

Personal Meaning: A Neglected Transdiagnostic Construct

Gary P. Brown, Anna Roach, Lorna Irving, and Kate Joseph
Royal Holloway University of London

Although cognitive behavioral research is arguably fundamentally about meaning, meaning is seldom directly addressed. Such constructs will likely come into greater focus using a transdiagnostic approach. A need was identified for a measure of personal meaning in conjunction with functioning below previously attained levels, as can happen after significant life stress. Items for the Measure of Mundane Meaning (MMM) were developed in stages. Themes within verbal protocols of individuals experiencing traumatic stress were identified and then verified through interviews with individuals with current posttraumatic stress. Additional themes were identified within existing stress scales. Items for the MMM were written based on these themes to emphasize loss of meaning from a previously attained level—a significant departure from similar scales. Content and comprehensibility were evaluated through cognitive interviewing. Preliminary psychometric analyses on a sample of 38 undergraduates suggested that the MMM was reliable and showed an expected pattern of associations. A potential “transdiagnostic profile” of personal meaning is discussed.

Personal meaning has long been a topic of interest in psychology (Frankl, 1963, Power & Brewin, 1997). The need to find purpose and value in life is generally regarded as being fundamental to human experience and yet, perhaps because of its pervasiveness, has seldom been examined in its own right. In one of the few works specifically concerned with the nature of meaning, Baumeister (1991) provides a definition amenable to a cognitive behavioral therapy (CBT) approach, regarding meaning as “shared mental representations of possible relationships among things, events and relationships” (Baumeister, 1991, p.15). CBT research is arguably fundamentally about meaning, and yet, paradoxically, meaning per se is seldom addressed. This is likely at least partially due to the disorder-based approach that CBT research, along with the rest of clinical psychology, has usually followed, as detailed below.

Address correspondence to Gary P. Brown, Psychology Department, Royal Holloway University of London, Egham, Surrey, TW20 0EX. E-mail: gary.brown@rhul.ac.uk

PERSONAL MEANING AS A TRANSDIAGNOSTIC VARIABLE

The transdiagnostic approach (Harvey, Watkins, Mansell, & Shafran, 2004) represents a shift in emphasis within the cognitive behavioral understanding of psychopathology. CBT research has traditionally adopted the disorder-focused approach of psychiatry, and seminal CBT works, most clearly Beck (1976) with respect to the concept of cognitive content specificity, presented the CBT approach as one that could aid in the cause of distinguishing diagnostic groups. The fact that a transdiagnostic approach needs to be actively promoted in the face of the dominance of diagnostic categories speaks for itself. The diagnostic approach obviously has great value, and factors that distinguish defined categories are likely to be related to etiology. However, it does not necessarily follow that these factors are therefore of ongoing primary importance to the phenomenon in question. In fact, as Harvey and colleagues (2004) demonstrate in their work, transdiagnostic factors appear to have a sounder empirical basis compared to specific factors.

More abstract constructs such as meaning have not generally been included within listings of possible transdiagnostic factors. This is justifiable simply on the basis of the evidence base, as the study of meaning, while perennially pointed to as a fundamental to the understanding of psychotherapeutic change (e.g., Power & Brewin, 1997), has not frequently been approached empirically in comparison to other factors. Meaning might also be understood to inhabit a more abstract logical level than more familiar CBT constructs. More than these lower level constructs, meaning would tend to be overlooked within a research *zeitgeist* emphasizing differentiation between groups.

