

# Meaning-Making and Psychological Adjustment to Cancer: Development of an Intervention and Pilot Results

Virginia Lee, N, PhD, S. Robin Cohen, PhD, Linda Edgar, N, PhD,  
Andrea M. Laizner, N, PhD, and Anita J. Gagnon, N, PhD

**Purpose/Objectives:** To develop an intervention that uniquely addresses the existential impact of cancer through meaning-making coping strategies and to explore the intervention's impact on psychological adjustment.

**Design:** Descriptive, qualitative approach to develop the intervention; one-group pre- and post-test design to pilot test the intervention.

**Setting:** Patients' homes or ambulatory oncology clinics affiliated with a university health center in eastern Canada.

**Sample:** 18 participants who were newly diagnosed in the past three months ( $n = 14$ ), had completed treatment ( $n = 1$ ), or were facing recurrence ( $n = 3$ ) of breast ( $n = 10$ ) or colorectal ( $n = 8$ ) cancer.

**Methods:** Data were collected during interviews using a prototype intervention for trauma patients, and content was analyzed on an ongoing basis to fit the needs of the cancer population. Pretest and post-test questionnaires were administered to determine the intervention's effect.

**Main Research Variables:** Meaning-making intervention (MMI), patients' background variables, disease- or treatment-related symptoms, and psychological adjustment.

**Findings:** The MMI for patients with cancer consisted of as many as four two-hour, individualized sessions and involved the acknowledgment of losses and life threat, the examination of critical past challenges, and plans to stay committed to life goals. At post-test, participants significantly improved in self-esteem and reported a greater sense of security in facing the uncertainty of cancer.

**Conclusions:** Findings suggest that meaning-making coping can be facilitated and lead to positive psychological outcomes following a cancer diagnosis.

**Implications for Nursing:** The MMI offers a potentially effective and structured approach to address and monitor cancer-related existential issues. Findings are useful for designing future randomized, controlled trials.

Although only a third of patients with cancer experience severe psychological distress (Derogatis et al., 1983; Farber, Weinerman, & Kuypers, 1984; Stefanek, Derogatis, & Shaw, 1987; Zabora, Brintzenhofesoc, Curbow, Hooker, & Piantadosi, 2001), guidelines for the delivery of optimal comprehensive cancer care are based on the premise that every patient at every stage of the disease experiences some degree of psychological discomfort (Council of the Canadian Strategy for Cancer Control, 2004; Holland, 1999, 2000). Existential distress, defined as the state of an individual confronting his or her own mortality arising from feelings of powerlessness, disappointment,

## Key Points . . .

- Existential issues, which are a ubiquitous part of the cancer experience, are challenging to understand and often are left unrecognized and untreated.
- Meaning-making coping is characterized by a distressing but necessary confrontation with loss that, if followed by a plan to fulfill a life purpose, can lead to improved psychological well-being.
- A guided approach through the process of meaning-making is a potentially effective method to overcome and possibly grow from the repercussions of cancer.

futility, meaninglessness, remorse, death anxiety, and disruption with his or her engagement with and purpose in life (Kissane, 2000), appears to be a ubiquitous part of the cancer experience. Meaning-making coping increasingly is recognized as a possible mechanism by which existential concerns can be addressed (Coward, 1998, 2003; Folkman & Greer, 2000; Lee, Cohen, Edgar, Laizner, & Gagnon, 2004; Mullen, Smith, & Hill, 1993; Taylor, 2000).

*Virginia Lee, N, PhD, is an assistant professor in the School of Nursing at McGill University and a nursing research consultant in the McGill University Health Center at Montreal General Hospital; S. Robin Cohen, PhD, is an assistant professor in the Departments of Oncology and Medicine at McGill University and a project director in the Lady Davis Institute at Sir Mortimer B. Davis Jewish General Hospital; Linda Edgar, N, PhD, is a research associate in the Department of Epidemiology and in Hope and Cope, both at Sir Mortimer B. Davis Jewish General Hospital; Andrea M. Laizner, N, PhD, is an assistant professor in the School of Nursing at McGill University and a nursing research consultant at McGill University Health Center in the Royal Victoria Hospital; and Anita J. Gagnon, N, PhD, is an assistant professor in the School of Nursing and the Department of Obstetrics and Gynecology at McGill University and a nurse scientist at McGill University Health Center, all in Montreal, Canada. (Submitted February 2005. Accepted for publication July 6, 2005.)*

Digital Object Identifier: 10.1188/06.ONF.291-302