The Meaning of Life Intervention for Patients With Advanced-Stage Cancer: Development and Pilot Study

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Palliative care is a patient treatment approach that attempts to improve the quality of life (QOL) of patients facing life-threatening diseases. Palliative care focuses on the prevention and relief of suffering by means of early identification and assessment and the treatment of pain and other physical, psychosocial, and spiritual problems (Sepúlveda, Marlin, Yoshida, & Ullrich, 2002). Unlike the traditional curative approach, palliative care not only focuses on medical care, such as physical symptom control, but also integrates the psychosocial and spiritual aspects of patient care to enhance QOL (World Health Organization [WHO], 2002). In a review of treatments for existential distress in patients with life-threatening diseases, LeMay and Wilson (2008) summarized that when patients were asked to reflect on issues important to them, they often expressed the need to discuss existential themes such as meaning, purpose, relationships, and death. LeMay and Wilson (2008) further pointed out that existential concerns could be extremely distressing for some patients at the end of life and, if left unattended, these concerns might threaten patients’ psychosocial well-being and QOL; increase their level of anxiety, depression, and suicidal ideation; and decrease their will to live. Recognition that existential well-being is an important determinant of QOL, particularly in people with life-threatening diseases, is increasing (Cohen, Mount, Tomas, & Mount, 1996; Field & Cassel, 1997; O’Boyle & Waldron, 1997). In addition, researchers have suggested that a sense of meaning is one of the most important variables that should be included in assessments and interventions for patients with advanced-stage cancer (Thompson, 2007).

Despite the apparent importance of enhancing a sense of meaning in patients with life-threatening diseases, few clinical interventions have been developed to address this critical issue (Breitbart et al., 2010). Arraf, Cox, and Oberle (2004) noted that, when deciding the length and format of an intervention and its outcome measurements in palliative care research, patient burden,