Meaning-Centered Psychotherapy for Cancer Patients

William Breitbart, M.D., Chairman
Jimmie C Holland, Chair in Psychiatric Oncology
Department of Psychiatry and Behavioral Sciences
Memorial Sloan-Kettering Cancer Center
New York, New York, USA
www.MSKCC.org
“Hope is the creation of an uncertain future with meaning.” – William Breitbart
The Concept of Despair at the End of Life

• Desire for hastened death
• Suicidal ideation
• Loss of meaning/spiritual well-being
• Hopelessness
• Loss of Dignity
• Demoralization
• Depression/Anxiety/Panic
The Unique Nature of Human Existence

• Human Beings are Uniquely Aware of our Existence (awe-dread paradox, finiteness, responsibility, guilt, culture)

• Meaning – Making is the Defining Characteristic of Human Beings as a Species

• Connection / Connectedness is Essential to Human Survival, and the Essence of the Human Experience (to each other, past, present, future, something greater)

• The Capacity for Transformation is Unique to Human Beings (growth, benefit finding, attitude towards suffering)
Cancer and Meaning

Cancer → Suffering → Enhance Meaning
Limitations → Maintain Meaning
Identity → Loss of Meaning
Death → Guilt
The Importance of Meaning and Spiritual Needs in Cancer

In a sample of 248 cancer patients the following rates of endorsement were found for questions regarding needs:

- Overcoming fears - 51%
- Finding hope - 42%
- Finding meaning in life - 40%
- Finding peace of mind - 43%
- Finding spiritual resources - 39%

Higher rate of spiritual/existential needs in ethnic minorities, unmarried patients, more recent diagnosis

Moadel A et al. Psychooncology 1999, 8:378-385
The Universality of Existential Suffering

In a sample of 162 Japanese cancer inpatients, existential distress was related to:

- Dependency - 39%
- Meaninglessness - 37%
- Hopelessness - 37%
- Burden to others - 34%
- Loss of social role - 29%
- Feeling irrelevant - 28%

Spirituality and QOL in Cancer

Percent of Subjects Enjoying Life "Very Much" by Meaning/Peace and Symptoms Level

<table>
<thead>
<tr>
<th>Pain Level and Fatigue Level</th>
<th>Low Meaning/Peace</th>
<th>High Meaning/Peace</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>25</td>
<td>76.6</td>
</tr>
<tr>
<td>High Pain</td>
<td>9.2</td>
<td>47.6</td>
</tr>
<tr>
<td>No Fatigue</td>
<td>26.8</td>
<td>78.6</td>
</tr>
<tr>
<td>High Fatigue</td>
<td>10.7</td>
<td>66.2</td>
</tr>
</tbody>
</table>

p = .001
Spirituality in QOL in Cancer

Percent of Subjects Enjoying Life "Very Much" by Faith and Symptom Levels

Brady MJ et al, Psychooncology, 1999, 8: 417-428 p=.001
Spirituality and Depression in Cancer

Severity of Depressive Symptoms (HDRS score)

FACIT Spiritual Well-Being Scale

Level of Spirituality

Nelson, Rosenfeld, Breitbart. Psychosomatics, 2002  p=.001
## Spirituality and Depression in Cancer Patients

### Correlation Between Spirituality/religion And Depression

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Depression (HDRS)</th>
<th>p</th>
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<tbody>
<tr>
<td>Facit Total Score</td>
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<td>.001</td>
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<tr>
<td><strong>Meaning/peace Subscale</strong></td>
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<td><strong>.001</strong></td>
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<tr>
<td>Faith Subscale</td>
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<tr>
<td>Religiosity Index</td>
<td>.04</td>
<td>n.s.</td>
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</tbody>
</table>

Nelson, Rosenfeld, Breitbart. Psychosomatics 2002
Spirituality & Desire for Hastened Death: A Group of 160 Terminally Ill Cancer Patients

Schedule of Attitudes Toward a Hastened Death Score

Spiritual Well-Being Score

p < .001
Spirituality & Hopelessness in Cancer:
A Group of 160 Terminally Ill Cancer Patients

Beck Hopelessness Scale Score

Spiritual Well-Being Total Score

p < .001
Spiritual Well Being and Suicidal Ideation: N=30 in Group of 160 Terminally Ill Cancer Patients

![Graph showing the relationship between Spiritual Well-Being Score and Suicidal Ideation.](image-url)

