

## Personal Meaning and Locus of Control among Psychiatric Patients

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### Abstract

Personal meaning is considered to be a significant source for people adjusting to the challenges of disease. Change in control beliefs and dimensions of self are investigated in the context of psychiatric mentally ill patient`s experience. The aim of this study is to assess the relationship between locus of control and personal meaning among psychiatric patients. Descriptive correlational design was adopted in this study. A purposive sample was employed; 123 psychiatric patients who admitted to psychiatric inpatients through two months from 15 Dec. 2022 to 17 Feb. 2023. Socio-demographic data sheet, personal meaning profile, and locus of control scale were used to achieve the purpose of this study. Results revealed that the most prominent source of personal meaning were religion then achievement. Most of participants have internal locus of control and high sense of personal meaning. No gender difference in relation to personal meaning and locus of control. There is highly statistical negative correlation between personal meaning and external locus of control (powerful others). To conclude, there is association between personal meaning and locus of control. Necessitating planning and implementation of rehabilitative training programs for psychiatric patients focus on locus of control and personal meaning were recommended.

**Keywords:** *Personal meaning, Psychiatric patients, Locus of control.*

### I. Introduction

Personal meaning is a system that is personally understood based on values and has the power to provide life purpose and fulfillment [Wong, 1989]. Research has consistently demonstrated the beneficial effects of meaning on well-being [Testoni et al., 2018]. Furthermore, studies have shown that psychological pain and a lack of purpose are related. According to the second wave of positive psychology, personal meaning has a dual role depending on the circumstances of the individual and is important to both suffering and healthy parts of life [Arslan, Yildirim, & Leung, 2021].

The idea of locus of control (LoC) was developed by Rotter (1966), which refers to people's perceptions of their degree of control over the things that happen to them. An external LoC implies that results are determined by chance or outside causes, whereas an internal LoC shows a belief in human agency. While an external locus of control attributes results to outside elements like fate, luck, or influential people, an internal locus of control suggests the assumption that one's own actions impact outcomes. An external locus of control has been repeatedly linked to worse clinical outcomes in psychiatric populations, such as increased symptom severity, decreased therapy engagement, and decreased self-efficacy (Elsharkawy et al., 2024).

The importance of LoC in psychiatric settings has been emphasized by recent studies (Churchill, Munyanyi, Prakash, 2020). Patients with a more internal LoC, for example, showed greater adherence to psychiatric drugs, indicating better involvement with treatment regimens, according to Elsharkawy et al. (2024). Furthermore, therapeutic strategies that incorporate meaning-centered treatment or therapies that try to change external control beliefs to internal ones have demonstrated encouraging outcomes in terms of enhancing patients' psychological functioning and healing processes (Vos, Craig & Cooper 2015).

It is essential to comprehend these concepts in the context of Egyptian mental health treatment. According to a study done at Cairo's Alabbasya Hospital for Mental Health, older persons with psychiatric problems had poor levels of self-efficacy and health locus of control, highlighting the necessity for therapies that focus on these areas (Ali, Alenezi, Kamel, & Mostafa, 2024). Patients are more likely to interact well with treatment and show improved mental health outcomes if they feel more in control of their life and find personal significance in their experiences.

Considering the growing interest in control beliefs and meaning-making as factors influencing mental health outcomes. In psychiatric care, the relationship between personal meaning and LoC is especially poorly understood. Investigating how mental patients perceive these concepts and how they could influence clinical procedures is crucial. Understanding personal meaning helps in individualized care planning and motivating patients toward recovery (Mathew, Nirmala, & Kommu, 2023). Recognizing a patient's locus of control allows the nurse to tailor interventions that either promote autonomy or provide appropriate support. The goal of this study is to add to the expanding corpus of research on patient-centered psychological factors in mental health nursing care by examining the connection between locus of control and personal meaning among people with psychiatric diseases.

### Significance of the Study

Numerous researchers have studied each variable separately but not elucidate the associations that exist among locus of control and personal meaning, but they have contributed significant amounts of information to the respective bodies of literature. Nonetheless, the exact nature and mechanism of these relationships is still debated today especially among psychiatric patients.

This study aimed to elucidate the relationship between locus of control and personal meaning in mental patients. Furthermore, the study's findings will be advantageous for the respondents by enhancing their understanding of locus of control and personal meaning. The study's results may evaluate the correlation between locus of control and personal meaning among psychiatric patients for psychiatric specialists. This may also motivate psychiatrists to consider ways to help psychiatric patients in enhancing their locus of control, and therefore improve their personal meaning.

