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Significant personality variables involved in noetic problems

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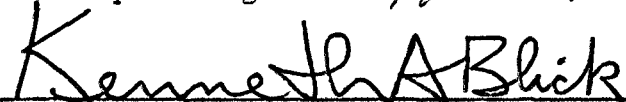
SIGNIFICANT PERSONALITY VARIABLES
INVOLVED IN NOETIC PROBLEMS

by Richard A. Depue

Approved:



Supervising Professor





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A thesis submitted in partial fulfillment
of the requirements for the degree of Master of Arts
in Psychology in the Graduate School of the
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August, 1969

To Wendy

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Chapter I

INTRODUCTION

It is well established that gross environmental forces such as characteristics of a society's class structure, level of civilization, and customs; geographical circumstances; and historical factors greatly influence the behavior of man, the behavior being either normal or abnormal as defined by subpopulations.

Viktor Frankl (1955, 1958, 1959, 1966) maintains that the contemporary era of industrialization, urbanization, secondary personal relationships, and of anxiety and stress has influenced man's behavior and his reactions to such a world.

More specifically, Frankl (1955) feels that approximately 20% of today's clinic load is comprised of individuals exhibiting a new psychopathological reaction which he terms "noogenic neurosis" (a neurosis developing from an individual's inability to perceive a meaning or purpose inherent in life or existence and/or the inability to discover one's own purpose or position in the world). By new type of neurosis, Frankl means "new" in the sense of nosology, not newly created; for he would doubtless agree that this condition has always been at least to some degree extant even though unrecognized. He would argue, however, that it is the special neurosis of our times, being emphasized by the human condition today just as the classical Freudian neuroses were emphasized by the sexually repressed Victorian era.

Patterson (1966), in his latest book concerning theories of psychotherapy, has also concerned himself with this human dilemma and emphasizes the need for therapists and counselors to be aware of its

dynamics. He states that,

there is increasing evidence that modern man is troubled by problems of values and goals, the meaning of existence, and questions about freedom and responsibility.....
...It is possible that these aspects...are today more frequently the source of problems and so-called neuroses than was true in the past. Contemporary civilization and society perhaps have changed the nature of the problems of man...Changing conditions have brought to light a different view of man, a view which should be considered by those interested in counseling or psychotherapy. (p.481).

Man's primary motive is not what Frankl (1955) calls the "will-to-pleasure" or the will-to-power, but the "will-to-meaning." When one's meaning in life, or the meaning of life itself for that matter, is not found or frustrated, the result is what Frankl terms "existential frustration." Within the "normal" range this is manifested a "existential vacuum" (an emptiness of perceived meaning in personal existence, manifested by boredom); among patients it assumes the proportions of "noögenic neurosis. Noögenic neurosis is rooted in a combination of existential vacuum with the usual dynamic symptoms (such as anxiety, phobias, compulsions, depression and the like). The theory of Frankl's logotherapy holds that "noetic factors may compound with any of the major dynamic constellations and are not limited to any particular diagnostic category but cut broadly across the spectrum of psychopathology.

The question immediately arises as to whether Frankl's neurotic and motivational concepts are merely existential terms for the traditional dynamic mechanisms, or whether they represent a new and improved approach to understanding human nature. Another question remains as to whether this existential vacuum does, as Frankl contends, compound with neurotic dynamics and symptoms in many cases to produce a new clinical syndrome, "noögenic neurosis.

The most prominent researchers to gather quantitative evidence concerning the validity of Frankl's basic thesis are Crumbaugh (1968) and Crumbaugh and Maholick (1963, 1964). Crumbaugh and Maholick, in pursuit of this validation goal by the psychometric approach, have developed the Purpose-in-Life Test (PIL), an attitude scale designed to measure the degree to which an individual experiences a sense of meaning and purpose in life.

In a study concerned with the validity of Frankl's concepts plus their own scale, Crumbaugh and Maholick (1964), using 225 subjects comprised of 100 clinic out- and inpatients of various psychopathological categories and 125 college students, demonstrated the predicted differences between clinical and "normal" populations at the 1% level of confidence. The authors also reported low relationships between what the PIL measures and the traditional diagnostic categories as measured by the Minnesota Multiphasic Personality Inventory (MMPI), as well as a high relationship to Frankl's own questionnaire method of measuring his described existential conditions.