- **High** Spiritual Well-Being Score shows a lower percentage of suicidal ideation (0%)
- **Moderate** Spiritual Well-Being Score shows a moderate percentage of suicidal ideation (10%)
- **Low** Spiritual Well-Being Score shows a high percentage of suicidal ideation (50%)

*p < .001*
Spiritual Well-Being in Relation to End of Life Despair Among Cancer Patients

Regression models predicting end-of-life despair from Meaning, Faith and Depression

<table>
<thead>
<tr>
<th>FACIT Meaning subscale</th>
<th>BHS</th>
<th>SAHD</th>
<th>SI</th>
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<tr>
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<tr>
<td>SI</td>
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</table>

(Correlations in **bold** are significant, p < .05)
A Meta-Analysis of Meaning and it’s Relation to Distress in Cancer Patients

In a meta-analysis of 62 studies examining the relationship between “Meaning in Life” (usually measured by the FACIT-SWB) and distress in cancer patients:

Meaning in life demonstrated significant negative associations with cancer distress ($r= -0.41$, 95% CI= -0.47 to -0.35, $k=44$)

Viktor E. Frankl, M.D. (1905-1997)
Meaning Centered Psychotherapy
Basic Concepts

Meaning:

1. **Meaning of Life** - Life has meaning and never ceases to have meaning. The possibility of creating or experiencing meaning exists until the last moments of life.

2. **Will to Meaning** - The desire to find meaning in human existence is a third primary and basic motivation for human behavior; (i.e. libido, will to power, will to meaning).

3. **Freedom of Will** - Freedom to find meaning in existence and to choose one’s attitude towards suffering; to choose how we respond to uncertainty.
Meaning Centered Psychotherapy Basic Concepts

The Sources of Meaning: Achieving Transcendence

1. Creativity - work, deeds, causes
2. Experience - nature, art, relationships
3. Attitude - the attitude one takes towards suffering and existential problems; limitations, uncertain future
4. Historical - individual, family, community history; Legacy: past, present, future
Meaning-Centered Psychotherapy
Session Topics & Themes

• Session #1: Concepts & Sources of Meaning
  – Introductions to Intervention & Meaning
• Session #2: Cancer & Meaning
  – Identity – Before & After Cancer Diagnosis
• Session #3: Historical Sources of Meaning
  – Life as a Living Legacy (past-present-future)
• Session #4: Attitudinal Sources of Meaning
  – Encountering Life’s Limitations
• Session #5: Creative Sources of Meaning
  – Actively Engaging in Life (via: creativity & responsibility)
• Session #6: Experiential Sources of Meaning
  – Connecting with Life (via: love, beauty & humor)
• Session #7: Transitions
  – Reflections & hopes for future
Session #1
Concepts and Sources of Meaning: Experiential Exercises

• *List one or two experiences or moments when life has felt particularly meaningful to you- whether it sounds powerful or mundane. For example, it could be something that helped you through a difficult day, or a time when you felt most alive.*
Session # 2  
Cancer and Meaning: Experiential Exercises

• Write down 4 answers to the question, “Who am I?” These can be positive or negative, and include personality characteristics, body image, beliefs, things you do, people you know, etc....For example, answers might start with, “I am someone who___,” or “I am a ___.”

• How has cancer affected your answers?
Sessions # 3
Meaning & the Historical Context of Life: Experiential Exercises

• *Tell us the story of your name.*

• *Tell us about your life and the history of your family.*

• *What are your most important accomplishments, and what do you feel most proud of?*

• *What have you learned about life that you would want to pass on to others?*
Session # 4- Meaning & Attitudinal Values: Limitations, Finiteness of Life

- Are you still able to find meaning in your daily life despite the finiteness of life?
- Since your diagnosis, have you felt a sense of a loss of meaning in life? That life is not worth living?
- Thoughts about what is a “good” or “meaningful” death.
- Thoughts about what happens after death?
Session # 5- Meaning Derived from Creative Values & Responsibility
Courage, Commitment and Care

• What are your responsibilities?
• What are the tasks you have for your life?
• Who are you responsible to and for?
• What is your unfinished business?
• What tasks have you always wanted to do, but have yet to undertake?
Session # 6- Meaning & Experiential Values: Love, Nature, Art, Beauty, Humor:

• List and discuss 3 things that strike you as beautiful and still make you feel alive.