This study made clear that we need to shift our approach for psychiatric patients. We may now concentrate on their rehabilitation based on the study variables of locus of control and personal meaning. Instead of considering their cases as chronic illnesses, they will be viewed from the perspective of personal growth and life (Damsgaard, Overgaard & Birkelund, 2021). Additionally, emphasizing psychiatric patients' resources gives them hope that they can function better. Because so little research was done in this area, the study was seen as a pioneering effort.

### II. Research Question

- 1-What is the level of the personal meaning among psychiatric patients?
- 2-What are the types of locus of control among psychiatric patients?
- 3-What is the type of correlation between locus of control and personal meaning among psychiatric patients?



## Subject and Methods

### Aim of the study

The aim of this study is to assess the relationship between personal meaning and locus of control among psychiatric patients.

### Research design

Descriptive correlational design was adopted in this study.

### Sample

Purposive Sampling consisted of 123 psychiatric patients, all patients who admitted to inpatient departments of Psychiatry and Addiction Hospital- Cairo University Hospitals through two months (December 2022 to February 2023) and accepted to participate in this study, according to the following inclusion criteria: age between 18-60 years old, both genders, all psychiatric diagnoses and able to cooperate. Exclusion criteria: patients with hallucinations, delusions and lack of insight were excluded.

### Setting

The study was carried out in the inpatient units of Cairo University Hospitals' Psychiatry and Addiction Prevention Hospital. It is serving a large group of people. It has three inpatient departments for psychiatric diagnoses; one free department for female patients, one free and one paid department for male patients. Each section may accommodate up to 30 patients.

### Data Collection Tools:

Data were collected by using three tools; Socio-demographic data sheet, Locus of Control Scale, and Personal Meaning Profile Questionnaire

#### 1- Socio-demographic data sheet

It was developed by the researchers and includes: personal data such as patient's age, gender, level of education, occupation, marital status, and diagnosis.

#### 2-Locus of Control Scale

Levenson's (1984) self-administered scale was adopted. It contains 9 items. The aim of this tool is to measure how often, during the last 6 months, participants had been exposed to such undesirable behaviors. It was explained by three elements; internal control (Q1-3), chance (Q4-6) and powerful others (Q7-9). To make sure it was suitable and consistent, English experts translated and back translated the scale. All items were scored on a six- point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). The content validity was evaluated by three professors of psychiatric and mental health nursing. The Internal control and chance dimensions had moderate reliability coefficients of .59 and .65, respectively, while the Powerful Others dimension had an acceptable alpha coefficient of .72. In general, the higher the scale score, the greater the perceived sense of internal control, the lower the perceived chance events, and the lower the perceived dependence on powerful others. Powerful others- and chance-scores are considered indicators of external locus of control. Each subscale has a low level (3-10), a high level (11-18).

#### 3- Personal Meaning Profile (PMP-B)

McDonald, Wong, and Gingras (2012) developed the brief version of the Personal Meaning Profile (PMP-B). The self-report measure consists of 21 items in total. This survey evaluates people's sense of personal meaning in their lives and aims to determine what matters most in life. In general, having

a feeling of purpose and personal significance is a prerequisite for living a meaningful life. The sentences outline possible sources of a meaningful existence, although people frequently have diverse beliefs about what makes life worthwhile and what they value most. (e.g., "I believe I can make a difference in the world").

The questionnaire wording was translated and back translated to ensure consistency and appropriateness by English experts. Reliability was calculated by Cronbach's alpha ( $\alpha=0.79$ ). Content validity was done by specialized experts; three psychiatric and mental health nursing professors. The corresponding alpha for the 21-item PMP-B total score is .84 for English version. It consists of seven subscales; achievement (Q5, Q6, Q16), relationship (Q7, Q8, Q13), religion (Q4, Q9, Q18), Self-transcendence (Q1, Q3, Q17), Self-acceptance (Q11, Q15, Q21), Intimacy (Q2, Q12, Q14) and Fair treatment (Q10, Q19, Q20). Participants indicate their agreement with each item on a seven-point Likert-type scale, ranging from 1 (strongly disagree) to 7 (strongly agree), A total score ranges between 21 and 147, with higher scores indicating greater sense of personal meaning, low level (21-84), high level (85-147). The number of sources involved specifies the breadth of meaning seeking.