In the sample of 50 outpatients, however, Depression and the K-scale of the MMPI showed significant relationships in the low .40's with the PIL at the 1% level of confidence. The possibility of scales significant at the 5% level of confidence was not reported which is most unusual. Finally, the PIL mean for males was some what lower than that for females, though not significantly.

Crumbaugh (1968) further investigated the noetic problem much more extensively. Employing 1,151 subjects which were divided into 10 groups ranging from highly purposive to little purpose in life, he

investigated relationships between what the PIL measures and the traditional diagnostic categories as measured by the MMPI, and the concept of anomia as measured by the Srole Anomia Scale (Srole, 1956).

Again the differences between patients and non-patients on the PIL, as well as between most of the breakdowns within these major groups, were found to be highly significant. For non-psychiatric populations, the order of the means ranged from a high for successful and motivated professional populations to a low for disorganized, socially inadequate populations. For psychiatric populations, the order of the means ranged from a high for out-patient neurotics to a low for hospitalized psychotics, with the exception of schizophrenics who scored unexpectedly high.

Correlations between the PIL and the MMPI scales for 50 out-patients used in the study revealed only two relationships which were significant at the 1% confidence level: Psychesthesia, $-.44$, and Depression, $-.44$. Since in his 1964 study Crumbaugh found Depression and the K-scale as the only significant correlations between the PIL and the MMPI, he concludes that only Depression has maintained a consistent relationship.

This conclusion has also been supported by Nyholm (1966). Using matched patient and non-patient populations on parameters of age, educational level and sex, Nyholm, besides finding that the PIL distinguished between the two populations at far beyond the 1% level of significance, found that the relationship of the PIL to the MMPI-D Scale (Depression) was $-.42$ and to the SI (social introversion) Scale $-.45$, both significant at the 1% level of confidence. This author observes

that relationships between the PIL and the MMPI still require investigation before any relationships can be considered with reasonable assurity.

As in the Crumbaugh and Mahblich (1964) study, the possibility of significant correlations between the PIL and MMPI scales at the 5% confidence level was not reported by Crumbaugh (1968).

In investigating socio-economic variables, Crumbaugh found no significant correlations between educational nor income level and the PIL, which is supported by Crumbaugh and Maholick (1964) and Nyholm (1966). This would seem to imply on the one hand that purposeful, meaningful lives are not limited to those persons with educational opportunity or good income, and on the other, that either education or income alone do not assure the attainment of meaning in life.

The study did reveal significantly higher male PIL scores, which is in reverse of the findings of the earlier study and Nyholm's investigation. Crumbaugh feels that it is probable that the higher mean scores for men in the present study are due to Group N₁, successful and motivated persons, consisting mostly of men, 214 out of 230 subjects.

Finally, Crumbaugh found a moderate relationship of .32 (N=145, $p < .01$) between the concepts of existential vacuum and anomia (loss of a sense of integration, organization and purposeful design in life), yet feels they are not the same. He states that,

the rationales of these scales are somewhat related and the degree of relationship obtained should be expected. The factors of social disorganization to which Srole attributes anomia can also be considered important in the loss of meaning and purpose in life; and anomia can probably be best interpreted as one of the attitudinal effects of this loss. (p.79).

The question that now appears to be relevant is one concerned with the specifics underlying the development of "noögenic neurosis. If existential frustration typifies the human condition today, why is it that within the "normal" range this is manifested as existential vacuum only, while among other individuals it assumes the proportions of noögenic neurosis?

The basic problem here becomes this: What personality traits are significant in aiding a person in his search for a meaning in life or, on the other hand, in hindering a person in his search?

Nyholm (1966) has investigated this problem by administering the PIL along with the California Psychological Inventory (CPI) to 54 non-patients. Four of the scales of the CPI were found to be significantly related to the PIL: self-acceptance, .40; sense of well-being, .52; achievement via conformance, .63; and psychological mindedness, .47, all coefficients being significant at the 1% confidence level.

This author observes that since the CPI was administered only to non-patients and not to a patient population, the evidence for its relationships is incomplete. The full range of patient and non-patient subjects would be much more meaningful and appropriate to the problem, as cited above.

The studies reviewed here have begun to illuminate the human condition today through the development of psychometric evaluation of noötic problems. There seems to be a need, however, for studies which will explore the dynamics of these problems. It is hoped that the present study will partially fulfill such a need.