Harvey and colleagues (2004) suggest three possible ways that transdiagnostic variables can relate to relevant conventional diagnostic categories: the content of current concerns, the balance of common concerns, and the distinct cognitive behavioral processes. Personal meaning naturally lends itself to such an analysis. Impairment of personal meaning is a distinguishing feature of traumatic stress disorders, if not within the official nomenclature then certainly in the dominant theories (Brewin, Dalgleish, & Joseph, 1996; Ehlers & Clark, 2000). But challenge to, and recovery of, personal meaning is also integral to other disorders, particularly those in which stress reactivity plays a part. The potential “transdiagnostic profile” of a specific definition of personal meaning is considered toward the end of this article. This specific type of personal meaning, named “mundane meaning,” as defined below, is distinct from other prevailing meaning constructs (e.g., those found in prevailing CBT theories of Post-Traumatic Stress Disorder) in that it is concerned with a global sense of “meaning in life” rather than the appraisal of specific memories of, for example, a traumatic event. However, it is different from other measures of “meaning in life” discussed below in its focus on characterizing the loss of personal meaning relative to a previously achieved level. In this respect, the construct of mundane meaning can be seen as complementing and supplementing the construct of posttraumatic growth (Tedeschi & Calhoun, 1995). Prior to developing these ideas in greater detail, the relationship between stress and personal meaning and how to measure the construct are considered.

LIFE EVENTS AS TRIGGERS FOR MEANING PROCESSES

Critical life events (i.e., unexpected, challenging, and negative experiences) can lead to a meaning crisis (Baumeister, 1991) and therefore provide an opportunity to study the processes involved in maintaining personal meaning. Such events can function as a wake-up call, causing people to reconsider their current position and priorities (Davis, Nolen-Hoeksema & Larson, 1998). Similarly, the term “turning point” has been used to describe emotionally compelling events that prompt people to search for meaning in their lives (King, et al., 2003).

Virtually all victims of a traumatic event will initially experience an acute psychological reaction characterized by intense emotional arousal and recurring distressing thoughts and images (Bisson & Shepherd, 1995). For the majority, these reactions gradually diminish. However, depending on the event, person, and context, variable proportions of victims do not adjust successfully and go on to develop Post-Traumatic Stress Disorder (PTSD). The currently dominant model of PTSD (Ehlers & Clark, 2000), which synthesizes a number of other models grounded in an associative learning and information-processing approach, emphasizes the need to integrate memories and to realistically appraise current threat as tasks to accomplish in order to avoid or recover from PTSD. Earlier theories (e.g., Horowitz, 1986; Janoff-Bulman, 1989, 1992), which are more relevant to the present discussion, had a somewhat different emphasis and were more concerned with the pervasive impact a trauma experience has on a person's consciously held general worldview and higher order sense of personal meaning. The latter theories frequently draw on Piagetian developmental concepts of accommodation and assimilation in their accounts of the processes that take place following a traumatic event. However, an underlying commonality to both sets of theories is the basic notion that PTSD develops as a consequence of disrupted emotional processing of the traumatic event (Rachman, 2001).

ASYMMETRY OF GROWTH AND RECOVERY

Assimilation and accommodation are also prominent concepts in the area of posttraumatic growth (Joseph & Linley, 2006; Tedeschi & Calhoun, 1995), which has been the subject of an increasing amount of research recently (Park & Helgeson, 2006). Posttraumatic growth has been defined as the experience of ongoing positive development *beyond previous functioning*, self-perception, and life awareness (Tedeschi & Calhoun, 1995). A representation of the usually understood relationship between trauma, recovery, and growth is shown in Figure 1.

Of the elements included in the model, all appear to be accounted for in some way within the research literature with one notable exception, namely the recovery of meaning *below* the level of previous functioning—the converse of growth. Accounts of what needs to be accomplished in recovering from a traumatic event mainly emphasize cognitive processes and appraisal of threats (Ehlers & Clark, 2000). Less clear are the higher order processes that could be considered aspects of emotional processing and that are complementary to the lower order cognitive processes. Janoff-Bulman's assumptive world's theory comes closest to offering an account of recovery of personal meaning following a traumatic event. Janoff-Bulman (1992) argues that generally people hold three fundamental assumptions that underlie their way of making sense of the world: *the*

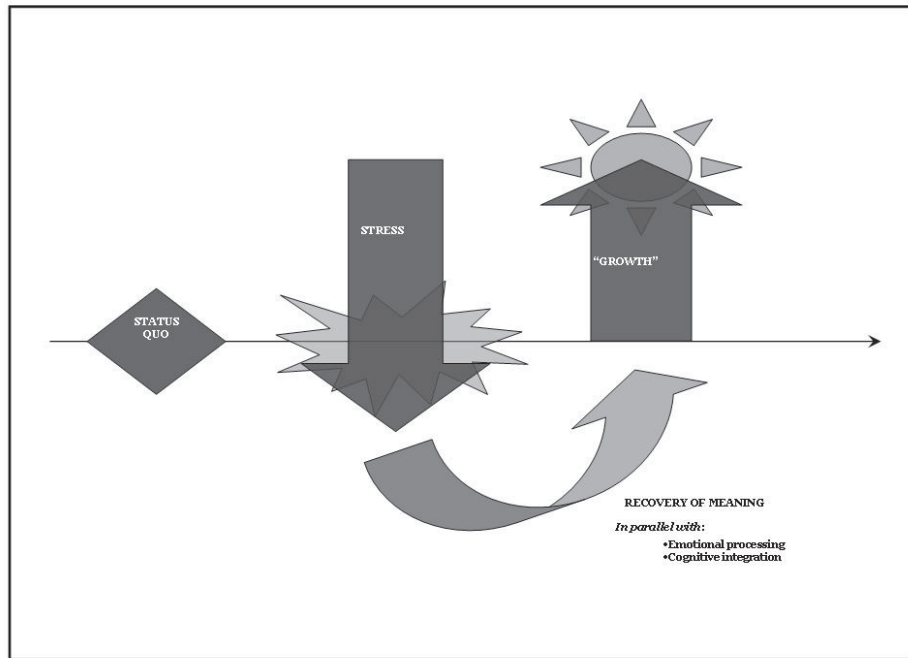


FIGURE 1. A Model of Meaning Recovery and Growth Following a Traumatic Event

self is worthy, the world is meaningful, and the world is benevolent. A traumatic experience can shatter these assumptions, which can then be regarded as illusions, with the world perceived as malevolent and meaningless and the self as helpless. To cope, people must rebuild their assumptive worlds and integrate their negative experiences (1992, p. 93). However, the assumptive world's theory mainly relates to a person's perception of the world and others. Although issues concerning the self are included, they do not appear to address the higher order level of personal meaning referred to by writers interested in this topic (e.g., King, 2004; Steger, in press). Otherwise, it appears that the aspect of emotional processing of a trauma that pertains to recovery of personal meaning in life has not received detailed attention.

Although it is tempting to consider loss of meaning to be the mirror image of growth, it is clear that the constructs are fundamentally distinct rather than opposites. Just as growth needs to be understood relative to a previous lower level of functioning, trauma-related loss of meaning takes place relative to a previously attained higher level. Below the level of previous functioning, loss, rather than lack of growth, is at issue, and, more subtly, coming to terms with the fact that something previously taken for granted can be no longer (in the same vein as Janoff-Bulman's assumptive worlds but within a more personal context). Meaning below this level is something to be recovered, whereas growth above this level is something to be gained. Relatedly, on the basis of the empirical evidence showing a mixture of processes at the same point in time, it has been suggested that posttraumatic stress and posttraumatic growth occur simultaneously (e.g., Hiskey, Troop, & Joseph, 2006). Thus, it has been argued that growth and distress cannot logically be at opposite ends of the same continuum and so, for example, growth

should not be assumed to alleviate distress (Linley & Joseph, 2004). It follows from this that questionnaires aimed at measuring either posttraumatic growth (Tedeschi & Calhoun, 1995) or simply meaning understood as fulfillment without reference to an interruption in normal functioning (Steger, Frazier, Oishi, & Kaler, 2006) will not likely do justice to characterizing personal meaning that represents a deficit from a previous status quo.

