Self-reported Goal Pursuit and Purpose in Life Among People With Dementia

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Objectives. Existential aspects of well-being are rarely studied in people with dementia, despite their reported importance. Self-report methods are also rarely used, despite the growing evidence for its use in mild-to-moderate dementia and the lack of concordance between self-reports and proxy reports of well-being. The goal of this study was to examine the relationship between one aspect of well-being, purpose in life, and one of its predictors, goal pursuit, while employing the self-report of individuals with dementia.

Methods. Questionnaire and experimental methods were used to gauge the relationship between goal pursuit and purpose in life. The experimental portion was structured around creative drawing activities that are often used in adult day service centers.

Results. People with mild-to-moderate dementia were able to provide reliable self-report data on their well-being. A strong association between goal pursuit and purpose in life emerged, but dementia severity did not moderate this relationship.

Discussion. People with dementia who engage in goal-directed activity may experience a greater sense of purpose. Results from this study illuminate the experience of psychological well-being in dementia and may inform activity programming for this population.

Key Words: Activities—Adult day programming—Alzheimer’s disease—Dementia—Goal pursuit—Purpose in life—Well-being.

With the growing number of people with dementia, quality of care for this population is especially relevant. Research that emphasizes the firsthand experience of the person with dementia may be an important part of enhancing quality of care. Though there are obvious concerns about the validity of self-report in people with cognitive impairment, evidence suggests that those with mild-to-moderate dementia are able to provide reliable self-report of their well-being (Brod, Stewart, Sands, & Walton, 1999; Logsdon, Gibbons, McCurry, & Teri, 1999, 2002; Ready, Ott, Grace, & Fernandez, 2002; Selai, Trimble, Rossor, & Harvey, 2001). The goal of this study was to examine purpose in life, an aspect of well-being that is highly valued by people with dementia (Dröes et al., 2006), and its relationship with goal pursuit.

Researchers have employed a variety of methods for the study of well-being in dementia. For example, some have used structured observational methods (e.g., Dementia Care Mapping [DCM]; Bradford Dementia Group, 1997) where trained observers document instances of positive or negative moods or behaviors at set times throughout the day. Proxy reports have also been used. Teri and Logsdon’s (1991) Pleasant Events Schedule for people with Alzheimer’s Disease (PES-AD) measures well-being by asking the caregiver to report on activity levels of the person with dementia. Alzheimer’s Disease–Related Quality of Life (ADRQL) scale of Rabins, Kasper, Kleiman, Black, and Patrick (1999), which includes domains such as social interaction, self-awareness, enjoyment of activities, mood, and response to surrounding, depends on caregiver reports but is broader in scope. Observational and proxy methods provide some insight into the well-being of people with dementia, especially in cases where verbal communication is limited, but there is mounting evidence that people with milder dementia can reliably provide insight about their own well-being.

In the recent years, the experience of the person with dementia has grown in importance (e.g., Kitwood, 1997; O’Connor et al., 2007), leading to the development of a number of self-reported well-being measures specifically for dementia populations. For example, Brod and colleagues (1999) created the Dementia Quality of Life scale (DQoL), a Likert scale of 29 items under domains of mood, feelings of belonging, self-esteem, and sense of aesthetics, and found that people with mild-to-moderate dementia provided answers with adequate internal consistency (Cronbach’s $\alpha = .67$–.89) and test–retest reliability ($r = .64$–.90). Correlations between the subscales and the Geriatric Depression Scale (GDS; Sheikh & Yesavage, 1986) suggested good divergent validity ($r = -.42$–.64). The items range from being relatively specific (e.g., “Recently, how often have you enjoyed listening to music?”) to broad (e.g., “Recently, how often have you felt happy?”). The Cornell–Brown Scale for Quality of Life in Dementia (CBS; Ready et al., 2002) includes domains of mood, physical and psychological satisfaction, self-esteem, and experience of negative events.
There is good reliability (Cronbach’s α = .81, interrater r = .90), and the correlation between CBS scores and positive mood ratings (Spearman ρ = .63) indicates good criterion validity.

