

Title	Theory of meaning in chronic illness and pregnancy following stillbirth
Authors	Weathers, Elizabeth;Murphy, Margaret M.
Publication date	2014-06-06
Original Citation	Weathers, E. and Murphy, M. M. (2014) 'Theory of meaning in chronic illness and pregnancy following stillbirth', in Fitzpatrick, J. J. and McCarthy, G. (eds.) Theories Guiding Nursing Research and Practice. New York: Springer Publications, pp. 323-370. doi: 10.1891/9780826164056.0020
Type of publication	Book chapter
Link to publisher's version	10.1891/9780826164056.0020
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Download date	2025-08-01 15:42:09
Item downloaded from	https://hdl.handle.net/10468/14091

Theory of Meaning

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Nursing and midwifery are emerging professions in terms of scientific knowledge and professional development (Fitzpatrick, 2005). The definition of a profession necessitates the development of a distinct body of knowledge to inform its research, education, and practice. Theories are a structured way to explicate the often complex phenomenon necessary for such knowledge development (Smith, 2008). Theory analysis is a necessary stage of theory development and must include an examination of the influences and historical developments of a theory as well as paying attention to its structural elements (Meleis, 2007). ~~Smith and Liehr~~ (2008) assert that the analysis of a theory adds to disciplinary knowledge. Marrs and Lowry (2006) state that the "advancement of nursing knowledge only occurs when discipline specific research is conducted" (p. 45).

The theory discussed in this chapter is the Theory of Meaning (Logotherapy), a theory concerned with finding meaning in life. It was developed by Viennese neurologist and psychiatrist Viktor Emil Frankl, who was born in 1905 and died in 1997. The core concepts of the theory, the relationship among the core concepts, and the theory's relationship to other disciplines and to nursing metaparadigm concepts are discussed. An analysis of the theory is presented using Fawcett's evaluative framework for theory analysis (2005). ~~Three case studies are also presented on how the theory can be applied in the context of pregnancy loss and chronic illness.~~ The chapter concludes with recommendations for future research and application in nursing practice.

BASIC DESCRIPTION OF THE THEORY

Viktor Emil Frankl was professor of neurology and psychiatry at the University of Vienna Medical School. During World War II he spent 3 years in various concentration camps, including Auschwitz and Dachau. Frankl conceived and developed a theory called Logotherapy. The term *Logotherapy* stems from the Greek word *logos*, which denotes "meaning." In Frankl's theory, it also denotes the "spirit" or humanness (Frankl, 1985, 1988). Frankl is believed to have formulated the Theory of Meaning

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when he was a young man and was writing a book, which is known today as *The Doctor and the Soul*, when he was captured by the Nazis during World War II and imprisoned (Starck, 2008). He discovered that humans have the freedom to choose how they respond to any given situation, no matter how adverse that situation may be (Frankl, 1985). Hence, after surviving the war, Frankl wrote the autobiographical book titled *Man's Search for Meaning* (1st ed., 1946), which has sold over 9 million copies worldwide to date.

Frankl developed a therapy based on Logotherapy, which he called Logotherapy and Existential Analysis. This is a philosophical or existential therapy that brings a person to an awareness of the responsibility he or she has to his or her life (Frankl, 1985). Logotherapy is often referred to as the Third Viennese School of Psychotherapy after Sigmund Freud (1856–1939) and Alfred Adler (1870–1937). Logotherapy does not discredit the work of these two prodigies but adds to them—specifically, by maintaining that there is a spiritual dimension in human beings that is at the core of all other dimensions. According to Lukas (1986, p. 7), Logotherapy is an optimistic world perspective and a “science of healing.” In simple terms, it is a manner of treatment of a person’s outlook toward his or her unchangeable fate. It is different from other psychotherapies such as psychoanalysis or cognitive behavioral therapy. According to Frankl (1985, 1988), psychotherapy and psychoanalysis neglect the human quality of human beings and reduce them to objects, drives, and instincts. In Logotherapy, people are interpreted as free and responsible rather than as victims of biological, psychological, and sociological conditioning processes.