### Procedure

An official permission was granted from Scientific Research Ethics Committee of Faculty of Nursing – Cairo University and hospital authorities to proceed with the study. The purpose of the study was explained to the participants and an oral agreement was taken for participation in the research. The researchers assured the voluntary participation and confidentiality to each participant who agreed to participate. The researchers collected data over a period of two months from 15 Dec. 2022 until 17 Feb. 2023. The interview lasts for about 30 minutes with the patient at the follow up room in the inpatient departments. Questions were asked and answers were recorded by the researchers.

### Ethical Considerations

The Scientific Research Ethics Committee Faculty of Nursing at Cairo University granted primary approval (IRB approval number: 2019041701) together with hospital authorities. Following a thorough explanation of the goal and nature of the study, the participants verbally agreed. It is made clear to all participants that participation is entirely voluntary. Every participant's confidentiality and anonymity were strictly maintained. Participants were told that the questionnaires would be coded, ensuring their names would not appear, and that the information gathered would only be utilized for the study.

### Pilot Study

Before the study began, a pilot study was carried out. Ten patients, or 10% of the overall sample, were enrolled in order to examine the feasibility of data collecting instruments for both content validity and clarity. The actual study sample includes participants who had participated in the pilot study.

### Statistical Design

Version 21 of the statistical software for social science (SPSS) was used to analyze the data. The mean and SD were used to convey numerical data. Frequencies and percentages were used to express quantitative data. Pearson correlation was used to evaluate relationships between various numerical variables. Less than 0.05 was considered as a significant probability (p-value), and less than 0.001 as highly significant.

### Results

Table (1) shows that male represented (67.5 %) of the participants while (32.5%) were female. (34.1%) of the participants under study were university education, and (30.8%) were secondary education. In relation to the marital status (56.9%) were single and (30.1%) were married. Nearly half of the participants (49.6%) were working. In relation to religious; (91%) were Muslim. Age ranged from 18 to 71 years with a mean of (33.3± 11.95). Young adulthood represented (60.2%) while older adult (4%).

**Table (1) Characteristics of The Study Sample (N=123)**

Variable	N	%	Variable	N	%
Age			Level of education		
13 ≥21 yr.	15	12.2	illiterate	16	13.0
21 ≥40	74	60.2	Primary education	24	19.5
40 ≥60	29	23.5	Secondary or Diploma	38	30.8
More than 60	5	4	University education	42	34.1
Mean ± SD	33.35±11.95		Post graduate studies	3	2.4
Gender			Job		
Male	83	67.5	Working	61	49.6
Female	40	32.5	Not working	62	50.4
Marital status					
Single	70	56.9			
Married	37	30.1			
Divorced	14	11.4			
Widowed	2	1.6			

Table (2) reveals that (49.6%) of the participants had psychiatric illness between 5 to 10 years and (48%) of the participants had psychiatric illness one year to less than 5 years ago. In relation to diagnosis, more than half of the participants (53.6%) were diagnosed schizophrenia while (39.8%) were diagnosed bipolar.

**Table (2): Distribution of the participants according to chronicity and diagnosis of psychiatric illness (n=123)**

Chronicity of psychiatric illness	N	%	Diagnosis	N	%
>1 year	2	1.6	Schizophrenia	66	53.6
1yr -> 5 years	59	48.0	Bipolar disorders	49	39.8
5 years- ≥ 10 years	61	49.6	Schizophreniform	3	2.4
more than 10 years	1	0.8	Substance induce psychosis	4	3.2
			Post COVID vaccine psychosis	1	0.8

Table (3) indicates that (43.9%) of participants had moderate personal meaning level. While, (17.9%) of participants had low personal meaning.

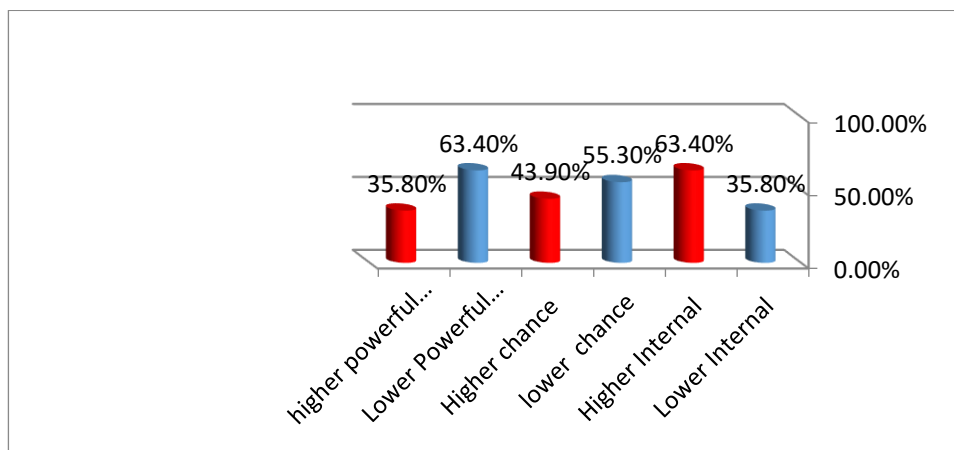
**Table (3) Distribution of The Participants According to Levels of Total Personal Meaning (n=123)**

