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## PURPOSE IN LIFE TEST

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### Synonyms

PIL

### Definition

The PIL test is a 20-item self-report attitudinal scale designed to measure the extent to which a respondent perceives a general sense of meaning and purpose in life or respectively suffers from an “existential vacuum” (Frankl 1982, p.18)

### Description

The PIL (Crumbaugh & Maholick, 1969/1981) test is the first, and the most-studied questionnaire to measure perceived life purpose and meaning. It consists of 11 items which focus on the respondents’ mood (e.g., item 1: I am usually: completely bored – neutral – exuberant, enthusiastic), 3 which address life goals (e.g., item 3: In life I have: no goals or aims at all – neutral – very clear goals and aims), and 3 items which address meaning of life itself (e.g., item 4: My personal existence is: Utterly meaningless without purpose – neutral – very purposeful and meaningful).

### Theoretical and Practical Applications

James Crumbaugh and Leonard Maholick (1969/1981) developed the PIL test in 1964, with the goal of measuring purpose and meaning in life. The PIL test is based on Viktor Frankl’s concept of the *existential vacuum*; a perceived lack of meaning in life, characterized primarily by an ongoing lack of meaning, accompanied by apathy, lack of interest and pervasive boredom. According to Frankl’s theory, the experience of an *existential vacuum* is not necessarily an indication of psychopathology, but may lead to, if unmitigated, *existential frustration* and eventually to *noögenic neurosis* (Frankl, 1988).

At least three potential applications of the PIL test have been identified in the research literature (Crumbaugh & Maholick, 1969/1981; Hutzell, 1988): (a) to screen for the presence of existential vacuum in counselling/psychotherapy; (b) to evaluate the effectiveness of therapeutic interventions; and (c) to administer to individuals or groups for research purposes. The PIL test has been used in a range of research settings (e.g., studies emphasizing existential or theological ideas), and populations (e.g., university students, retirees, critically ill, handicapped persons, delinquents, etc.). It has also been used to assess covariates to meaning in life (e.g., alcohol abuse, demographic variables, time orientation).

## Test Item Theory, Construction, and Selection

Crumbaugh and Maholick (1968/1981) do not provide information about the method of formulating and selecting the items and the item statistics. The aim was to validate Frankl's Logotherapy and meaning concept measuring the "existential vacuum" and to differentiate prospective logotherapy clients from non-clients.

## Structure, Administration, Scoring, Norms, and Revised Versions

The PIL test consists of three parts, which are described in further detail below. Only Part A is commonly used in research (Crumbaugh & Henrion, 1988; Hutzell, 1988).

The original PIL test was written in English; since then, it has been translated and adapted into many languages, including Russian, German (Sink, Purcell, van Keppel, & Gamper, 1997), Czech, Polish (Halama, 2009) and Chinese (Shek, 1992). The PIL test is written for adults at a fourth-grade reading level, but some words may be difficult for adolescents to understand (Crumbaugh & Henrion, 1988). It can be administered to individuals or to groups (Hutzell, 1988), although the individual administration is not so reliable as the group administration due to individual distortions and social desirability (Crumbaugh & Maholick, 1969/1981).

Examiner involvement in the PIL test administration and scoring is minimal, with instructions to respondents printed on the answer sheet. No specific expertise in testing is required. In the PIL test manual, the authors state that the test should be used with caution in competitive settings, to reduce the influence of social desirability on scores (Crumbaugh & Maholick, 1969/1981; cf. Hutzell, 1988.)

The PIL test and manual are published by Psychometric Affiliates (Box 3167, Munster, IN, 46321).

### *Part A*

Part A is composed of 20 Likert-type response items on a 7-point scale; where a score of 1 represents low purpose, 4 represents neutrality, and 7 represents high purpose. Each item has different anchor points, either bipolar, unipolar, or unique (e.g., "If I could choose, I would: prefer never to have been born [1]...like nine more lives just like this one [7]"; Reker & Cousins, 1979). For example:

1. I am usually:

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

There are no time restrictions for Part A, and most respondents can complete this section in 10 to 15 minutes (Crumbaugh & Henrion, 1988). Two of the items (related to retirement and preparation for death), may cause negative reactions for some respondents (Hutzell, 1988).

Part A is scored by adding individual item ratings for a total score that ranges from 20 (low purpose) to 140 (high purpose). Interpretation of the scores is objective, and percentile equivalents of the raw scores for Part A are provided in the test manual. These norms are based on 1,151 individuals, who are not representative of any specific population, and who were selected by convenience sampling. The PIL test manual authors reported that approximately 70 percent of the sample cases are 'normal' or non-patients, and the other 30 percent are psychiatric patients (Crumbaugh & Henrion, 1969/1981; Hutzell, 1988). The highest score amongst groups was attained by successful business and professional personnel ( $X = 119$ ,  $SD = 11.3$ ,  $N = 230$ ), whereas college undergraduates had attained lower scores ( $X = 108$ ,  $SD = 14$ ,  $N = 417$ ) (Crumbaugh & Maholick, 1969/1981).

