

EFFICACY OF A MEANING-CENTRED INTERVENTION AMONGST HIV AND AIDS HEALTH EDUCATORS AT A SOUTH AFRICAN NON-GOVERNMENTAL ORGANIZATION

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Abstract. This study investigates whether teaching HIV and Aids Health Educators about Viktor Frankl's theory of finding meaning in life, result to significant improvement in their psychological well-being. Participants are 24 volunteers from the Information, Education and Communication (IEC) cluster of a Non-Governmental Organization (NGO), in South Africa (age range = 20 to 39 years, females = 67%, majority ethnicity = 58% Sotho speaking). The study is both quantitative and qualitative. Quantitative data was collected using the Purpose in Life Test (PIL) and Beck Depression Inventory (BDI-IA). In addition, qualitative data was collected on the participants' subjective experience of development in creative potential. A one group pretest-posttest design was employed. The quantitative data was analysed with non-parametric test procedure for small sample size designs. The qualitative was analysed by means of themes. The study discovered that sense of meaning intervention seems to result to significant improvement in levels of meaning, and a decrease in depressive symptoms among participants. Consequently, the findings recommend that it is possible to support HIV and Aids Educators in their search for meaning by means of a brief meaning-centred intervention, and that the latter helps to alleviate depressive symptoms. Similarly, the meaning-centred intervention seems to be a promising intervention for instilling resilience amongst HIV and Aids Educators, who disseminate a valuable voluntary service in the community. Participants indicated they could apply the theory to their personal lives; more importantly, they will use the skills they have acquired in their respective duties.

Keywords: Meaning-Centred Intervention; HIV and Aids Health Educators; Depressive Symptoms; Creative Values; Experiential Values; Attitudinal Values.

INTRODUCTION

HIV and Aids has become one of the major causes of death in the Southern Africa (UNAIDS 2006). Of significance is that the fight against HIV and Aids is not only the responsibility of Governmental Health Departments, but of all stakeholders, because HIV impact on all social structures. Thus it is imperative for local communities to get involved in the fight against HIV and Aids (Campbell et al. 2013). The United Nations Declaration of Commitment proposed that at least 95% of young men and women aged 15 to 24 years should have access to the information, education (including peer education and youth-specific HIV education) and services necessary to develop the life skills required to reduce their vulnerability to HIV infection by 2010 (UNAIDS 2001). In most instances, the peer education and youth specific HIV education, is disseminated voluntarily by HIV and Aids Health Educators from respective Non-Governmental Organizations (NGO).

MEANINGFUL HIV EDUCATION

One of the programmes used by communities to combat the spread of HIV and Aids is raising the level of awareness amongst its members (Skovdal et al. 2013). However, for such programmes to be effective communities need to own them (Visser 2005). Some of these programmes make use of Health Educators to educate, inform and communicate with respective members of the community about HIV and Aids. These HIV and Aids Health Educators render their services voluntarily. The mode of intervention mostly used by HIV and Aids Health Educators is behavioural

intervention which aims to change risk behaviours or decrease incidence rates of HIV or other Sexually Transmitted Infections (STI). According Setswe (2006), the latter intervention was found to be effective. In undertaking their duties, HIV and Aids Health Educators do not only disseminate valuable information related to the pandemic, but they also encourage people to see reason (meaning and purpose) for living. This compels the HIV and Aids Health Educators to also realise the meaning and purpose of their own existence.

Viktor Frankl's theory contends that life never stops to have meaning. This meaning can be found in all circumstances, in the most extreme suffering and even in death (Frankl 1978). According to Manheimer (2000), we cannot escape from the need to find meaning; and Frankl's theory helps people to find meaning in their lives. It also helps people to change their predicament into a human achievement (Frankl 1978).

Interventions to reconstruct meaning are possible. For instance, Fillionet al. (2009) reported on a meaning intervention with nurses in palliative care following which nurses in the experimental group reported more perceived benefits of working in palliative care after a meaning-centred intervention. A significant relationship has been reported between the construct of meaning in life and wellbeing (Brassai et al. 2011; Ju et al. 2013; Meraviglia 2005; Pinquart 2002; Tavernier and Willoughby, 2012). For instance, a high sense of meaning is a mitigating factor for personal wellbeing. Evidence is also available from research that lack of meaning is associated with

psychopathology (Leibovici et al. 2010; Pinquart 2002).

In a study conducted by Ondrušová and Dragomirecká (2012) with elderly citizens, the most important predictor of low level of meaning in life was depression. By implication, the latter suggests that the absence of depression is a significant indicator of a high level of meaning. A study by Park et al. (2010) confirmed that, the search for meaning is positively associated with well-being – greater life satisfaction, more happiness, and less depression – among those who already had substantial meaning in their life.

