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SENSE OF MEANING IN LIFE AND SELF-ESTEEM IN FORENSIC PSYCHIATRIC PATIENTS

Abstract

Objectives: *This study aimed to assess the levels of meaning in life and self-esteem among mentally disordered offenders hospitalized in forensic psychiatric units. These psychological dimensions are recognized as key predictors of mental well-being and subjective happiness, significantly influencing life satisfaction across various domains, including professional functioning, interpersonal relationships, psychosocial adaptation, and overall health.*

Material and methods: *The study involved non-imputable offenders with a history of aggressive behavior. The sense of meaning in life was measured using the Purpose in Life Test (PIL) by Crumbaugh and Maholick, and self-esteem was assessed with the Rosenberg Self-Esteem Scale (SES).*

Results: *The findings indicate that the studied forensic psychiatric patients maintained a sense of meaning in life within the normative range. Their level of self-esteem, while slightly below the population average, suggests a retained capacity for goal-setting and belief in personal efficacy. These traits can be considered important motivational resources in the rehabilitation process and may reflect an openness to therapeutic engagement.*

Conclusions: *The results suggest that forensic psychiatric patients can maintain a meaningful outlook on life and possess self-esteem levels that support motivation for change. Incorporating the assessment and development of meaning in life and self-esteem into therapeutic programs may enhance rehabilitation outcomes, strengthen the therapeutic alliance, and support the process of reintegration.*

Keywords: *meaning in life, self-esteem, insanity defense, forensic psychiatry, mental health offenders*

Introduction

One of the most frequent preventive measures in Poland imposed on the most dangerous perpetrators who pose a threat to society and the broadly understood legal order is placing them in a psychiatric facility or forensic psychiatry ward. The stay there serves a medical and protective function. Another essential purpose of committing offenders to a forensic ward is to offer them social re-adaptation programs, prepare them for returning to society, and equip to fulfilling social roles properly. The work with forensic patients is carried out at many levels and stages. In the conditions of forensic psychiatry wards, the work is conducted by numerous specialists, such as psychiatrists, psychologists, occupational therapists, and addiction therapists, which provides patients with a wide range of pharmacological, social-therapeutic, rehabilitation

and reintegration interventions (Heitzman, Markiewicz, 2017). Given the number of treatment and therapeutic interventions offered to patients, it seems reasonable to seek answers as to which forms may be effective and which could reduce the risk of recidivism, enable patients' return to society and ensure their compliance with social norms (Penney, Jones 2023; Kennedy et al., 2019).

Undertaking a study on the sense of meaning in life and self-esteem of forensic psychiatry patients is an attempt to identify the importance of these dimensions. According to research, the said aspects are associated with health recovery and general life satisfaction, which in the case of forensic patients may mean a decrease in the level of aggression and a chance of forming stable interpersonal relationships (Ho et al., 2010). Moreover, it is crucial to address this psychological dimension, as neglecting it may exacerbate psychopathology, including: depression, anxiety, addiction, aggression, hopelessness, apathy, diminished well-being, physical illness, and even suicidal behavior (Glaw et al., 2017).

Research has shown (Beuselinck, 2021; Kroplewski et al., 2018) that the sense of meaning in life is essential, especially in people experiencing health deterioration, prolonged illness or disability. It is also the most important predictor of happiness and well-being (Psarra, Kleftaras, 2013). Positive perception of the sense of meaning in life is associated with health and better social functioning (Steger, 2006; He et al., 2023). On the other hand, perceiving one's life as unappealing and meaningless is related to poor social functioning and various manifestations of pathological conditions in the mental and social areas (Schnell, 2009; Glaw et al., 2017).

An important factor determining individuals' sense of meaning in life is their life situation, conditions of existence and previous experiences. Because people naturally give meaning to various events in their lives, they also try to find meaning in their whole lives (Czyżowska, 2016). In the case of forensic psychiatry patients, the sense of meaning in life is important, especially in the context of their previous life, illness and committed offence, which often has impacted people closest to them. Therefore, these events must be re-interpreted and redefined to transform them into a change-motivating force (Frankl, 2013).