Another self-report measure created specifically for people with dementia is the Quality of Life in Alzheimer’s Disease scale (QoL-AD; Logsdon et al., 1999, 2002). The 13 items on the QoL-AD fall under domains of mood, memory, functional abilities, interpersonal relationships, activity participation, financial situation, physical condition, and global self-assessment. Like the DQoL, these items are also rated on a Likert scale, but they are broader in scope (e.g., “How do you feel about your physical health?”) and administered to both the person with dementia and the respective caregiver. Reliability has been good (Cronbach’s α = .83–.90), and each item correlates relatively well with a global item (‘life as a whole,’ r = .24–.59). A positive correlation between QoL-AD and the Pleasant Events Scale in Alzheimer’s disease (r = .44) and a negative correlation between QoL-AD and the GDS (r = −.56) suggest convergent and divergent validity, respectively. Caregiver and patient ratings generally show weak association (r = .14–.39), and Logsdon and colleagues (2002) suggested that “the correlation between patient and caregiver reports likely reflects a real difference in the way they perceive the patient’s QoL rather than a lack of reliability of the measure itself” (p. 518). All of these findings suggest that cognitive impairment does not fully preclude people from providing meaningful data regarding their internal state. The conceptualization and measurement of well-being in people with dementia has improved with the addition of self-report methods, but there remain other areas for development.

Though dementia-specific well-being scales were designed in the best interest of the person with dementia, the inclusion of existential well-being seems to be missing. When asked to define well-being, having a purpose in life is one of the most frequent responses from people with dementia, whereas for caregivers it is unmentioned (Dröes et al., 2006). Well-being scales typically lack measurement of this construct. Of 29 items in the DQoL, only 1 item (“How often do you feel useful?”) marginally overlaps with having a purpose in life. Neither the CBS nor the QoL-AD includes any related items. Measuring psychological domains that are important to people with dementia may provide a more accurate representation of their internal state. Working toward enhancing construct validity of current scales may eventually facilitate care provision or intervention development. Purpose in life has always been a vital part of mental health (Frankl, 1959; Jahoda, 1958) and evidence suggests that this holds true in spite of mild-to-moderate cognitive impairment.

The current study aims to measure self-reported purpose in life in people with dementia and examine its relationship to goal pursuit. Few studies have measured existential facets of positive functioning in people with dementia, and because none of the existing dementia-specific scales have addressed these constructs, Brandstädter and Renner’s (1990) Goal Pursuit scale and Ryff’s (1989) Purpose in Life scale were used. Goal pursuit has often been theorized to predict well-being (Berne, 1964; Brandstädter & Renner, 1990; Erikson, 1959; Rogers, 1961), but this relationship remains untested in people with dementia. In a recent study of psychosocial outcomes, Frazier, Newman, and Jaccard (2007) found that people with greater goal pursuit were more likely to report a greater sense of purpose in life. The setting of goals seems to facilitate the accomplishment of them and the psychological benefits that follow. Less is known about the relationship between goal pursuit and purpose in life in dementia; however, goal-directed activities (i.e., reminiscence therapy, crafts, games) enhance observed well-being more so than goal-undirected activities (i.e., unstructured time; Brooker & Duce, 2000).

Also of interest was the role of dementia severity. Well-being trends in dementia have been inconclusive in part due to the varied operational definitions researchers have used. Some have found that life satisfaction (Zank & Leipold, 2001), mood, activity participation, and enjoyment (Albert et al., 1996) decline with the progression of dementia severity, but others have found no severity-related differences in mood, feelings of belonging, self-esteem, and sense of aesthetics (Ready & Ott, 2003). Analyses will examine the potential moderating effect of dementia severity.

**METHODS**

**Participants**

Ninety-one community-dwelling people with dementia (mean age = 75.28, SD = 9.23, 70 females) were recruited from local adult day service centers for participation. The ethnic composition was as follows: 51% African American, 47% European American, and 2% Filipino American. Participants were screened for depression with a cut-point of 5 or less on the GDS. Those who had aphasia, severe vision or hearing loss, loss of hand usage, and those who could not provide consent were excluded. This study received ethical approval from the Institutional Review Board at Washington University in Saint Louis.

**Measures**

**Dementia severity.**—The modified Telephone Interview for Cognitive Status (TICS-m; Welsh, Breitner, & Magruder-Habib, 1993) consists of 12 questions with a point total of 50. Lower scores indicate greater impairment. The TICS-m is designed to be a relatively quick method of gauging a person’s cognitive status by testing memory, orientation, arithmetic, language, attention, and problem solving. Welsh and colleagues (1993) suggest a cutoff score of 31. They also noted that people with moderate dementia averaged around
13 points. The majority of the participants in the current study fell within these guidelines (mean score = 18.66, SD = 6.29), though the three individuals who scored either 32 or 33 were not excluded.