GOALS OF THE STUDY

The overarching objective of this study was to determine whether teaching the participants about the importance of finding meaning in life result to significant improvement in their psychological wellbeing, i.e. higher levels of meaning and lower signs and symptoms of depression, and subsequently build the resilience of the participants. For this purpose, the study specifically investigated the efficacy of a meaning focused brief therapy intervention on the sense of meaning in HIV and Aids Health Educators as related to their depressive symptoms. The primary research question was: Can a brief intervention focused on creative, experiential and attitudinal values enhance the levels of meaning and decrease depressive symptoms of HIV and Aids Health Educators, and foster resilience amongst them?

METHOD

Research Design

The study comprised of both the qualitative and quantitative research methods. A pre pretest-posttest quasi experimental design was used in this study. The study is exploratory and its intention is to determine the efficacy of a meaning oriented intervention in a Non-Governmental Organization.

Participants

The participants are volunteers from the Information, Education and Communication (IEC) cluster of a Non-Governmental Organization (NGO)(n=24, age range = 20 to 39 years, females = 67%, majority ethnicity = 58% Sotho speaking). The sample was purposively selected.

Data Collection

Quantitative Data Collection

Participants completed the Purpose in Life Test (PIL) of Crumbaugh and Maholic (1969) and the Beck Depression Inventory (BDI-IA) of Beck and Steer (1993) pre and post-intervention. Data on the participant's demographics was also collected.

Description of PIL. The PIL was designed to operationalize Frankl's ideas and to measure an individual's experience of meaning and purpose in life. It is a 20-item scale, and each item is rated on a 7-point scale and total scores therefore range from 20 (low purpose) to 140 (high purpose). According to the criterion provided by Crumbaugh and Maholic (1969),

PIL scores of 92 or less are indicative of low meaning, and scores of 112 and more indicate definite purpose in life, with a score of 93 to 111 indicating moderate meaning. A Cronbach's alpha coefficient of 0.86 to .87 was observed for the study sample.

Description of BDI-IA. The BDI-IA administered to measure the levels of depression and depressive symptoms of the participants. It is a 21-item scale, and each is rated on a 4-point scale. The scores for the BDI-IA can be interpreted as follows: Scores below 10 are considered normal, and indicate normal fluctuations in daily life. Scores from 10-18 indicate mild to moderate depression, from 19-29 indicate moderate to severe depression, and scores of 30-63 indicate severe depression. A Cronbach Coefficient Alpha of 0.65 to 0.73 was observed for the study sample.

Qualitative Data Collection

A questionnaire with open-ended questions was used to gain insight into the participants' impression of the brief meaning-centred intervention. The following aspects were covered: were they satisfied with the content of the content of topic:

- What new skills did they learn or improve upon?
- How will the skills help them to do a better service or contribute more to their team work?
- How do they rate the presenter?

The researcher conducted a member-checking process by sharing the findings with those from whom the data was collected. Sharing the themes which emerged from the

findings provided an opportunity to, not only validate the findings, but also elicit further clarification of the results.

Procedure

Planning for innovation/ transforming assessment practice.

Permission to conduct this study was obtained from the executive management of Matjhabeng HIV and Aids Consortium. After permission was granted, the researcher conducted a one hour session, to inform the participants about the purpose of the study. All participants gave consent to take part in the study, and consent form were duly completed.

Pre-Intervention

The Purpose in life test (PIL) and Beck Depression Inventory (BDI-IA) were administered to 24 participants. Thereafter, the group reflected and interpreted outcome of the planning phase.

Intervention

The intervention applied didactic and process-oriented strategies, including guided reflections, experiential exercises, and education based on themes of Viktor Frankl's logotherapy. During the intervention the facilitator presented the theory (based on a self-compiled manual and slides), as well as practical exercises, i.e. songs and videos with themes on meaning and purpose of life.

The following topics were presented,

- Who is Viktor Frankl?
- Background to Logotherapy

- Three ways to discover meaning
- Five areas where meaning can be found
- Practical ways to apply logo-theory in our lives

The intervention offers a holistic view of the entire person in the present moment. It emphasizes that, although meaning is personal, it cannot be found in one place. Meaning can be found everywhere, even in voluntary services. The intervention differentiates between the physical, mental, and spiritual levels of existence. The three levels are not clearly separate from each other and they do influence each other. The human spirit has the following important resources; the will to meaning; task orientation; conscience; self-transcendence; self-distancing; and humour. There are three principal ways to discover meaning in life; (i), what we give to life (creative values); (ii), what we receive or take from life (experiential values); and (iii), the attitudes we attach to life (attitudinal values). Coupled with the latter there are five areas in which meaning is most likely to be found: self-discovery, choice, uniqueness, responsibility and self-transcendence.