A valuable aspect of self-image is self-esteem. The literature indicates its regulatory function, especially in coping with stress and building health. It depends on self-esteem whether the result of the requirement-possibility

relationship will consequently be positive, health-promoting, or negative. According to the theory of salutogenesis, self-esteem is a resource that promotes effective coping with stress and thus promotes health (Wrona-Polańska, 2012). This dimension is vital in the course of mental disorders. For example, low self-esteem is considered an obstacle to recovery from schizophrenia, whereas identifying the factors that affect this psychological trait can help implement effective therapeutic interventions (Hofer et al., 2023).

For this reason, it seems crucial to deepen research on self-esteem. It is a difficult task because forensic psychiatry patients are a heterogeneous population which differs significantly in terms of diagnoses, type of offence committed and risk factors. All these aspects are essential; they have therapeutic implications and should be considered in the research. Aggressive criminal offences also vary in severity, intention or impulsiveness. They can be committed under the influence of alcohol or other psychoactive substances. They can also be caused by delusions or other mental disorders that impair the perception of reality (Buizza et al., 2022).

Considering both of these dimensions and their importance in the development and effectiveness of therapeutic interventions, especially among patients in forensic wards, the aim of this article is to analyze the sense of meaning in life and self-esteem in this group of individuals. From a systemic perspective, it is also worth noting that forensic psychiatry in Poland faces challenges related to underfunding and limited access to modern forms of therapy (Heitzman, Markiewicz, 2017). Research on the psychological resources of patients can serve as an argument for the necessity of developing more individualized and comprehensive therapeutic programs for patients who are offenders.

Definitions of self-esteem and meaning in life

Self-esteem and the sense of meaning in life are two dimensions in psychology that are associated with an impact on decision-making, interpersonal relationships, emotional and mental health and overall well-being (Tajpreet, Maheshwari, 2015; MacDonald, Leary, 2012; Mulahalilović et al., 2021). These aspects are also connected to willingness to change: people with healthy, positive self-esteem and a high sense of meaning in life have better contact with themselves and

their needs; they understand their potential and feel more motivated to take on new challenges (Steger, 2012; Shin, Steger, 2014; King, Hicks, 2021).

Questions about the purpose and sense of meaning life are fundamental to human existence, and representatives of various sciences, such as philosophy, art, and religion, have tried to answer them. This area of human existence has also become a research subject in psychology. Researchers define the sense of meaning in life differently. Literature shows that this concept can be understood as an attempt to describe and recognise the relationship between people (Baumeister, Vohs, 2002; Farooqi, 2014), a pursuit of valuable life goals (Emmons, 2003; Steger, 2009; Kelley et al. 2013), or a sense that one's life has meaning (Heintzelman, King, 2014; Routledge, FioRito, 2020).

V. E. Frankl distinctly explained the meaning and value of life as a person's fundamental dynamism and essential aspiration. According to him, the meaning in life is a state of subjective satisfaction connected with purposeful and value-oriented actions. These are meant to serve the person's development and existence, which is satisfying. The quest to find an answer to the meaning and value of life is a sign of the norm and one of the essential foundations for maintaining mental health (Frankl, 1971). According to V. E. Frankl, the meaning in life is also connected with the existential strength of a person to confront adversities and everyday challenges (Formella, 2006). The meaning in life can be discovered and built in three dimensions of human experience, which, according to V. E. Frankl, include one's creativity (art, science), experience (closeness, love) and attitude, especially toward the inevitable, such as suffering (Frankl, 1963).

From a theoretical perspective, it is worth referring to Antonovsky's (1995) model of salutogenesis, which posits that the sense of life meaning is a key component of the sense of coherence, and thus a psychological resource conducive to mental health. Integrating this model with the concept of self-esteem as a psychological resource (Wrona-Polańska, 2012) provides a deeper understanding of the mechanisms that support the recovery process in forensic psychiatric patients.

K. Popielski (1987) points out that the sense of meaning in life consists of four components: intellectual, emotional, volitional and existential. Each of them involves different dimensions of life. The intellectual component is responsible for understanding the nature of human life, the environment

and personal goals, and this, in turn, involves the possibility of getting to know oneself, one's nature, one's life history and socio-cultural systems. The emotional component is related to the ability to experience oneself and to seek values. The volitional component is associated with the human ability to make choices and act, to submit to attractive values and to assign them to a hierarchy. The last component, existential, is understood in two ways: as the cause of the sense of meaning in life and as the effect of its existence, as expressed in life-building acts. The author also points out that the sense of meaning in life is directly related to the subject and individual experience of the person, which integrates them internally and motivates them toward life. The personality structure of the individuals indirectly affects their personal goals and aspirations. It is the most profound motivating force for existence. Both Frankl and the representatives of the psychotherapeutic field he created (logotherapy) indicate that reducing the human image to simply physical or psychophysical dimensions can lead to serious errors in the treatment of mental disorders (Marchwicki, 2002).

The importance of the meaning in life and self-esteem in the rehabilitation and recovery of forensic psychiatry patients

One of the basic tasks faced by medical and therapeutic personnel in forensic psychiatry wards is to treat their patients in a recovery-oriented way. However, it is a difficult task because it assumes patients' involvement in changing their lives by redefining goals and seeking strengths that enable them to seek meaning in life and achieve those goals. This approach may support actions aimed at recovering identity and social roles (Slade, 2010). It has been noted that forensic patients should be able to self-decide, which means actively participating in decision-making and treatment planning. Research shows that it gives patients a sense of self-efficacy and responsibility, increases their motivation and commitment to treatment, and improves the therapeutic alliance. At the same time, it provides physicians and the therapeutic team a better insight into the recidivism risk factors of their patients (Vorstenbosch, Castelletti, 2020). The inclusion of monitoring of the sense

of meaning in life and self-esteem in the treatment of this group of patients improves the doctor-patient relationship, strengthens the therapeutic alliance and reinforces the patients' perceived impact on their life (Martin, 2002; Omer, Golden, Priebe, 2016) and self-esteem (Ajmal, 2008).

Considering the above, it seems essential to research psychological dimensions such as the sense of meaning in life and self-esteem in forensic psychiatry patients. A high level of sense of meaning in life and self-esteem may indicate their improvement in mental health (Stewart, 2022) and greater openness to therapeutic effects. Most importantly, it may indicate a reduction in the level of aggression in this group of patients and their improved psychosocial functioning.

According to the researchers, a high sense of meaning in life also increases stress resistance and positively affects human health (Yildirim et al., 2022). There is also a positive relationship between a sense of meaning in life, quality of life, and well-being (Damásio et al., 2013). Moreover, a correlation was noted between the meaning in life, high self-esteem and a sense of control (Kurnaz et al., 2020). On the other hand, the lack of meaning in life leads to an inner emptiness and existential neurosis, which consists of a lack of willingness to live and act (Frankl, 1963; Maddi, 1967). There has been noted a link between the lack of meaning in life and pathologies, disorders, substance abuse and suicidal ideation (Csabonyi, Phillips, 2020; He et al., 2023).

Some authors point out that a sense of meaning is key to resilience and coping, especially in a crisis. In contrast, a high level of sense of meaning in life is associated with easier recovery (Schnell, Krampe, 2020). Both are understood as essential aspects of returning to a fulfilling life despite the persistence of symptoms of illness, including mental illness (Davidson et al., 2010). In the context of the above considerations, self-esteem, i.e. beliefs about or attitude toward oneself, plays a significant role in the recovery process. It is even considered a central element of mental health and well-being (Hofer et al., 2023).

The second dimension of the research is self-esteem. The literature indicates that patients with psychotic disorders often have low self-esteem, which is associated with poorer quality of life and longer persistence of psychotic and depressive symptoms (Van der Stouwe et al., 2021). Low self-esteem has also been shown to not only increase the risk of mental disorders, such as depression, eating disorders and mental disorders associated with psychoactive

substance use, but also increase the risk of violent behaviour as a consequence of mental disorders (Karatzias, 2007; Kumar, Mohanty, 2016).

S. Kumar and S. Mohanty (2016) describe several studies indicating that low self-esteem plays a key role in the development of delusions and the persistence of psychotic symptoms. They also point to the association of low self-esteem with the persistence of delusions, as well as the correlation between negative self-esteem and positive symptoms, i.e. hallucinations and delusions in schizophrenia. There are also studies by M. Eklund et al. (2012) on people with schizophrenia and their beliefs about actions they perceive as giving meaning to their lives. The study's results identified five categories that the participants considered decisive for their sense of meaning in life: social contacts, work engagement, health, meaningful memories of the past, and positive feelings. The results provide necessary knowledge about what can give sense to the lives of people diagnosed with schizophrenia.

