life to compare their methodologies to the proposed assessment measure. Key words searched include values, logotherapy, unconscious awareness, depression, anhedonia, loss of interest, schizophrenia, psychosis, meaning of life, meaning making, suicidality, and effectiveness. No restriction was set for timeframe of journal articles during the search as logotherapy and meaning making have been studied since the early 1960s.

Defining The "Meaning of Life"

In order to create an assessment measure that explores a person's meaning of life, we must first define the "meaning of life". An age-old question with more answers than humanity may know what to do with. Mankind has searched for a meaning of life for millennia from both secular and sacred groups alike. If a person has difficulty in discovering an answer to the question, it is not because there is a lack of input from our predecessors and ancestors. My understanding is that the plethora of responses to the question of a "meaning of life" can be broadly separated into one of two categories: Constant and uniform or ever-changing and individualistic.

The first group, who I'll refer to from hereon as the Collectivists, includes those of religious organizations that gain their perception of meaning of life through holy books and the words of prophets acting as the mouthpiece of God. Before I go any further, I must address those within the field of psychology and the other sciences who turn away

from religion. It is no secret that science and religion seem to have a relationship akin to that of oil and water, however when it comes to this topic we must not shy away from religion, spirituality, and the concept of a higher power. Many people on Earth find their meaning of life within these realms and if we do not explore them, it would be a disservice to this research.

Within the Collectivists are the three Abrahamic religions of Judaism, Christianity, and Islam. Though similar in background, origins, and the sharing of many different holy figures within their scriptures, the three have somewhat differing views on how to answer the question. Judaism claims that to find meaning in life is to align yourself with two goals: a close intimate relationship with God and the creation of a fair and just society (Mahdavi Nour & Fa'ali, 2020). The Christians, with denominations more diverse in their teachings than the stars, hold true to the teachings of Jesus Christ with two major commandments, "Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: Love your neighbor as yourself. All the Law and the Prophets hang on these two commandments." (New International Version Bible 1978, Matt. 22: 37-40). Islam teaches three broad rules which fall in line with the meaning of life: believing in Allah and the scriptures of the Qur'an, surrendering to the will of Allah, and fulfilling Islamic obligations, such as protecting oneself from sin (Eryilmaz & Kula, 2020).

The Collectivists also tend to focus on a communal way of life rather than an individual person's perception on the meaning of life. Alfred Adler (2013) discussed an "absolute truth" which is never fully discovered by man as he lives socially and communally. Adler, being both a Christian and a psychologist, viewed spirituality and

science not as enemies, but rather as two concepts that work together in God's perfect plan, as he wrote on humanity, "The most notable instrument which it has developed against the rigors of the environments is the soul, whose very essence is permeated with the necessity of communal life" (p. 28). I should note that Collectivists are not exclusively belonging to those of a religious background, rather the majority of them are religious.

The second group, who I will call the Individualists, are those who believe that there is no single answer to meaning in life, rather it is the individual's choice as to the meaning which they find in their life. Although this group and their beliefs focus on the individual rather than a communal agreement to meaning of life, it is not to say that a community could not be a person's meaning in life. Individualists, such as I in the present moment, often view meaning of life as something that should be explored by the individual and hold a strong focus on living one's life to align with their newfound meaning.

Individualists stress that the meaning of life may very much differ from person to person, and the way a person finds their specific meaning of life would be through introspection and self-discovery. Tonne (1980) created a list of ten guidelines to help facilitate a meaningful life in a person, with the 10th and final guide encouraging readers to "know yourself and live according to this knowledge" (p. 181). When discussing the "life worthwhile", Wheelcox states that it is not a common goal or something exact and specific which all people strive for, rather it "differs in the minds of individuals. That which seems worthwhile to one may seem unendurable to another, and so any analysis of

the subject must be made from the purely personal standpoint and must not be considered an effort to lay down arbitrary laws for the human race to follow" (1914, p. 10).

Individualist also focus on the idea that once a person finds their meaning of life; they then have the power to live their life in line with the things that give them meaning. The French author, Maurois (1940) wrote on living in the moment long before the ideas of mindfulness had its present impact on the Western world. Offering his view on the ever-yearned concept of happiness, he wrote "It is not the events and the things one sees and enjoys that produce happiness, but a state of mind which can endow events with its own quality, and we must hope for the duration of this state rather than the recurrence of pleasurable events" (pp. 293-294).

Ross (1950) continues this idea of individualism and the need for the individual person to continue pushing forward into what they see as their own meaning in life. He notes that "Each day is the father of the days that follow. We came from a yesterday of our own making. It, therefore, behooves us to get straight in our thinking so that our acts can produce for us what we want out of life" (p. 126).

Neither of these groups should be defined so black and white as to say one is "right" and one is "wrong", rather in true fashion of the belief that life is truly what you make of it, anyone can live a good, meaningful life within either group so long as they are content with the philosophical path they have chosen. In terms of defining meaning of life for this assessment measure, it should be viewed as something that is specific to the individual and must be discovered by that individual through introspection and exploration of one's values. It is also something that will change through the passing of time between and within individual persons.

I use what I call the “seven-years rule” when explaining the importance of the definite truth that one’s meaning of life changes throughout their lifetime. This rule is based off the rumor that it takes the body seven years to replenish every kind of cell. Although this was proven to be untrue, I feel that this still holds merit in terms of personality and an individual’s unique meaning of life. Think back to what you were like as a person seven years ago. What changes do you see within yourself now and then? Now think back to what you were like fourteen years ago. Truly, we are creatures who are bound to change. It is in our very nature to change as we grow, mature, and one day die. Therefore, it would be unwise to assume that our perceived meaning in our lives will remain constant through time. This assessment measure is designed to reach a wide breadth of those who may be very certain or uncertain of their current meaning of life no matter what it might be at the present moment.

Therapeutic Interventions and Meaning-Making

The hope for my proposed assessment tool is that it may be used within all theoretical orientations. There are a few theoretical orientations and therapeutic interventions, however, that focuses on meaning-making as a large goal of the therapeutic process. We will explore more of these in-depth including the origins, ideologies, and how they related to the proposed assessment.

Logotherapy

As mentioned before, Viktor Frankl created Logotherapy after he had been liberated from a concentration camp during the Holocaust (Frankl, 1985). We know that he was working on this theory before he had been imprisoned, however he did not officially publish his work until the 1950s. In a nutshell, logotherapy is a branch of

psychoanalysis, but rather than looking in the past it focuses on the future. Frankl (1985) notes that logotherapy "focuses on the meaning of human existence as well as on man's search for such meaning" (pp. 98-99).