CORE CONCEPTS

Logotherapy is based upon three core tenets: freedom of will, will to meaning, and meaning in life. The first of these refers to the *freedom of human will*, that is, the freedom to choose our attitude in response to any given situation (Frankl, 1988). In other words, we are free to choose and change despite restrictions. Frankl states, “Man’s freedom is **no** freedom from conditions but rather freedom to take a stand on whatever conditions might confront him” (1988, p. 16). Frankl further proposes that although human beings may not be free at the physical or psychological level, every human being is free at the spiritual level. This freedom is particularly evident within the context of illness. For example, a person who is physically or psychologically ill is still free at the spiritual level because the spirit does not become ill; it only becomes frustrated or blocked (Frankl, 1985, 1988, 2011). Frankl (1988) also says that people are responsible for what they become and for any choices they make, that is, a sense of responsibility to self, to life, and to others (Fabry, 1998; Wong, 2013). Hence, a person has a responsibility to choose to find meaning in life.

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The second core principle of Logotherapy is the *will to meaning*. Frankl (1988) says that the will to meaning is different from a drive to meaning because the person must choose to find meaning. Wong (2013, p. 621) says that “human beings are not pushed by drives, instincts, and past histories of reinforcement but drawn forward by the need to fulfill future meanings.” In other words, human beings have an inner motivation to find meaning in their lives, and they can choose to live a purposeful life (Schulenberg, Hutzell, Nassif, & Rogina, 2008; Wong, 2011). The will to meaning is differentiated from **Maslow’s** self-actualization (1970), which Frankl refers to as an

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effect of meaning fulfillment rather than *actual* meaning (1988, p. 38). According to Frankl, man's main motivation in life is the will to meaning.

The final concept of Logotherapy is the *meaning of life*. Frankl (1985, 1988) argued that life has meaning, even in the most tragic circumstances. Frankl (1985, 1988, 2011) believed that there was an ultimate meaning, a meaning in a person's entire existence, which can be discovered in the spiritual dimension of a person. However, he chose to focus on specific meanings for concrete situations (Wong, 2013). In Frankl's (1985) own words, "What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment" (p. 622).

The three core concepts of Logotherapy are interrelated in complex ways. Central to these interrelationships is the idea of a person's responsibility to himself or herself and the freedom to choose to respond to a situation. Frankl (1985, 1988) emphasized that every human being has the freedom to choose how he or she reacts toward any given situation and that people are accountable for their decisions and actions. We are responsible for our choices, our actions, our decisions, and we have the ability to adapt and face whatever we are confronted with in life (Frankl, 1985, 1988). Therefore, a person must first have a sense of responsibility and realize that it is up to him or her to take action. Second, a person must acknowledge that he or she has freedom to choose how to respond to any given situation. Once a person has an awareness of freedom and responsibility, he or she is in a better position to activate the will to meaning.

Other assumptions of Logotherapy include the presence of a *spiritual dimension* and the concept of *self-transcendence*. In terms of a spiritual dimension, Frankl postulates that human beings consist of three interdependent dimensions: body (the soma), mind (the psyche), and spirit (the noös). Frankl refers to this as the Tri-Dimensional Ontology (1985, 1988). According to Logotherapy, it is at the level of the spirit that a person can find meaning in life and can overcome (or transcend) the darkest of pressures placed on the other two dimensions. In terms of self-transcendence, Frankl (1985, 1988) identifies this as one way of accessing the spiritual dimension and finding meaning in any given situation, including illness. Self-transcendence has been defined as becoming less engaged in one's own existence and more engaged in the existences of others (Lukas & Hirsch, 2002). Reed (1991, p. 64) described self-transcendence as an "expansion of self-boundaries and an orientation toward broadened life perspectives and purpose." In Logotherapy, self-transcendence is concerned with a person's ability to respond to the meaning offered by each life situation, and the spiritual task of finding meaning through self-transcendence comprises the core of existence (Frankl, 1985, 1988).

Frankl (1985, 1988) asserts that everyone can find meaning in life and has the ability to self-transcend. Furthermore, he says that meaning in life and self-transcendence can be achieved through *creative values* (giving back to the world, such as through our hobbies or work), *experiential values* (what we experience in life, such as through connections with others), and *attitudinal values* (our attitude toward life events, and particularly suffering). Logotherapy is strongly associated with the concept of suffering. Frankl proclaims that human suffering is unavoidable, common to all, and that suffering in and of itself has no meaning. He asserts that suffering (e.g., chronic illness or pregnancy loss) can be endured with dignity once there is meaning to it. Suffering is said to "trigger the quest for meaning" (Wong, 2013, p. 625). Consequently, meaning derives from the individual's stance to unavoidable suffering: "He who has a why to live for can bear with almost any how" (Nietzsche, cited by Frankl, 1988, p. 121).