The purpose, methodological assumptions and study problem

The overarching aim of the study was to determine the sense of meaning in life and self-esteem of mentally disordered offenders committed to a forensic psychiatry ward. This was encapsulated in the following primary research problem: What is the level of sense of meaning in life and self-esteem of the mentally disordered offenders committed to a forensic psychiatry ward?

To address this problem, the study pursued several specific goals a) to analyze the relationship between the sense of meaning in life and the level of self-esteem b) to examine whether the level of sense of meaning in life and self-esteem differ statistically significantly based on the respondents' education c) to investigate whether the level of sense of meaning in life and self-esteem differ statistically significantly based on the respondents' age d) to determine if there is a difference in the level of sense of meaning in life and self-esteem between participants diagnosed with schizophrenia and those with other diagnoses.

Beyond describing the levels of the examined variables, the study also aimed to explore their interrelations and identify potential protective factors

in the process of recovery and social reintegration. The findings may thus serve as a foundation for designing therapeutic programs that incorporate the psychological resources of forensic psychiatric patients.

The study employed two principal instruments. The sense of meaning in life was measured using the Purpose in Life Scale (PIL) developed by James C. Crumbaugh and Leonard T. Maholick based on the theoretical assumptions of V. E. Frankl. The Polish adaptation by Zenomena Płużek, known as the *Test sensu życia* [Purpose in Life Test], was used. This scale assesses the awareness of a meaningful and purposeful life across dimensions such as: life goals, meaning, affirmation of life, self-evaluation, life evaluation, freedom and responsibility, and attitude toward death and suicide (Siek, 1993). The study utilized part A of the PIL scale, which contains twenty statements rated by participants on a scale indicating their intensity of approval or disapproval (Siek, 1993).

Self-esteem was measured using Morris Rosenberg's Self-Esteem Scale (SES), which gauges the overall level of global self-esteem, i.e., beliefs about self-value. The scale comprises 10 diagnostic statements, and the respondents' task is to indicate their degree of agreement with each (Laguna et al., 2007).

Study participants

The study included 52 patients of the Forensic Psychiatry Clinic detained due to committing a criminal act. The study participants included 15 women and 37 men between the ages of 22 and 79 (M=39.73; SD=11.26; MDN=40). Considering the place of residence, 39 people came from cities, and 13 came from villages. In terms of education, 9 people had tertiary education, 23 had secondary education, 9 had vocational education and 11 had primary education. Moreover 23 individuals were diagnosed with F20 (paranoid schizophrenia).

Table 1. *Analysis of socio-geographic data of the study participants*

		N
Gender	Female	15
	Male	37
Education	Tertiary	9
	Secondary	23
	Vocational	9
	Primary/lower secondary	11
Place of residence	City	39
	Village	13

It should be noted that the size of the research group (N=52) constitutes a significant methodological limitation, affecting the statistical power and the ability to generalize the results to the broader population of psychiatric patients. Nonetheless, the preliminary nature of this study allows for the identification of significant relationships and the formulation of hypotheses for future, more extensive research.

The study was conducted in accordance with ethical standards for research involving human participants. All individuals gave informed consent, and participation was voluntary and anonymous.

Results

Descriptive statistics were used to determine the level of sense of meaning in life and self-esteem of the mentally disordered offenders committed to a forensic psychiatry ward. The results obtained by the study group show that the global result exceeded the value of 100 points out of 140 possible and amounted to over 105 points (M = 105.2). The results fall within the normative range, set at 100 points (Pilecka, 1986). The self-esteem level of the study group was indicated by a global score of nearly 28 points (M = 27.47) out of 40 possible. The average calculated for the results of the Polish standardisation sample was 29.49 (Laguna et al., 2007). Thus, the result obtained by the mentally disordered offenders turned out to be only slightly lower than the average result achieved in the adaptation test.

