

Meaning-Centered Psychotherapy (MCP) for Advanced Cancer Patients

William S. Breitbart

Introduction

Like many clinical interventions in our field of psycho-oncology, Meaning-Centered Psychotherapy (MCP) arose from a need to deal with a challenging clinical problem, that of despair, hopelessness, and desire for hastened death in advanced cancer patients, who were, in fact, not suffering from a clinical depression, but rather confronting an existential crisis of loss of meaning, value, and purpose in the face of a terminal prognosis. While our group ultimately demonstrated that desire for hastened death in the presence of a clinical depression could be reversed with adequate antidepressant therapy, no effective intervention appeared available for loss of meaning and hopelessness in the absence of clinical depression.

Inspired primarily by the works of Viktor Frankl and further informed by the contributions of Irvin Yalom, our research group adapted Frankl's concepts of the importance of meaning in human existence (and his "logotherapy"), and initially created MCGP (Meaning-Centered Group Psychotherapy), intended primarily for advanced cancer patients. The goal of the intervention was to diminish despair, demoralization, hopelessness, and desire for hastened death by sustaining or enhancing a sense of meaning, even in the face of death.

W.S. Breitbart (✉)

Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center,
641 Lexington Avenue 7th floor, New York, NY 10022, USA

e-mail: breitbaw@mskcc.org

© Springer International Publishing Switzerland 2016

A. Batthyány (ed.), *Logotherapy and Existential Analysis*, Logotherapy and Existential Analysis: Proceedings of the Viktor Frankl Institute Vienna 1, DOI 10.1007/978-3-319-29424-7_14

151

Theoretical Conceptual Framework Underlying Meaning-Centered Psychotherapy (Frankl's Concepts of Meaning)

Frankl's logotherapy was not designed for the treatment of cancer patients or those with life-threatening illness. His main contribution to human psychology was to raise awareness of the spiritual component of human experience, and the central importance of meaning (or the will to meaning) as a driving force or human instinct. Basic concepts related to meaning, proposed by Frankl and adapted for MCP in the cancer setting, include:

1. *Meaning of life*—life has and never ceases to have meaning, from the first moment through to the very last. Meaning may change through the years, but it never ceases to exist. When we feel our lives have no meaning, it is because we have become disconnected from such meaning, rather than because it no longer exists.
2. *Will to meaning*—the desire to find meaning in existence is a primary motivating force in our behavior. Human beings are creatures who innately search for and create meaning in their lives.
3. *Freedom of will*—we have the freedom to find meaning in life and to choose our attitude toward suffering. We have the responsibility to discover meaning, direction, and identity. We must respond to the fact of our existence and create the “essence” of what makes us human.
4. *Sources of meaning*—meaning in life has specific and available sources (Table 1). The four main sources of meaning are derived from creativity (work, deeds, dedication to causes), experience (art, nature, humor, love, relationships, roles), attitude (the stance one takes toward suffering and existential problems), and legacy (meaning exists in a historical context, thus legacy—past, present, and future—is a critical element in sustaining or enhancing meaning).

Table 1 Frankl's sources of meaning

Creativity	Engaging in life through work, deeds, causes, artistic endeavors, hobbies, and so on. Examples include our careers/job, volunteer work, involvement with church/synagogue, political and social causes
Experience	Connecting with life through love, relationships, nature, art, and humor. Examples include our family, children, loved ones, the sunset, gardening, beaches, museums, playing with pets, and so on
Attitude	Encountering life's limitations by turning personal tragedy into triumph, things we have achieved despite adversity, rising above, or transcending difficult circumstances. Examples include achieving an education despite personal/financial challenges, overcoming grief/loss, persevering through cancer treatment, and so on
History	Legacy given (past), lived (present), and left (future). Examples include our story, our family history, the history of our name, our accomplishments, and whatever we hope to leave behind

Drawing from these principles, MCGP enhances patients’ sense of meaning by helping them to capitalize on the various sources of meaning in their lives. Enhanced meaning is conceptualized as the catalyst for improved quality of life, reduced psychological distress, and despair. Specifically, meaning is viewed as both an intermediary outcome and a mediator of change.

Main Themes and Format of the Therapy

MCGP is an eight-session group intervention, which uses a mix of didactics, discussions, and experiential exercises that are centered around particular themes related to meaning and advanced cancer (Table 2). The intention is to sustain or enhance a sense of meaning and purpose by teaching patients how to use the breadth of possible sources of meaning as coping resources through a combination of:

1. instructed teaching on the concepts of meaning;
2. group experiential exercises to enhance learning;
3. and group leader-facilitated discussion aimed at reinforcing the importance of reconnecting to sources of meaning and using these as resources.