Depression.—GDS (Sheikh & Yesavage, 1986) consists of 15 yes or no questions and is designed to be a time-efficient screening tool for depression in older adults. Items are summed to produce an overall score ranging from 0 to 15, with scores more than 5 indicating potential depression. None of the study participants were excluded (mean score = 1.71, SD = 1.53). The GDS has been used with demented populations.

Goal pursuit.—The Tenacious Goal Pursuit scale (TGP; Brandstätter & Renner, 1990) consists of 15 items that measure an individual’s self-described tendency to pursue goals. Responses to each item are made on a 5-point Likert scale, ranging from 0 (strongly disagree) to 4 (strongly agree). Items are summed to produce an overall score ranging from 0 to 60, with higher scores indicating greater goal pursuit tendency. The TGP has not been used in people with dementia. Internal consistency in the present study is acceptable (Cronbach’s α = .70).

Purpose in life.—Ryff’s (1989) Purpose in Life scale is a 14-item subscale from her psychological well-being scale. Responses follow a 6-point Likert format, ranging from 1 (strongly disagree) to 6 (strongly agree). Negatively worded items are reversed in the scoring procedures, and items are summed to produce scores that range from 14 to 84, with higher scores indicating greater purpose in life. Internal consistency in the present sample is acceptable (Cronbach’s α = .73).

Perceived purpose.—Because there are no existing scales to measure an individual’s immediate sense of purpose, for the experimental portion of this study, the purpose in life subscale was modified to assess participants’ perception of purpose in their experimental activity (see Appendix). It consists of eight items rated on the same 6-point Likert scale as in Ryff’s Purpose in Life scale. Scores range from 8 to 48, with higher scores indicating greater immediate sense of purpose. Internal consistency in the present sample is acceptable (Cronbach’s α = .87).

Procedure
Participants answered a series of questions to ensure comprehension of the study and then provided written consent. Subsequently, the experimenter administered the GDS, TICS-m, Goal Pursuit, and Purpose in Life scales. Age information was assessed on the TICS-m and confirmed by a third party (i.e., either a caregiver or worker at the adult day services center).

Half of the participants were randomly assigned to engage in a goal-directed activity (n = 46, nine males) that involved creating a card for either a sick child or a soldier away from home. The experimenter provided some background information on the selected card recipient and explained that the recipient would greatly appreciate the card. The card had a few stenciled objects on the front (e.g., an ocean scene or American flag) and contained a simple message inside (for the child: “Dear Ashley, Sending warm wishes your way.”; for the soldier: “Dear Soldier, Thank you for your service to our country.”). Participants were instructed to use markers to add their own words or creative design to the card. Those who were randomly assigned to the goal-undirected activity group (n = 45, 12 males) were given a sheet of construction paper with a similarly stenciled ocean scene or American flag. They also were instructed to use markers to add their own creative design. Materials used in each condition were the same, and both groups were given instructions to engage in a creative activity for 10 min. To avoid participant bias, all participants were unaware of the specific nature of the experimental manipulation. Instructions for both groups began with, “In the next activity, you will . . . ,” and continued with the description of the task. The words, “goal” and “purpose” (or their synonyms), were not included in any of the instructions. Prior pilot testing of this experimental manipulation showed that people with dementia who engaged in the card-making condition reported a stronger sense of goal pursuit than individuals in the generic drawing condition.

After completing either the goal-directed or goal-undirected drawing activity, participants answered questions from the Perceived Purpose scale. All questionnaires were administered using an interview format, with printed Likert scales placed in front of the participant to facilitate response. Upon completion of the research protocol, participants were debriefed and paid $10 as remuneration.

Data Analyses
For the questionnaire portion of the study, bivariate correlation was used to assess the relationship between the TGP scores and Purpose in Life scale scores. Hierarchical linear regression was used with scores from the Purpose in Life scale as the dependent variable. Dementia severity was entered as an independent variable in the first step of the regression, goal pursuit was entered in the second step, and an interaction term (Goal Pursuit × Dementia Severity) was entered at the third step to determine whether dementia severity moderates the relationship between goal pursuit and purpose in life.

For the experimental portion of the study, activity condition was coded as a dichotomous variable (0 for control and 1 for experimental). The relationship between the Perceived Purpose scale and the activity condition was assessed by linear regression. To examine the relationship among
dementia severity, goal condition, and perceived purpose, hierarchical linear regression was performed with scores from the Perceived Purpose scale as the dependent variable. Dementia severity was entered as an independent variable in the first step of the regression, activity condition was entered in the second step, and an interaction term (Dementia Severity × Activity Condition) was entered in the third step to determine whether dementia severity moderates the relationship between the activity condition and immediate sense of purpose.