Table 2. *Basic descriptive statistics of the measured variables together with the Shapiro-Wilk test*

	M	Mdn	SD	Sk.	Kurt	Min.	Max.	S-W	p
Age	39.73	40.00	11.26	1.05	2.16	22.00	79.00	0.934	0.015
Life goals	28.61	29.00	4.78	-1.36	2.79	11.00	35.00	0.899	<0.010
Meaning in life	15.90	17.00	4.15	-1.32	2.28	3.00	21.00	0.878	<0.010
Affirmation of life	21.24	21.00	4.82	-0.91	0.94	8.00	28.00	0.920	<0.010
Self-evaluation	10.39	11.00	2.41	-0.91	0.56	4.00	14.00	0.910	<0.010
Life evaluation	10.04	10.00	2.98	-0.97	1.30	2.00	14.00	0.894	<0.010
Freedom and responsibility	10.24	10.00	2.39	-0.17	-0.82	6.00	14.00	0.926	<0.010
Attitude to death and suicide	8.78	9.00	2.48	-0.48	-0.12	3.00	13.00	0.941	0.029
Sense of meaning in life	105.20	105.00	19.81	-0.83	0.97	53.00	138.00	0.933	0.014
Self-esteem	27.47	29.00	5.04	-0.27	-0.49	16.00	37.00	0.964	0.289

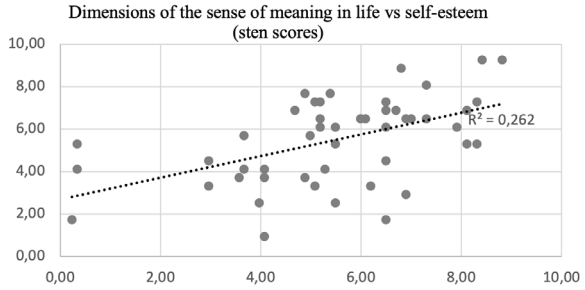
The analysis of the normality of distribution for the examined variables (Table 2) indicates certain deviations from normality, particularly in the case of the variables *Age, Life Goals,* and *Meaning in Life*. Nevertheless, given the acceptable levels of skewness and kurtosis observed in the remaining variables, and with appropriate caution, the use of parametric statistical methods remains justified.

As shown in Table 3 and Figure 1, the level of self-esteem significantly correlates with all scales of the sense of meaning in life. All statistically significant correlations are positive and moderately strong, which may suggest that increases in self-esteem among the participants are accompanied by increases in life goals, sense of meaning, life affirmation, self-evaluation, evaluation of one's life, freedom and responsibility, and attitudes toward death and suicide. Particularly strong correlations were observed for self-evaluation and the overall sense of meaning in life, both of which demonstrated high effect sizes and satisfactory levels of statistical significance.

Table 3. *The correlation between the sense of meaning in life and self-esteem*

Dimensions of the sense of meaning in life	Self-esteem	
	r-Pearson	**p**
Life goals	0.430	0.002
Meaning in life	0.447	0.001
Affirmation of life	0.382	0.007
Self-evaluation	**0.592**	**0.000**
Life evaluation	0.397	0.005
Freedom and responsibility	0.292	0.042
Attitude to death and suicide	0.434	0.002
Sense of meaning in life	**0.512**	**0.000**

Figure 1. *The correlation between the sense of meaning in life and self-esteem*



To verify whether gender differentiates the test sample in terms of the sense of meaning in life and self-esteem, the Student's t-test was calculated for two independent samples. The results were not statistically significant (Table 4), which may indicate that women did not differ from men in terms of their sense of meaning in life and their level of self-esteem. Nevertheless, due to the small number of female participants in the study, this result should be interpreted with considerable caution.

Table 4. *Differences in the sense of meaning in life and self-esteem in the group of women and men*

Dimensions of the sense of meaning in life and self-esteem	Female		Male		t	p	95%		Cohen's d
	M	SD	M	SD			LL	UL	
Life goals	27.62	6.92	28.97	3.80	0.386	0.701	-6.038	3.324	-0.243
Meaning in life	16.00	5.64	15.86	3.57	0.919	0.363	-3.738	4.015	0.029
Affirmation of life	20.31	6.03	21.58	4.36	0.420	0.677	-5.499	2.948	-0.242
Self-evaluation	10.62	3.12	10.31	2.15	0.696	0.490	-1.861	2.480	0.116
Life evaluation	10.15	4.14	10.00	2.51	0.875	0.386	-2.676	2.983	0.045
Freedom and responsibility	10.62	2.10	10.11	2.49	0.519	0.606	-1.154	2.163	0.219
Attitude to death and suicide	9.77	2.05	8.42	2.55	0.092	0.927	-0.289	2.994	0.586
Sense of meaning in life	105.08	27.20	105.25	16.87	0.979	0.333	-18.817	18.471	-0.008
Self-esteem	27.00	5.18	27.64	5.05	0.700	0.488	-4.495	3.218	-0.125