Levels of total personal meaning	No.	%
Low	22	17.9
Moderate	54	43.9
High	47	38.2

Table (4) indicates that the most source of personal meaning for participants were religion (91%), then achievement (74.3%) and relationship (68.9%) and least source of personal meaning was fair treatment (48%).

**Table (4) Distribution of The Participants According to Sub Scales of Personal Meaning Profile (n=123)**

Sub scales of personal meaning	Low (3-11)		High (12-21)		M	SD
	N	%	N	%		
Relationship subscale	37	30.3	85	68.9	4.68	1.59
Self-transcendence	40	32.8	82	66.4	4.39	1.6
Self-acceptance subscale	50	41	72	58.2	4.14	1.70
Intimacy subscale	56	45.5	66	53.6	3.97	2.00
Fair treatment subscale	63	51.5	59	48	3.76	1.71
Religion subscale	11	9	112	91	5.77	1.34
Achievement subscale	28	23.3	92	74.3	4.84	1.69



**Fig. (1) percentage distribution of the participants according to subscales of locus of control (n=123)**

Fig. (1) represents that more than half of participants had low levels of external locus of control; powerful others and chance (63.4% & 55.3%) respectively. (63.4%) had higher internal locus of control.

It is clear from TABLE (5&6) that there was not statistically significant correlation between both study variables; locus of control and personal meaning and personal and medical data.

**Table (5) Correlation Between Personal Data and Study Variables**

Personal data	Personal meaning		Locus of control	
	ANOVA	p	ANOVA	p
Gender	.342	.560	.104	.748
Religious	2.570	.112	.011	.918
Age	1.270	.183	1.266	.186
Social status	1.418	.241	.400	.753
Education	1.406	.237	.983	.420
Jop	.092	.762	.352	.554

\*Significant at p-value<0.05

**Table (6): Correlation Between Medical Data and Study Variables**

Medical data	Personal meaning		Locus of control	
	ANOVA	p	ANOVA	p
Diagnosis	.674	.731	1.022	.427
Chronicity	1.184	.318	1.473	.170

\*Significant at p-value<0.05

Table (7) reveals that there was a highly statistically significant negative correlation between external locus of control (powerful subscale) and personal meaning where ( $r=-.323^{**}$  at  $p=.000$ ), and internal locus of control where ( $r=-.360^{**}$  at  $p=.000$ ). There were highly statistically significant positive correlations between external locus of control (powerful subscale) and (chance subscale) where ( $r=.259^{**}$  at  $p=.004$ ). While, there was no statistically significant correlations between personal meaning and sub scales of locus of control (internal locus and chance).

**Table (7) Correlational Matrix Between Study Variables**

Items	Personal meaning		Internal locus of Control		External locus (Chance)		External locus (Powerful others)	
	r	p	r	p	r	p	r	p
Personal meaning	1							
Internal locus	.107	.246	1					
Chance	-.151	.101	-.052	.567	1			
Powerful	-.323 <sup>**</sup>	.000	-.360 <sup>**</sup>	.000	.259 <sup>**</sup>	.004	1	
M±SD	4.51± .98		3.98 ±1.31		3.29 ± 1.09		3.06±1.77	

\*\*Correlation is significant at the 0.01 level (2-tailed)

\*Correlation is significant at the 0.05 level (2-tailed).



#### IV. Discussion

The role of personal meaning and locus of control in adjustment to psychiatric illness has attracted attention in the stress and coping research literature. While yielding findings that meaning is an important personal resource variable that may have potential mental health treatment implications, the aim of this study is to assess the relationship between locus of control and personal meaning among psychiatric patients.