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For example, a person who is diagnosed with a long-term, chronic illness may discover meaning in this suffering by joining a support group that links him or her with people in the same situation. As a result, the person might establish strong relationships with others in this group (*experiential values*), or they may help other people who are also suffering by sharing their own experiences of the illness (*creative values*). This may lead to *attitudinal change*, and the person may find meaning implicitly, from joining the support group. Similarly, a woman who has experienced a pregnancy loss may find meaning in this suffering by fundraising for local health care services (*creative values*), or she may enact memorial services for her deceased child (*experiential values*). Consequently, this may lead to *attitudinal change*, enabling the woman to find meaning and to transcend the loss. It is important to note that these examples are simplified in order to provide a better understanding of Logotherapy. In reality, however, finding meaning in suffering can be a challenging and timely quest. The diagnosis of a chronic illness and the loss of a pregnancy are traumatic events that can impede upon every aspect of a person's life. As a consequence of these experiences or other life events, a person may be experiencing what Frankl (1985, 1988) calls an *existential vacuum*. He further describes an existential vacuum as a loss of meaning in life and an inner emptiness.

RESEARCH FROM OTHER DISCIPLINES RELATED TO THIS THEORY

It is only in recent years that Logotherapy has become increasingly popular. It has been cited in the literature from several disciplines, including education (Esping, 2012; Ping, 2005), medicine (Moffic, 2011; van Pelt, 2009), and organizational and workplace literature (De Klerk, 2005; Driver, 2007; Mayfield & Mayfield, 2012; Morrison, Burke, & Greene, 2007). Previous research on Logotherapy has only evaluated part of the theory or used it as a guiding framework for research, with few studies investigating the direct relationships between the core concepts (Joshi, Marszalek, Berkel, & Hinshaw, 2013). Furthermore, much of the previous research is interventional in nature (e.g., Breitbart et al., 2012; Burger, 2009; Cho, Bernstein, & Chen, 2013; Fillion, Dupuis, Tremblay, De Grace, & Breitbart, 2006; Fillion et al., 2009; Kim, Kang, Park, Lee, & Kim, 2013; Mosalanejad & Koolee, 2013). An extensive compilation of recent empirical research on meaning in life and its correlates is presented by Wong (2013).

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In the psychology literature, Wong (2013) says that research on meaning is relatively new. Logotherapy is often incorporated into existential psychology (Hoffman, 2009; Melton & Schulenberg, 2008; Pytell, 2006) or positive psychology (Strümpfer, 2005; Wong, 2011).

RELATIONSHIP OF THE THEORY TO NURSING METAPARADIGM CONCEPTS

Logotherapy postulates that the primary motivation of human beings is to seek meaning in life and in life events. The individual's search for personal meaning is at the core of this theory. The unique attributes that the person ascribes to his or her own experiences are what determines his or her meaning.

Logotherapy has been applied to many diverse health contexts and has gained most recognition in terms of mental health and psychotherapy. In Logotherapy, health is not just the absence of physical disease but is said to include the three dimensions of body, mind, and spirit. A person may not be “healthy” in terms of body or mind. However, Logotherapy postulates that a person is always healthy at the level of the spirit. Nevertheless, the spirit may become blocked or frustrated, leading to an existential vacuum. Hence, a person is free to choose to search for meaning in his or her life and life experiences in order to “unblock” the spirit. Therefore, Logotherapy is more congruent with holistic and person-centered models of nursing.

There are two factors to consider in relation to the environment: first, the external environment that impacts upon a person and the situations he or she faces in life and, second, the internal environment of his or her own mind and how he or she finds meaning in his or her experiences.

The concept of nursing is not explicit in Frankl’s theory but was developed by nurse theorists such as Travelbee (1971), Starck (2008), and Fitzpatrick (1983, 1989). Yet, Fawcett (2005, p. 6) contends that the concept of nursing can “refer to actions taken by nurses.” The theory has the potential to be useful in nursing practice, for example, in assisting individuals to find meaning and transcend difficult experiences such as diagnosis of a chronic illness or pregnancy loss. Furthermore, with further development, the theory has important implications in terms of guiding future nursing research across many topics, including spirituality, caring, chronic illness, palliative care, and pregnancy.

THEORY ANALYSIS

This section presents an analysis and evaluation of Logotherapy in terms of guiding future research on chronic illness and pregnancy loss. In analyzing a theory, Fawcett (1999, 2005) recommends examining theory scope, theory context, and theory content. Theory scope relates directly to its classification. Starck says that in Frankl’s time, a set of assumptions about something was called a school of thought rather than a theory. Hence, Logotherapy is known as the Third Viennese School of Psychotherapy. It is difficult to strictly classify Logotherapy in terms of the type of theory—it lies somewhere between grand theory and middle range theory. This is concluded based on the increasing empirical evidence of the relationships between core concepts and the readily available instruments to operationalize the concepts. Nonetheless, some of the concepts remain ambiguous and are difficult to operationalize, such as freedom of the will. Theory context refers to both the metaparadigm concepts of nursing and the philosophical assumptions of the theory (Fawcett, 2005). It is evident from the previous section that the theory relates to all nursing metaparadigm concepts. Of the concepts discussed, person and health emerged as the strongest concepts within the theory, as the theory seeks to primarily address a person’s motivation to find meaning in life and achieve physical, psychological, and spiritual health. The philosophical claim upon which the theory is based is that every person has a will to meaning. Furthermore, every person is free to choose to find meaning, and every person has a responsibility for any decisions he or she makes in this regard.

Theory content relates to the examination of the theory concepts and assumptions. There is a growing body of literature reporting on the association between core

Logotherapy concepts and other concepts, such as well-being and positive emotions (King, Hicks, Krull, & Del Gaiso, 2006; Melton & Schulenberg, 2008; Steger, Frazier, Oishi, & Kaler, 2006). Yet, there is a need for further research investigating the relationships within the theory, that is, among each of the core concepts. Such research would help to further validate the theory. In terms of broadly applying the theory to nursing, commendable efforts have been made by nurse theorists in this regard. However, there remains a lack of empirical research supporting these theories. Furthermore, Logotherapy in and of itself is sufficient for use in nursing practice and research without the need to generate a new theory. Future developments should focus on applying the theory to different contexts that are applicable to nursing.

Regardless of how noble a theory's aspirations, if it cannot be empirically tested, then its worth is questionable (Fawcett, 2005). Testability refers to "the extent to which the theory can be tested empirically" (Fawcett & Garity, 2009, p. 52). Several instruments have been developed to measure meaning in life; for example, the Purpose in Life Test developed by Crumbaugh and Maholick (1964) assesses the degree to which an individual experiences a sense of meaning or purpose in life; the Seeking of Noetic Goals (Crumbaugh, 1977) measures motivation to find meaning in life; the Life Attitude Profile Revised (Reker & Peacock, 1981) is a multidimensional measure of life attitudes, including the presence and absence of positive meaning and purpose and existential vacuum; the Personal Meaning Profile (Wong, 1998) measures people's perceptions of personal meaning in their lives; the Spiritual Meaning Scale (Mascaro, Rosen, & Morey, 2004) measures the ultimate meaning or purpose in life; the Existential Meaning Scale, also developed from the work of Frankl (1985, 1988), measures meaning in life (Lyon & Younger, 2005); and the Meaning in Life Questionnaire (Steger et al., 2006) measures the search for meaning and the subjective sense that one's life is meaningful (see Melton & Schulenberg, 2008, for an overview of Logotherapy measures).

