



HHS Public Access

Author manuscript

Curr Psychiatry Rep. Author manuscript; available in PMC 2016 May 09.

Published in final edited form as:

Curr Psychiatry Rep. 2014 October ; 16(10): 488. doi:10.1007/s11920-014-0488-2.

Meaning-Centered Psychotherapy: A Form of Psychotherapy for Patients With Cancer

Lori P. Montross Thomas,

Moores Cancer Center, Psychiatry & Psychosocial Services; Patient & Family Support Services, University of California, San Diego, 9500 Gilman Drive #0664 La Jolla, San Diego, CA 92093-0664, USA, Department of Psychiatry, University of California, San Diego, 9500 Gilman Drive La Jolla, San Diego, CA 92093, USA, Department of Family & Preventive Medicine, University of California, San Diego, 9500 Gilman Drive La Jolla, San Diego, CA 92093, USA

Emily A. Meier, and

Moores Cancer Center, Psychiatry & Psychosocial Services; Patient & Family Support Services, University of California, San Diego, 9500 Gilman Drive #0664 La Jolla, San Diego, CA 92093-0664, USA

Scott A. Irwin

Moores Cancer Center, Psychiatry & Psychosocial Services; Patient & Family Support Services, University of California, San Diego, 9500 Gilman Drive #0664 La Jolla, San Diego, CA 92093-0664, USA, Department of Psychiatry, University of California, San Diego, 9500 Gilman Drive La Jolla, San Diego, CA 92093, USA

Lori P. Montross Thomas: lpmontross@ucsd.edu

Abstract

Caring for patients with cancer involves addressing their myriad physical, psychological, social, and spiritual needs. Although many cancer treatments focus on physical or psychological needs, few treatments specifically target the basic need for meaning and spiritual well-being in this population. This article describes the creation and evolution of a new psychotherapy devoted to these needs, a therapy termed “meaning-centered psychotherapy.” In this article, a detailed description of meaning-centered psychotherapy is provided. An explanation of the current research findings related to this treatment are also offered, with information about the various group and individual treatments as well as the new expansions for use with cancer survivors or nursing staff. Overall, meaning-centered psychotherapy shows promise for enhancing meaning and spiritual well-being among patients with cancer and offers exciting possibilities for future research in other areas.

Correspondence to: Lori P. Montross Thomas, lpmontross@ucsd.edu.

This article is part of the Topical Collection on *Complex Medical-Psychiatric Issues*

Compliance with Ethics Guidelines

Conflict of Interest Lori P. Montross Thomas, Emily A. Meier, and Scott A. Irwin declare that they have no conflict of interest.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

Keywords

Cancer; Existentialism; Meaning; Psychosocial oncology; Psychotherapy; Spirituality

Introduction

Patients who have been diagnosed with cancer have numerous physical, psychological, social, and spiritual concerns that need to be addressed [1–3]. To date, few psychological interventions have directly addressed spirituality, with psychologically-based cancer care more often being focused on providing psycho-educational, cognitive-behavioral, or support group interventions [4•]. However, Dr. William Breitbart and his colleagues developed one type of cancer-care intervention which blends psychology and spirituality—an intervention termed “meaning-centered psychotherapy [5•].” This article describes the key components of meaning-centered psychotherapy, summarizes the current research pertaining to this therapy, and offers suggestions for future directions of this intervention.

What Is Meaning-Centered Psychotherapy?

Meaning-centered psychotherapy is a term which includes new therapeutic approaches designed to enhance meaning, spiritual well-being, and quality of life. Meaning-centered psychotherapy is theoretically rooted in the writings of Viktor Frankl, a psychiatrist and holocaust survivor who authored the best-selling book, *Man’s Search for Meaning* [6]. Viktor Frankl’s theory is existential in nature, and postulated that the creation of *meaning* is a primary force of human motivation. Frankl suggested that people desire to find meaning in their existence, and have the ability to find meaning even during times of great suffering. Furthermore, finding meaning could help decrease suffering and perhaps lead to psychological well-being in the future.