DEVELOPMENT OF THE MEASURE OF MUNDANE MEANING

To fill this apparent gap in the literature, development of a measure of meaning in life was undertaken that would be capable of capturing loss of personal meaning relative to a previous higher level of functioning. The questionnaire was named the Measure of Mundane Meaning (MMM). The term “mundane” was chosen to emphasize that the level of meaning concerned is everyday “meaning in life” and also to take in the fact that the lost meaning was likely in some way to have previously been taken for granted.

Method

In contrast to other meaning measures (see Steger et al., 2006 for a brief review), the item content for the MMM was derived from material provided by individuals who had experienced traumatic events. This was drawn from data collected in the course of three previous studies involving participants who had either experienced a physical assault (Bradbury, 2007; $N = 30$ participants, 26 males and 4 females), recurrent miscarriage (Callander, Brown, Tata, & Regan, 2007; $N = 62$, all female) or miscellaneous traumatic events qualifying for DSM PTSD Criterion A (Kuusniemi, Brown, & Tata, 2005; $N = 37$, 27 females and 10 males). In each of these studies, two interview questions adapted from the Davis and colleagues (1998) study of bereaved parents who had lost an infant were used along with two additional questions. The four interview questions were:

1. Do you feel you have been able to make sense of the traumatic experience?
(Adapted from Davis et al. 1998)
2. Do you feel you have been able to accept the traumatic experience has happened to you?
3. Have you been able to move on with your life?
4. Sometimes people who experience a traumatic event find some positive aspect of the experience. For example, some people feel that they learn about themselves or others. Have you found anything positive in the experience? (Adapted from Davis et al., 1998)

The resulting 129 verbal protocols were subjected to a thematic analysis (Smith, 2000). Initially, a list of emerging themes was compiled and coded. These were elaborated upon through identifying other data corresponding to the themes, which were eventually combined into seven superordinate themes. These themes were used as a basis for constructing an interview with three outpatients referred for treatment of PTSD. The

resulting protocols were analyzed using grounded theory (Glaser, 1998), with the circumscribed pragmatic aim of carrying out a respondent validation of the themes identified in the thematic analysis to verify that these “rang true” with individuals who were having difficulty adjusting in the aftermath of a traumatic event. Each transcript was analyzed after the corresponding interview using standard coding procedures (Charmaz, 2006). The initial coding phase involved repeated readings of the transcripts followed by line-by-line analysis of the text. This process moved into focused coding, in which more specific codes were used to sift through the data, categorizing it to form clusters of initial codes that made the most analytic sense. Three interviews were sufficient to achieve “saturation”—the point at which further data gathering would not appear to provide further information pertinent to the specific aims of the analysis. The result of this analysis was the identification of four subthemes that elaborated on the seven superordinate themes of the original content analysis.

A content analysis (Smith, 2000) was also done on 23 related scales identified in the literature. This involved coding each item of each measure into a system of categories without reference to either the previous thematic analysis or the grounded theory analysis. Twelve categories were identified that represented a superset of the categories already identified in the previous two qualitative analyses. Initial items were developed that reflected the identified overall themes, with the emphasis placed on developing items that would capture loss of meaning from a previously attained level. The set of items was analyzed for redundancies and was also evaluated in relation to the Question Appraisal System (QAS; Willis & Lessler, 1999). Items were further tested with three individuals seeking psychotherapy for PTSD in a cognitive interviewing procedure (Willis, 2005) to check for comprehensibility and to verify that responses appeared to relate to the constructs that were the target of measurement. It is recommended to undertake cognitive interviews in “rounds,” that is, to interview a small number of people and revise the measure as needed before interviewing another small number of respondents (Willis, 2005). As the first round of testing resulted in no significant issues being identified with the MMM, further interviewing was not undertaken.