Post-intervention

The researcher and participants reflected on the intervention phase by re-administering Purpose in Life test and Beck Depression Inventory. The main purpose of re-administering the questionnaires is to determine whether the intervention did have an influence on the participants' feelings of purpose (as

measured by the PIL) and reduced depressive symptoms (as measured by BDI-IA). The participants also completed an open-ended questionnaire to provide additional information of how the brief meaning-centred intervention had an impact on the lives. The main purpose of using the questionnaire was to evaluate the participants' impression of the intervention. Specifically, the questionnaire was used to determine in which ways, if any, did the intervention assist participants to improve on their creative, experiential and attitudinal values. The questionnaire was also used to establish whether the intervention did assist participants to gain a better insight into the five areas (i.e. uniqueness, self-discovery, choice, responsibility, and self-transcendence) in which meaning can be discovered.

DATA ANALYSIS

Data was analysed qualitatively and quantitatively. The independent variable (brief meaning-centred intervention) on the dependent variable (PIL score/sense of meaning and BDI-IA score/depressive symptoms) was examined for change in post-intervention. The data from the one group pretest-posttest design was analysed with non-parametric test procedure for small sample size designs. The qualitative data were thematically analysed using the procedures recommended by Guest (2012). These procedures focus on examining themes within data. Thematic analysis is a very useful method in capturing details of meaning within a data set.

RESULTS

Table 1 presents the descriptive statistics. As can be observed from the Table the intervention increased PIL scores by 15.83 ($p < .01$); and it decreased the BDI scores by 7.21 ($p < .01$).

Table 1: Pre-post Intervention Means (with Standard Deviations) for Service-Related Meanings and Depression (N=24) FOE

Variable	N	Pre- Intervention Mean	Post Intervention Mean	Difference Score	Two tailed p value	One tailed p value
Depression	24	19.29 (10.18)	12.08 (9.84)	+7.21 (2.84)	0.0001	0.0001
Meaning	24	101.83 (14.15)	117.67 (14.15)	-15.83 (5.65)	0.0001	0.0001

The improvement in creative, experiential and attitudinal values appeared consistent with the intent of the meaning-centred intervention. With regard to the Creative Values, the participants affirmed that they learned new skills and/or they have improved on existing ones such as answering questions, finding meaning in life, being charitable, and problem solving. Illustrative statements for this include:

- I learned something that I did not know (Participant 2)
- It will help me with answering questions (Participant 1).
- I learned the importance of knowing the sense of meaning in life (Participant 3).
- I have learned not to always only receive, but also to give (Participant 12).
- It can now help me to find solutions to problems (Participant 13)
- I realized my values (Participant 7).
- I learned to make choices and how to be responsible towards them (Participant 8).
- I learned to appreciate the services we provide (Participant 9).

Participants further indicated that they have learned how to provide information to others. More importantly, the HIV and Aids Educators acknowledged that the skills they have acquired will result to improved team work, patience, giving and problem solving. Illustrative statements for this include:

- It will help me to find solutions to problems (Participant 7).
- It will contribute to my services or work team (Participant 18).
- It will improve my patience (Participant 23).
- I will be more responsible (Participant 20).
- It will be of help to other people (Participant 19).
- How to give information to others or how to approach a person (Participant 18).
- I realize that service I provide is more important than the money we receive (Participant 14).

The latter are a vital a components in most environments where people volunteer their services.

Changes in Experiential Values are reflected by the fact that the participants indicated that the skills, they have acquired, will help them to be considerate, approachable and will assist others to deal with their challenges. Illustrative statements for this include:

- I will be more considerate to my fellow team members (Participant 12).
- To allow others to voice their thoughts (Participant 17).
- Knowing that I am important to other people (Participant 19).
- I learned how to help others to deal with challenges (Participant 24).
- I learned not to let circumstances and other people control my life (Participant 3).
- I will create a warm and caring environment for others and allow them to voice their thoughts (Participant 7).

With regard to the Attitudinal Values, the participants expressed a view that they are resilient, adopted more positive attitude, humble, affectionate, considerate, tolerant and more determined to find meaning in their services and life. Illustrative statements for this include:

- I will have a more positive attitude (Participant 3).
- It will make me humble (Participant 11).
- I will be strong in every situation (Participant 16).
- I learned to love (Participant 22).
- I learned to be hopeful in life (Participant 7).

- I can now understand the need for a sense of meaning and purpose in life (Participant 20).
- They realize that life without suffering does not strengthen the foundation of a person's wellbeing (Participant 1).
- I will adopt a humble attitude when I execute my duties (Participant 18).

Post intervention, the HIV and Aids Educators learned to appreciate themselves and the services they render.