According to Frankl, human beings create meaning through: 1) their choice of attitudes even in dire or life-threatening situations, 2) their ability to connect with life through art, humor, nature, love, and relationships, 3) their engagement with life through work, hobbies, or other activities, and 4) their understanding of their past, present, and future legacy. This focus on meaning relates to spirituality, as spirituality has been described as encompassing *both* faith and meaning, and was defined by the Consensus Conference on Improving Spiritual Care as, “the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (p. 887 [7]). Thus meaning-centered psychotherapy aims to increase patients’ sense of meaning and spiritual well-being by bringing awareness to their choice of attitudes, to their ability to connect and engage with life, and to the legacy they have lived or want to create in the future.

To date, meaning-centered psychotherapy has been tested in both group and individual therapy formats among patients with advanced cancer [5•, 8•]. The therapy involves eight sessions when performed in a group, and seven sessions when performed with individuals. The therapy is typically facilitated by psychiatrists, psychologists, or psychology doctoral students, and contains both didactic and experiential activities [9•]. For example, since the

therapy was originally designed for people with advanced cancer, the therapists attempt to “detoxify death” by having a direct discussion of death anxiety and fears. Also, therapists provide an “existential nudge” which includes the facilitation of a personal legacy project. These projects focus on whatever is most meaningful to the patients and may involve mending fractured relationships, providing community service, traveling to places of interest, or finding ways to capture their life story (e.g., creating scrapbooks, videos, photo albums). A summarized list of the topics and experiential exercises typically covered in Meaning-Centered Group Psychotherapy is listed in Table 1.

Meaning-Centered Psychotherapy Research

Meaning-Centered Group Psychotherapy

The first test of meaning-centered psychotherapy was performed in the group setting [10]. In fact, one of the first publications in this area focused on the themes expressed by four men who were part of the original pilot group facilitated by Dr. Breitbart and Dr. Greenstein in May of 2000. In this initial pilot group, the four group men ranged in age from 39–75, with diagnoses of esophageal cancer, rectal cancer, colon cancer, prostate cancer, lymphoma, and leukemia (some men had more than one type of cancer).

As the group progressed over the 8 weeks, the facilitators tracked the most common themes discussed by the group. When asked to describe meaningful events in their lives, every man described important relationships and put “love at the top of the list of sources of meaning” (p. 504 [10]). It was clear to the group leaders that a sense of connectedness related to meaning in these men’s lives.

During the group, the men were also able to identify both negative and positive changes in their lives due to cancer. Negative changes included being unable to work, having new physical limitations, as well as feeling depressed and anxious. Positive changes included being more responsible, more social, more compassionate, more resilient, and feeling closer in their relationships. Additionally, the importance of appreciating nature and keeping a sense of humor were discussed as ways to bring meaning to their lives.

A number of lessons were learned by the leaders of this first pilot group. The men reported being thankful for the opportunity to be of help to one another, and were surprised by how comfortable they became with discussing private details of their lives. In fact, the men made plans to continue meeting as a group at local restaurants even after the 8 weeks were completed. These results suggested the group could be particularly applicable for men, especially ones who may otherwise be reticent to engage in other types of cancer treatment.

This pilot study led to the first randomized controlled trial which compared meaning-centered group psychotherapy and supportive group psychotherapy in 90 patients with stage III or IV solid tumor cancers [5•]. The study was based at Memorial Sloan-Kettering Cancer Center in New York, and recruited patients from outpatient clinics between 2002 and 2005. The resulting sample was 51 % female, 72 % Caucasian, and the average age was 60 years old (range was 21–84). Patients were randomized into groups of 8–10, and were assessed pre-and-post treatment as well as two months after treatment was completed. The study

measures included were the: Beck Hopelessness Scale, FACIT Spiritual Well-Being Scale, Hospital Anxiety and Depression Scale, Life Orientation Test (optimism), and Schedule of Attitudes toward Hastened Death.