Unusually, then, for instruments developed to measure meaning, the MMM was developed from the “bottom up,” based on the verbal protocols of individuals who had experienced a traumatic stressor responding to open-ended questions about meaning in their life post-trauma. However, the items themselves were worded so that they could be answered by individuals who had not necessarily recently experienced a traumatic event. Pending factor analyses on a larger sample that will make possible the identification of empirical underlying dimensions of the MMM, it was considered worthwhile to attempt to gain a sense of the domains being assessed by the MMM on a rational basis. Categories into which the items of the MMM could be classified were developed by two of the authors (GPB and AR) through extensive discussion. The categories appear to be domains of theoretical interest; they are discussed further, below, following a description of preliminary psychometric analyses using the MMM. The items of the MMM sorted into rationally derived domains appear in Table 1.

Validation Measures. To enable a preliminary check on whether it appeared that test development goals were being met prior to administration to a larger validation sample, a small sample of undergraduates was recruited to complete a test battery including the MMM and several criterion measures, including the Depression Anxiety

**TABLE 1. Indicative Items from the Measure of Mundane Meaning
Sorted into Rationally-Derived Domains**

COHERENCE OF SELF-NARRATIVE

The story of my life is unfolding in a satisfying way.
I've lost the "thread" that used to run through my life.
I'm not sure how the parts of my life fit together.
I have been able to fit all my life experiences into my life story.

INTEGRATION OF CIRCUMSTANCES

I have come to terms with events that have happened to me in my life.
I have been able to put the past behind me and move on in my daily life.
I have been able to make sense of difficulties that I have experienced in my life.
Somehow my life has gone off track.

HIGH-LEVEL ACTION IDENTIFICATION

Once I get up in the morning, I already have an idea of what I intend to do that day.
I often find myself at a loss for what to do next. (–)
I don't have to think very hard about what I need to do from moment to moment.
I have trouble feeling a part of my everyday roles.

SENSE OF PURPOSE

I see a clear path forward for myself into the future.
I have a definite idea of my day-to-day priorities.
I can picture what my life will be like far into the future.
I'm not certain that my life will amount to anything.

and Stress Scales (DASS; Lovibond & Lovibond, 1995), World Assumptions Scale (WAS; Janoff-Bulman, 1992) and the Global Assessment of Recent Stress (GARS; Linn, 1985). Each of the three DASS (Lovibond & Lovibond, 1995) scales contains 14 items. Scores for depression, anxiety, and stress are calculated by summing the scores for the relevant items. The scales of the DASS have been shown to have high internal consistency and to be reliable and valid measures in a non-clinical sample (Crawford & Henry, 2003). The 32-item World Assumptions Scale consists of eight subscales related to Janoff-Bulman's (1989) categories of assumptions: benevolence of the world, benevolence of people, beliefs in a just world, control, randomness, self-worth, self-control, and luck. The 8-item GARS assessed participants' current stress. Respondents to the GARS are asked to score their stress perceptions for the past week from "none" to "extreme" in relation to seven different areas of life and in relation to their overall stress level. Cronbach's α for the seven-variable scale was reported to range from .74 to .92, and it appears to be a reliable and valid measure of global stress not related to discrete events (Linn, 1985).

Results

Preliminary Psychometric Analyses. The undergraduate sample was comprised of 38 participants. There were 31 females and seven males, with a median age of 20 (range 18 to 46). The majority (21) described their ethnicity as White British. Participation entered respondents into a cash-prize random drawing. Questionnaires were completed anonymously online through a survey administration website.

Reliability and Validity of the MMM. Items that lowered internal consistency based on coefficient α were deleted, leaving 27 items on the initial MMM, which had an

overall alpha of .96. In terms of validity, a series of correlational analyses were carried out. It was expected that the MMM would be positively correlated with another measure of meaning, negatively related to measures of distress, and the expectation would be of a stronger relationship to depression compared to anxiety. Table 2A shows the correlations of the MMM with the WAS subscales, and Table 2B the correlations with measures of distress and stress. With the exception of the Luck and Randomness subscales, the range of correlations of the MMM with the WAS subscales ($r = .40 - .64$) was approximately what would be expected for concurrent validity with a similar construct. The MMM was negatively related to both DASS Depression ($r = -.50$) and Anxiety ($r = -.40$); however, the relationship between MMM and Anxiety controlling for Depression was no longer significant (partial $r = -.19$), whereas the partial r of MMM with Depression controlling for Anxiety remained significant (partial $r = -.37, p < .05$).