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RELATIONSHIP OF THE THEORY TO PRIOR RESEARCH IN NURSING

Several nurse authors have used the theory to guide empirical research. For example, research has investigated the concepts of meaning and self-transcendence in older adults (Ardelt, 2003; Hedberg et al., 2009; Krause & Hayward, 2012; Moore et al., 2006; Ragan & Kane, 2010; Wang, 2011); hospice populations (Ardelt & Koenig, 2007; Kahn & Steeves, 1986, 1988, 1994, 1995; Kahn, Steeves, & Benoliel, 1994; Steeves & Kahn, 1987; Steeves, Kahn, & Benoliel, 1990; Steeves, Kahn, & Cohen, 1996; Steeves, Kahn, Ropka, & Wise, 2001; Steeves, Kahn, Wise, Baldwin, & Edlich, 1993); persons with dementia (MacKinlay & Trevitt, 2010); individuals with cancer (Coward, 2002, 2003, 2005, 2006; Coward & Kahn, 2004, 2005; Jim, Richardson, Golden-Kreutz, & Anderson, 2006; Lin, 2008; McCoubrie & Davies, 2006; Meraviglia, 2004, 2006; Thomas, Burton, Griffin, & Fitzpatrick, 2010); cancer survivors (Bauer-Wu & Farran, 2005); persons with heart conditions (Baldacchino, 2010, 2011; Park, Malone, Suresh, Bliss, & Rosen, 2008; Vollman, LaMontagne, & Wallston, 2009; Walton, 2002); persons with spinal cord injury; liver transplant survivors (Bean & Wagner, 2006); homeless people (Runquist & Reed, 2007); and individuals with HIV/AIDS (Litwinczuk & Groh, 2007; Ramer, Johnson, Chan, & Barrett, 2006). All of these studies draw on the concepts of Logotherapy to guide the research questions and support the research findings. Nonetheless, none of them actually test the theory as applied to different contexts of interest to nurses and midwives.

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USE OF THE THEORY IN THIS RESEARCH

Logotherapy in Pregnancy Loss

Logotherapy will be evaluated within the context of guiding future research on pregnancy loss. This evaluation is based on the work of Fawcett (1999; 2005), who outlined nine key questions. Responses to each of these questions, from the perspective of pregnancy loss, are summarized in Table 20.1

TABLE 20.1 Evaluative Criteria Logotherapy and Pregnancy Loss

QUESTIONS FOR EVALUATION	RESPONSES TO QUESTIONS
1. Does the theory fit the research that you wish to do?	Logotherapy can be applied to subsequent pregnancy after loss. This is appropriate to explore the meaning of loss and subsequent pregnancy after loss.
2. Is it readily operationalized?	Yes, the theory can be operationalized and Logotherapy's core concepts are necessary for women in understanding the meaning of their loss.
3. How well has the theory performed at describing, predicting, and/or explaining the phenomena to which it relates?	Logotherapy has been used extensively and is well evaluated, but it has not yet been used to describe, predict, and/or explain the phenomena of meaning in subsequent pregnancy after loss.
4. Does the theory relate to and address the research hypotheses in its description and explanation?	Logotherapy relates to and addresses the research hypotheses in its description and explanation of the relationship between women's experiences of pregnancy loss and the meaning they ascribe to that experience in a subsequent pregnancy after loss.
5. Does the theory flow from the research question?	Logotherapy grew organically from the research question in exploring the meaning women give to pregnancy after loss. The research question emerged from the literature on women's experiences of pregnancy and search for meaning of their loss, particularly with reference to subsequent pregnancy after loss. The theoretical perspectives also arose from the literature.
6. Does the theory address the primary and secondary research questions?	Logotherapy will address the primary and secondary research questions in the meaning women give to pregnancy loss and the meaning they ascribe to a subsequent pregnancy after loss.
7. Are the assumptions congruent with the assumptions that are made for research?	The assumptions are congruent with the assumptions that are made for the proposed research study, that women who have experienced a pregnancy loss ascribe meaning to that loss in a subsequent pregnancy after loss.
8. Is the theory oriented to outcomes that are critical to patients?	Logotherapy is oriented to outcomes that are critical to women and how the concept of meaning affects the subsequent pregnancy after loss.
9. Are tools available to test relationships of the theory or do they need to be developed?	In the proposed study, Meaning in Suffering Test (MIST) and the Life Purpose Questionnaire (Hutzell & Peterson, 1986) are proposed to examine meaning for women in pregnancy after pregnancy loss.

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Adapted from Fawcett (1999, 2005).

Logotherapy is appropriate for research exploring pregnancy loss and women's experiences with subsequent pregnancies because it focuses on a person's ability to find meaning in this experience. Furthermore, it postulates that a person can self-transcend and, consequently, transcend any situation he or she is faced with. Logotherapy could be used to explore many different aspects of pregnancy. For example, it could be used to guide future research exploring the meaning-making and self-transcendence processes of women who decide to become pregnant again after experiencing a pregnancy loss. It is also a very appropriate theory for practice, as stillbirth (in high-income countries) has been identified as an important global health issue that needs addressing and also because of the need to provide a holistic approach to caring for these women and their families that goes beyond the mere physical (Meleis, 2007).