Once randomized, patients received either 8 weeks of the manualized meaning-centered group psychotherapy ($n=49$) or supportive psychotherapy ($n=41$). The supportive psychotherapy simply focused on the emotional expression of general cancer-related concerns within a group. The weekly group sessions in both treatments lasted 90 minutes, with sessions being led by experienced psychiatrists, psychologists, or psychology doctoral students.

Results showed that although both groups demonstrated higher scores on the FACIT Spiritual Well-Being Scale post-treatment, the meaning-centered group's scores were significantly higher, including significant increases on the "meaning/peace" and "faith" subscales of that measure. At the two month follow-up, the meaning-centered group members showed a significant decrease in their anxiety and desire for death. There were no statistically significant differences ($p .05$) in either group on indicators of depression, hopelessness, or optimism. Overall, this study demonstrated the benefits of meaning-centered group psychotherapy for increasing spiritual well-being, and decreasing patients' anxiety and desire for death.

Notably, attrition in this study was shown to be problematic; only 35 % of patients attended all eight sessions of the meaning-centered group psychotherapy, and 22 % attended all eight sessions of the supportive psychotherapy. A separate article published by Applebaum et al. further described the difficulties with attrition in this trial [11]. The most common reason for non-completion was patients becoming "too sick" to participate. It was noted that the average length of time between recruitment and treatment in the study was 28 days, with a range from 1–158 days. Long delays were due to the wait for recruitment, and once patients were recruited and randomized, further delays occurred while waiting for the launch of the next 8 week group. This high level of attrition raised concerns about the feasibility of conducting the therapy in a group format. Future studies were suggested to examine the possibility of an individual therapy adaptation, and to evaluate the optimal number of people necessary per group and/or the optimal number of group sessions required to achieve significant results.

Individual Meaning-Centered Psychotherapy

After the creation of meaning-centered group psychotherapy, a study of individual meaning-centered psychotherapy was published two years later [8•]. This subsequent randomized controlled trial compared individual meaning-centered psychotherapy (as adapted from the original group-based treatment) to a therapeutic massage control group. The 120 patients in the study had stage III or IV solid tumor cancers and were recruited from outpatient clinics at Memorial Sloan-Kettering Cancer Center in New York between 2004 and 2006. The resulting sample was 61 % female, 82 % Caucasian, and the average age was 54 years old (the range was 25–82). Patients were assessed pre-and-post treatment, and at two months following treatment. The measures used in the study were the: Beck Hopelessness Scale,

FACIT Spiritual Well-Being Scale, Hospital Anxiety and Depression Scale, McGill Quality of Life Questionnaire, and Memorial Symptom Assessment Scale.

After randomization, patients received either 7 weekly sessions of one-hour individual meaning-centered psychotherapy ($n=64$) performed by a trained psychologist or psychology doctoral student, or 7 weekly sessions of one-hour therapeutic massage ($n=56$) performed by a licensed massage therapist. The basic topics discussed in each of the seven individual meaning-centered psychotherapy sessions are: 1) the concepts and sources of meaning, 2) meaning before and after a cancer diagnosis, meaning from 3) historical, 4) attitudinal, 5) creative, and 6) experiential sources as well as 7) discussing transitions and hopes for the future.

The individual adaptation of meaning-centered psychotherapy appeared to help address the earlier issue of attrition when the therapy was performed in a group format. Specifically, in this study 66 % of patients completed all seven sessions of the individual meaning-centered psychotherapy, and 61% completed all seven sessions of the therapeutic massage.