• List 3 things that still make you laugh.
Session # 7- Transitions

• Process Termination
• Review of memoirs, legacy project
• Review sources of meaning
• Hopes for future- List 3 hopes for the future
• Saying good-bye
Meaning Centered Psychotherapy in Advanced Cancer

- Meaning-Centered Psychotherapy, in Group and Individual Formats, has been demonstrated in multiple Randomized Controlled Trials to:
  - Enhance Spiritual Well Being, Meaning, Faith,
  - Enhance Quality of Life
  - Decrease Hopelessness, Desire for Hastened Death, Symptom Distress, Depression, Anxiety

Funding: R21 AT/CA 0103; RO1 CA 128134; RO1 CA 128187; Fetzer Institute; Kohlberg Foundation
Pilot Randomized Controlled Trial of Individual Meaning-Centered Psychotherapy for Patients With Advanced Cancer

William Breitbart, Shannon Poppiti, Barry Rosenfeld, Andrew J. Vickers, Yueting Li, Jennifer Abbot, Megan Olden, Hayley Penas, Wendy Lichtenthal, Daniel Spitzer, and Barrett K. Casuerte

ABSTRACT

Purpose
Spiritual well-being and sense of meaning are important concerns for clinicians who care for patients with advanced cancer. We developed Individual Meaning-Centered Psychotherapy (IMCP) to address the need for brief interventions targeting spiritual well-being and meaning for patients with advanced cancer.

Patients and Methods
Patients with stage III or IV cancer (N = 120) were randomly assigned to seven sessions of either IMCP or therapeutic massage (TM). Patients were assessed before and after completing the intervention and 2 months postintervention. Primary outcomes assessed spiritual well-being and quality of life, secondary outcomes included anxiety, depression, hopelessness, symptom burden, and symptom-related distress.

Results
Of the 120 participants randomly assigned, 78 (65%) completed the post-treatment assessment and 67 (56%) completed the 2-month follow-up. At the post-treatment assessment, IMCP participants demonstrated significantly greater improvement than the control condition for the primary outcome of spiritual well-being (β = 0.36; P < 0.01), including both components of spiritual well-being (sense of meaning: b = 0.34; P = 0.03; and faith: b = 0.32; P = 0.03) and quality of life (b = 0.76; P < 0.01). Significantly greater improvements for IMCP patients were also observed for the secondary outcomes of symptom burden and symptom-related distress (β = 0.47; P < 0.01) but not for anxiety, depression, or hopelessness. At the 2-month follow-up assessment, the improvements observed for the IMCP group were no longer significantly greater than those observed for the TM group.

Conclusion
IMCP has clear short-term benefits for spiritual well-being and quality of life in patients with advanced cancer. Clinicians working with patients who have advanced cancer should consider IMCP as an approach to enhance quality of life and spiritual well-being.

J Clin Oncol 39:1304-1310. © 2011 by American Society of Clinical Oncology

INTRODUCTION
A growing literature has highlighted the importance of spiritual well-being and a sense of meaning for patients with advanced cancer. Supportive care experts increasingly recognize the significance of the spiritual domain of care and identify the need for interventions that target spiritual well-being. To respond to this need, we developed Individual Meaning-Centered psychotherapy (IMCP), specifically tailored to the needs of patients with advanced cancer. This intervention is grounded in the writings of Frank16 and informed by the work of Spiegel et al.4,8,9,10 Yalom et al.,11 and Cadman et al.12,13. A randomized controlled trial comparing Meaning-Centered Group Psychotherapy (MCGP) with supportive group psychotherapy demonstrated the efficacy of MCGP in improving spiritual well-being, meaning, and hopelessness. However, that study revealed several logistical barriers that may prevent widespread implementation of group psychotherapy interventions for patients with advanced cancer, many of whom have advanced cancer have a complex care coordination burden and limited access to care. Others have tried to address these concerns by using mobile phone technology to deliver spiritual well-being interventions.14

Pilot Randomized Controlled Trial of Individual Meaning-Centered Psychotherapy for Patients With Advanced Cancer

William Breitbart, Sharonn Foppiano, Barry Rosenfeld, Andrew J. Vickers, Yulin Li, Jennifer Abbey, Megan Oden, Hayley Fass, Wendy Lichtenfeld, Daniel Sieberg, and Barrie R. Cassileth

ABSTRACT

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Spiritual well-being and sense of meaning are important concerns for clinicians who care for patients with cancer. We developed Individual Meaning-Centered Psychotherapy (IMCP) to address the need for brief interventions targeting spiritual well-being and meaning for patients with advanced cancer.