DISCUSSION

The outcome of this study discovered that there was an improvement in the levels of meaning and a decline of depressive symptoms of HIV and Aids Educators after a brief meaning-centred intervention. Creative meaning improved in the sense that the HIV and Aids Educators affirmed that they learned new skills and/or they have improved on existing ones such as answering questions, finding meaning in life, being charitable, and problem solving. These finding are supported by a number of studies which reported a significant relationship between the construct of meaning in life and wellbeing (Brassai et al. 2011; Ju et al. 2013; Meraviglia 2005; Pinguart 2002; Tavernier and Willoughby, 2012). In addition, a study by Fillion et al. (2009) reports that a brief meaning-centred intervention can be used to improve the levels of meaning of health educators who are providing service on a voluntary basis.

Experiential values improved in that HIV and Aids Educators specified that the skills, they have acquired, will help them to be considerate, approachable and they will assist

others to deal with their challenges more effectively. These findings are consistent to those of Fillion et al. (2009) in which a meaning centred intervention helped to change the perception of palliative care nurses about their job.

Attitudinal values were positively impacted because the HIV and Aids Educators expressed a view that they are resilient, have adopted more positive attitude, humble, affectionate, considerate, tolerant and more determined to find meaning in their duties and life. These findings are supported by Steger and Dik (2009) who report that people who search for general meaning in life are, indeed, satisfied by experiencing meaning in their careers.

Furthermore, this study revealed that exposing the HIV and Aids Educators to a brief meaning-centred intervention resulted to significant improvement in their psychological wellbeing, with specific reference to higher levels of meaning and lower signs and symptoms of depression. A numbers of studies(e.g. Westerhof et al. 2010; Park et al. 2010) confirmed that, the search for meaning is positively associated with well-being—greater life satisfaction, more happiness, and less depression— among those who already had substantial meaning in their life. In addition a study conducted by Ondrušová and Dragomirecká (2012) revealed that the most important predictor of low level of meaning in life was depression.

Limitations of the study include use of a purposeful sample brought only educators with moderate to high levels of meaning in the study. Also, the sample size too small; thus one cannot

say with certainty that the HIV and Aids Educators represented in this study also reflect the reality of educators in all non-governmental organizations and thus one should be careful when it comes to generalizing the results to other settings. Nevertheless, the findings suggest that a brief meaning-centred intervention appears to enhance the levels of meaning of HIV and Aids Educators, which in return could result in reduction of depressive symptoms.

CONCLUSION

The findings from this study show that it is possible to support HIV and Aids Educators in their search for meaning by means of an intervention and that this helps in alleviating depressive symptoms.

The study provided additional evidence concerning the relationship between sense of meaning, as measured by Purpose in life test (PIL), and depression, as measured by Beck Depression Inventory (BDI), in the sense that, as the participants' levels of meaning increased, in the post-test measurements, their levels of depressive symptoms declined. As a result the more the participants experienced a high sense of meaning, the lesser they depicted signs and symptoms of depression. Also, the meaning-centred intervention seems to be a promising intervention for instilling resilience amongst HIV and Aids Educators who disseminate a valuable voluntary service in the community. It is also evident from this research that the participants could comprehend Viktor Frankl's theory of finding meaning in life. Subsequently, the HIV and Aids Educators indicated they could apply the theory to their personal lives. More importantly the participants indicated that the

skills they have acquired would be used in their work as HIV and Aids Health Educators. At the end it can be concluded that teaching HIV and Aids Health Educators about the importance of finding meaning in life, resulted to significant improvement in their psychological wellbeing, i.e. higher levels of meaning and lower signs and symptoms of depression.

Implications for Theory and Practice

There are implications from the study. The results and conclusions obtained in the study, suggests that similar dynamics are likely to be operating in other non-governmental organizations. Therefore, it is recommended that brief-meaning centred interventions should be part of the on-going training sessions of volunteers in respective nongovernmental organizations.

It is possible to support volunteers in their search for meaning. Given the important service provided by volunteers in respective sectors, these findings underscore the

importance of developing effective support and motivational programs for volunteers in respective sectors.

Preventing volunteers from burnout and reducing the rate of stress. Because volunteers have such a major effect on the prevention of the spread of HIV and Aids, interventions aimed at reducing burnout and stress will assist them to be more resilient. The intervention should not only be rendered when volunteers depict signs of deterioration but should be continuous, as was the case in this study.

Educators with a higher sense of meaning will empower the community. Because HIV and Aids Health Educators are so much more involved in information, education and communication programs, a higher sense of meaning may have great practical value, in the sense that may lead to them initiating programs to assist others to also enhance their levels of meaning. If successful, these programs should have an impact on reducing the level of new infections.

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