Results showed that patients who received individual meaning-centered psychotherapy had significantly higher post-treatment scores on spiritual well-being and overall quality of life, and also demonstrated a significant decrease in physical symptom distress and the number of physical symptoms endorsed. However, there were no significant post-test differences on levels of anxiety, depression, or hopelessness between the two types of treatment. No differences were found to be significant on any of the outcome measures in either treatment when measured two months later. The lack of significant changes two months after treatment are in contrast to the results found in the meaning-centered group psychotherapy trial [5•]. In that study, the group therapy was found to decrease anxiety and a desire for death when measured two months after treatment. This leads to a question of whether the group modality offers certain long-standing benefits, particularly if group members become connected and continue to visit one another outside of the clinic setting (e.g., in a local restaurant) as was mentioned in the first group pilot study [10]. Regardless, this study highlighted the potential benefits of individual meaning-centered psychotherapy for increasing spiritual well-being, enhancing overall quality of life, and reducing physical symptoms distress at least in the short-term.

Meaning-Centered Group Psychotherapy for Cancer Survivors

Most recently, a study protocol for an effectiveness and cost-effectiveness study of meaning-centered group psychotherapy for cancer survivors was published by a research team in the Netherlands [12]. This study plans to enroll 168 cancer survivors who will receive one of three treatments: meaning-centered group psychotherapy for cancer survivors, supportive group psychotherapy, or treatment as usual. In this study, cancer survivorship is defined as patients who have had a cancer diagnosis within the last 5 years, and who have completed all curative treatments. Pre-and-posttest assessments will occur, along with follow-up measures at 3, 6, and 12 months.

In this meaning-centered group psychotherapy for cancer survivors, patients move through a weekly “life lessons portfolio” with eight themed sessions (session topics are highlighted in

Table 2). Additional modifications in the cancer survivor group intervention include changing some of the original meaning-centered group psychotherapy questions such as: “What would you consider a good or meaningful death?” and “How can you imagine being remembered by your loved ones?” to now ask cancer survivors: “What are limitations in your life at the moment?”, “How can you carry on in life, despite these limitations?” and “What do you want to do now that will make you happy and satisfied when you die later?” Also in the new cancer survivor group, each session begins with a brief meditation exercise.

Overall, the new study will be focused on measuring changes in anxiety, depression, and hopelessness, as well as meaning, post-traumatic growth, positive psychological aspects, quality of life, and well-being for cancer survivors. The potential cost-effectiveness of the cancer survivor group will be measured via changes found in health care utilization (e.g., number of hospital days spent) and/or employment (e.g., time to partial and full return to work).

In addition to the current randomized controlled trial, this research team recently published results from four focus groups with 23 cancer survivors in the Netherlands who discussed the experience of meaning in their lives [13]. In this study, the cancer survivors were 70 % female, with a mean age of 56 (range=33–73) and an average of 2 years post-diagnosis (range=0.5–5 years). The focus groups were led by one psychologist and one theologian, and followed a semi-structured interview guide. Results showed that the survivors did experience more meaning (in at least one domain) after their cancer treatments, with common sources of meaning found in personal relationships. When describing a loss of meaning in their lives, these cancer survivors reported distress due to physical impairments and being unable to engage in meaningful activities. Isolation was also noted as stressful, particularly if patients felt excluded from their social environment due to cancer.

Meaning-Centered Intervention for Palliative Care Nurses

One adaptation of meaning-centered psychotherapy was created not for patients, but for palliative care nurses [14]. Using a randomized design, 109 palliative care nurses in Canada participated in either a meaning-centered intervention ($n=56$) or a wait-list control ($n=53$). The meaning-centered intervention involved 4 weekly meetings with nurses to discuss topics such as: identifying the characteristics and sources of meaning, creating a sense of accomplishment at work, understanding suffering, and appreciating possibilities for attitudinal change. Each nurse also received a copy of the book, *Tuesdays with Morrie* [15]. Nurses’ distress, emotional quality of life, job satisfaction, perceived benefits related to working in palliative care, and spiritual quality of life were assessed before and after the intervention as well as three months later. The wait-list participants received the intervention once the study was complete.