The purpose of the study reported here is to examine further the nature of "noögenic neurosis, and to attempt to determine what

personality variables might be related to it and its development. This will be done by administering the PIL and a number of personality scales to samples of male college students and inpatient neurotics. From the resulting data it will be possible to test the following hypotheses:

(1) that the male college students will have a significantly higher mean PIL score than the inpatient neurotics; and (2) that significant correlations will appear among the relationships between PIL scores and measures of personality variables.

Chapter II

PROCEDURES

Purpose In Life Measure.

1. Purpose-in-Life (PIL) Test. This attitude scale (Crumbaugh and Maholick, 1964) was designed to measure the degree to which an individual experiences a sense of meaning and purpose in life. The scale consists of three parts; Part A contains a total of 20 seven-point rating items which are scored by the addition of the ratings marked for each item; Part B consists of 13 incomplete sentences; and Part C consists of a written autobiographical paragraph about life goals and aims. Part B and C are evaluated clinically. Only Part A will be used in this study.

Crumbaugh (1968) reports the split-half (odd-even) reliability coefficient of the PIL to be .85, corrected by the Spearman-Brown formula to .92. The scale's construct validity has been established at the 1% confidence level in three studies (Crumbaugh, 1968; Crumbaugh and Maholick, 1964; Nyholm, 1966). Concurrent validity is reported by Crumbaugh (1968) as the correlation between therapist's PIL ratings of patients and actual patient ratings. A coefficient of .38 (N=50) resulted, which is significant at the 1% level of confidence.

Personality Assessment Instruments. Two personality inventories, plus two scales derived from a third instrument, were employed in obtaining measures of personality traits. The two questionnaires plus two scales together yield scores on a total of 25 variables.

1. The Guilford-Zimmerman Temperament Survey. This inventory

consists of 300 self-descriptive statements, 30 items used in assessing each of 10 traits. The ten traits measured are: general activity, restraint, ascendance, sociability, emotional stability, objectivity, friendliness, thoughtfulness, personal relations, and masculinity. All traits were used for evaluation with the exception of masculinity. Split-half reliabilities of the separate factors range from .75 to .85. Because it is a test developed by the factor analytic method, the internal validity of the scales is high. The extent of empirical validity varies from scale to scale, but evidence is available for the validity of most of the factors. Correlations range from .20 to .50.

2. The Edwards Personal Preference Schedule. This inventory consists of 225 two-alternative, forced-choice statements, 15 items used in assessing each of 15 manifest needs. The fifteen needs measured are: achievement, deference, order, exhibitionism, autonomy, affiliation, introspection, succorance, dominance, abasement, nurturance, change, endurance, heterosexuality and aggression. All needs were used for evaluation with the exception of heterosexuality. Split-half reliabilities of the separate factors range from .76 to .87. Because it is a test developed by the factor analytic method, the internal validity of the scales is high. The extent of empirical validity varies from scale to scale, but evidence is available for the validity of most of the factors. Correlations range from .32 to .51.

3. The Ego-Strength Scale. This scale, developed by Barron (1960), consists of 65 items selected from the Minnesota Multiphasic Personality Inventory (MMPI). The total number of items answered true or false in accordance with Barron's scoring technique was used. The scale measures the ability to deal with the environmental pressures facing a person, the

motivational pressures prompting him to various conflicting actions, and the emotional pressures acting to disorganize and disrupt usual patterns of behavior. Ego-strength means using available skills and abilities to full advantage. Split-half reliabilities range in the .80's. Barron (1960) reports several studies which support the construct validity of the scale.

4. The Taylor Manifest Anxiety Scale. This scale, developed by Taylor (1953), consists of 50 items selected from the MMPI. The total number of items answered true or false in accordance with Taylor's scoring technique was used. The scale measures the amount of manifest anxiety an individual possesses in dealing with his environment. Split-half reliabilities range from .78 to .87. Several studies are reported in An MMPI Handbook by Dahlstrom and Welsh (Ed.) (1960), p.450, which support the construct validity of the scale.

Subjects. Male college students of varying ages and years in college enrolled in undergraduate psychology courses at the University of Maryland Baltimore County campus, Maryland, comprised the "normal" population for this study. Male inpatients of neurotic diagnosis, determined by staffings, varying ages ranging from 18 to 40 years of age, and with Wechsler Adult-Intelligence Scale I.Q's of 90 and above comprised the neurotic population for this study. These subjects were patients at Eastern State Hospital in Virginia, and at Spring Grove State Hospital in Maryland. The data were considered for patient and non-patient combined. Testing was conducted in the classroom for the college students during the regular class periods whenever possible. Testing for the clinic inpatients was conducted in a hospital setting.

The data gathered from these tests instruments were evaluated by a

multiple correlational analysis, where the 25 psychometric measures of personality traits were correlated with scores on the PIL Test. A t-test was used to determine the significance of the partial regression coefficients. Results of the correlational analysis are concerned with those traits which add significantly to the criterion, the PIL test. This correlational analysis was done for the "normal" and clinical populations combined.

The .05 confidence level was used as the criterion of significance for all statistical tests.

Chapter III

RESULTS

The results of this study lend support to the following hypotheses:

(1) Male college students will have a significantly higher mean PIL score than the inpatient neurotics. A test of this hypothesis was performed by use of a Student's *t* test (See Table 1), which demonstrated a significant difference between the two populations ($t=9.60$, $df=99$, $p<.01$). These results would support the position that the patients included in this study have achieved less purpose in life than the non-patients.

Hypothesis (2) stated that that which the Purpose-in-Life Test measures would be significantly accounted for by a number of the traits assessed by the personality inventories. A multiple correlational analysis yielded partial regression coefficients which were obtained between the Purpose-in-Life (PIL) Test scores and each personality variable measured by the Guilford-Zimmerman Temperament Survey (GZTS), the Edwards Personal Preference Schedule (EPPS), and the Ego-Strength (Es) and Manifest Anxiety (At) scales derived from the Minnesota Multiphasic Personality Inventory (MMPI). This analysis was performed for patient and non-patient populations combined. Of a total of 25 partial regression coefficients, only 11 were significant at the .05 level. The data are presented in Tables 2 and 3. It can be seen from these tables that the only significant positive partial regression coefficients were between the PIL Test scores and the Restraint, Sociability, Emotional Stability and Thoughtfulness scales on the GZTS, the Es Scale derived from the MMPI, and the Nurturance, Aggression and Intraception scales of the EPPS.

The only significant negative partial regression coefficients were between PIL Test scores and the At Scale derived from the MMPI, and the Order and Succorance scales on the EPPS.

The multiple correlation coefficient was .64, which is significant at the .01 level ($F=9.98$, $df=25/99$, $p<.01$). The shrunken multiple correlation coefficient is .55, which is significant at the .05 level of confidence.

These results would seem to suggest that the total criterion variance (PIL Test) can be more specifically accounted for by the variances of a number of personality traits. In other words, the total concept of purpose-in-life may be more clearly defined in terms of more specific personality variables.

TABLE 1.

Test of Significance for Difference
Between Non-Patient and Patient Populations

Purpose-in-Life Test:

	<u>N</u>	<u>Mean</u>	<u>S.D.</u>	<u>t</u>
Non-Patients	65	109.11	10.92	9.60 *
Patients	60	89.90	9.55	

* $p < .01$

TABLE 2.

Summary Table for the Testing of Significance
of the Partial Regression Coefficients for the
Guilford-Zimmerman Temperament Survey Scales and
the Ego-Strength and Manifest Anxiety Scales

<u>Predictors</u>	<u>Partial Regression Coefficients</u>	<u>Std. Error Of Partial Regression Coefficients</u>	<u>t(99)</u>
General Activity	.001	.003	0.33
Restraint	.557	.186	2.94 **
Ascendance	-.384	.237	-1.58
Sociability	.525	.186	2.73 **
Emotional Stability	.426	.205	2.15 *
Objectivity	-.267	.274	-1.00
Friendliness	-.334	.220	-1.50
Thoughtfulness	.852	.219	3.86 **
Personal Relations	.404	.265	1.48
Ego-Strength	1.422	.146	9.33 **
Manifest Anxiety	-1.141	.160	-6.87 **

* $p < .05$

** $p < .01$

TABLE 3.