Patients and Methods

Patients with stage III or IV cancer (N = 120) were randomly assigned to seven sessions of either IMCP or therapeutic massage (TM). Patients were assessed before and after completing the intervention and 2 months postintervention. Primary outcome measures assessed spiritual well-being and quality of life; secondary outcomes included anxiety, depression, hopelessness, symptom burden, and symptom-related distress.

Results

Of the 120 participants randomly assigned, 78 (65%) completed the post-treatment assessment and 67 (66%) completed the 2-month follow-up assessment. At the post-treatment assessment, IMCP participants demonstrated significantly greater improvement than the control condition for the primary outcomes of spiritual well-being (b = 0.38, P < .01), including both components of spiritual well-being: sense of meaning (b = 0.34, P = .003) and faith (b = 0.29, P = .04), and quality of life (b = 0.18, P = .013). Significantly greater improvements for IMCP patients were also observed for the secondary outcomes of symptom burden (b = -0.66, P < .001) and symptom-related distress (b = -0.47, P < .001) but not for anxiety, depression, or hopelessness. At the 2-month follow-up assessment, the improvements observed for the IMCP group were no longer significantly greater than those observed for the TM group.

Conclusion

IMCP has clear short-term benefits for spiritual suffering and quality of life in patients with advanced cancer. Clinicians working with patients who have advanced cancer should consider IMCP as an approach to enhance quality of life and spiritual well-being.

INTRODUCTION

A growing literature has highlighted the importance of spiritual well-being and a sense of meaning for patients with advanced cancer.1 Supportive care experts increasingly recognize the significance of the spiritual domain of care and identify the need for interventions that target spiritual well-being.2 In response to this need, we developed Individual Meaning-Centered Psychotherapy (IMCP), specifically tailored to the needs of patients with advanced cancer.3 This intervention is grounded in the writings of Frankl and used by the staff of Spigel et al.,4,5 Yalom et al.,6 and Kasen et al.7,8 A randomized controlled trial comparing Meaning-Centered Group Psychotherapy (MCGP) with supportive group psychotherapy demonstrated the efficacy of MCGP in improving spiritual well-being, meaning, and hopelessness.9 However, that study revealed several logistical barriers that exist when providing group interventions to patients with advanced cancer, resulting in substantial attrition. Because of the inflexibility inherent to group interventions, we adapted IMCP to an individual intervention in hopes of reducing attrition and missed sessions while maintaining the benefits.

Most psychotherapy intervention trials with patients who have advanced cancer have used a group format.10,11 Of the handful of individual psychotherapy interventions for patients with advanced cancer, few have used randomized controlled research designs. de Vries et al.12 conducted an open

Meaning-Centered Group Psychotherapy: An Effective Intervention for Improving Psychological Well-Being in Patients With Advanced Cancer

William Breitbart, Barry Rosenfeld, Hayley Fass, Alison Applebaum, Julia Kulikowski, and Wendy L. Lichtenfeld

ABSTRACT

Purpose

To test the efficacy of meaning-centered group psychotherapy (MCGP) to reduce psychological distress and improve spiritual well-being in patients with advanced or terminal cancer.

Patients and Methods

Patients with advanced cancer (N = 258) were randomly assigned to manualized eight-session interventions of either MCGP or supportive group psychotherapy (SGP). Patients were assessed before and after completing the treatment and 2 months after treatment. The primary outcome measures were spiritual well-being and overall quality of life, with secondary outcome measures assessing depression, hopelessness, distress for hastened death, anxiety, and physical symptom distress.

Results

Hierarchical linear models that included a priori covariates and only participants who attended ≥ three sessions indicated a significant group × time interaction for most outcome variables. Specifically, patients receiving MCGP showed significantly greater improvement in spiritual well-being and quality of life and significantly greater reductions in depression, hopelessness, distress for hastened death, and physical symptom distress compared with those receiving SGP. No group differences were observed for changes in anxiety. Analyses that included all patients, regardless of whether they attended any treatment sessions (i.e., intent-to-treat analyses), and no covariates still showed significant treatment effects (i.e., greater benefit for patients receiving MCGP vs SGP) for quality of life, depression, and hopelessness but not for other outcome variables.

Conclusion

This large randomized controlled study provides strong support for the efficacy of MCGP as a treatment for psychological and existential distress in patients with advanced cancer.