The study also verified whether education differentiates the test sample regarding the sense of meaning in life and self-esteem. The statistics were calculated using the Student's t-test for two independent samples, in which one group included people with secondary and tertiary education, and the other group included people with vocational, lower secondary, and primary education. The obtained results were not statistically significant (Table 5), which may indicate that the level of education did not differentiate in terms of the sense of meaning in life and the level of self-esteem. An important limitation in interpreting this result is the sample size of the groups included in the analysis.

Table 5. *Differences in the sense of meaning in life and self-esteem by education*

Dimensions of sense of meaning in life and self-esteem	Primary		Secondary and tertiary		t	p	95% CI		
	M	**SD**	**M**	**SD**			**LL**	**UL**	**Cohen's d**
Life goals	28.28	5.65	28.81	4.29	0.713	0.479	-4.092	3.035	-0.105
Meaning in life	15.28	4.76	16.26	3.79	0.432	0.668	-4.021	2.061	-0.228
Affirmation of life	21.67	5.36	21.00	4.56	0.646	0.522	-2.819	4.152	0.134
Self-evaluation	9.78	2.56	10.74	2.29	0.180	0.858	-2.655	0.726	-0.397
Life evaluation	9.44	3.45	10.39	2.67	0.290	0.773	-3.128	1.243	-0.306
Freedom and responsibility	10.06	2.80	10.35	2.15	0.677	0.502	-2.069	1.470	-0.120
Attitude to death and suicide	8.11	2.54	9.16	2.40	0.155	0.878	-2.758	0.657	-0.425
Sense of meaning in life	102.61	22.87	106.71	18.03	0.491	0.626	-18.660	10.463	-0.199
Self-esteem	26.06	5.31	28.29	4.78	0.136	0.892	-5.747	1.278	-0.443

The study also analysed the differences between the variables on the diagnosis of schizophrenia (F20) and the study participants' sense of meaning in life and self-esteem. In the first step, the Student's t-test for two independent samples was calculated to verify whether the diagnosis of schizophrenia (n=23) and non-schizophrenia (n=29) differentiates the tested sample regarding a sense of meaning in life and self-esteem (Table 6). The results were not statistically significant, which may indicate that people with schizophrenia (F20) did not differ from those without a schizophrenia diagnosis in terms of a sense of meaning in life and level of self-esteem.

Table 6. *Differences in the sense of meaning in life and self-esteem for people diagnosed with schizophrenia (F20) and with other diagnosis*

Dimensions of the sense of meaning in life and self-esteem	Diagnosis of F20		Other diagnosis				95% CI		
	M	SD	M	SD	t	p	LL	UL	Cohen's d
Life goals	29.27	4.72	27.58	4.82	0.233	0.817	-1.559	4.935	0.354
Meaning in life	16.43	3.18	15.05	5.34	0.261	0.795	-1.758	4.519	0.314
Affirmation of life	22.20	3.90	19.74	5.80	0.081	0.935	-1.031	5.958	0.498
Self-evaluation	10.63	2.03	10.00	2.94	0.376	0.708	-1.150	2.416	0.251
Life evaluation	10.23	2.64	9.74	3.51	0.575	0.568	-1.675	2.668	0.160
Freedom and responsibility	10.07	2.60	10.53	2.04	0.517	0.608	-2.002	1.083	-0.197
Attitude to death and suicide	8.40	2.25	9.37	2.75	0.185	0.854	-2.714	0.777	-0.385
Sense of meaning in life	107.23	16.97	102.00	23.77	0.373	0.711	-9.290	19.756	0.253
Self-esteem	28.40	5.35	26.00	4.23	0.105	0.917	-0.789	5.589	0.497