Also bearing on the discriminant validity of the MMM was the possibility that the association between the MMM and the majority of the WAS subscales may have been due to the mutual relationship of the MMM and WAS with affective state. Therefore, partial correlations were conducted, controlling for the DASS subscales. The associations between the MMM and WAS subscales were reduced but still substantially equivalent to the simple correlations after controlling for the DASS subscales. Interestingly, the MMM was not related to global stress (measured by the GARS) or the DASS Stress scale, which were related to each other. Pending further research, there are two possible ways this finding can be viewed. On the one hand, it might simply be that the MMM is not related to stress, which would raise serious questions about its validity. On the other hand, if the MMM, like the WAS with which it correlates, is responsive to more significant stressful life events, it could be the case that personal meaning as measured by the MMM does not fluctuate as a function of low-level global stress, where such levels of stress are insufficient to disrupt the status quo.

The foregoing results should once again be qualified as highly preliminary. However, they suggest that at this early point in scale development, the MMM appears to be internally consistent and to show a pattern of associations largely consistent with the underlying theory.

DISCUSSION

Domains of Mundane Meaning

The magnitude of the internal consistency coefficient in the foregoing analyses suggests the possibility of a single dimension underlying the MMM, something that will be evaluated empirically in further validation studies. However, as discussed above, the MMM items appeared on a conceptual level to be tapping into theoretically interesting domains. These will now be discussed in turn.

Coherence of Self Narrative. This domain is reminiscent of Antonovsky's construct of Sense of Coherence (Antonovsky, 1979). Antonovsky suggested that individuals possessing a strong sense of coherence are more likely to cope with adverse life events. Studies have supported a link between features of sense of coherence and a reduction of

TABLE 2a. Validity of the Measure of Mundane Meaning

WAS subscale	MMM		DASS-D	DASS-A	DASS-S	GARS
	Simple correlation	Partial correlation ¹				
Benevolence of the world	0.53***	0.44**	-0.43**	-0.27	-0.32	-0.13
Benevolence of people	0.40**	0.40**	-0.32	-0.25	-0.39	-0.24
Justice	0.44**	0.38**	-0.25	-0.29	-0.19	0.13
Control	0.55***	0.39**	-0.29	-0.53***	-0.01	0.13
Randomness	0.31*	0.32*	-0.11	-0.14	-0.10	0.11
Self-Worth	0.49*	0.46*	-0.25	-0.14	-0.14	0.10
Self-Control	0.64***	0.54***	-0.30	-0.15	0.13	0.02
Luck	-0.21	-0.09	0.21	0.16	0.08	0.18

TABLE 2b. Correlations between the MMM and Symptom and Stress Variables

	MMM	DASS-D	DASS-A	DASS-S
DASS-D	-0.50***			
DASS-A	-0.40*	0.55***		
DASS-S	-0.12	0.62**	0.62**	
GARS	-0.09	0.53***	0.32	0.60**

Note. $N = 38$. MMM = Measure of Mundane Meaning. WAS = World Assumptions Scale. DASS = Depression Anxiety Stress Scales. GARS = Global Assessment of Recent Stress. ¹Controlling for all three DASS subscales. * $p < .05$; ** $p < .001$; *** $p < .005$.

distressing symptoms following negative events (e.g., Engelhard, van der Hout & Vlaeyen, 2003).