Results showed the intervention had no impact on job satisfaction, nor on emotional or spiritual quality of life, but the perceived benefits of working in palliative care were significantly higher at post-test and at the three month follow-up. Although the intervention showed promise, the authors noted several limitations of the study: 1) the study was conducted during a major restructuring of the local health care system which could have impacted the nurses’ stress and job satisfaction, 2) some of the nurses had minimal palliative

care responsibilities in their overall job description, and 3) the most “unhealthy” nurses may not have participated because they were too distressed to enroll in the study or were on sick leave. Regardless, the nurses in the study reported being satisfied with the meaning-centered intervention group content, and 69 % suggested the group should last for more than 4 weeks.

Future Directions for Meaning-Centered Psychotherapy

The testing of meaning-centered psychotherapy has offered new information and insights about ways to enhance meaning and spiritual well-being. Clinically, this therapy has thus far been provided to people with advanced cancer and is now being tested among cancer survivors. The research to date has highlighted the need to investigate the optimal number of sessions needed in each treatment type, as well as an investigation of why the individual and group treatments differ in their longer-term outcomes. However, this exciting new field also sets the stage for broader research in several other areas.

First, future research could examine whether cultural adaptations are necessary for this therapy. Thus far the studies have primarily sampled Caucasian women who were approximately 60 years old. How would the intervention impact other racial, ethnic, or cultural groups? Additionally, could there be important adaptations of this therapy for older adults (particularly in groups where the average age is over 60 years old) or perhaps for younger patients with advanced cancer (e.g., under 40 years old)? Second, what are the factors necessary for successful dissemination of this treatment? Future studies could perhaps create a “train the trainer” model, with accompanying supervision protocols, and systematically measure the time and resources needed to launch the treatment within cancer care organizations. Additionally, once disseminated, how cost-effective is the treatment? The current Netherlands-based study may serve as a useful model for future cost-related research in the United States, as these are likely to be variables of interest for cancer care administrators.

Next, future research could assess whether meaning-centered psychotherapy can be adapted for other patient groups. For example, could the therapy prove useful among people with HIV/AIDS or ALS? Similar to cancer survivors, people with these diseases may live for several years and may seek enhanced meaning in their lives during that time. Conversely, could meaning-centered psychotherapy be adapted for those with limited prognoses, namely those in hospice care? Hospice patients are a group with commonly identified spiritual needs [1, 2]. Perhaps a hospice version of meaning-centered psychotherapy could be shortened to approximately 2–4 individual sessions and be home-based? This therapeutic adaptation might allow hospice patients to reflect on meaning they have gleaned over the course of their lives, and to potentially benefit from greater spiritual well-being or a sense of closure as a result.

The potential role of meaning-centered interventions for staff is also ripe for research. Could hospice staff benefit from groups focused on their sense of meaning at work, their spiritual well-being, and their quality of life? Could staff at hospitals benefit from the same intervention? Future studies could pilot this type of therapy with myriad professional groups and measure whether it increases well-being. Research in this area could also assess whether

boosting staff members' sense of meaning may also indirectly improve patient care outcomes.

Finally, future studies of meaning-centered psychotherapy could employ more qualitative or mixed research methods, thereby gaining an even richer sense of peoples' experiences in treatment [16]. The focus group study conducted by Spek et al. [13] offered valuable data about cancer survivors' experiences with meaning. Perhaps patients or staff who complete meaning-centered psychotherapy could also share their experience via qualitative interviews. Such interviews could be a useful way for researchers to gain more detailed and personal accounts of what "happens" during the treatment. These narratives could guide the use of future outcome measures by helping researchers understand the various types of positive outcomes that may be related to the treatment. For example, spiritual well-being and quality of life have been shown to increase through meaning-centered psychotherapy, but could other positive outcomes such as increased contentment, gratitude, hope, or resilience be equally as applicable? Such positive outcomes could be the target of measurement in future research studies.