RESULTS
Across all analyses, there were no effects of age, sex, or ethnicity. Thus, these variables were not included in the following analyses. Univariate normality assumptions for each variable were tested and met.

Reliability Analyses
Reliability analyses were conducted to examine the internal consistency reliability of the scales in this sample. Cronbach’s α for the Perceived Purpose scale was .87, and the average inter-item correlation was .48 (SD = 0.13). All items correlated with the total score (mean r = .64, SD = 0.10, range = 0.13–0.66), and Cronbach’s α did not increase significantly with the removal of any one item from the scale (mean difference = 0.01, SD = 0.01). Internal consistency was lower but still acceptable for the TGP (Cronbach’s α = .70) compared with a previously reported value (.80; Brandtstädter & Renner, 1990). The average inter-item correlation was .13 (SD = 0.13), and the mean item correlation with the total score was .30 (SD = 0.12, range = −0.13–0.49), although Cronbach’s α did not increase much with the removal of any one item from the scale (mean difference = 0.02, SD = 0.01). Cronbach’s α for the Purpose in Life scale was .73, which was also lower than a previously reported value (.80; Ryff, 1989). The average inter-item correlation was .17 (SD = 0.13), the mean item correlation with the total score was .35 (SD = 0.12, range = −.12–.49), and Cronbach’s α did not substantially increase with the removal of any one item from the scale (mean difference = 0.02, SD = 0.01). Further replication may reveal whether lower Cronbach’s α values for both of these scales are the result of using scales that are not specifically designed for people with dementia.

Goal Pursuit and Purpose in Life
The results from the questionnaire portion of the study offer evidence in favor of a relationship between goal pursuit and purpose in life. Means and standard deviations of these measures are shown in Table 1. People who scored higher on goal pursuit tended to score higher on purpose in life (r = .53, p < .001). There were also significant correlations between goal pursuit and dementia severity (r = .42, p < .001) and between dementia severity and purpose in life (r = .35, p < .001).

<table>
<thead>
<tr>
<th>Scale (total points)</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenacious Goal Pursuit (60)</td>
<td>38.78</td>
<td>8.75</td>
<td>19–57</td>
</tr>
<tr>
<td>Purpose in Life (84)</td>
<td>63.45</td>
<td>10.29</td>
<td>31–84</td>
</tr>
<tr>
<td>TICS-m (50)</td>
<td>18.66</td>
<td>6.29</td>
<td>6–33</td>
</tr>
</tbody>
</table>

Note: TICS-m = modified Telephone Interview for Cognitive Status.

The role of dementia severity on the relationship between goal pursuit and purpose in life was tested. Dementia severity was a significant predictor of purpose in life at Step 1 (R² = .12, p < .01). At Step 2, after controlling for dementia severity, goal pursuit explained an additional 18% of the variance in purpose in life (p < .001). At Step 3, however, there was not a significant interaction between dementia severity and goal pursuit (see Table 2). This signifies that the relationship between goal pursuit and purpose in life was not moderated by dementia severity. People who scored higher on the TGP were more likely to score higher on the Purpose in Life scale, regardless of dementia severity.

Table 2. Hierarchical Regression Analysis Predicting Purpose in Life by Dementia Severity and Goal Pursuit

<table>
<thead>
<tr>
<th>Step</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>TICS-m</td>
<td>.58</td>
<td>.016</td>
<td>.35*</td>
</tr>
<tr>
<td>Step 2</td>
<td>TICS-m</td>
<td>.26</td>
<td>.016</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>Goal Pursuit</td>
<td>.55</td>
<td>.012</td>
<td>.47**</td>
</tr>
<tr>
<td>Step 3</td>
<td>TICS-m</td>
<td>.59</td>
<td>.072</td>
<td>.36</td>
</tr>
<tr>
<td></td>
<td>Goal Pursuit</td>
<td>.71</td>
<td>.036</td>
<td>.60</td>
</tr>
<tr>
<td></td>
<td>TICS-m × Goal Pursuit</td>
<td>−.01</td>
<td>.002</td>
<td>−.28</td>
</tr>
</tbody>
</table>

Notes: TICS-m = modified Telephone Interview for Cognitive Status.
*p < .01; **p < .001.
perceived purpose ($R^2 = .07, p < .05$). People with higher TICS-m scores (i.e., more cognitively intact) showed greater perceived purpose. After controlling for dementia severity in Step 2, goal condition contributed an additional 56% of explained variance in perceived purpose. Those in the goal-directed condition reported greater perceived purpose than those in the control condition. Although dementia severity was also significant at Step 2 ($\beta = .20, p < .01$), there was no interaction between goal condition and dementia severity at Step 3 ($\Delta R^2 = .01, p > .05$). In summary, there were main effects of dementia severity and goal condition on perceived purpose, but there was no interaction. The relationship between goal condition and perceived purpose was not moderated by dementia severity.