The test authors suggest that the best 'cutting score' (the score that identifies a patient from a non-patient) is 102 (rather than the obtained overall mean of 106.47, due to the larger proportion of 'normal' individuals); and the overall estimated standard deviation is 19. Based on the original norms ( $N = 1,151$ ), scores of 113 and above indicate definite purpose in life, scores between 92 and 112 are in the indecisive range, while scores 91 and below indicate the lack of clear meaning and purpose in life. Raw scores are used for many research studies (Crumbaugh & Henrion, 1988; Hutzell, 1988).

Attempts to detect relationships between PIL test scores and age, education, intelligence, or gender have been unsuccessful, or have met with mixed results, possibly due to population differences (Crumbaugh & Henrion, 1988).

### *Parts B and C*

Part B consists of 13 sentence-completion items concerning respondents' life purpose (Crumbaugh & Henrion, 1988).

Part C asks respondents to write a paragraph about their life goals, ambitions, hopes, future plans, sources of meaning (in the past), and motivations (in the future). Respondents are also asked to evaluate the progress being made in accomplishing these (Crumbaugh & Henrion, 1988; Hutzell, 1988).

Clinicians must interpret the results of parts B and C subjectively, for use with individual clients (Crumbaugh & Henrion, 1988).

### *Revised Versions*

Many alternate versions of the PIL test (Part A) have been developed, often because of concerns about the original PIL test having unique anchor points, which may be confusing to respondents. The PIL revised tests are composed of fewer items, simplified wordings, and/or modified response formats (Hutzell, 1988). Examples of a revised PIL test include the *Life Purpose Questionnaire* (LPQ; Hablas & Hutzell, 1982; Hutzell & Peterson, 1986; Hutzell, 1988), a test which may be better-suited for geriatric, alcoholic or schizophrenic populations, as well as the more recently developed *Meaningful Life Measure* (Morgan & Farsides, 2009). Becker (1985) conducted a factor analysis and found that several items (#7, 12, 13, 14, 15, and 18) were not sufficiently selective and thus proposed a short form.

## **Reliability**

The PIL test has been widely used and appears to be reliable, though technical data can be difficult to locate. Split-half estimates and test-retest reliability estimates from various studies indicate that the PIL test is sufficiently reliable, though reliability estimates in divergent populations need to be established (Hutzell, 1988).

### *Test-Retest*

PIL test-retest reliabilities from various studies range from a 1-week coefficient of .83 ( $N = 57$  church members; Meier & Edwards, 1974); a 6-week coefficient of .79 ( $N = 31$  college students; Reker & Cousins, 1979); and a 12-week coefficient of .68 ( $N = 17$  penitentiary inmates; Reker, 1977).

### *Spilt-Half*

PIL test spilt-half reliabilities have been recorded from .77 to .85 (Spearman-Brown corrected to .87 and .92, respectively; Crumbaugh, 1969; Crumbaugh & Maholick, 1964; Hutzell, 1988; Reker, 1977; Reker & Cousins, 1979). Data were collected from a variety of populations, including students, psychiatric outpatients, and penitentiary inmates (Hutzell, 1988).

### *Alpha Coefficients*

PIL test alpha coefficients range from .86 to .97 (Reker & Fry, 2003; Schulenberg, 2004).

## Validity

A number of studies have demonstrated the validity of the inferences drawn from the PIL test, and that the test adequately measures the extent to which individuals find meaning in their lives; although other studies have shown minimal associations between measures and constructs which should be theoretically related to the PIL test.

### *Face Validity*

Face validity for the PIL test appears adequate, because the items appear to assess what is intended (Hutzell, 1988).

### *Construct-Convergent Validity*

The PIL test has been correlated with several theoretically-related measures, including positive correlations with the Frankl Questionnaire's measurement of existential vacuum (.68,  $N = 136$ ; .56,  $N = 200$  in another study with church members; Crumbaugh & Maholick, 1964; 1969); the LPQ (Hablas & Hutzell, 1982), measures of happiness (Debats, 1990; Reker, Peacock & Wong, 1987), and the Existential Scale (ESK) (.49,  $N = 1028$ ; Längle, Orgler & Kundi, 2000). It has also been negatively associated with suicidal ideation (Harlow, Newcomb, & Bentler, 1986) and the use of alcohol (Crumbaugh & Carr, 1979; Waisberg & Porter, 1994) and drugs (Harlow et al.; Padelford, 1974).

In addition, when therapists were asked to fill out a PIL test for ( $N = 50$ ) patients, the correlation between their ratings and the patients' own was .38. A correlation of .47 was found between the ratings of 120 parishioners' PIL test scores and the scores produced by a group of ministers who rated the degree of meaning in life exhibited by their parishioners (Crumbaugh & Maholick, 1964).