The data presented in the Table (3) regarding the levels of total personal meaning among psychiatric patients, able to answer the first research question which shows that this population had a wide variety of personal meaning-related experiences. The findings reveal that the majority of participants (more than three quarters) fall into the moderate to high categories of personal meaning, suggesting that a considerable proportion of psychiatric patients find some degree of meaning in their lives despite their mental health issues.

In the same line (Zapata & Worrell, 2021) suggested that, moderate to high levels of personal meaning are related to better psychological outcomes, such as increased coping mechanisms and general well-being.

These were in accordance with Research by (Forber-Pratt, Lyew, Samples, & Mueller, 2017) emphasizes that people who find a great deal of personal significance in relationships and spirituality typically have better coping strategies and better mental health outcomes overall. From our point of view, this recommends that interventions aimed at increasing personal meaning could be helpful for psychiatric patients in therapeutic settings.

With respect to the Subscales of Personal Meaning among Psychiatric Patients, the current study's findings, which are shown in Table (4), offer important new information on the psychological concepts that could affect the patients' mental health and general well-being. Numerous aspects of personal meaning are represented in the data, such as relationships, self-transcendence, self-acceptance, intimacy, fair treatment, religion, and achievement.

The highest source of personal meaning for participants in this study were religion, followed by achievement and relationship with nearly three quarters of the participants. In line with previous research that highlights relationships and religious as essential elements of wellbeing, the findings underscore the significance of relationships and religious beliefs as major contributors to personal meaning. According to Peleg & Peleg (2024), social support and family dynamics are two elements that may influence people's mental health and level of life satisfaction. Additionally, Shabani et al. (2023) discovered a strong and positive correlation between the samples' resilience, spirituality, and life satisfaction. The structural model demonstrated that in older adults with chronic illnesses, spirituality and psychological resilience both directly and indirectly regulated the connection between anxiety and life satisfaction.

In the same line (Zapata & Worrell, 2019) investigated personal meaning among cancer survivors, they discovered that it was strongly related to post-traumatic growth, emphasizing the importance of spiritual beliefs and meaningful relationships in overcoming hardship. This supports the notion that traits like achievement and self-transcendence are crucial for building resilience. According to Wong and Wong (2012), resilience necessitates having a life purpose, which can only be attained by finding one's own meaning, which will give life meaning.



Respectively, little researches are not in the same line with the current study. Çolak, Özcan, and Peker, (2021) discovered no significant correlation between resilience and the religion dimension of the personal meaning profile. However, they proposed that the cause could be attributed to the young adults in their study group, who may not have prioritized religion as a coping mechanism for the challenges of the transition from late adolescence to adulthood.

An individual's ideas regarding their locus of control (attribution) can be used to predict their behavior. The "locus" of an individual may be external or internal. Understanding how people with persistent mental diseases recover and rehabilitate has been aided by the concept of health locus of control.

Fig. (1) answer the second research question and determine the diverse types of locus of control among psychiatric patients in the current study sample. The graph presents a distribution of participants according to the subscales of locus of control, highlighting the varying perceptions of control among individuals. Notably, the data indicates a significant proportion of participants' lean towards an internal locus of control, with more than half of the sample identifying as having a higher internal locus, implying a conviction in individual agency and accountability for consequences. On the other hand, a smaller portion—nearly one-third—shows a lower internal locus of control, suggesting a propensity to attribute results to outside forces, with over one-third of study participants attributing the external locus of control to chance. This variation highlights how crucial it is to comprehend the variations in locus of control among mental patients, since these variations can have significant effects on behavior, motivation, and psychological health in general.

Taking into consideration that the majority of the current study sample diagnosed with schizophrenia followed by depression Table (2). From this standpoint, Khanna, and Singh, (2019) discovered that those who have an external locus of control are more likely to suffer from higher levels of anxiety and depression than people who have an internal locus of control. This implies that although having personal meaning in life can be advantageous, the benefits may be outweighed if people believe they have little control over their situation. In a similar vein, Khumalo and Plattner (2019) discovered a strong correlation between an internal locus of control and reduced depression levels; these correlations were moderate and lower for internal locus of control compared to the two dimensions of external locus of control.

In contrast to the present findings, a study conducted by Mahmoud, Ali, and Bassma (2021) to investigate the relationship between locus of control and quality of life in 150 patients with schizophrenia found that the majority of the patients had an external locus of control, meaning they were unaware of the degree to which chance events impacted their lives. On the other hand, they are more inclined to blame other people, chance, or other outside forces for events and circumstances.