Summary Table for the Testing Significance
of the Partial Regression Coefficients for the
Edwards Personal Preference Schedule Scales

N=125			
<u>Predictors</u>	<u>Partial Regression Coefficients</u>	<u>Std. Error Of Partial Regression Coefficients</u>	<u>t(99)</u>
Achievement	-.001	.005	-0.20
Deference	-.261	.574	-0.45
Order	-1.162	.334	-3.63 **
Exhibition	.767	.418	1.35
Autonomy	-.323	.391	-0.82
Affiliation	.556	.360	1.55
Succorance	-1.330	.355	-3.61 **
Dominance	.316	.265	1.58
Abasement	.003	.003	1.00
Nurturance	1.635	.532	3.02 **
Change	-.370	.303	-1.23
Endurance	-.067	.255	-0.28
Aggression	1.020	.249	4.00 **
Intracception	.502	.283	1.78 *

* $p < .05$

** $p < .01$

Chapter IV

DISCUSSION

As reported in the previous section, the reliability of the significant difference between patient and non-patient populations on the Purpose-in-Life (PIL) Test was demonstrated. Since this finding has been demonstrated previously, and in view of past research which has consistently found significant differences between patient and non-patient populations in regard to PIL Test scores, it is concluded that this difference is a stable indication that non-patient populations have achieved greater purpose in life. The PIL Test was found to correlate with 11 personality variables, and a discussion of these relationships is appropriate. The discussion will take the following form: (1) a brief description of each of the personality traits found to relate significantly to the PIL Test; and (2) how these variables are related to the concept of purpose or meaning in life.

The Restraint scale on the Guilford-Zimmerman Temperament Survey (GZTS) was found to be positively related to the PIL Test. This would indicate that the non-patients are more restrained, controlled and serious while patients are characterized more by qualities of impulsivity and a happy-go-lucky, carefree orientation. With the Restraint scale, as well as with the other scales to be mentioned, this implies that we are, naturally, dealing with a continuum where Restraint measures increase as PIL scores increase (Guilford and Zimmerman, 1949).

The Sociability scale on the GZTS was found to be positively related to the PIL, which suggests that the non-patient population, as

a whole, is concerned more with social participation. We are speaking here of the contrast between the person who is at ease with others, enjoys their company and readily establishes rapport, versus the withdrawn, reserved person who is hard to get to know. Tolerance and understanding of other people and their human weaknesses is implied, on one hand, whereby criticalness of others and of institutions generally is indicated on the other.

The need for Nurturance on the Edwards Personal Preference Schedule (EPPS) was found to relate positively to the PIL and indicates the following psychological concepts: to help friends when they are in trouble, to assist others less fortunate, to treat others with kindness and sympathy, to forgive others, to be generous with others, to show a great deal of affection toward others, and to have others confide in one about personal problems (Edwards Personal Preference Schedule, Manual of Instructions and Interpretations, by A. L. Edwards, Revised 1957). This is suggestive of the individual who has sufficiently developed as a person in his own right and who is "free" enough of personal concerns to care about and give to other persons. Due to the positive relationship found, Nurturance would characterize most the non-patient population of this study, while Succorance (EPPS), which negatively correlated with the PIL, would characterize the patient population. Need for Succorance is having others provide help when in trouble, seeking encouragement from others, being helped by others when depressed, having others feel sorry when one is sick, and receiving a great deal of affection from others. One imagines, here, the individual who is more concerned with personal matters than with caring for or giving to others (EPPS Manual).

In discussing the needs of Nurturance and Succorance, different degrees of emotional stability are implied, Nurturance implying a higher degree, Succorance a lower. This study does seem to support this implication since the Emotional Stability scale on the GZTS positively related to the PIL, and so did the need for Nurturance. A high score on the Emotional Stability scale, in general, suggests good mental health, while a low score is a sign of poor mental health. One would have suspected a positive relationship of this scale with the PIL considering the nature of the two populations of this study.

Both Intraception (EPPS) and Thoughtfulness (GZTS) positively relate to the PIL and have similar connotations: to analyze one's own motives and feelings, to analyze the behavior and motives of others, empathy, and a more philosophical inclination (EPPS and GZTS Manuals).

As was found with the Need for Nurturance and now Intraception, non-patients seem more concerned, not only with themselves, but also with the behavior and welfare of others. However, this is not to say that these individuals are "free" of the frustrations presented by life's experiences. In fact, the need for Aggression on the EPPS positively relates to the PIL. This need is suggestive of those who attack contrary points of view, tell others what they think about them, criticize others publicly, make fun of others, get revenge for insults, become angry, and read newspaper accounts of violence (EPPS Manual). It does seem, though, that non-patients find outlets for their frustration in socially acceptable ways.