Logotherapy explores many different tenants of human existence including the idea that finding one's meaning in life is man's primary motivation, which is also called Will to Meaning (Frankl, 1985, p. 99). This concept is key to the foundation of the proposed assessment tool as it is believed that all people innately want to find meaning within their life, and it is human nature to search for it. Humans are naturally curious on why things are the way they are, evident from an early age as we explore the world around us. It is expected that as humans move forward into the latter stages of Piaget's model of cognitive development, we gain the sentience that we have our own unique life that differ from everyone else, and those around us also have their own unique lives that differ from ourselves (Hanfstingl et al., 2019). The moment we discover this fact, we search for the meaning of our lives.

Frankl (1985) explains that lacking a meaning of life can lead to symptoms of depression, aggression, and feelings of loneliness which he calls the "existential vacuum" (p. 106). We find emptiness within ourselves and realize that the life we are living in the present moment is not the one we are yearning for. This creates frustration within us which can either be directed internally or expressed externally. One of the goals of the proposed assessment tool is that it can help clients to introspect and, once a meaning of life is found, can be used to guide their behaviors within the therapeutic context and break out of the existential vacuum.

In conclusion, Frankl's logotherapy theorizes that all people search for a meaning of life and that this primary drive for meaning can lead to a richer, fuller life. The absence of meaning or difficulty in the search for meaning can frustrate the process and lead to symptoms of psychological despair and disorder. Frankl encourages clinicians to sit with their clients and guide exploration of their search for meaning in life, which can then be used within the therapeutic context in order to move progress forward.

Positive Psychology

When World War II came to an end and more soldiers were returning home presenting with PTSD, the field of psychology as we know it today began to blossom with its focus on healing those who presented as "disordered" or mentally ill (Seligman, 2002). Clinical psychology focused on this goal for majority of the 20th century, however in 1998, then APA president, Martin Seligman coined the term "positive psychology" (Seligman, 2002).

Unlike the goal of seeing clients as people who needed to be fixed, the goal of positive psychology was instead designed to build upon the strengths of clients. This strengths-based approach brought focus to concepts such as optimism, hope, faith, well-being, satisfaction with life circumstances, and of course, meaning (Duckworth et al., 2005). These topics are therapeutically beneficial for clients and shows us that it is not enough to alleviate symptoms of mental anguish (Snyder & Lopez, 2001).

Indeed, positive psychology encourages the assessment of meaning of life in our clients as it can lead to positive physical and psychological outcomes (Esterling et al., 1999). Although it is recommended from Duckworth et al. (2005) to utilize an interview

process to explore meaning of life with clients, it can also yield helpful results to offer quantitative data along with the interview process.

Posttraumatic Growth (PTG)

Posttraumatic Growth, or PTG, is a concept found within the realm of positive psychology. PTG was coined in the late 90s and referred to the observed positive psychological changes that occurred in a person in the aftermath of a traumatic life event (Tedeschi & Calhoun, 1996). This idea appeared paradoxical when initially proposed. How could a traumatic event yield any positive changes in a person's life? It is important to understand that it is not the traumatic life event itself that yields the growth, rather it is the changes that one experiences after a traumatic event (Tedeschi & Calhoun, 2004).

Regarding the concept of PTG, Tedeschi & Calhoun (1996) expanded upon it with five domains found within their Posttraumatic Growth Inventory (PTGI). The domains are New Possibilities (a mindset of exploring new interests, new paths for life, new opportunities, as well as the likeliness of changing those things which need changing), Relating to Others (one's sense of closeness, trust, compassion, and relationship with other people), Personal Strength (the feeling of self-reliance, self-efficacy, and serenity), Spiritual Change (spiritual matters or stronger religious faith), and Appreciation of Life (valuing and appreciating the life one has and each day that comes with it) (p. 460).

PTG relates to the proposed assessment tool in a different light compared to other mentioned strategies, as if focuses on those who have experienced traumatic events. PTG helps to build hope within a client's life after experiencing trauma. It serves as a reminder to the client and clinician that experiencing trauma is not the end, but instead the

possibility of finding a new beginning. The client may be more likely to search for meaning after a traumatic event and finding that meaning can help the client through the recovery and grief process. This seems metaphorically similar to the ancient agricultural practice of slash-and-burn. The burning of the once useful crops symbolizes the trauma, however the nutrients left behind within the ash and the embers help the soil to become rich and, in time, beautiful plants and crops will soon grow in the place of the destruction.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is an eclectic therapy with the foundations of mindfulness and behavioral therapy. ACT is known for challenging the Western ideas of psychology, and although it does not list symptom reduction as one of its goals, symptom reduction has been empirically shown to occur in the utilization of ACT (Harris, 2006). One of the goals of ACT is to help clients "create a rich and meaningful life, while accepting the pain that inevitably goes with it" (Harris, 2006, p. 2).

In this way, ACT falls within the Individualist mindset by believing that meaning of life comes from the individual and it is important to explore it and change your behaviors to align with your chosen meaning of life. One of the six core principles of ACT is helping clients to explore their values and use this to help them create a more meaningful life (Luoma et al., 2007). This supports the idea in the proposed assessment that our values can help us to find our individual meaning of life.

ACT's core principle of the search for values which will give a client's life meaning is key to the proposed assessment measure, and we will discuss later how the values explored within the assessment measure are similar to other measurements of values which have been used within the ACT framework. ACT's emphasis on an

individual’s right to create a rich and meaningful life using their own values support the reason behind using self-prescribed values in a measurement of meaning of life.

Examples of Meaning-Making in Practice

Depressive Disorders

Research has found that utilizing meaning-making techniques in therapeutic practice can assist in the treatment of depressive symptoms and depressive disorders. When studying the challenges international students within the U.S. face regarding stress, loneliness, and depression, meaning-making techniques moderated the relationship between acculturative stress and depression (Luz & Thomas, 2023). Marco et al. (2020) found that meaning in life was a partial mediator of anxiety and depressive symptoms within CBT and those participants whose therapies utilized meaning-making showed a statistically significant improvement in meaning in life.

Chow (2017) explored how meaning of life and perceived knowledge of strokes both correlated and mediated with topics like life satisfaction. They found that meaning in life had positive correlations with life satisfaction and negative correlations with depression. Meaning in life was a significant mediator between perceived knowledge of a stroke and both depression and life satisfaction. Schultz (2014) takes a different approach in terms of finding meaning not in life but rather in the meaning people make when they are put through a suffering event, such as clinical depression.

Schultz (2014) found that those who attempted to find meaning in their suffering had many positive outcomes including a greater self-awareness, intensified spirituality and religious faith, and better coping skills for future clinical depression and life

stressors. This dips into the realm of posttraumatic growth and also is comparable to Viktor Frankl's ideals within logotherapy (Frankl, 1958).