Discussion

The results obtained by the study group in the PIL test exceeded the value of 100 points out of 140 possible and amounted to over 105 points (M = 105.2), which indicates that they fall within the norm, determined at 100 points (Pilecka, 1986). The meaning of life, next to the need for cognition and emotional contact, is included in the three explicitly human orientation needs (Obuchowski, 1966). The specificity of mental disorders is the loss, to varying degrees, of the possibility of achieving life goals and a disorganised perception of the surrounding reality. This often leads to feelings of hopelessness, meaninglessness, or emptiness of existence. It is related to the chronic duration of mental disorders, and even, as in the case of schizophrenia, it is associated with taking antipsychotic drugs for the rest of one's life. The experience has been related to the destabilisation of life, and the effects can persist long after the underlying symptoms have resolved (Meder, 1999). Determining the level of meaning in life can help identify patients' life needs and improve

the therapeutic process's effectiveness (Ostrzyżek, Marcinkowski, 2014). It is important during patients' treatment and convalescence (Steger, 2022). The research confirms this. The circumstances in which the study participants found themselves (a criminal offence and a mental disorder) are associated with a loss of sense of meaning in life. Being placed in a closed psychiatric ward, the effects of the disease, and the social consequences of committing an often aggressive criminal offence may be linked with experiencing a crisis of the meaning in life, characterised by symptoms such as nihilism, depression, isolation, aggression, negation, and escape from life (Pilecka, 1986; Skorny, 1989). The standard Purpose in Life (PIL) scale results indicate patients' possible positive attitude to treatment and therapeutic actions (Jarema et al., 1995).

Many studies indicate the connection between the meaning in life with psychopathology and treatment of mental disorders, in particular psychotherapy. These studies show that people with diagnosed disorders or with elevated psychopathology symptoms report a lower level of meaning in life and are more likely to score in the *my life is meaningless* range in measurements (Steger, 2022). The study group's results did not confirm these researchers' conclusions. This may be because the situation of forensic patients differs from that of patients in general psychiatric wards and outpatient medical care. Nevertheless, the difference benefits forensic patients because, through round-the-clock care, they benefit from ongoing medical, pharmacological, and therapeutic supervision, which helps them get involved in the therapy process.

On the other hand, staying in a closed psychiatric ward, often for many years, is a very painful form of isolation from the world and deprives patients of their independence. Perhaps the results obtained by forensic patients are also associated with the experience of a crisis that may be related to the illness and the criminal offence they have committed. In the forensic psychiatry wards, patients are stabilised when it comes to the symptoms of mental disorders. Their pharmacological treatment is provided under ongoing medical control. They have a daily plan and participate in a fixed therapeutic program, which may be combined with the hope of change. Studies by G. Fervah et al. (2013) indicated that reduced sense of meaning in life positively correlated with poorer patient response to drug treatment, symptoms of depression, and poor psychosocial functioning.

The second dimension was self-esteem. It is strongly associated with such aspects as success in professional life, satisfaction from relationships or friendships, mental adjustment to life and physical and spiritual health. High self-esteem is associated with openness to social support, satisfaction and well-being. Low self-esteem, on the other hand, is often associated with several difficult experiences, such as anxiety, excessive sadness, difficulty accepting oneself, fear of rejection, lowered mood, and sometimes depression. Self-esteem is not constant and changes depending on the situation in life. The Rosenberg scale results (M = 27. 47) do not differ significantly from the average result achieved in the sample from adaptive studies (M = 29.49). In the case of forensic psychiatry patients, the result may indicate the study participants' openness to setting goals and their conviction of achieving them, which may be a significant source of mobilisation for action (Wojciszke, 2004). It seems to be vital information about this group. Mobilising patients in forensic psychiatry wards to become active involves a constant effort of the entire staff. The active involvement of patients is an essential part of their recovery. According to a review by R. F. Baumeister et al. (2003), people with high self-esteem see themselves as more attractive and practical, persistent and able to engage in various activities (Baumeister, et al., 1996) than people with lower self-esteem. This information is important from the point of view of planning the therapeutic process, especially to identify patients' life needs and determine the relationship between the occurrence and severity of individual symptoms and subjective assessment of their life quality (Ostrzyżek, Marcinkowski, 2014).