### *Construct-Discriminant Validity*

The authors of the PIL test have reported low correlations between the PIL test and MMPI scales (Crumbaugh & Maholick, 1964). Small-to-moderate relationships have been found between PIL test scores and neuroticism (Eysenck's EPI: -.32,  $N = 1028$ ; Längle, Orgler & Kundi, 2000), extraversion (EPI: .14,  $N = 1028$ ; Längle, Orgler & Kundi) and to measures of depression, ranging from -.30 to -.65 (Crumbaugh & Henrion, 1988; Dyck 1987; Längle, Orgler & Kundi). Further evidence of association with depression emerged from a factor analysis with the PIL and the Zerssen Depression Scale (Längle, Orgler & Kundi), which brings it close to the measures of depression. Dyck (1987) also describes a correlation with anxiety (-.52).

### *Criterion-Concurrent Validity*

The PIL test has found significant differences between individuals with and without mental illnesses, and has done so for a number of groups (Crumbaugh & Maholick, 1964; Garfield, 1973). It is remarkable that schizophrenic patients had clearly better results (between 97 and 108) than neurotic patients (93), alcohol dependents (85) and not schizophrenic psychotic patients (81) (Crumbaugh & Maholick, 1969/1981, p. 2).

## Discussion

### *Single vs. Multiple Factor Models*

Most studies assume the PIL test is unidimensional and report a single total score for the measure. Yalom (1980) notes that the items appear to relate to several different constructs: life meaning (purpose or mission), life satisfaction (boredom, excitement, painfulness), freedom, fear of death, suicide, and how worthwhile one perceives one's life to be (Melton & Schulenberg, 2008).

Multiple factor analytic investigations (e.g., Marsh et al., 2003; Schulenberg & Melton, 2010; Waisberg & Star, 1999) have yielded inconsistent results as to the factor structure that underlies the PIL test. Although many

factor analytic studies of the PIL test argue that the measure may be comprised of multiple factors, the item composition of each factor and the number of factors vary from study to study (Melton & Schulenberg, 2008).

The paucity of studies about the factor structure of the PIL test, along with the differences in the findings, suggests that caution is warranted for the assumption that PIL test is measuring a unidimensional construct. If purpose in life, as measured by the PIL test, is not unidimensional, then the validity of adding scores for all the PIL test items to form a total score may also be called into question (Marsh et al., 2003). Factor analytic investigations of the PIL test are an important avenue for future research (Melton & Schulenberg, 2008). Several recent studies have suggested that a two-factor model of the PIL might be more psychometrically appropriate (Morgan & Farsides, 2009; Schulenberg & Melton, 2010), although additional research is needed to substantiate these initial findings.

### *Parts B and C*

When the PIL test is studied empirically, the focus tends to be on Part A given that the scoring is straightforward. Ebersole, Levinson, and Svensson (1987) argue for more frequent use of Parts B and C and call for further research on these sections. The authors identify the potential use of Part B as providing a partial qualitative description of one's life meaning and presenting pertinent personal identifying material. They also call for the potential use of Part C as creating a categorization system of different purposes, investigating which types of goals seem to be reported more capable of fulfillment and comparing the types of meanings emphasized during different life-span developmental periods.

### *Culture*

Additional research is needed to validate the PIL test cross-culturally and to establish locally-based norms. The PIL test manual norms can act as a comparative guide but should not be assumed to be valid for non-English-speaking cultures or for all American subcultures. Researchers should also continue to investigate the meaning construct and related postulates in different cultures, because how meaning is defined, and the pathways to a sense of life meaning, may differ cross-culturally (Savolaine & Granello, 2002).

The PIL is not based on a clear definition of meaning but constructed on a cultural understanding of meaning. Cultures and subcultures divergent from Western philosophy and middle-class thought may find life-meaning in contexts not addressed by the PIL test or may interpret the PIL test items differently from the bulk of the samples studied to date. Generalization of the PIL test must be questioned for these groups and specific validity studies are warranted (Hutzell, 1998).

### *Understanding of Meaning*

The PIL test measures an active, emotionally stable, goal-oriented, positive direction of life, in which initiative, change, success and being prepared for death are seen as contributing to life meaning. In comparison with the ESK (which measures *capacities* for finding meaning and personal fulfilment) the understanding of meaning in the PIL is lighter, has more emotional resonance and less decisiveness (Länge, Orgler & Kundi, 2000). It is possible that the test may correspond largely to a common American ideal and uses defined values (which may be further exaggerated in parts B and C). In contrast to a depressive attitude, the PIL test seems to measure a kind of "mood for meaning" or a "positive feeling for life" in which one feels held and protected and which may include spiritual/religious dimension. It is thus more a global measure of the meaningfulness of the respondent's life.

## Cross-References

Attitude Measurement

Existential Psychotherapy

Existential Analysis

Counselling

Depression  
Existence value  
Existential Vacuum  
Logotherapy  
Meaning in Life Scale  
Meaningfulness of work  
Mental health  
The Life Purpose Questionnaire  
Purpose and meaning  
Viktor Frankl

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