Anxiety Disorders

Kelso et al. (2020) researched the presence of meaning in life and the effect experiential avoidance had on anxiety. The presence of meaning in life was found to buffer the effect that experiential avoidance had on anxious individuals. People who claimed to be religious and put forth a belief in meaning in life were found to have significant effects with the obsessions present in obsessive compulsive disorder (OCD) and symptoms of generalized anxiety disorder (Jang, 2016).

Individuals who endorsed social anxiety disorder reported substantial increases in their well-being when they completed activities which made progress toward their self-discovered purpose of life (Kashdan & McKnight, 2013). Dursun et al. (2022) studied individuals who presented with a subtype of generalized anxiety disorder known as "death anxiety", or anxiety surrounding the idea of death and/or dying. A presence of meaning in life was discovered to be a significant "antidote to avoid death anxiety in all individuals" (p. 3,299).

Garcí-Alandete et al. (2021) found the meaning in life could have a positive influence in the therapeutic process of a number of mental disorders including eating disorders, depressive disorders, anxiety disorders, and those disorders which are on the schizophrenia spectrum. Meaning in life has also been found to have a significant negative correlation with the presence of PTSD symptoms in members of the United States military (Fischer et al., 2020).

Chronic Illness

According to the CDC (2022), chronic illness is defined as a health condition which lasts between one year and an indefinite amount of time. It was estimated that 60% of adults in the United States have a chronic illness and 40% of adults have two or more chronic illnesses (CDC, 2022). Indeed, chronic illnesses can be comorbid with mental disorders due to the long-term effects of the illness, yet the current research has shown positive effects that meaning making and understanding meaning has on those with these kinds of illnesses.

Zeligman et al. (2016) studied posttraumatic growth (PTG) with individuals who had chronic illnesses and found that meaning making served as a unique contributor as well as “moderated the relationship between social support and PTG” (p. 53). Individuals who have frequent, epileptic seizures may also benefit from meaning making techniques in the form of understanding their personal narratives related to their illness and could lead to stress reduction (Gatt, 2009). Those who have diabetes may benefit from interventions which push for searching a meaning of life, as logotherapy was found to have a significant effect of increasing diabetic client’s personal meaning of life (Yusuf et al., 2019).

Vos (2016) writes that clients with chronic illnesses who use meaning in life are associated not only with better psychological outcomes but also better hormonal and immunological functions. The exploration of meaning of life with clients of advanced diseases were associated with benefits on a number of measurements including purpose of life, optimism, self-efficacy, and quality of life (Guerrero Torrelles et al., 2017).

Terminal Illness

Terminal illnesses, such as cancer, negatively impacts a person's current way of life as well as their outlook on the meaning and value of their own life. Research involving clients with cancer and the implementation of logotherapy have been conducted and hold promising results when implementing meaning-making therapies. Arefpour and Mahdavi (2022), found that logotherapy significantly affected many factors in clients with advanced prostate cancer. Some of these factors included depression, anxiety, and cancer fatigue as well as psychological capital (hope, optimism, resiliency).

Logotherapy was found to work with both men and women alike and those who present with different types of cancers. Logotherapy successfully decreased the levels of depression and demoralization in women who had breast and gynecological cancers (Sun et al., 2021). The implementation of logotherapy has been found to decrease more than just psychological distress and symptoms of mental woe, rather it was also found to decrease the levels of cortisol and the severity of pain in individuals who presented with cervical cancer (Soetrisno et al., 2017). The presence of meaning in life for cancer patients is associated with better perspectives on their illness and changes in behaviors and goals (Krok & Telka. 2018).

Meaning-making therapies were found to not only lessen the suffering of those with terminal illnesses, but also assisted those who work with these individuals. Hidalgo-Andrade & Martínez-Rodríguez (2020), found that the use of existential therapies, such as Frankl's logotherapy, helped to improve compassion fatigue with the Latin American population who serve as caregivers in palliative care.

Suicidality

According to the American Foundation for Suicide Prevention (2023), suicide is the 11th leading cause of death in the United States, and we have seen a steady incline throughout the years in the number of deaths by suicide (apart from 2020 when there was a slight decrease). However, in 2020, suicide was found to be the second leading cause of death for children 10-14 and young adults from 25-34 years of age (Suicide Prevention Resource Center, 2020).

Implementing meaning-making techniques within therapy for individuals who are experiencing suicidal thoughts or feelings have shown to be beneficial. Indeed, Wilchek-Aviad and Malka (2016) found that finding meaning in life was a “dominant variable in minimizing suicidal tendencies” among Jewish youth in ages 15-18. One could argue that Jobes’ (2023) Collaborative Assessment and Management of Suicidality (CAMS) model is another way to assist in meaning-making. As its name implies, CAMS takes a collaborative approach to treating suicidal ideations in that it treats the “drivers”, or reasons, behind a person’s suicidality. This treatment utilizes a person’s reasons for living to help treat their ideations, so that symptom reduction is not the only treatment goal, rather living a more meaningful life is a secondary goal of this approach. CAMS has shown to be effective in decreasing clients’ suicidal ideations (Jobes, 2012).

Barnes et al. (2017) highlighted *ACT for Life,* a guide in using acceptance and commitment therapy to help prevent suicide. They found that using the ACT framework, therapists could help clients to explore their values and find a deeper purpose so that they may stay alive. Zhang et al., (2023) found that therapies meant to increase resilience

building and meaning in life may help to reduce suicidal ideations in Chinese patients with ovarian cancer.

Bryan et al. (2019) looked into using meaning of life with soldiers using crisis response plans and a safety planning intervention with follow-ups up to six months after discharge of services. They found that meaning in life was significantly associated with the reduction of suicide risk even months after termination of therapy.

Measures of Meaning in Life/Purpose in Life

The proposed measure is not the first to assess for meaning and purpose of life. Indeed, with the creation of logotherapy, many who agreed with Frankl's philosophy sought to create measures to be used with his orientation. Also, with the creation and popularity of the ACT framework, many worked to create measures to assess for the values of their clients (in accordance with one of the six core principles). This section will be used to examine the major assessment of meaning of life and values, including their creation, psychometrics, and basic orientation.

Meaning in Life Questionnaire

The Meaning in Life Questionnaire (MLQ) is a 10-item questionnaire that is designed to measure meaning in life (Steger et al., 2006). The MLQ measures two dimensions of meaning in life: the presence of meaning (how much a participant feels their life has meaning) and the search for meaning (how much a participant strives to find meaning in their life). The questions are then ranked by the client on a seven-point Likert scale.

According to Steger (2007), the MLQ was shown to have good internal consistency, however further research is necessary for this measure as its sample size mostly consisted of Caucasian women who were undergraduate students. Overall, this measure is a good tool for determining whether a client feels as though their life has meaning and if they would be willing to search for that meaning, however it does not explore any domains that one may find meaningful to their life.