Taylor's Manifest Anxiety Scale (1953) negatively correlated with the PIL, which indicates that patients experience greater feelings

of anxiety than do non-patients and that they exhibit greater behavioral and verbal signs of anxiety.

Patients also have a greater need for Order (EPPS) than do non-patients since that need showed a significant negative relationship to the PIL. This need is indicative of those who have things organized, keep things neat and orderly, make advanced plans, systematize materials, and have things arranged so that they run smoothly without change.

Finally, the Ego-Strength (Es) Scale (Barron, 1960) related positively to the PIL. Ego-strength when high implies ability to deal with the environmental pressures facing one, the motivational pressures prompting one to various conflicting actions, and the emotional pressures acting to disorganize and disrupt usual patterns of behavior. It means sufficient control to deal with others, to gain their acceptance and create favorable impressions upon them. It means using available skills and abilities to full advantage. It means the person can work within the cultural, social, and personal limits of ethics and self-respect. Low ego-strength implies defects in self-restraint, environmental mastery, or cognitive awareness that limit a person's ability to deal with stressors, unfamiliar problems, or hardships (Barron, 1960). In further evaluating ego-strength, some personality correlates of the concept are noteworthy. It has been found that ego-strength correlates with greater resourcefulness, vitality, and self-direction in high scorers, and effeminacy, inhibition, and affectation in the low scorers. Other correlates found are vitality, which was defined simply as "general energy level", and with drive, defined as "persistence, resolution, perseverance, directed energy."

In addition, the Es Scale showed low but positive correlation with several other variables descriptive of effective functioning. These are self-confidence, poise, and breadth of interest. Significant negative correlations are with submissiveness and effeminacy. The high scorers emerge as more adequate physically, more at ease socially, and somewhat broader culturally. The relationship of ego-strength to intelligence was also investigated. Among the functions of the ego are perceiving, planning, synthesizing and, in general, bringing the person into an adaptive relationship to reality. Ego-determined behavior is what we are accustomed to call intelligent behavior. The Es Scale correlated with the Wechsler-Bellevue IQ $.44$ (Barron, 1963).

Having considered the personality variables which are significantly related to the variance of the PIL Test, it would now seem appropriate to integrate these traits and discern their relatedness to the generalized concept of purpose or meaning in life. Though this analysis will be mainly hypothetical, the traits and their meanings used are based on previous experimental research.

The description of the concept of ego-strength certainly seems relevant to the problem of finding a purpose or meaning in life in our age of anxiety. The resulting condition from impaired ability to deal with environmental, motivational and emotional pressures due to low ego-strength would be hypothesized as being manifest as anxiety and insecurity, where society and other persons may be perceived as threatening entities. This study demonstrates that those having lower purpose in life and ego-strength also manifest a greater degree of anxiety. Since our society is a complex one which can generate a great deal of

anxiety, a person with low ego-strength often finds his task of adjusting and finding a secure position in that society overwhelming or at least stressful. One might discover that people in such a situation would need to order their world as much as possible in order to attain some level of control, and that they also might be characterized by a need for Succorance. This study has revealed the significance of these two needs for those lacking in meaning in life and ego-strength. Under such conditions, the individual often finds himself in a state of depression, perhaps accompanied by the "realization" that life holds no meaning or purpose for him. As noted in the review of the literature, depression has been consistently found to be related to the feeling of lowered purpose in life.

On the other hand, one who is able to cope with motivational, environmental, emotional and interpersonal pressures is sufficiently "free" of or better able to handle the anxiety and insecurity he is faced with in his life. This study has indicated that those with higher ego-strength and purpose in life are more aggressive people who exhibit a more active orientation but who also have the restraint to control and release this aggression in socially acceptable ways. Since the individual with a higher degree of ego-strength copes with internal and external pressures more efficiently, this leaves him the "freedom" and energy to actualize his potentialities and desires and, in the process, to discover some meaning or purpose in life for himself. This implies greater "freedom" from personal problems and, in turn, a concern with social activities and giving of oneself to other individuals, both of which are signs of good mental health. These qualities were found in this study to be positively related to a higher degree of meaning or purpose in life.

The general nature of the evidence, then, suggests that the concept of purpose-in-life, as measured by the Purpose-in-Life Test, is a generalized attitude, the absence of which is dependent upon a number of significant personality variables and environmental circumstances. This study has more specifically defined what variables are significantly involved, however, further investigation on these and other variables is still needed. The results of such research may lead to another step in closing the gap between personality theory and personality assessment.