Conclusion

Meaning-centered psychotherapy appears to effectively enhance meaning and spiritual well-being for cancer patients. The psychotherapy can be offered in a group or individual format, and can be modified for patients with advanced cancer, cancer survivors, or even nursing staff. The longer-term benefits of treatment, its impact on emotional or physical distress, its level of cost-effectiveness, and its potential for dissemination remain unclear. Future studies could address these questions, in addition to gaining a better understanding of the larger cultural or clinical adaptations that may be possible (e.g., adaptations for HIV/AIDS populations, or hospice versions of the treatment). Regardless, the therapy originators, Dr. Breitbart and his colleagues, have offered a significant advancement to the field of psychosocial oncology with the creation of meaning-centered psychotherapy, and in doing so, have reminded us all about the central role of meaning in our lives.

Acknowledgments

Work supported by grants from the American Cancer Society: MRSG-13-233-01-PCSM and the Westreich Foundation (Dr. Lori Montross Thomas), as well as the National Institute of Mental Health K23MH091176 (Dr. Scott Irwin).

References

Papers of particular interest, published recently, have been highlighted as:

- Of importance

1. Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, et al. A model to guide patient and family care: based on nationally accepted principles and norms of practice. *J Pain Symptom Manag.* 2002; 24(2):106–23.
2. Irwin, SA.; Fairman, N.; Montross, L. Alleviating psychological and spiritual pain. In: Porter Storey, C., Jr, editor. *UNIPAC 2: A resource for hospice and palliative care professionals.* 4. Glenview: American Academy of Hospice and Palliative Medicine; 2012.

3. APA handbook of psychology, religion, and spirituality (vol 2): An applied psychology of religion and spirituality. Washington, DC, US: American Psychological Association, Washington, DC; 2013.
- 4•. Breitbart W. Spirituality and meaning in supportive care: spirituality- and meaning-centered group psychotherapy interventions in advanced cancer. *Support Care Cancer*. 2002; 10(4):272–80. This literature review offers a comprehensive overview of meaning, spirituality, and transcendence in end-of-life care, describes how traditional psychotherapies have tried to address topics among cancer patients, and how Meaning-Centered Psychotherapy helps to address those needs. [PubMed: 12029426]
- 5•. Breitbart W, Rosenfeld B, Gibson C, Pessin H, Poppito S, Nelson C, et al. Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. *Psychooncology*. 2010; 19(1):21–8. This is a foundational article in Meaning-Centered Psychotherapy as it describes in detail the first randomized controlled trial in this area. [PubMed: 19274623]
6. Frankl, VE. *Man's search for meaning: An introduction to Logotherapy*. 4. Boston: Beacon Press; 1992.
7. Puchalski C, Ferrell B, Virani R, Otis-Green S, Baird P, Bull J, et al. Improving the quality of spiritual care as a dimension of palliative care: the report of the consensus conference. *J Palliat Med*. 2009; 12(10):885–904. [PubMed: 19807235]
- 8•. Breitbart W, Poppito S, Rosenfeld B, Vickers AJ, Li Y, Abbey J, et al. Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. *J Clin Oncol*. 2012; 30(12):1304–9. This is the foundational article pertaining to Meaning-Centered Group Psychotherapy's adaptation to an individual therapy format. [PubMed: 22370330]
- 9•. Breitbart, W.; Applebaum, A. Meaning-centered group psychotherapy. In: Watson, M.; Kissane, DW., editors. *Handbook of psychotherapy in cancer care*. 1. Oxford: J Wiley; 2011. A helpful description of the theoretical underpinnings for Meaning-Centered Group Psychotherapy as well as detailed information about the content and aim of each psychotherapy session within the treatment
10. Greenstein M. The house that's on fire: meaning-centered psychotherapy pilot group for cancer patients. *Am J Psychother*. 2000; 54(4):501–11. [PubMed: 11109134]
11. Applebaum AJ, Lichtenthal WG, Pessin HA, Radomski JN, Simay Gokbayrak N, Katz AM, et al. Factors associated with attrition from a randomized controlled trial of meaning-centered group psychotherapy for patients with advanced cancer. *Psycho-Oncology*. 2012; 21(11):1195–204. [PubMed: 21751295]
12. van der Spek N, Vos J, van Uden-Kraan CF, Breitbart W, Cuijpers P, Knipscheer-Kuipers K, et al. Effectiveness and cost-effectiveness of a meaning-centered group psychotherapy in cancer survivors: protocol of a randomized controlled trial. *BMC Psychiatry*. 2014; 14:22. 244X-14-22. [PubMed: 24467861]
13. van der Spek N, Vos J, van Uden-Kraan CF, Breitbart W, Tollenaar RA, Cuijpers P, et al. Meaning making in cancer survivors: a focus group study. *PLoS ONE*. 2013; 8(9):e76089. [PubMed: 24086695]
- 14•. Fillion L, Duval S, Dumont S, Gagnon P, Tremblay I, Bairati I, et al. Impact of a meaning-centered intervention on job satisfaction and on quality of life among palliative care nurses. *Psycho-Oncology*. 2009; 18(12):1300–10. Only study thus far to adapt Meaning-Centered Psychotherapy for use with staff. [PubMed: 19165757]
15. Albom, M. *Tuesdays with morrie: A young man, an old man, and life's greatest lesson*. New York: Bantam Doubleday Dell Publishing Group; 1997.
16. Palinkas LA, Horwitz SM, Chamberlain P, Hurlburt MS, Landsverk J. Mixed-methods designs in mental health services research: a review. *Psychiatr Serv*. 2011; 62(3):255–63. [PubMed: 21363896]