Life Attitude Profile- Revised

The Life Attitude Profile-Revised (LAP-R) is a 48-item, multi-factor assessment which is designed to measure a participant's attitudes toward life (Reker, 2001). The six factors included in the LAP-R measure are: Purpose, Coherence, Choice/Responsibility, Death Acceptance, Existential Vacuum, and Goal Seeking. This measure utilizes Frankl's theory of a "will to meaning" and has borrowed some of its factors from Crumbaugh and Maholich's, (1969) measure, the Purpose in Life Test (Reker & Peacock, 1981).

The LAP-R demonstrated good validity and appropriate reliability compared to other similar measures (Heydarinasab et al., 2021). Erci (2008), also found the LAP-R to have good reliability and validity when working with clients who have developed cancer. Similar to the MLQ, the LAP-R also has a seven-point Likert scale, and it appears to be a good measure of the presence of meaning in a person's life rather than an explorative tool.

Purpose in Life Test

The Purpose in Life Test (PIL), created by Crumbaugh and Maholich, is a 20-item test designed to assess the perceived meaning and purpose in a participant's life (Crumbaugh & Maholich, 1969). The PIL is heavily influenced by Frankl's logotherapy,

and the content of the items is vast, including Suicidal Thoughts, presence of Good Things in Life, Death Acceptance, Reasons for Living, and living a life defined as "Worthwhile" (Schulenberg et al., 2011, p. 862).

In regard to the reliability of this measure, research has shown good to great scores and validity has been consistently good throughout research (Schulenberg et al., 2011). Some limitations of the PIL include trouble with certain items relating too much to other items and the dimensionality of the measure (Schulenberg et al., 2011). This measure presents with good psychometrics and looks at many of the domains that Frankl explores in his logotherapy.

Personal Meaning Profile

The Personal Meaning Profile (PMP) was created by Paul Wong and sought to measure an individual's personal meaning in life (Wong, 1998). The PMP is a 57-item questionnaire and includes a seven-point Likert scale which an individual can rate themselves on different statements. The PMP also explores seven scales which the items encompass. They are Achievement, Relationship, Religion, Self-Transcendence, Self-Acceptance, Intimacy, and Fair Treatment or Perceived Justice (Wong, 1998).

Research on the psychometric properties of the PMP found that, although it related to other measures of meaning of life, the criterion validity for this measure was found to be below satisfactory levels and the same was true for its reliability. Indeed, when comparing the PMP to other measures of meaning of life, the score for the overall psychometrics of this instruments was identified as "low" (Brandstätter et al., 2012, p. 1048). Although the PMP seems to come the closest to an exploratory tool compared to

the other existing measures of meaning of life, the weak reliability and validity of the measures further supports the need for another exploratory measure of meaning of life.

Measures of Values

Rokeach Value Survey

The Rokeach Value Survey (RVS) was developed by Milton Rokeach in 1973 and it measures social and personal values (Rokeach, 1973). The RVS contains a total of 36 items that the client may choose from to rate the importance of the value. It is a self-report measure which asks the client to rank their top six items and list reasons why those were chosen. The RVS separates the items into two categories: terminal and instrumental values. Terminal values, such as a World at Peace, True Friendship, and Love, refer to desirable end goals or states of being. Instrumental values, such as Honest, Helpful, and Self-Controlled, refer to desired behaviors (Rokeach, 1973).

Rankin and Grube (1980), determined that the RVS has good test-retest reliability and good predictive and construct validity. However, the RVS is not without its limitations. Braithwaite and Law (1985) found that some of the items covered within the domains of physical well-being and individual rights were a major weakness, and Ittzés et al., (2015) determined that the item pertaining to Salvation was a weaker indicator of religiosity than other measures. It is also important to point out that the RVS holds the same limitations as others before for individuals who present with extreme anhedonia and therefore could have difficulties with choosing and ranking their values.

Valued Living Questionnaire

The Valued Living Questionnaire (VLQ) was created by Wilson and Groom in 2006 and is a measurement of a client's values within ten areas of their lives. The areas that are measured include Family, Marriage/Couples/Intimate Relationships, Parenting, Friendship, Work, Education, Recreation, Spirituality, Citizenship, and Physical Self-care (Wilson & Groom, 2006). The participant would then rate each of these domains by how important they are to themselves on a Likert scale going from 1-10.

Wilson et al. (2010), explored the psychometric properties of the VLQ's two scales (the Importance scale (how important a domain is to the participant) and the Consistency scale (how consistent the participant has been living to their self-prescribed values). They found that the VLQ demonstrated high test-retest reliability in the Importance scale, but marginal reliability in the Consistency scale. They also found that, although evidence supported the validity of the VLQ, it was not as strong as previously hypothesized. Overall, this is a good tool to use through values work and values-based therapies such as ACT.

Valued Action and Satisfaction Questionnaire

The Valued Action and Satisfaction Questionnaire (VASQ) is a measure of values which is based within the ACT framework (Primeaux, 2019). An interesting component of this measure is that it explores three facets of each of the proposed values for the participant. These include importance of the value, how active the participant has been with this value, and how satisfied with their engagement of the value was. The VASQ borrows the ten proposed values from Wilson and Groom's (2006) VLQ measurement.

In regard to the psychometric properties of this measure, it was found to have excellent test-retest reliability and was found to be internally consistent (Lyons et al., 2023). It was also found to have significant predictive validity, being able to predict clinical outcomes including, “depression, anxiety, stress, experiential avoidance, and psychological quality of life” (Lyons et al., 2023, p. 193). Overall, this measure is more explorative than the VLQ and research has shown great psychometric properties, which makes this a useful tool when conducting values-based therapy such as ACT.

Valuation Questionnaire

The Valuing Questionnaire (VQ) developed by Smout et al. (2014) is a measurement of how consistent a client’s behaviors have been with their self-prescribed values. This is a 10-item questionnaire which utilizes a six-point Likert scale. This assessment was created to be utilized with the ACT framework and is described as a useful tool throughout the therapeutic intervention (Smout et al., 2014).

Barret et al. (2019), found the VQ to have “acceptable content validity in relation to the ACT conceptualization of valued living” (p. 469). They also discovered that both construct and predictive validity were present for concepts and outcomes such as life satisfaction, quality of life, and psychological well-being, purpose, stress, and depression (Barret et al., 2019). However, it was also found that convergent validity was not evident due to the “low-magnitude correlations reported” and test-retest reliability for this measure did not meet criteria for good measurement properties (Barret et al., 2019). Further research should be conducted on the psychometrics of the VQ for further support of its use within the ACT framework.