J Clin Oncol 32:1304-1309. © 2014 by American Society of Clinical Oncology

INTRODUCTION

Coping with advanced cancer can cause serious psychological distress in even the most resilient individuals. Distress can manifest in many ways, ranging from depression and hopelessness to a loss of personal well-being, existential distress, and even desire for hastened death. The assessment and treatment of psychological disorders (e.g., depression, anxiety) are widely recognized as critical components of care in oncology and palliative care settings. However, few interventions specifically target the loss of spiritual well-being and existential distress that is often accompanied by advanced cancer. Several psychotherapeutic interventions have focused on patients with advanced or terminal illness, but these studies have often generated modest results (e.g., small treatment effects, inconsistent findings across outcome variables) and have typically relied on small samples (e.g., < 100 participants).13-21 A number of interventions focused primarily on existential issues have not targeted patients with advanced or terminal cancer.22-32

We developed meaning-centered psychotherapy (MCP) specifically to address the loss of spiritual well-being and sense of meaning in life and the existential distress that often arise in patients with advanced cancer.33-36 Our pilot studies of group and individualized forms of MCP provided preliminary support for this intervention.37,38 Although these randomized controlled trials (RCTs) demonstrated significant improvement in spiritual well-being, results for other outcome variables (e.g., quality of life, hopelessness, desire for hastened death, depression) were weaker and/or inconsistent
Meaning-Centered Group Psychotherapy for Patients with Advanced Cancer

Purpose
Designed to enhance the quality of life for cancer survivors. (2015)
Psychosocial - Anxiety, Psychosocial - Coping, Psychosocial - Depression and Psychosocial - Stress/distress (post-traumatic stress)

Population Focus
Cancer patients

Topic
Survivorship/Supportive Care

Age
Adults (40-65 years), Older Adults (65+ years), Young Adults (19-39 years)

Gender
Female, Male

Race/Ethnicity
Asian, Black, not of Hispanic or Latino origin, Hispanic or Latino, White, not of Hispanic or Latino origin

Setting
Clinical

Origination
United States

Funded by
NCI (Grant number(s): CA 128187)

This program has been evaluated on criteria from the RE-AIM framework, which helps translate research into action.

Reach
80.0%

Effectiveness
100.0%

Adoption
16.7%

Implementation
71.4%
Meaning-Centered Group Psychotherapy for Patients with Advanced Cancer: A Treatment Manual

August 2014 | Paperback
ISBN: 9780199837250
128 pp. | LIST PRICE: $29.95

Meaning-Centered Psychotherapy (MCP) for advanced cancer patients is a highly effective intervention for advanced cancer patients, developed and tested in randomized controlled trials by Dr. Breitbart and colleagues at Memorial Sloan-Kettering Cancer Center. These treatment manuals for group therapy and individual therapy provide clinicians in the oncology and palliative care settings with a highly effective, brief, structured intervention shown to be effective in helping patients sustain meaning, hope and quality of life.

ABOUT THE AUTHORS

WILLIAM S. BREITBART, MD, Chair, Department of Psychiatry and Behavioral Sciences; Chief, Psychiatry Service, Memorial Sloan Kettering Cancer Center

SHANNON R. POPPITO, PhD, Clinical Psychologist / Behavioral Health Consultant, Behavioral Health Optimization Program, Los Angeles Air Force Base

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Novel Adaptations of MCP for New Populations and Purposes in Cancer

- W. Lichtenthal ~ USA: Meaning-Centered Grief Therapy (MCGT) *NCI RO3, NCI K-award*
- W. Lichtenthal ~ USA: Meaning-Centered Group Psychotherapy for Breast Cancer Survivors (MCGP-BCS) *ACS*
- A. Applebaum ~ USA: Meaning-Centered Psychotherapy for Caregivers (MCP-C) *NCI-RO3, ACS*
- I. Verdonck ~ The Netherlands: MCGP for General Cancer Survivors (MCGP-CS) *DCS*
- J. Keraney ~ USA: Meaning-Centered Psychotherapy for AYA with Cancer *Silverberg Foundation*
- L. Fillion ~ Canada: MCP for Hospice Nurses *NCIHR*

*Replication Studies in: Italy, the Netherlands, Spain, Israel, Taiwan*
Meaning-Centered Psychotherapy in the Cancer Setting
FINDING MEANING AND HOPE IN THE FACE OF SUFFERING

Meaning-Centered-Psychotherapy in the Cancer Setting provides a theoretical context for Meaning-Centered Psychotherapy (MCP), a non-pharmacologic intervention which has been shown to enhance meaning and spiritual well-being, increase hope, improve quality of life, and significantly decrease depression, anxiety, desire for hastened death, and symptom burden distress in the cancer setting.

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breitbaw@mskcc.org
www.mskcc.org/psycho-oncology