**DISCUSSION**

The main goals of this study were to determine whether a relationship exists between goal pursuit and purpose in life in people with dementia, whether immediate sense of purpose is greater after engaging in a goal-directed activity than a goal-undirected activity, and whether dementia severity operates as a moderator in either case. In nondemented populations, goal pursuit has been a good predictor of purpose in life (Frazier et al., 2007), but it was unknown whether this relationship would replicate in a dementia sample. Results show that people who reported greater goal pursuit also reported greater purpose in life. Similarly, people who completed a goal-directed activity perceived a greater sense of purpose than those who completed a goal-undirected activity. Dementia severity did not influence this relation. Consistent with previous findings (e.g., Logsdon et al., 2002; Ready et al., 2002), the current results support the notion that participants with moderate cognitive impairment are able to offer information about their well-being.

Past studies looking at well-being in people with dementia have typically focused on external indicators such as mood and behavioral disturbances in part to avoid dealing with presumably unreliable self-report data or severe cognitive impairment (e.g., Lawton, Van Haitsma, Perkinson, & Ruckdeschel, 1999; Parpura-Gill & Cohen-Mansfield, 2006; Rabins et al., 1999). Although external indicators of well-being are important, internal states, insofar as they can be measured, are important as well. In the study by Dröes and colleagues (2006), people with dementia defined well-being with abstract concepts such as positive social relationships, freedom, and purpose in life, all of which are challenging, if not impossible, to measure solely based on external indicators. The present results show that people with cognitive impairment are able to provide reliable information regarding their internal state. The average TICS-m score across 91 participants was 18.66, which suggests that the participants had significant cognitive impairment (Moylan et al., 2004), but all of them were able to complete the protocol and understand the questions they were asked and the meaning of the activity they completed. Furthermore, they provided internally consistent responses on both the Purpose in Life and Perceived Purpose scales, lending more evidence to the Logsdon and colleagues (2002) finding that self-reported quality of life is quantifiable in people with cognitive impairment.

The Relationship Between Goal Pursuit and Purpose in Life

The significant correlation between goal pursuit and purpose in life in the current study of people with dementia replicates a portion of the model of psychosocial outcomes in Frazier and colleagues (2007) based on a group of people without dementia (using the same scales). The similarity in the magnitude of correlation between goal pursuit and purpose in life in this study ($r = .53$) and in the study of Frazier and colleagues ($r = .46$) suggests that goal pursuit and purpose in life are associated regardless of whether or not a person has dementia, at least within the spectrum of disease severity in this study. These findings counter the assumption
that people with dementia cannot meaningfully complete scales designed for people without dementia. More importantly, they suggest that aspects of well-being beyond those that are observable still exist in people with dementia. It may be the general case that people who are motivated to pursue goals sense more purpose in life. If this result is replicable, it raises the question of whether there are other aspects of well-being or other predictors of well-being that could be measured quantitatively in people with dementia.

The Relationship Between Goal Condition and Perceived Purpose

Results from the experimental portion also are consistent with the finding that goal pursuit is related to sense of purpose. A simple manipulation of the goal valence in a drawing activity affected one’s sense of perceived purpose. People who made a card for someone else felt a greater sense of purpose after the activity than those who engaged in free drawing. Anecdotally, many participants in the goal-directed condition expressed a sense of accomplishment after doing something to help another person, whereas those in the control condition questioned what the activity was meant to do. These results suggest it is possible to enhance a person’s sense of purpose through a simple goal-directed activity.

The use of self-report in this study extended the observational findings of Brooker and Duce (2000) in which they observed enhanced well-being in people with dementia during goal-directed activities. In their study, they used DCM, which measures well-being using a trained “mapper” who observes the participant during short intervals across a period of several hours. Although DCM provides information regarding the participant’s general state (e.g., number of positive events, well-, or ill-being), including self-report measures of more specific constructs whenever possible may provide a more comprehensive perspective. The fact that participants in this study responded to a goal-directed activity suggests that people with dementia are sensitive to the types of activities they engage in and that the effect of activity on psychological well-being in dementia is quantifiable.

The Role of Dementia Severity

This study also showed that dementia severity did not moderate the relationship between goal pursuit and purpose in life. In other words, level of cognitive impairment, at least in this sample, did not dampen or enhance the relationship between goal pursuit and purpose in life. A potential reason might be that verbal abilities were relatively preserved. Though participants often asked for the questions to be repeated during data collection, at no point did any of them lack understanding. Perhaps the process of pursuing goals and reaping their benefits remains, or at least is measurable, as long as there is preserved verbal communication.

There is some evidence to suggest that aspects of well-being do not differ dramatically between people with mild dementia compared with those with more severe dementia (Ready & Ott, 2003); however, there are also contradictory data that support both the decline (Albert et al., 1996) and the incline (Zank & Leipold, 2001) of well-being with the progression of dementia. None of these studies included a goal pursuit variable as a predictor; they merely addressed levels of well-being at different stages of dementia. There may be a host of explanations for these discrepant results, including differences in operational definitions of well-being and sampling. At the moment, there is not enough evidence to discount the possibility that goal pursuit and purpose in life might operate similarly across a broad spectrum of dementia severity.

Limitations

The experimental portion only addressed the benefits of an altruistic goal-directed activity. The manipulation used in this study involved an altruistic goal, which was selected for its potential health and well-being benefits (Post, 2005), but there are numerous ways of setting up a goal-directed activity that could differentially affect well-being. For example, playing bingo likely does not enhance one’s sense of purpose yet one could label it as a goal-directed activity because it involves a clear end goal of winning. Winning may be enjoyable, but the social exchange that occurs during these games may actually outweigh the beneficial effects of winning. Although factors like goal pursuit and purpose in life might be related, they typically do not operate in isolation. Also worth noting is the fact that people who are interested in art may not view the current study’s control condition as lacking in goal. Realistically, there are many variables within an activity and among the participants that could alter outcome benefits.

The generalizability of these results is also limited by the sample characteristics. Presumably, those who attend an adult day service center and are willing to participate in a research study are more agreeable and perhaps higher functioning than those who do not attend an adult day service center or those who are unwilling to participate. Also, the characteristics of this sample may not necessarily reflect those living in nursing homes or private residences. However, the growing number of older adults with dementia who attend adult day service centers may justify studies for this particular demographic group.

Last, the Perceived Purpose measure used in the current study was adapted from Ryff’s (1989) Purpose in Life scale and has not undergone rigorous reliability and validity testing with dementia populations. Results from this study suggest adequate face validity, internal consistency, and inter-item correlations, but further testing is warranted. Similar concerns exist for the Goal Pursuit and Purpose in Life scales. The results and interpretations of this study are limited by the fact that little is known regarding the functioning of self-report well-being scales in people with dementia. In addition to the
fact that existential aspects of well-being in dementia are rarely studied using quantitative methods, the limits of self-report in dementia also remain unknown. There is no consensus about a time point at which self-report is invalid or unreliable. Given the general lack of empirical evidence in the study of well-being in dementia, conclusions from this study should be considered tentative until further replication.

Despite the limitations, the results of this study strengthen the case for self-report in mild-to-moderate dementia while also providing a simple activity paradigm for application in an adult day service setting. A slight modification of existing activities may provide additional benefits by enhancing aspects of well-being that were previously unaddressed. Being able to maintain a high level of purpose in life may alleviate some of the challenges people with dementia experience as their cognitive or physical capacities are compromised. Though this study identifies one method of enhancing an immediate sense of purpose in people with dementia, other methods are yet to be investigated. Examining other aspects of well-being that are important to people with dementia (e.g., autonomy) and improving current well-being scales may be next steps as well. Further development of a model of psychosocial outcomes in people with dementia that accounts for the effect of dementia severity may provide a more comprehensive understanding of their well-being and in turn help refine care and services for this population.

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REFERENCES


**APPENDIX**

Perceived Purpose Scale

I feel good when I think of what I’ve done with this drawing activity.

I do not think about how this drawing activity will affect the future.

I have a sense of direction and purpose for this drawing activity.

This drawing activity seems trivial and unimportant to me.

I don’t have a good sense of what it is I’m trying to accomplish through this drawing activity.

This activity has been more a source of satisfaction than frustration to me.

I find it satisfying to think about what I have accomplished through this drawing activity.

I’m not so sure that my drawing adds up to much.