

Individual Meaning-Centered Psychotherapy for palliative cancer patients in Lithuania. A case report

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Patients with oncological diseases, especially palliative care patients, suffer from physical and psychological difficulties. The quality of life of such patients is bad, they do not have purpose to live and they feel anxiety and distress. In 1959 Victor Frankl wrote the book *Man's Search for Meaning* in which he stated that the driving force of human life lay in the ability to discern the meaning of faith and spirituality. Inspired by Frankl's ideas, the American psychiatrist William Breitbart with colleagues have developed both an individual and group model of Meaning-Centered Psychotherapy. Studies show that this therapy helps patients to cope with distress, to discover the meaning of life in palliative care patients, and to find the strength to look at life positively; also, it relieves the symptoms of illness. The Meaning-Centered Psychotherapy is integrated in various countries and has recently been initiated for palliative patients in Lithuania. The individual Meaning-Centered Psychotherapy was used in the case reviewed in this paper.

Keywords: palliative patients, oncology, psychotherapy, meaning

INTRODUCTION

Patients who are diagnosed with an oncological disease suffer from physical, psychological, social, and spiritual concerns. From all new patients, who were diagnosed with oncological disease within one year, about 11–14% of the patients require palliative treatment (1). The most frequent experienced physical symptoms are the following: pain (44%), increasing weakness (44%), nausea (19%),

and symptoms associated with frequent infections (25%) (1). From 15% to 50% of oncological patients experience symptoms of depression; from 5% to 20% of patients meet the criteria for major depression and often experience suicidal thoughts (2). Due to physical and psychological problems experienced, palliative patients require help. There are several methods how to relieve the symptoms of depression experienced by those patients: organization of help groups, application of cognitive behavioural therapy, psycho-education and other. One of the latest therapies that we want to review in this article is the Meaning-Centered Psychotherapy which aims to help the oncological

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patients with end-stage and to put up with their diagnosis and destiny.

WHAT IS MEANING-CENTERED THERAPY?

It is a form of psychotherapy which includes new treatment approaches designed to enhance the meaning, spiritual well-being, and quality of life. The main principles of group and individual therapy of Meaning-Centered Psychotherapy were first described by the American psychiatrist Dr. William Breitbart and his colleagues. They relied on the works of Viktor Emil Frankl and his 1959 book *Man's Search for Meaning* which reflects the author's experience in Auschwitz concentration camp during World War II and describes a psychotherapy method which helps to find a purpose and to see the life in a positive way (3).

Viktor Frankl's main contribution to human psychology was to help to realize that human life is driven by faith and the ability to discern spiritual components in the experience.

The feeling that life has a meaning includes the assurance that each of us is given an exclusive role and that the purpose of life is a gift. In order to achieve a sense of peace and satisfaction, we have to find a connection with something higher than ourselves (4).

Viktor Frankl formed the key ideas which were applied in the meaning-centered therapy for cancer patients (5):

- WILL TO MEANING

The main force promoting formation of human behaviour – the importance of finding a meaning in human existence.

- MEANING OF LIFE

Life has and must not cease to have a meaning: from the very moment we are born until the moment we die. The meaning of life may change during the life but it never ceases to exist. When we feel that our life no longer has a meaning, it is likely because we are distant from it but yet we have not lost it.

- FREEDOM OF WILL

We are free to find the meaning, purpose, and identity of our existence and to choose our attitude and behaviour in suffering. We have to acknowledge the fact of our existence and to create what makes us humans.

- SOURCES OF MEANING

- Historical Sources – “Life as a Living Legacy”.
 - ✓ Legacy that has been given (past)
 - ✓ Legacy one lives (now)
 - ✓ Legacy one will give (future)
- Attitudinal Sources – ‘Encountering Life's Limitations’
 - ✓ The human tragedy to turn into triumph over physical suffering, personal misfortune, death.
- Creative Sources – “Actively Engaging in Life”
 - ✓ Activity in life, work, actions, achievements.
 - ✓ Courage, liabilities, responsibility.
- Experiential Sources – “Connecting with Life”
 - ✓ Relationship, beauty, nature, humour, love, art.

Based on these principles, Meaning-Centered Psychotherapy enhances the patients' sense of meaning by helping them to find the meaning sources in their lives. Finding of meaning improves the quality of life, reduces psychological distress and disappointment.

MEANING-CENTERED GROUP PSYCHOTHERAPY

One of the first publications about Meaning-Centered Psychotherapy appeared in 2000. The paper describes the impact of Meaning-Centered Group Psychotherapy on oncological patients. In 2000–2005, William Breitbart with his colleagues carried out a pilot research at Memorial Sloan-Kettering Cancer Center in New York with 90 patients with stage III or IV solid tumour cancers or non-Hodgkin lymphoma. The aim of the research was to compare how Meaning-Centered Group Psychotherapy and supportive group psychotherapy affect spiritual well-being, concern, depression, and hopelessness, and how it helps to find purpose in life and gives optimism. The results showed that Meaning-Centered Group Psychotherapy significantly improved spiritual well-being and helped to see the meaning of life, reduced anxiety and depression symptoms. Statistically, the supportive group therapy was not significantly better among any of the comparative variables. The study revealed that Meaning-Centered Group Psychotherapy was a suitable therapy for patients suffering from emotional and spiritual challenges at the end of life (6).

In 2007–2012, William Breitbart and his colleagues carried out a randomized controlled research which compared the benefits of Meaning-Centered Group Psychotherapy and a supportive group therapy. The study involved 253 patients who were divided into two therapy groups: Meaning-Centered Group Psychotherapy was applied to one of the groups, and supportive group therapy to the other. Although patients from both therapeutic groups experienced some positive impact during psychotherapeutic sessions, the statistically significant improvement was recorded in the patients who attended Meaning-Centered Group Psychotherapy. More importantly, the desire to die sooner and hopelessness decreased only in the patients of Meaning-Centered Group Psychotherapy. This suggests that the patients who are disappointed and have lost hope in life can achieve much better results through Meaning-Centered Group Psychotherapy than through traditional psychotherapeutic approaches (7).

The patients who have a stage III–IV oncological disease were involved in sessions of Meaning-Centered Group Psychotherapy. There were eight sessions in total which were held once a week and lasted from 1.5 to 2 hours. Each session examined certain specific topics related to the search of meaning, relationship, the impact of oncological disease on the meaning of life (Table 1). The aim of the sessions was to enhance the patients' sense of faith and find a purpose in life. Patients were taught to understand what the meaning was, to discuss and tell their experience in the group. The patients did not work only during the session: they also received weekly homework and, by doing it, prepared for the next session. The therapist's task was to help the patients to understand the links and the importance of the meaning sources and importance in searching for the meaning of life (5).

INDIVIDUAL MEANING-CENTERED PSYCHOTHERAPY

Two years after the first publications on the benefits of Meaning-Centered Group Psychotherapy for oncology patients, papers about Individual Meaning-Centered Psychotherapy appeared. Due to illness-related ailments, part of the patients could not participate in Meaning-Centered

Group Psychotherapy, therefore the need to find a method of how to apply this therapy for individual patients arose. For this reason, after adjusting Meaning-Centered Group Psychotherapy, Individual Meaning-Centered Psychotherapy emerged.

The randomized trial performed in 2004 to 2006 involved 120 patients with stage III–IV solid tumour cancers or non-Hodgkin lymphoma. The patients were randomly divided into two groups: Individual Meaning-Centered Psychotherapy was applied to one group, and therapeutic massage was applied to the other group. The results showed that, statistically, after the therapy the patients who attended Individual Meaning-Centered Psychotherapy evaluated their spiritual well-being and quality of life significantly better than the patients from the therapeutic massage group. The patients from the Individual Meaning-Centered Psychotherapy group felt that the symptoms of physical distress were reduced. However, there was no significant improvement in anxiety, depression, and hopelessness in either of the groups. In assessing the effectiveness of treatment, two months after the therapy no significant residual improvement in the two therapeutic groups was observed. This is what makes Individual Meaning-Centered Psychotherapy different from Meaning-Centered Group Therapy, during which the decrease of anxiety and desire of a sooner death was observed after two months. This may be due to the fact that the patients from Meaning-Centered Group Psychotherapy got to know each other and continued the communication after the therapy was over. Nevertheless, this study demonstrated the potential benefits of Individual Meaning-Centered Psychotherapy while improving spiritual well-being and the quality of life, and reducing the physical symptoms of distress at least for a short period of time (8).

Individual Meaning-Centered Psychotherapy is a 7-week therapy for patients with advanced cancer diagnosis. It uses teachings, experience, and psychotherapy techniques which encourage overcoming advanced cancer by using the sources of meaning. The therapy consists of seven sessions which last for an hour and cover a specific topic (Table). The patients are also encouraged to read a passage from Viktor Emil Frankl's book *Man's Search for Meaning* and to perform tasks at home (8).

Table. Topics of Individual Meaning-Centered Psychotherapy Sessions

Session	Name of session	Content
1.	Concepts and sources of meaning	Exploration of meaning
2.	Cancer and meaning	Identity before and after cancer diagnosis
3.	Historical sources of meaning	Life as a living legacy
4.	Attitudinal sources of meaning	Encountering life's limitations
5.	Creative sources of meaning	Active engagement in life (creativity and responsibility)
6.	Experiential sources of meaning	Connection with life (love, beauty, humour)
7.	Transitions	Reflections and hopes for the future

ADAPTATION IN LITHUANIA

Different cultures define the significance of health for the quality of life differently (9). The research shows that the perception of both mental and physical disability and their diagnostic value strongly varies in different social and cultural groups (10, 11). Therefore, new psychosocial and psychotherapeutic methods should be implemented carefully and responsibly. Cancer diagnosis leads to existential thoughts and feelings (12) which complicate the faith of the patients and their relatives and friends. Integration of a new therapy and proper psychotherapeutic help in different cultures depends on how working psychotherapists perceive cultural differences of the country and the needs of people (for instance, language, habits, traditions etc.) (13). Cancer poses existential questions and touches deep feelings (guilt, anger, disbelief, helplessness) which may vary depending on the culture. The psychotherapist must take "cultural complexes" and internal powers determined by individual culture into consideration (14).

METHODS AND PARTICIPANTS

Meaning-Centered Psychotherapy was applied on the outpatient basis for a patient with advanced ovarian cancer, who had been treated at the National Cancer Institute for five years. As the disease progressed, the patient continued receiving outpatient symptomatic treatment and care. Meaning-Centered Psychotherapy was carried out by a psychotherapist who received special training in Meaning-Centered Psychotherapy organized by Breitbart at the Memorial Sloan Kettering Cancer Center, USA, and who had the author's permission to apply Meaning-Centered Psychotherapy (15). Breitbart's method of Individual Meaning-Centered Psychotherapy was applied.

Meaning-Centered Psychotherapy material for patients was translated into Lithuanian specially for this study.

CASE REPORT

The patient was a 41-year-old woman suffering from advanced ovarian cancer. She had a managerial job and lived with her husband and two children, an eight-year-old daughter and a six-year-old son. The patient turned to the psychotherapist four months after the last of the six courses of chemotherapy in order to become emotionally stronger and to regain strength. She was offered Individual Meaning-Centered Psychotherapy.

At the beginning of the first session of Meaning-Centered Psychotherapy, the therapist briefly presented the plan of the session, the number of meetings, the duration, time, and the aim of the therapy: strengthening of the sense of the meaning of life. She was explained that the sessions would last for one hour and each session would cover different topics, and that she would be given homework. The therapist explained that during each session the patient would receive material which she would be able to use at home. The aim of these materials and homework was to help her understand what was the most significant for a cancer patient and to assist her in dealing with problems encountered. The patient was explained that the aim of the sessions was to help her discover what was most important in her life while living with cancer. The patient was encouraged to speak about her situation with regard to cancer. Further, the therapist told her that Meaning-Centered Psychotherapy was based on the work of Victor Frankl's *Man's Search for Meaning* and explained that Frankl's central idea was that life always had a meaning regardless of the circumstances.

The therapist relied on Frank's survival in a concentration camp and told the patient about the key – historical, attitudinal, creative, and experiential – sources of the meaning of life. The therapist asked the patient what “the meaning of life” meant to the patient herself, what were the most important and the most significant moments in her life. The therapist suggested remembering two most significant memories of her life. The patient remembered her childhood, her father, who always supported her, encouraged her to learn, and was proud of her achievements. Also, the patient spoke about her mother and grandmother, about how she learned cooking secrets from them, how she was very fond of cooking for her children in her free time, and that she often cooked with love for her children. The therapist associated these memories of the patient with the creative, experiential meaning sources. At the end of the session the therapist suggested that the patient read Chapter I of Frank's *Man's Search for Meaning* at home and asked her to do some homework – to write down her answer to the question “Who am I?” and to think about how she would have answered it before and after cancer diagnosis.

The second session started with a discussion about the patient's feelings after the first session. Then the therapist introduced the topic of the second session, “Cancer and meaning”. He emphasized that a person could individually choose his or her approach to cancer-induced physical and spiritual suffering. This was followed by a revision of the patient's most significant moments in life, which were discussed during the first session – about her relationship with her father, mother, and sister. The therapist and the patient discussed the importance of the roles performed in life to a person's identity. Since the patient could not perform the homework activity given during the first session at home, it was done during the second session: identity and cancer, how cancer changed the patient's answer to the question “Who am I?” The patient spoke of her motherly duties, how she struggled to perform them heart and soul even if it was hard. At the end of the session, the therapist introduced the patient to the topic of the following session – historical sources of the meaning of life; life as a legacy that had been given. The therapist offered the patient some homework: to reflect on the story which

the patient created and which perhaps connected her to her past legacy.

At the beginning of the third session, the patient's condition and her thoughts after the second session were discussed. Then the first session about identity before and after cancer diagnosis was recalled. The therapist asked the patient about the homework the topic of which was a life experience. The patient talked about her relationship with her mother and sister and linked it to the topic of the second session – identity and the roles we perform. The therapist especially excited when she spoke of the future – how she imagined the future life of her husband and children when she was no longer with them. Then she touched upon the topic of inheritance. She expressed concern for her family, especially for the children, and said that she would like her husband to marry a good woman who would take care of her family. The therapist associated the patient's words with the experiential source of meaning – the moments when we link ourselves to our family through love, and suggested that the patient do an exercise: to reflect on what experience she would like to pass on to her children. The patient had a lot of thoughts on this issue. She said she was considering how long she had left to live, and even if it was not long, she tried not to give up and fight the cancer. The patient said that she could not talk with anyone from her family about it. The topic of the next meeting – encountering life's limitations – was introduced at the end of the session, and the homework was discussed.

Although the following meeting was agreed upon, the patient could not continue the therapy due to a deterioration of her health. She was contacted three months after the last meeting. She gained strength, and also said that her mood was good and she did not have any complaints regarding her psycho-emotional condition. She described her emotional state as improved; she was satisfied and evaluated the sessions of Meaning-Centered Psychotherapy positively.

DISCUSSION

Although the full scheduled plan of the sessions was not completed, the state of the patient showed that three months after Meaning-Centered Psychotherapy the therapy sessions had a positive

impact on the patient's psycho-emotional state. Unfortunately, no questionnaire intended to assess the effectiveness of Meaning-Centered Psychotherapy was submitted three months after the therapy.

In his book *Meaning-Centered Psychotherapy in the Cancer Setting. Finding Meaning and Hope in the Face of Suffering* published in 2017, Breitbart points out that three sessions of Individual Meaning-Centered Psychotherapy may also be effective (4). That is why, according to the latest data, it can be provisionally concluded that even three sessions of therapy for the patient of this case report could have also had a positive impact, despite the fact that not all Individual Meaning-Centered Psychotherapy sessions had been conducted. However, in order to prove this statement, more detailed studies should be carried out that would objectively assess the impact of three sessions on human psycho-emotional state. The studies of Breitbart and his colleagues demonstrate that both Group and Individual Meaning-Centered Psychotherapy have a positive impact on palliative patients as it reduces distress, anxiety, and helps to discover the meaning of life in difficult moments. The evaluation of the effectiveness of Individual Meaning-Centered Psychotherapy two months after the end of therapy showed that there were no long-term residual effects of therapy. However, taking into account the fact that the therapy is intended for palliative patients, one can argue that even a short-term impact of the therapy alleviates their psychoemotional condition, and that each and every positive emotion helps them to overcome difficult moments of life.

CONCLUSIONS

Meaning-Centered Psychotherapy is a new kind of psychotherapy offered to palliative patients. Both Group and Individual Meaning-Centered Psychotherapy helps to reduce the symptoms of oncological patients who suffer from distress, anxiety, and tension, and to find the meaning of life in critical moments. Although this form of psychotherapy is not yet widely known all over the world, the benefits of this therapy to the patients indicate that Meaning-Centered Psychotherapy can be successfully applied in Lithuania in the future.

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References

1. Sandgren A, Fridlund B, Nyberg P, Petersson K, Thulesius H. Symptoms, care needs and diagnosis in palliative cancer patients in acute care hospitals: a 5-year follow-up survey. *Acta oncologica*. 2009; 49(4): 460–6.
2. Rosenstein D, Rosenstein D. Depression and end-of-life care for patients with cancer. *Dialogues Clin Neurosci*. 2011; 13(1): 101–8.
3. Frankl VE. *Man's Search for Meaning*. Boston: Beacon Press; 2006.
4. Breitbart W. *Meaning-Centered Psychotherapy in the Cancer Setting*. Oxford: Oxford University Press; 2017.
5. Watson M, Kissane D. *Handbook of psychotherapy in cancer care*. 1st edition. New York: Wiley; 2011.
6. Breitbart W, Rosenfeld B, Gibson C, Pessin H, Nelson C, Tomarken A, et al. Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. *Psychooncology*. 2010; 19(1): 21–8.
7. Breitbart W, Rosenfeld B, Pessin H, Applebaum A, Kulikowski J, Lichtenthal W. Meaning-centered group psychotherapy: an effective intervention for improving psychological well-being in patients with advanced cancer. *J Clin Oncol*. 2015; 33(7): 749–54.
8. Breitbart W, Poppito S, Rosenfeld B, Vickers A, Yuelin Li L, Jennifer A, et al. Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. *J Clin Oncol*. 2012; 30(12): p. 1304–9.
9. Helman C. *Culture, Health and Illness*. 5th edition. London: Hodder Arnold; 2007.
10. Kirmayer LJ, Bhugra D. Culture and mental illness: social context and explanatory models. In Salloum IM, Mezzich JE. *Psychiatric Diagnosis: Patterns and Prospects*. New York: John Wiley & Sons; 2009. p. 29–37.
11. Kim Y, Schulz R, Carver CS. Benefit-finding in the cancer caregiving experience. *Psychosom Med*. 2007; 69(3): 283–91.
12. Lau AS. Making the case for selective and directed cultural adaptations of evidence-based treatments: examples from parent training. *Clinical psychology: Science and practice*. 2006; 3(4): 295–310.

13. Goldezwieg G, Hasson-Ohayon I, Elinger G, Laronne A, Wertheim R, Pizem N. Adaptation of meaning centered group psychotherapy (MCGP) in the Israeli context: the process of importing an intervention and preliminary results. In: W Breitbart, editor. *Meaning Centered Psychotherapy in the Cancer Setting*. New York: Oxford University Press; 2016.
14. Angel RJ, Williams K. Cultural Models of Health and Illness. In Paniagua FA, Yamada A, editors. *Handbook of Multicultural Mental Health*. 2nd edition. Salt Lake City: Academic Press; 2000. p. 25–44.
15. Breitbart WW, Poppito S. *Individual meaning-centered psychotherapy for patients with advanced cancer. A treatment manual*. Oxford: Oxford University Press; 2014.

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INDIVIDUALIOS Į PRASMĘ ORIENTUOTOS PSICHOTERAPIJOS TAIKYMAS PALIATYVIEMS ONKOLOGINIAMS PACIENTAMS LIETUVOJE

Santrauka

Diagnozavus onkologinį susirgimą pacientai patiria ne tik fizinių, bet ir psichologinių sunkumų. Pacientų gyvenimo kokybė pasikeičia, jie nebemato tikslo gyventi, patiria nerimą ir distresą. 1959 m. Viktoras Franklis išleido knygą „Žmogus ieško prasmės“, kur rašė, kad žmogaus gyvenimo varomoji jėga slypi gebėjime išvelgti tikėjimo prasmę ir dvasingumą. Remdamasis jo idėjomis amerikiečių psichiatras Viljamas Breitbartas sukūrė grupinės, orientuotos į prasmę, psichoterapijos teorinius pagrindus, iš kurios vėliau išsivystė ir individuali psichoterapija. Tyrimai rodo, kad ši terapija padeda įveikti patiriamą distresą, atrasti gyvenimo prasmę ir jėgų sergant nepagydoma liga, optimistiškiau žvelgti į gyvenimą. Pozityvus nusiteikimas palengvina ligos simptomus. Ši terapija integruojama įvairiose šalyse, o pastaruoju metu pradeda taikyti ir paliatyviems pacientams Lietuvoje. Straipsnyje apžvelgiamas klinikinis atvejis, kai buvo taikyta individuali, į prasmę orientuota, terapija.

Raktažodžiai: paliatyvūs pacientai, onkologija, psichoterapija, prasmė