Table 1

Topics, sample content, and sample experiential exercises within the 8 sessions of meaning-centered group psychotherapy^a

	General topic	Sample content and experiential exercises
Session 1	Concepts and sources of meaning	Introductions of group members; “ <i>List 1 or 2 experiences or moments when life has felt particularly meaningful to you...</i> ”
Session 2	Cancer and meaning	Identity before and after cancer diagnosis; “ <i>Write down 4 answers to the question, ‘Who am I? ... and How has cancer affected your answers...?’</i> ”
Session 3	Historical sources of meaning (past legacy)	Life as a legacy that has been given (past); “ <i>When you look back on your life and upbringing, what are the most significant memories, relationships, traditions and so on that have made the greatest impact on who you are today...?’</i> ”
Session 4	Historical sources of meaning (present and future legacy)	Life as a legacy one lives (present) and gives (future); “ <i>As you reflect upon who you are today, what are the meaningful activities, roles, or accomplishments that you are most proud of...?’</i> ”
Session 5	Attitudinal sources of meaning: encountering life’s limitations	Confronting limitations imposed by cancer, prognosis and death, introduction of legacy project; “ <i>What would you consider a ‘good’ or ‘meaningful’ death...?’</i> ”
Session 6	Creative sources of meaning: engaging in life fully	Creativity, courage, and responsibility; “ <i>What are your responsibilities? What are you responsible to and for...?’</i> ”
Session 7	Experiential sources of meaning: connecting with life	Love, nature, art and humor; “ <i>List three ways in which you ‘connect with life’ and feel most alive through the experiential sources of love, beauty, and humor...</i> ”
Session 8	Transitions: reflections and hopes for the future	Review of sources of meaning, reflections on lessons learned in the group; “ <i>Do you feel like you have a better understanding of the sources of meaning in life and are you able to use them in your daily life? If so, how...?’</i> ”

^a Adapted from Breitbart & Applebaum, 2011, Meaning-Centered Group Psychotherapy as described in the Handbook of Psychotherapy in Cancer Care [9•]

Table 2

Sessions contained in the meaning-centered group psychotherapy for cancer survivors^a

Session 1: Concept and sources of meaning
Session 2: Meaning before and after cancer
Session 3: Story of our life as a source of meaning; What made us who we are today
Session 4: Story of our life as a source of meaning; Things we have done and want to do in the future
Session 5: Attitudinal sources of meaning; Encountering life's limitations
Session 6: Creative sources of meaning; Responsibility, courage, and creativity
Session 7: Experiential sources of meaning
Session 8: Termination; Presentations of our life lessons and goodbyes

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript