

# Giving meaning by patients with a life-threatening disease. A study in the Netherlands to determine differences and similarities in the experience of contingency and personal goal striving by Muslims, Christians and people who interpret life in nonreligious ways.

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The research objective is to build a new theory of the biographical reconstruction process among people suffering from a life-threatening disease, focused on giving meaning and based on contingency theory and motivation theory. Explanatory note: \*...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON32209

### Source

ToetsingOnline

### Brief title

Giving meaning by patients with a life-threatening disease.

### Condition

- Other condition

### Synonym

n.v.t.

## Health condition

psychosociaal aspect (zingeving)

## Research involving

Human

## Sponsors and support

**Primary sponsor:** Fac. der Religiewetenschappen

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** contingency, empirical religious studies, islam, ultimate concerns

## Outcome measures

### Primary outcome

This research is inductive and explorative (method: Grounded Theory)

### Secondary outcome

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## Study description

### Background summary

People may suddenly be stricken by an event that shakes the very foundation of their lives. Learning that they suffer from a life-threatening disease can have such an impact to a greater or lesser extent. Such an unforeseen event is called an experience of contingency. In philosophy a contingent event is defined as \*possible but not necessary\* (Dalphert 2003; Dalphert & Stoellger 2000; Esterbauer 1989). Because the event need not have happened at all, it makes a person ask why it happened and, more particularly, why did it have to be me?

To fit an experience of radical contingency into one's life story and make it meaningful one has to reconstruct one's image of past and future. To this end patients invoke the interpretive system that they developed in the course of their lives.

In this study an interpretive system is described in terms of \*ultimate concerns\*, a term derived from Tillich (1957, 1963). The things people find

important and meaningful in their personal experience in interaction with the environment, religion and culture are imprinted on memory in the form of a concern. Concerns may be seen as imprints on memory that, when prompted, activate emotions and thoughts that call to mind goals and motivate the person to act (Emmons, 1999, 2005; Frijda, 2007). Ultimate concerns, which rank highest among these, integrate lesser, sometimes conflicting concerns and constitute a kind of golden thread, an existential theme (Emmons 1999, 2005; McAdams 1993). Ultimate concerns are expressed in goals that cannot be achieved immediately, if ever, such as \*ensuring that my children will grow up to be happy\*, \*contributing to a just society\* or \*living according to God\*s will\*. Such personally chosen, supreme goals enable people to live coherently and meaningfully. Because ultimate concerns come to life when the precious thing that they embody is threatened - thus triggering emotions and thoughts - they affect the experience of a contingent event.

## **Study objective**

The research objective is to build a new theory of the biographical reconstruction process among people suffering from a life-threatening disease, focused on giving meaning and based on contingency theory and motivation theory.

Explanatory note:

\*Biographical reconstruction process\* indicates people\*s reorientation to their past, present and future.

Contingence theory can be used to study various aspects of events (including illness) and how people experience them.

Motivation theory can be used to study the personal goals people pursue in their lives and the ultimate values in which these are grounded.

## **Study design**

The study uses semi-structured interviews. Various techniques are used to explore the sources (respondents outline their lives\* ups and downs, select from lists of experienced emotions, pick cards with words reflecting their experience, and substantiate their choice).

Interviews are conducted by trained interviewers.

The interviews are recorded anonymously and transcribed.

Analysis is done by way of a Grounded Theory computer program (Kwalitan) and SPSS.

## **Study burden and risks**

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## Contacts

### Public

Selecteer

Postbus 9103  
6500 HD Nijmegen  
Nederland

### Scientific

Selecteer

Postbus 9103  
6500 HD Nijmegen  
Nederland

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Group I: Muslims

Group II: Christians

Group III: people who interpret their lives nonreligiously ;1. patients aged 18 or older;

2. in a good clinical condition (Karnofsky 70 minimum);

3. with an advanced form of cancer

4. for which there is no curative treatment;

5. who are undergoing systemic therapy;

6. had started this therapy at least two months ago;

7. and whose worldview is either Muslim, Christian or nonreligious (according to the patient\*s own description).

## Exclusion criteria

nvt

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-09-2008

Enrollment: 75

Type: Anticipated

## Ethics review

Approved WMO

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
CCMO	NL22981.091.08