The majority of forensic patients suffer from chronic mental disorders. Their well-being, according to studies, may be aggravated by the presence of symptoms of depression, poorer psychosocial functioning, symptoms of anxiety and apathy, decreased tolerance to pharmacological treatment (Fervaha et al., 2007), being single and having a low level of social functioning (Woon et al., 2010). A high level of meaning in life and self-esteem may indicate this is not the case in this group of patients. It may be associated with long-term stays in the forensic psychiatry ward, which enables this group of patients to stabilise their mental state, respond well to treatment, and, as studies show, present no symptoms of depression (Cynkier et al., 2023). Regular therapeutic work and a relatively stable and predictable patient situation can contribute to this scenario. Patients

who stayed for a longer time in a forensic psychiatry ward and had the security level changed from high to medium made therapeutic progress, and, according to the court's assessment, the risk of recidivism was reduced, which brought them closer to release from confinement. It may give patients a conviction about the need to engage in the therapy process actively and, thus, a greater sense of agency. It is confirmed by the fact that the level of self-esteem significantly correlates with all scales of the sense of meaning in life. All relevant correlations are positive and moderately strong, which may mean that as self-esteem increases among the study participants, so life goals, the meaning in life, self-evaluation, life evaluation, freedom and responsibility, attitude toward death and suicide, and a general sense of meaning in life also increase.

Research findings can be applied in clinical practice to design therapeutic programs aimed at strengthening the sense of meaning in life and self-esteem. Interventions focused on these dimensions may increase patients' motivation for treatment, improve therapeutic relationships, and reduce the risk of relapse into aggressive behaviors (Martin, 2002; Omer, Golden, Priebe, 2016).

Limitations and Directions for Future Research

It is important to acknowledge the limitations of the study, particularly the relatively small sample size (N = 52), which may affect the strength of statistical inference. Although, as noted by Bonett and Wright (2000), correlation coefficients can be considered reliable in samples exceeding 30 participants, caution is advised when interpreting the results. Furthermore, the heterogeneity of psychiatric diagnoses and differences in the duration of hospitalization may influence levels of self-esteem and perceived meaning in life.

Future studies should consider additional variables, such as the level of social support, treatment history, motivation for therapy, and insight into the illness. Analyzing these factors may deepen the understanding of recovery mechanisms and support the development of personalized therapeutic interventions. It is also worth considering the use of qualitative methods in future research, such as in-depth interviews or narrative analysis, which can capture patients' individual experiences related to the sense of meaning in life

and self-esteem. This approach may provide more nuanced knowledge about the psychological mechanisms present in the recovery process.

Conclusions

The results indicate that the studied group falls within the normative range on the scale measuring sense of meaning in life, while their self-esteem scores were slightly below the average obtained in the Polish adaptation sample.

Self-esteem significantly correlates with all dimensions of the sense of meaning in life, suggesting that as self-esteem increases among the participants, so do life goals, sense of meaning, affirmation of life, self-evaluation, life assessment, freedom and responsibility, attitudes toward death and suicide, and overall sense of meaning in life.

The study showed that gender, age, and diagnosis did not differentiate the group in terms of the intensity of dimensions related to sense of meaning in life and self-esteem. However, it should be emphasized that the small sample size (N = 52) limits the statistical power of comparative analyses and prevents generalization of the results to the broader population of forensic psychiatric patients.

Obtaining insight from patients as to the symptoms of the disease and motives of the criminal offence is a key task of the medical and therapeutic team in forensic psychiatry wards. The patient's attitude to symptoms, sense of illness, explanation of the causes of disease, awareness of the risk of recidivism and attitude to the legitimacy of treatment (Greenfield, 1989) are crucial aspects for the length of patients' stay in detention. Gaining insight correlates positively with both a sense of meaning in life and self-esteem (Kokoszka et al., 2008).

The findings support the inclusion of both dimensions—sense of meaning in life and self-esteem – in the design of therapeutic programs for this patient group, as they are linked to subjective well-being, achievement, and increased likelihood of law-abiding behavior (Hepper, 2016; Steger, 2022). Incorporating these psychological resources into therapy may enhance recovery, strengthen motivation for change, and improve the quality of therapeutic relationships.

Despite the cognitive value of the findings, certain limitations must be acknowledged, including the small sample size, lack of a control group, and heterogeneity of diagnoses and risk factors. Future research should involve

larger samples, comparisons between diagnostic groups, and qualitative methods to gain deeper insight into patients' individual experiences and their ways of attributing meaning to life in the context of mental illness and institutional isolation. Such approaches may contribute to the development of more empathetic and effective therapeutic models in forensic psychiatry.

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