Chapter V

SUMMARY

A review of the literature dealing with Frankl's concept of purpose-in-life indicated that his notions do, in fact, have some experimental bases; and that they add to the understanding of the human condition in today's world. There was a need, to define more specifically what is meant by the general concept of purpose-in-life. The purpose of the present study, then, was to explore further the nature of the purpose-in-life concept by attempting to determine its relationship to personality variables.

One measure of purpose-in-life---the Purpose-in-Life (PIL) Test and two personality inventories plus two additional scales---the Guilford-Zimmerman Temperament Survey (GZTS), the Edwards Personal Preference Schedule (EPPS), the Ego-Strength Scale and the Manifest Anxiety Scale---were administered to patient and non-patient populations. Relationships between the PIL Test and the personality variables were determined. The data were analyzed for the patient and the non-patient population combined.

The major results from the statistical analysis are as follows:

1. There was a significant difference between mean PIL Test scores for the patient and non-patient populations. This was viewed as a demonstration that the non-patient population has achieved greater purpose in life.

2. PIL Test scores were found to have a positive relationship to the Restraint, Sociability, Emotional Stability and Thoughtfulness scales on the GZTS, the Ego-Strength Scale derived from the Minnesota Multiphasic

Personality Inventory (MMPI), and the Nurturance, Aggression and Intra-ception scales on the EPPS. Negative relationships to the PIL Test scores were the Manifest Anxiety Scale derived from the MMPI, and the Order and Succorance scales on the EPPS.

Since finding (1) had been demonstrated previously, and in view of past research which has consistently found significant differences between patient and non-patient populations in regard to PIL Test scores, it was concluded that this difference is a stable indication that non-patient populations have achieved greater purpose in life. Finding (2), on one hand, indicates that the concept of purpose-in-life is a general, descriptive term; and, on the other, more specifically defines this generalized concept. How these personality variables of finding (2) might illuminate the purpose-in-life concept discussed and tentative hypotheses were forwarded.

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APPENDIX

Means and Standard Deviations of Scores
On Guilford-Zimmerman Temperament Survey Scales,
Ego-Strength Scale and Manifest Anxiety Scale
For Non-Patients and Patients Combined

<u>N=65</u>	<u>Mean</u>	<u>S.D.</u>
General Activity	12.46	5.21
Restraint	15.54	5.03
Ascendance	15.33	4.47
Sociability	15.01	5.61
Emotional Stability	13.50	4.71
Objectivity	14.98	4.54
Friendliness	14.37	4.63
Thoughtfulness	17.61	4.34
Personal Relations	12.86	4.22
Ego-Strength	41.21	5.51
Manifest Anxiety	17.14	4.76

Means and Standard Deviations of Scores
On Edwards Personal Preference Schedule Scales
For non-Patients and Patients Combined

N=65	<u>Mean</u>	<u>S.D.</u>
Achievement	14.71	4.51
Deference	12.01	5.92
Order	12.28	3.71
Exhibition	14.05	4.15
Autonomy	14.25	4.65
Affiliation	14.33	4.43
Succorance	13.78	4.78
Dominance	12.10	4.59
Abasement	15.13	5.32
Nurturance	14.03	4.17
Change	14.97	4.73
Endurance	15.56	5.84
Aggression	11.86	3.87
Intracception	14.41	4.11

VITA

Richard A. Depue, the author, was born February 3, 1945, in Ithaca, New York. Having received his diploma from Baltimore City College High School in Baltimore, Maryland, he entered Gettysburg College in Gettysburg, Pennsylvania and was awarded his Bachelor of Arts Degree in Psychology in June, 1967. While at Gettysburg, he was a member of Psi Chi psychology honorary. In September, 1967, he entered the University of Richmond to work toward the Master of Arts Degree in Psychology, which he received in August, 1969. He held a departmental assistantship during his first year of graduate study, and for the year 1968-1969 served a Clinical Psychology Internship at Spring Grove State Hospital in Catonsville, Maryland. In December, 1968, he was married to the former Wendy Scott of Gettysburg, Pennsylvania. In September, 1969, he will enter a Clinical Psychology Training Program approved by the American Psychological Association at the University of Oklahoma in Norman, Oklahoma. There he will work toward the doctoral degree in psychology.