Logotherapy in Chronic Illness

Logotherapy will now be evaluated within the context of guiding future research on chronic illness. This evaluation is also based on the work of Fawcett (1999, 2005). Responses to each of these questions, from the perspective of chronic illness, are summarized in Table 20.2.

TABLE 20.2 Evaluative Criteria Logotherapy and Chronic Illness

QUESTIONS FOR EVALUATION	RESPONSES TO QUESTIONS
1. Does the theory fit the research that you wish to do?	An individual's search for personal meaning, particularly during suffering, is at the core of Logotherapy. A diagnosis of a chronic illness is a daunting and life-altering event that causes considerable suffering for the person. Hence, Logotherapy is appropriate for research conducted with individuals with chronic illness.
2. Is it readily operationalized?	Yes, the theory can be operationalized using one of the many instruments that have been developed to measure each of the core concepts. There is a lack of research exploring the core concepts within individuals with chronic illness.
3. How well has the theory performed at describing, predicting, and/or explaining the phenomena to which it relates?	Previous research has mostly investigated meaning in life and self-transcendence. Findings of previous research have shown that these concepts are related to one another and can positively impact on quality of life and well-being. There is a need for further research investigating these variables among individuals with chronic illness.
4. Does the theory relate to and address the research hypotheses in its description and explanation?	Logotherapy acknowledges the physical, psychological, and spiritual aspects of health. Based on the assumptions of the theory and findings of previous research, numerous hypotheses could be drawn in the context of individuals with chronic illness. For example, one could hypothesize that higher levels of meaning and self-transcendence would correlate with lower levels of physical or psychological distress. Furthermore, Logotherapy could be adapted to develop nursing interventions that promote self-management in chronic illness.

(continued)

TABLE 20.2 Evaluative Criteria Logotherapy and Chronic Illness (*continued*)

QUESTIONS FOR EVALUATION	RESPONSES TO QUESTIONS
5. Does the theory flow from the research question?	Logotherapy has the potential to generate concrete research questions that can be tested empirically using in-depth qualitative methods, or alternately using one of the many instruments developed to measure the core concepts of the theory. There is a need to further test the theory and investigate the relationships between each of the core concepts. Theory testing could be conducted with individuals with chronic illness.
6. Does the theory address the primary and secondary research questions?	In using Logotherapy to conduct research in the context of chronic illness, it is imperative to refer to the theory when generating research questions. Furthermore, the theory can assist in forming and refining each question posed by the research.
7. Are the assumptions congruent with the assumptions that are made for research?	In terms of gaining further understanding of the experience of chronic illness, the assumptions of Logotherapy suggest that a person can find meaning in this experience and ultimately transcend the experience. Depending on the research questions, there are several assumptions that could be made that would be congruent with the assumptions of the theory. For example, it could be assumed that interventions developed to foster meaning in life would result in better physical functioning and psychological well-being among individuals with chronic illness.
8. Is the theory oriented to outcomes that are critical to patients?	Central to Logotherapy is the ability of an individual to find meaning in life and be healthy (i.e., a balance of body, mind, and spirit). Hence, Logotherapy is oriented to outcomes that are critical to individuals with chronic illness. If a person can find meaning in his or her illness and life in general, they will be better able to transcend the situation leading to enhanced psychological and spiritual well-being.
9. Are tools available to test relationships of the theory or do they need to be developed?	Yes, there is a range of instruments and tools available to measure meaning in life, self-transcendence, and existential vacuum.

Adapted from Fawcett (1999, 2005).

In summary, the strengths of this theory lie in the relevance of the core concepts to individuals with chronic illness. It is evident that there is a growing body of empirical nursing research exploring the core concepts of Logotherapy. Yet, there is a lack of research applying the theory to the context of individuals suffering from chronic illness. The theory has the potential to be useful in this regard.