Coherence is also a central aspect of theories that ascribe a central place to self-narratives. McAdams (1993) theorizes that people construct stories to make sense of life events and that they are motivated to make a coherent, continuous, and meaningful life story. In line with this approach, there is evidence that a sense of self is dependent on the coherence and continuity of the narrative structure (Baumeister & Wilson, 1996; McAdams, 1993). Similarly, studies investigating the narratives of people recently bereaved have found that the experience of loss has an impact on the development of the self-narrative. Boelen, van den Hout, and van den Bout (2006) propose that a key processing difficulty in complicated grief is that the loss is poorly elaborated and interconnected with existing autobiographical knowledge. Indeed, Bauer and Bonanno (2001) found that if bereavement leads to the formation of discontinuous narratives then this thwarts opportunities for self-development.

Integration of Circumstances. As already noted, Janoff-Bulmann (1992) posits that there are three fundamental assumptions behind peoples' beliefs about themselves and the world: they are worthy, the world is benevolent, and the world makes sense. The assumption of a meaningful world is based on a presumption of person-outcome contingency: the belief that there is a relationship between what we do and what happens to us. This belief allows people to feel that they can make sense of the randomness of events and fosters the sense that they are deserving and the world is just. When existing as-

sumptions can assimilate stressful events, the individual will be resilient in the face of stress; where they cannot, they will experience posttraumatic symptomatology.

Understanding of the role of resilience following a critical life event is a developing area (e.g., Bonanno, 2004). However, it has been found that people who are not successful at integrating a trauma into their narrative are left with only a partial accounting of the experience and are unable to fully integrate it into their personal narrative (Pennebaker & Seagal, 1999; Tuval-Mashiach et al., 2004). This break in narrative can lead to a sense of meaningless and can maintain PTSD symptoms (Tuval-Mashiach et al., 2004). Therefore, it is considered a better prognostic sign if people can maintain a sense of continuity and coherence with regard to the narrative of both the traumatic event and their life story (Wigren, 1994).

High-Level Action Identification. The label for this domain is taken from Action Identification Theory (AIT; Vallacher & Wegner, 1987), which posits that people tend to identify their actions within an organized, dynamic cognitive hierarchy of layers of action identities that serve as layers of meanings (see Carey, this volume, for a related account). AIT emphasizes that there is a meaningful subjective structure to actions, aims, and plans. A low-level identification of an action (e.g., drinking an alcoholic drink) involves method (how it is done, e.g., lifting a glass of wine) whereas a high-level identification relates to the purpose behind the action (why it is done, e.g., to relieve tension). AIT maintains that when an act can be identified at both high and low levels people prefer to adopt a higher (more meaningful) level of action identification than a lower level identification.

Baumeister (1991) describes higher levels of meaning as relating to far-reaching constructs that can give a sense of purpose to a person's entire life. Lower levels relate to short-term projects or immediate day-to-day activities that may be combined to create higher levels of meaning. Level of action identification is also related to sense of coherence. As Baumeister (1991) notes, "It is possible for lives to be meaningful at low levels while they are not meaningful at high levels. For many people, this is the dilemma of the meaning of life. They may have a plan for each day but not a plan for their entire life. Each day makes sense and follows an organized pattern, but life as a whole seems to unfold without following a coherent story line" (p. 21).

Vallacher and Wegner (1987) state that there is "potential for movement to lower levels of identification in the face of high-level disruption" (p. 5). Thus, if higher levels of meaning cannot be sustained, movement towards a lower level will likely occur. This principle has been supported experimentally (e.g., Wegner, Vallacher, Macomber, Wood, & Arps, 1984). On a more everyday level, in terms of the personal aftermath of traumatic events, it is not uncommon to hear people describing "going through the motions," which suggests the higher-level action identities can no longer be sustained. Conversely, within the context of growth, people will often relate that aspects of their life that had previously been taken for granted in some way begin to take on "new meaning."

Sense of Purpose. Sense of purpose is in many ways the perennial personal meaning construct. It was central to Frankl's (1963) seminal theory and has been integral to influential theories of meaning since (e.g., Klinger, 1977). For Baumeister (1991; Baumeister & Vohs, 2002) the feeling of a sense of purpose is one of four central aspects of personal meaning, along with having a basis for self-worth, clarifying the values sys-

TABLE 3. Hypothetical Transdiagnostic Profile of Mundane Meaning

Secondary Impaired Meaning	Diagnostic Group
... consequent to life events	<ul style="list-style-type: none"> • PTSD • Episodic Major Depression • Complicated Bereavement
... consequent to impaired functioning	<ul style="list-style-type: none"> • Agoraphobia • Social Phobia • OCD • Bulimia
Primary impaired meaning	Diagnostic group
Developmental	<ul style="list-style-type: none"> • Recurrent Major Depression • Dysthymia • Anorexia • Borderline Personality Disorder

tem by which one judges what is right and wrong, and developing a sense of efficacy in the world. In Baumeister's theory, sense of purpose confers the causal linkage of events over time. When individuals are unable to sustain the needs of purpose, value, efficacy, and self-worth, they become distressed. In a recent review, Steger (in press) has noted that dozens of studies have been conducted which repeatedly demonstrate that people who believe their lives have meaning or purpose appear better off.

Further Predictions with Respect to the Transdiagnostic Model

Early, preliminary results for a new measure of meaning were reported. Extensive further psychometric evaluation is needed to verify the fitness of the MMM for its intended use. However, it is possible at this point to set forth specific predictions, along with general expectations, about possible empirical findings with a measure of meaning such as the MMM, most of which are relevant to a transdiagnostic approach.

A key aspect of the role of impaired meaning, borne out in the present preliminary study, is that it is expected to be associated with but separable from depression. Like depression, impaired meaning would be expected to be found in a wide range of disorders but will not always be a prominent feature. Table 3 presents a putative profile of impaired meaning across a range of selected diagnoses. Two general categories of disorder are listed within this "transdiagnostic profile," secondary and primary impaired meaning. "Secondary impaired meaning," in turn, is subdivided. It refers both to disorders in which impaired meaning results from stressful events and to those in which it results from impaired functioning due to the primary features of other disorders (e.g., disruption of occupational functioning in OCD due to ritualizing). In the latter case, impaired meaning will be a mark of chronicity and should presage the onset of depression. The disorders listed under "primary impaired meaning" are those in which the issue is not the loss and recovery of personal meaning but rather the developmental failure ever to have attained adaptive levels of personal meaning in the first place.

If the MMM is found to be valid for its intended purpose, it could be regarded as a measure of the extent to which life events or disruptions in adaptive functioning secondary to other factors have undermined an individual's everyday psychological fabric. It should therefore potentially complement measures of general adaptive functioning. As

is the case with adaptive functioning, similar symptom profiles and symptom severity in different individuals could have different implications for ongoing functioning. As such, the MMM could fill an essential role in psychological assessment that complements the assessment of adaptive functioning that is a standard part of psychiatric diagnostic procedures.

Consistent with the current results, it can be anticipated that impaired meaning will probably not be responsive to chronic, low-level stress, but very sensitive to major life events. More generally, personal meaning will likely mediate the relationship of depression to other symptoms where comorbidity is an issue. It will also potentially mediate the relationship between putative cognitive predictor variables and affect criterion variables (e.g., anxiety sensitivity and panic). In mediating between predictor and criterion variables, it could take the form of a suppressor variable that is related to the predictor but not the criterion but which makes the relationship more precise.

The foregoing has been a discussion of the potential role of personal meaning as a generic and global transdiagnostic variable. A gap in the literature was identified in terms of the need for a measure of personal meaning in conjunction with functioning below previously attained levels, possibly as a result of significant life stress. The development of such a measure along with preliminary data on its psychometric properties was described, and potentially relevant theoretical domains of personal meaning were identified. From this discussion, it is clear that as the field moves to understand both general and specific factors underlying emotional disorders, methods and underlying theories that are sufficiently precise will be essential.

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