Furthermore, schizophrenia patients had external health locus of control (LOC), which is consistent with the findings of Buhagiar, Parsonage, and Osborn (2011), who examined physical health behaviors and health locus of control in individuals with bipolar disorder. As a result, people frequently attribute their illness on chance rather than circumstances beyond their control.

Thakral et al. (2014) compared the health locus of control among 125 patients with schizophrenia and their healthy first-degree relatives, they concluded that, people with schizophrenia

often attribute their poor health on "chance" rather than circumstances beyond their control. This is consistent with recent research showing that external health locus of control is more common in people with severe mental diseases such as schizophrenia (Buhagiar, Parsonage, & Osborn, 2011).

In correlating locus of control to the level of chronicity among the current study sample Table (6), the data shows that a significant portion of participants diagnosed with schizophrenia has been living with the illness for more than one year, indicating chronicity. From the researcher's own point of view, patients who have a greater internal locus of control are more likely to assume they have control over how their therapy turns out and how successfully they are able to regulate their symptoms. According to the chronicity data, some individuals may exhibit a similar increase in external locus orientation as their illness duration grows. People who feel less in control of their current circumstances may be less inclined to actively participate in their care, which could have an impact on treatment adherence and engagement.

The data represented in Table (7) help answering the third question, it is clearly proven that there is a significant negative correlation between personal meaning and external locus of control (powerful others), This shows a preference for internal control over external influences, with those who derive a greater sense of personal meaning tending to attribute less control to powerful outsiders. The internal locus of control and the external locus (powerful others) have a substantial negative association, respectively. This suggests that people are less inclined to attribute their outcomes to the influence of others when they feel more in control of their lives.

In the same line, Khumalo and Plattner (2019) suggests that people are less likely to exhibit depressive symptoms when they feel in control of their life's circumstances. By encouraging proactive managing of difficult situations, this concept helps people avoid having pessimistic thoughts about themselves, the world, and the future. LOC was shown to be more closely associated with other aspects of personality than with the diagnosis of schizophrenia, according to a Chicago study that examined the relationship between LOC and schizophrenia, recovery, depression, and psychosis (Harrow, Hansford, and Astrachan-Fletcher, 2009).

Mahmoud, Ali, and Bassma, (2021) and Thakral et al., (2014) were not incongruence with our study results. They highlighted that people with schizophrenia have been shown to have an external locus of control over their health and to attribute their poor health to "chance" rather than circumstances beyond their control.

Furthermore, as anticipated, the study found a very statistically significant negative correlation between the internal locus of control (ILC) and the external locus of control (ELC) (powerful subscale). According to Hjörleifsdóttir, Halapi, and Sigurðardóttir (2024), ILC might be a better option for mastering the cognitive perception of the threat of illness than ELC. Furthermore, individuals who scored lower on the ELC (having faith in others) were more likely to favor an active or collaborative involvement in medical decision-making, according to Marton et al. (2021).

Finally, psychological research has focused on the relationship between locus of control and personal meaning, which has significant implications for mental health and wellbeing and from the researchers own point of view, the difference between the results of the current study and what was expected in terms of the availability of personal meaning and internal locus of control can be attributed



to the chronicity of the disease among the current sample, in which nearly half of the participants had psychiatric illness between 5 to 10 years.

These strongly possessed elements of the individuals' personal meaning profiles are mediators in the relationship between resilience and meaning in life because they provide a tangible source of meaning (Wong, 1998). All things considered, the relationship between locus of control and personal meaning emphasizes the need for treatment approaches that foster internal control beliefs while enhancing the sense of purpose and meaning in life, both of which eventually lead to better mental health outcomes.

### **V. Limitations of the Study**

- Some patients were not motivated for the interview, and it was very difficult to disclose their inner feelings about life, world, and relationship with their significant persons.
- The limited published research on locus of control and personal meaning among psychiatric patients.

### **VI. Conclusion**

Assessing personal meaning and locus of control in this clinical psychiatric sample of individuals are very crucial. The findings of this study revealed that the most prominent source of personal meaning was religion then achievement. Contrary of expectations, most of participants have internal locus of control and high sense of personal meaning. There is highly statistical negative correlation between personal meaning and external locus of control (powerful others).

### **VII. Recommendations**

- Design and implement rehabilitative training programs for psychiatric patients focus on locus of control and personal meaning.
- Replication of the study using larger sample size to gain more generalization of results.



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