RECOMMENDATIONS FOR FURTHER RESEARCH AND PRACTICE

Smith (2008) asserts that a theory's utility is based upon the discipline's interaction with it. The discipline includes clinicians; therefore, the more useful a theory is to clinical practice, the greater the likelihood that it will be adopted by practitioners. Fawcett

(2005) refers to the usefulness of a theory for practice as its pragmatic adequacy. This necessitates that nurses have the theoretical and practical skills required to comprehend the theory. The theory should also be applicable to the real world of nursing and should be feasible to implement. Logotherapy meets these criteria, as assisting individuals to find meaning and to transcend difficult experiences are central to the role of nurses and midwives. In practice, caring for a person diagnosed with a chronic illness, or a person who has just experienced a pregnancy loss, can be challenging (Côté-Arsenault, 2003; Cote-Arsenault & Donato, 2007; Cote-Arsenault, Donato, & Sullivan, 2006; Gaudet, 2010; Geller, Kerns, & Klier, 2004; Hutti, Armstrong, & Myers, 2011; Sindhu, Pholpet, & Puttapitukpol, 2010; Sun, Sinclair, Kernohan, Chang, & Paterson, 2011). An understanding of the core concepts of Logotherapy can help nurses and midwives to better empathize with and support the persons they care for. For example, knowledge of the way a person finds meaning (i.e., through creative, experiential, and attitudinal values) could help nurses and midwives give advice to individuals on ways of finding meaning in their situation and achieving self-transcendence.

Furthermore, an awareness of the core concepts of Logotherapy can assist nurses and midwives to recognize symptoms of existential vacuum in the people they care for. Yet, it is important that any theory development has analogy to the delivery of nursing or midwifery organizational care. Health care is becoming ever more costly, and staff salaries form a large component of these costs. Midwives and nurses may have to make a business case for the implementation of the care espoused by the theory. Nursing and midwifery in Ireland is funded predominantly by public finances, and the professions have not fully adopted the Nursing Diagnosis Model embraced in the United States; therefore, the true cost of nursing and midwifery care can be difficult to evaluate. Nurses and midwives must also have the legal accountability to control the theory implementation, and it must be in keeping with the ethos of their professional scope of practice (Fawcett, 2005). To counteract these issues, nurses and midwives should summon partnership and assistance from other members of the multidisciplinary team. Nonetheless, Logotherapy has the potential to be applied to many areas of nursing and midwifery practice. This theory could be used to guide interventions that will improve health outcomes for individuals with chronic illness, for women who have experienced pregnancy loss, and those individuals coping with many other health contexts. Improved health outcomes may include decreased levels of fear, anxiety, and uncertainty; reduced levels of psychological trauma; and improved well-being. This aspect is very important in the adoption of a theory for practice because clients and practitioners both need to be reassured of the quality of the interventions espoused by the theory. However, Logotherapy requires further development and testing.

The most important recommendation for future research using Logotherapy is further confirmation of the theory's pragmatic and empirical adequacy. With further development, the theory has important implications for future nursing research across a range of topics, including but not limited to spirituality, caring, chronic illness, palliative care, and pregnancy. There is a need for both qualitative and quantitative research to advance Logotherapy. Qualitative research should focus on gaining further in-depth insight into the core concepts of Logotherapy across different health contexts. Nurse researchers interested in quantitatively investigating this theory should carefully evaluate the instruments available to them and choose appropriately. Previously developed Logotherapeutic interventions should be adapted for use in nursing practice and their effectiveness evaluated. Future research findings should be of interest to nurses, given the usefulness of the theory in understanding the illness experience.

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SUMMARY

The aim of this chapter was to explore Logotherapy, with specific consideration given to the contexts of chronic illness and pregnancy loss. First, a basic description of the theory was presented, including the historical developments, a description of the core concepts, and relationships between these concepts. Furthermore, the theory was discussed in terms of previous nursing research and research from other disciplines. The relationship of Logotherapy to the metaparadigm concepts was then discussed, followed by a general analysis of the theory. Finally, the theory was evaluated in terms of its use within two separate contexts: pregnancy loss and chronic illness. Theory development and analysis are the foundation to scientific enquiry. However, like a language, they need to be adopted and utilized to survive. Practitioners need to see the relevance of theory to their practice and also the importance of clinical experience in informing theory development. This chapter sought to provide some insight into a complex theory and some examples of how the theory might be used in future practice and research.

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