SECTION III- The Meaning of Life Exploratory Tool (MOLE-T)

The Assessment Tool

The proposed assessment tool, which will be referred to hereafter as the Meaning of Life Exploratory Tool, or the MOLE-T (See Appendix A), will consist of 96 statements to which a person may relate to themselves. They will choose their response using a four-point Likert scale. The response options will be “Mostly False for Me”, “Somewhat False for Me”, “Somewhat True for Me”, and “Mostly True for Me”. Although a five-point Likert scale is common for many measurements, the reasoning behind the four-point Likert scale for this assessment is that it leads the client to choose an option rather than just remaining “neutral”. This in turn will help yield more accurate results.

After the client has completed the MOLE-T, their scores will be sorted into percentages of four domains of measurement. The four domains include Interpersonal, Occupational, Intrapersonal, and Spiritual. Along with being sorted into the four domains, the scores will also be sorted into twelve scales total or three scales within each domain. The twelve scales that a client’s scores can be sorted into relate to areas of relationships, social experiences, career path, health, interests, nature, religion, and activism. The four domains and all of the scales are explored in more depth in the following section.

The Four Domains and The Twelve Scales

The four domains were chosen based on those values, beliefs, and purposes which they involve and its comparison to current assessment tools in the field, such as the

Valued Living Questionnaire (Wilson & Groom, 2006). The four domains are broad, and they were designed with that intention to assist clients and therapists alike in outlining the results in an easy-to-use format. Each of the domains will be affiliated with 24 questions on the MOLE-T, with a total of 96 questions.

Interpersonal

The interpersonal domain consists of questions which relate to relationships with community, other people, and even one's geographic homeland. Within this domain are the three scales of *Relationships with Others, Social Experiences,* and *Geographic Relationship*. The scale of Relationships with Others focuses on different types of relationships with other people. Some of these include family members, friends, and romantic and/or sexual partners.

The scale of Social Experiences includes the company of work colleagues in a social setting, the value of being involved with a group of like-minded or similar individuals, and the enjoyment or yearning of volunteer work. In regard to the group of like-minded individuals, this can include individuals who share an identity factor (race, religion, ethnicity) with the participant or a common interest (clubs, organizations, sports teams).

The scale of Geographic Relationships includes an enjoyment of one's country, state, territory, or city of origin or where they had grown up. This can encompass reminiscing if the person no longer lives in the geographic location as well as future plans for continuing to live in the geographic location.

Occupational

The occupational domain consists of questions which relate to compensated work, academic study, and the value of wanting to advance their life through work. Within this domain are the three scales of *Career Path, Academic Study,* and *Life Advancement*

The scale of Career Path focuses on the participant's view of their current career path, that being whether they feel firm and set in their path or if they would like to explore and keep an open mind. This also includes a few statements on wanting to advance within your path, whether that be at a managerial position or higher.

The scale of Academic Study focuses on the value of wanting to gain knowledge within one or more academic fields. The specific fields explored are the field of science (biological, medical, chemical, mechanical, social, other), arts (drawing, painting, music, theatre, other), and logic (mathematics, architecture, engineering, other).

The scale of Life Advancement refers to the value of wanting to advance one's life either through university or through a trade school or apprenticeship. This scale also looks into learning about new things and if one has a passion for creating new things or improving upon things already created.

Intrapersonal

The intrapersonal domain consists of questions which relate to the individual person. Within this domain are the three scales of *Health, Interests/Extroversion,* and *Interests/Introversion*. The scale of Health focuses on whether or not a person considers different facets of their health to be particularly important and whether or not they have the desire to take care of that particular facet. Some of the facets found within this scale

include physical, mental, emotional, and behavioral health. Spiritual health is not included in this section because it is fit within the Spiritual domain.

The scale of Interests/Extroversion includes some interests than can be and usually are conducted with a group of people. This scale also focuses on the participant's viewpoint of how extroverted they may seem. The scale of Interests/Introversion includes some interests than can be and usually are conducted in solitude. This scale also focuses on the participant's viewpoint of how introverted they may seem. Along with the Interests/Extroversion scale, this can be helpful within the therapeutic lens when deciding on behavioral changes that the client may need to make.

Spiritual

The spiritual domain consists of questions that relate to an individual's spiritual experience. Within this domain are the three scales of *Nature-Based, Religious Affiliation,* and *Activism*. The scale of Nature-Based encompasses one's enjoyment of being in different outdoor settings including mountains, forests, gardens, near bodies of water, and with animals. The statements within this domain go beyond mere interest in nature and includes spiritual components tied to nature such as statement 75. *When I am in the mountains, I feel complete*.

The scale of Religious Affiliation is set to measure the presence or yearning for a religious sect/organization in one's life. The scale focuses on many common themes of religion that followers find important to them such as individual figures within the religions (Jesus, Muhammad, Moses, Buddha), the sense of community found within their religion, and holy scriptures found within their chosen religion. The scale of Activism measures the importance that one sees in being or becoming an activist for a

number of social justice issues. Some examples of these issues include race, ethnicity, sexuality, disability, socio-economic status, and gender.

Comparison to Other Measures

In comparison to the MOLE-T and other prominent measures in the field, the two major differences appear to be related to the chosen values offered and the layout design of the instruments. When compared to the RVS (Rokeach, 1973) the MOLE-T presents with a question-response format instead of a pick and choose layout. The RVS lays out a set of desirable characteristics and then life goals and asks the participant to choose three of each of them while explaining why the chosen six matters to them. The MOLE-T on the other hand offers the approach of rating statements related to specific values which, in theory, would make it easier for those clients who present with significant anhedonia as a psychological symptom.

Looking at the VLQ (Wilson & Groom, 2006), the VASQ (Primeaux, 2019), and the MOLE-T, the values mentioned in all three measures are very similar with only one difference between each of them. More specifically, the VLQ and the VASQ includes the value of Parenting, or the yearned qualities of becoming a parent. In regard to the format of the measurements, the VLQ is similar to the RVS as they ask the client to rank each of the ten set values by personal importance and success in living within the values currently and in the last month. The VASQ spells out the question of importance within each value more in-depth than the VLQ and also offers a ranking system for satisfaction and engagement of said value within the previous week. The MOLE-T continues to offer the rating system of statements rather than a set of predetermined values.

In regard to the VQ (Smout et al., 2014) and the MOLE-T, the VQ's content does not list any specific values, rather it focused on the client's perspective on the progress which they have made in living for their purpose of life as well as those obstructions which had gotten in the way of their purpose of life. This is vastly different from the MOLE-T and even the other measurements mentioned, and specifically is not a tool for discovering one's specific purpose of life. The MOLE-T offers an approach in which results can be utilized readily within the therapeutic context.

When we look at the measures of meaning/purpose of life, the MLQ (Steger et al., 2006) seeks to measure a client's perspective on the presence of meaning in their life and whether or not they have searched for this presence. The MOLE-T, on the other hand, is a measure to explore the specific, individual meaning of life and therefore can be used to bring insight to the client and foster introspection.

The LAP-R (Reker, 2001) and the PIL (Crumbaugh & Maholich, 1964) are similar in that they both heavily borrow from the concepts explored in Logotherapy, primarily the ideas of the Will to Meaning, Life Purpose, and the acceptance of death (Frankl, 1985). These measures are useful within the context of Logotherapy; however, it would appear the modern clinician would find difficulty in interpreting these results and implementing them into other therapeutic orientations other than Logotherapy. The MOLE-T is intended to be utilized by any and all therapeutic orientations, although clinicians may find these results to be particular useful in behaviorally focused therapies, as homework assignments can be given related to the client's results.

Finally, the PMP (Wong, 1998) is the most similar to the MOLE-T compared to the other measurements of meaning/purpose of life, in that the client is presented with

fifty-seven statements and then asked to rank them on a seven-point Likert scale. The key difference between the PMP and the MOLE-T is that the content of the statements within the PMP primarily consists of "I am" statements, implying that the client currently is engaging in a number of topics such as Achievement, Religion, and Intimacy while the MOLE-T is primarily consists of "I want", "I believe", or "I wish" statements, implying that the client may or may not have the topic, but could still show their own value for it.

Table 1 (See below) compares the eight prevalent measures of meaning and values exploration as well as the novel assessment measure discussed in this thesis. The categories to which the measures are compared are "Validity", "Reliability", "Nature of Measure", and "Exploration of Meaningful Domains". The data found within the "Validity" and "Reliability" categories are taken from psychometric studies of each of the measures, and the listed descriptor uses the same language found within those studies.

The "Nature of Measure" category describes whether or not the assessment follows a fixed vs explorative format. A fixed format describes a measure which gives the participant different domains or values for them to rank while an explorative format describes a measure which asks the participant to answer questions which correspond to specific values. The importance of an explorative nature with measures of meaning of life is that it can benefit individuals who present with depressive symptoms such as suicidality and anhedonia (Watson et al., 2019).

Finally, the "Exploration of Meaningful Domains" category asks the question of whether or not the listed measure is simply measuring the presence of meaning within the participant (the answer being listed as "No" if this is the case) or if the measure includes possible values or domains that the participant finds meaningful (the answer being listed

as “Yes” if this is the case). Those who are listed as “Yes” could have therapeutic benefits as discovering specific values and domains can be beneficial in achieving personal and therapeutic goals for clients.

	Validity	Reliability	Nature of Measure	Exploration of Meaningful Domains
Meaning in Life Questionnaire	Good	Fair	Fixed	No
Life Attitude Profile-Revised	Good	Fair	Fixed	No
Purpose in Life Test	Good	Good	Fixed	No
Personal Meaning Profile	Below Satisfactory	Below Satisfactory	Explorative	Yes
Rokeach Value Survey	Good	Good	Fixed	Yes
Valued Living Questionnaire	Good	Varies between scales (fair-high)	Fixed	Yes
Valued Action and Satisfaction Questionnaire	Good	Excellent	Fixed	Yes
Valuation Questionnaire	Acceptable	Poor	Fixed	No
Meaning of Life Exploratory Tool*	Awaiting Research	Awaiting Research	Explorative	Yes

Table 1: Comparison of measures of values and meaning of life. * Novel assessment measure.

Overall, the MOLE-T’s design appears to be made up of the helpful pieces of both values measurements and measurements of meaning/purpose in life. It offers a wide

range of both broad and specific values that are common with a majority of the population while giving the client an opportunity to explore their own opinion of the values without the need to immediately be aware of it. The Likert scale ranking system of the 96 statements helps clients to engage in introspection and can motivate clients to continue implementing action into their values, their goals, and in the end their perceived meaning of life.

Clinical Considerations & Therapeutic Utilization

The MOLE-T is designed to be used at the beginning of the therapeutic journey with a client, however it can technically be used at any point. The assessment should be administered to the client and will then bring about a scored percentage, identifying any elevations or particularly low points within the four domains and the twelve scales. When interpreting the results, make notes of high and low scored percentages and which domains or scales they fall under. It is likely that the results that yield the most insight will be in the percentages of the twelve scales, particularly looking at the top five highest ranked scales.

Once a scored percentage is identified, the clinician should then meet with the client and discuss the results with them. The clinician should never assume that the scored percentage is the set choice for any client, as the MOLE-T is meant to be a tool of exploration rather than an end all be all answer for a client. The client must be notified of the findings, and the clinician will then collaborate with them to determine whether the findings is accurate for them. Only then can a client and clinician begin utilizing these results within the therapeutic context.

Once a client has completed the MOLE-T and the results have been discussed, it would be beneficial to explore ways that those results can be implemented into the therapeutic process. The best example of this would be to determine which domain(s) or scales have the highest scored percentages and then using this broad factor to direct future therapeutic interventions. This can include if a client's scores find that their values are more likely to fall in line with the *Interpersonal* domain, then perhaps an exploration into their current relationships would be in order.

If a client values the relationships they have in their life, however they are found to have troubles or difficulties within them, then a specific therapeutic orientation or technique may need to be implemented such as the interpersonal effectiveness skills found in Dialectical Behavior Therapy (Dimeff & Linehan, 2001). Just as it is important to not assume a person's scores without discussing it with them first, it is also important to not assume a specific path of therapy will work for a client without first discussing it with them. Focus on the therapeutic alliance, fostering an environment of collaboration, and allowing an open conversation for goals and methods of achieving said goals will give best results in therapy when using the MOLE-T (Catty, 2004; Spencer et al., 2019).

There is also a possibility in which a client's scores will render a percentage on one or more of the 12 scales that is vastly larger than the others. This should be interpreted that this particular scale(s) as especially valuable to the client. In the event of this occurring, it should be noted with the client and can be used as a motivational piece within therapy to guide the client in achieving their goals. An example of this could be of an individual who ranks high in the *Spiritual* domain but the highest of their three score percentages fall within the *Religious Affiliation* scale. At this point, the clinician should

discuss this with their client, and they could possibly benefit from more faith-based therapeutic techniques.

Future Directions

The MOLE-T is a proposed assessment tool and has yet to be tested within a clinical setting. Therefore, the future directions of this research should focus on assessing the validity and reliability of the MOLE-T by implementing the tool within a clinical setting. It is recommended that the MOLE-T is first utilized with individuals who present with symptoms of depression or other mental illnesses in which utilizing meaning of life would be beneficial.

After the MOLE-T has been administered, score, interpreted, and the results have been discussed with the client, it is recommended that the clinician then collaborate with the client to set goals related to implementing behavioral action and cognitive restructuring in order to help fulfill or increase the presence of the meaning of life throughout therapy. It is at this time where quantitative and qualitative data should be collected using measurements of outcome.

The measurements recommended to be used during the initial research with the MOLE-T would be an interview tailored toward meaning of life and the client's perspective of whether or not the scored percentages rendered from the assessment are accurate to their perceived meaning of life. Direct quotes should be gathered on the effectiveness from the client. Quantitative measures should be screening tools which measure depressive symptoms, values, and a measure of therapeutic outcomes.

The instruments I recommend using for outcome measurements are the Patient Health Questionnaire (PHQ-9) (See Appendix B), the Valued Living Questionnaire (VLQ) (See Appendix C), and the Partners for Change Outcome Management System (PCOMS) (See Appendix D). The VLQ, as mentioned before, is often used within the ACT therapy framework when attempting to explore values of a client. Since the MOLE-T is most similar to the VLQ in content and since both of them fit within the framework of positive psychology, this would be a good evaluation measure.

The PHQ-9 is a screening tool for depressive symptoms in clients, and therefore, this can be used to determine whether exploring meaning of life through the MOLE-T is therapeutically beneficial for clients experiencing depressive symptoms. The PHQ-9 is made up of nine symptoms of depression which the client will then rank by how severely they were bothered by each symptom within the past two weeks. A 10th question is presented assessing for impairment of daily activities from the aforementioned symptoms.

Finally, the PCOMS involves gathering information from the client to determine whether this program is working in strengthening the therapeutic alliance and achieving therapeutic goals (Duncan, 2012). The PCOMS is made up of the outcome rating scale (ORS) and the session rating scale (SRS). The client will then rank certain areas of their life (such as interpersonal relationships and individual well-being) as well as ranking the therapy session in terms of whether or not time was spent working on the client's goals and the comfortability of the client compared to the clinician's approach. After these scores are conducted, they are graphed and interpreted from cutoff scores presented by the clinical instructions.

Cameron et al. (2008), found that the PHQ-9 demonstrated a high internal consistency to be at 0.92, while Titov et al. (2011) found it to be at 0.81. This is considered to be a good and appropriate result of reliability. Inter-item consistency for the VLQ was found to be good on the first and second administrations at 0.79 and 0.83 by Wilson et al. (2010), while Barrett et al. (2019) also agrees that reliability for the VLQ is within the "good" range. Finally, regarding the Partners for Change Outcome Management System, PCOMS, Anker et al. (2009), found great reliability with 0.83 in clinical trials related to couple's therapy, while Slone et al. (2015), found comparable results with 0.92, also in clinical trials with group therapy.

It is key that these chosen outcome measurements for my proposed assessment tool have (at least) adequate validity. Martin et al. (2006), found that the PHQ-9 demonstrated a good construct validity in the general population. Meanwhile, Fann et al. (2005), found a high predictive validity from the PHQ-9 (0.63 in positive predictive validity and 0.99 in negative predictive validity), and that the PHQ-9 also had a correlation of 0.90 when compared to other measures of screenings for depression such as the Hopkins Symptom Checklist depression subscale.

Barret et al. (2019) found that the VLQ has an acceptable content validity when compared to values-based interventions such as Acceptance and Commitment Therapy. Wilson et al. (2010), researched the criterion validity of the VLQ and found that it was good when measuring values-based interventions. Finally, regarding the PCOMS, Duncan & Reese (2015), found supportive research for both criterion and construct validity. Duncan (2012) also found supportive research for the concurrent and criterion validity for PCOMS.

Summary

In summary, meaning making techniques and meaning making as a goal within the therapeutic journey has been shown to provide positive outcomes with clients who present with both psychological and medical concerns. The research supports the need to encourage clients to explore their personal meaning of life and then make behavioral and lifestyle changes to help them live the direction they choose.

Previous theoretical orientations and therapeutic strategies have existed which support meaning making in clients. These include logotherapy, positive psychology, posttraumatic growth, acceptance and commitment therapy, and much more. Although measurements of values and meaning/purpose in life are available, the majority of them do not have the benefits of listed common values and an exploratory factor.

The Meaning of Life Exploratory Tool (MOLE-T) is a measurement designed to guide clients, through introspection of their self-prescribed values, to the clarity of their present meaning of life. Some of the values which are highlighted in this measurement includes those related to relationships with others, introversion and extroversion, social interest, religion, spiritual experiences within nature, career path, academic study, health choices, and more. The MOLE-T is meant to be a collaborative approach and serve as a steppingstone for the greater therapeutic journey of leading clients to live a richer, fuller, and more meaningful life.

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Appendix A: Meaning of Life Exploratory Tool (MOLE-T) (Questions Only)

Interpersonal: Relationships with Others (RO), Social Experiences (SE), Geographic Relationship (GR)

1. I think it is important to have a romantic partner. **RO**
2. I find value in having a romantic partner. **RO**
3. I would be happier if I had a romantic partner, or I am happy with my romantic partner. **RO**
4. I find happiness in having a partner(s) who is strictly sexual. **RO**
5. My relationship with my family is important to me. **RO**
6. Good romance is just as important as good sex in a relationship. **RO**
7. Having friends is important to me. **RO**
8. Friendship is the best thing someone could find. **RO**
9. I want to have a better relationship with the people I work with. **SE**
10. It would be nice to socially engage with more people I work with. **SE**
11. I enjoy being part of a group of people who share similar features of my identity (race, religion, ethnicity, etc.) **SE**
12. It is important to find people who share similar features of my identity (race, religion, ethnicity, etc.). **SE**
13. I feel close to people who I am in a club/organization/sports team with. **SE**
14. I think joining a club/organization would be good for me. **SE**
15. I want to volunteer more. **SE**
16. I think that working in the service of others less fortunate than me is an honor. **SE**
17. The place where I grew up is important to me. **GR**
18. I enjoy places similar to the one I am from. **GR**
19. The country I am from is important to me. **GR**

20. I hold my home country dear to me. **GR**
21. I believe my relationship with my state/territory is special. **GR**
22. I enjoy the state/territory where I live. **GR**
23. The city, town, or village I am from is my favorite place. **GR**
24. I think the city, town, or village I live in is the best place for me to live. **GR**

Occupational: Career Path (CP), Academic Study (AS), Life Advancement (LA)

25. I want to explore my career options. **CP**
26. I am keeping an open mind about what I want to do with my life. **CP**
27. I find the work I do to be a very important part of my life. **CP**
28. My current career is a good fit for me. **CP**
29. I feel firm in my career path. **CP**
30. Having a career is an important part of my life. **CP**
31. My current career is a good fit for me. **CP**
32. I want to advance my position in my current career. **CP**
33. I want to learn more about things I can learn at a school, college, or university. **AS**
34. The field of science (biological, chemical, social, medicine, mechanical, other) fascinates me. **AS**
35. I aspire to learn more about the sciences (biological, chemical, social, medicine, mechanical, other). **AS**
36. The field of the arts (drawing, painting, music, dance, theatre, other) fascinates me. **AS**
37. I aspire to learn more about the arts (drawing, painting, dance, music, theatre, other). **AS**
38. The field of logic (mathematics, architecture, engineering, other) fascinates me. **AS**
39. I aspire to learn more about the field of logic (mathematics, architecture, engineering, other). **AS**
40. I would consider myself an “academic” person. **AS**

41. I think it would be great to work as an apprentice. **LA**
42. I aspire to create and invent new things. **LA**
43. Learning more about knowledge that I am interested in is important to me. **LA**
44. I believe it is important to learn as much as you can about a field you enjoy. LA
45. I want to learn more about things I can learn as an apprentice by a tradesperson. **LA**
46. I aspire to improve upon things that already exist. **LA**
47. I consider myself a "student of life". **LA**
48. Learning about new things fascinates me. **LA**

Intrapersonal: Health (H), Interests/Extroversion (IE), Interests/Introversion (IN)

49. My physical health is important to me. **H**
50. I want to take care of my physical health more. **H**
51. My mental health is important to me. **H**
52. I want to take care of my mental health more. **H**
53. My emotional health is important to me. **H**
54. I want to take care of my emotional health more. **H**
55. The way I behave is important to me. **H**
56. I want to improve the behaviors that I have. **H**
57. I love having hobbies that involve other people. **IE**
58. I enjoy hobbies I can do with a group of people like sports, board games, trivia, book clubs more than I enjoy hobbies I can do on my own like puzzles, painting, video games, etc. **IE**
59. I am more extroverted than I am introverted. **IE**
60. I feel more comfortable when I am around a group of people. **IE**
61. I would consider myself an extrovert. **IE**
62. If it came down to it, I would rather go to a concert than sit alone in a café. **IE**

63. When I am alone, I feel uncomfortable. **IE**
64. I need to be around other people. **IE**
65. I would consider myself an introvert. **IN**
66. I am more introverted than I am extroverted. **IN**
67. I enjoy hobbies I can do on my own like puzzles, painting, hiking, video games, music more than I enjoy hobbies I can do with a group of people like sports, board games, trivia, book clubs, etc. **IN**
68. I am more "myself" when I am alone. **IN**
69. I enjoy reading books alone. **IN**
70. I find solitude to be peaceful. **IN**
71. I enjoy hobbies that only involve myself. **IN**
72. I would rather spend a night-in alone, than a night-out with friends. **IN**

Spiritual: Nature-Based (NB), Religious Affiliation (RA), Activism (A)

73. Being in nature brings great joy to me. **NB**
74. I am a lover of nature. **NB**
75. When I am in the mountains, I feel complete. **NB**
76. Going to a floral garden would be my idea of a relaxing day. **NB**
77. I like animals more than I like people. **NB**
78. Being anywhere where there is water makes me happy. **NB**
79. I love being in the woods or a forest. **NB**
80. I feel like "myself" when I am in the woods or a forest. **NB**
81. I would consider myself spiritual in a religious sense. **RA**
82. I prescribe to a religious group/organization. **RA**
83. A Holy figure in my religion (God, Jesus, Muhammad, Moses, Buddha, Abraham, Elijah, Mary, Vishnu, Krishna, etc.) is important to me. **RA**

84. Knowing what will happen after I die (go to heaven, achieve enlightenment) is important to me. **RA**
85. The religious community (congregation) that I am a part of is, or would be, important to me. **RA**
86. I want to dive deeper into religion. **RA**
87. I consider religion important to my life. **RA**
88. I follow “holy texts” as a guide for my life. **RA**
89. I am or want to be an activist for issues of race. **A**
90. All people who are able should be activists for social justice issues. **A**
91. I am a fighter for social justice issues. **A**
92. I am or want to be an activist for issues of sexuality. **A**
93. I am or want to be an activist for issues of ethnicity. **A**
94. I am or want to be an activist for issues of disability. **A**
95. I am or want to be an activist for issues of gender. **A**
96. I am or want to be an activist for issues of socio-economic status. **A**

Appendix B: Patient Health Questionnaire (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: ______________________ **DATE:** ____________

Over the last *2 weeks,* how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	____ +	____ +	____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: ________

10. If you checked off *any problems,* how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
Not difficult at all	________
Somewhat difficult	________
Very difficult	________
Extremely difficult	________

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Appendix C: Valued Living Questionnaire (VLQ)

Values Assessment Rating Form

Read through the accompanying values sheet. For each of the ten domains, write a few words to summarise your valued direction, Eg 'To be a loving, supportive, caring, partner.' Rate how important this value is to you on a scale of 0 (low importance) to 10 (high importance). It's okay to have several values scoring the same number. Rate how successfully you have lived this value during the past month on a scale of 0 (not at all successfully) to 10 (very successfully). Finally rank these valued directions in order of the importance you place on working on them right now, with 10 as the highest rank, and 9 the next highest, and so on.

Domain	Valued direction (Write a brief summary, in one or two sentences.)	Importance	Success	Rank
Couples/ intimate relationships				
Parenting				
Family relations				
Social relations				
Employment				
Education and training				
Recreation				
Spirituality				
Citizenship/ community				
Health/ Physical well-being`				

Appendix D: Partners for Change Outcome Management System (PCOMS)

Outcome Rating Scale (ORS)

Name ________________________Age (Yrs):____
ID# _________________________ Sex: M / F
Session # ____ Date: ________________________

Looking back over the last week, including today, help us understand how you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually:
(Personal well-being)

I--I

Interpersonally:
(Family, close relationships)

I--I

Socially:
(Work, School, Friendships)

I--I

Overall:
(General sense of well-being)

I--I

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Session Rating Scale (SRS V.3.0)

Name ________________________Age (Yrs):____
ID# _________________________ Sex: M / F
Session # ____ _Date: ________________________

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

Relationship:

I did not feel heard, understood, and respected	I---I	I felt heard, understood, and respected

Goals and Topics:

We did *not* work on or talk about what I wanted to work on and talk about	I---I	We worked on and talked about what I wanted to work on and talk about

Approach or Method:

The therapist's approach is not a good fit for me.	I---I	The therapist's approach is a good fit for me.

Overall:

There was something missing in the session today	I---I	Overall, today's session was right for me

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35 SRS Cutoff

30 Discuss

25 ORS Cutoff

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15

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Session Number	1	2	3	4	5	6	7	8	9	10