Other existential concepts, such as freedom, responsibility, authenticity, existential guilt, transcendence, and choice, are incorporated into session content as these themes arise. Elements of support and expression of emotion are inevitable in each session (but are limited by the psycho-educational focus of MCGP).

Table 2 Topics covered in MCGP (Meaning-Centered Group Psychotherapy)^a

Session	MCGP	Content
1	Concepts and sources of meaning	Introductions of group members, introduction of concept of meaning and sources of meaning
2	Cancer and meaning	Identity—before and after cancer diagnosis
3	Historical sources of meaning (Legacy: past)	Life as a legacy that has been given (past)
4	Historical sources of meaning (Legacy: present and future)	Life as a legacy that one lives (present) and gives (future)
5	Attitudinal sources of meaning: Encountering life’s limitations	Confronting limitations imposed by cancer, prognosis, and death; introduction to legacy project
6	Creative sources of meaning: Engaging in life fully	Creativity, courage, and responsibility
7	Experiential sources of meaning: Connecting with life	Love, nature, art, and humor
8	Transitions: reflections and hopes for the future	Review of sources of meaning, as resources, reflections on lessons learned in the group, experiential exercise on hopes for the future

^aBreitbart and Applebaum (2011)

The following is an overview of each session, including the experiential exercises used to facilitate discussion and deepen understanding.

Session 1: Concepts and Sources of Meaning

The first session involves introductions of each group member and an overall explanation of the group's goals. Patient introductions include biographical information, as well as their expectations, hopes, and questions relating to the group. The session concludes with a discussion of what meaning means to each participant, stimulated by an experiential exercise which helps patients discover how they find a sense of meaning and purpose in general, as well as specifically in relation to having been diagnosed with cancer.

Session 1: Experiential Exercise

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 get you through a difficult day, or a time when you felt most alive. And say something about it.

Session 2: Cancer and Meaning

The emphasis of session 2 is the linking of identity as a central element of meaning. The session begins as a continuation of sharing meaningful experiences, as well as a detailed explanation of what, or who, made these experiences meaningful. Identity, as a component of meaning, is addressed through the experiential exercise in which patients are asked to respond to the question “who am I?” This exercise provides the opportunity to discuss pre-cancer identity and roles, and then how cancer has affected their identity and what they consider to be meaningful in their lives.

Session 2: Experiential Exercise “Identity and Cancer”

1. Write down four 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, and so on... For example, answers might start with, “I am someone who _____,” or “I am a _____.”
2. How has cancer affected your answers? How has it affected the things that are most meaningful to you?

The following MCGP excerpt exemplifies the type of interaction that occurs between group members and leaders during the Session 2 Experiential Exercise:

PATIENT 1: I am a daughter, a mother, a grandmother, a sister, a friend, and a neighbor. I attempt to respect all people in their views, which sometimes can be difficult. I represent myself honestly and frankly without being offensive, or at least I try. And my philosophy is to do unto others as they would have done unto you. I'm somebody who can be very private and not always share all my needs and concerns. I also have been working on accepting love and affection and other gifts from other people. I'm more of a caregiver than someone who gets care from others, I don't like to receive care, but I'm beginning to, ... actually ... this may be the one thing that my illness has caused me to mull over. That I'm more accepting of people wanting to do things.

GROUP LEADER: Thank you. That's really interesting. I want to make some comments, but first let's hear from someone else. Patient 2, would you like to go?

PATIENT 2: Well in terms of pre-cancer, I'm my niece's loving aunty whom she currently adores ... she's seven, I'm not sure how long that will last, but right now, that's really important to me, and it's brought my brother and me closer. I'm active and am always ready for an adventure. All my friends knew I was a "yes, let's do it, person," enthusiastic, open. I'm a young adult librarian, with a real connection to the teens. I really loved working with them, especially on the advisory council; I really just loved it, and oftentimes would stay very late with them, into the night. I was just, really ... connected I ran around a lot and I was rarely home before 11 p.m. My friends always asked why I wasn't home more. It wasn't that I didn't like home, it's just that I wanted to be out, experiencing life. I also love concerts, and I danced. And I dated. I was the essence of positive, a very good friend, I'm really proud of that.

GROUP LEADER: Thanks. Do you have any questions for each other about the things that you said? Were there any commonalities that you noticed?

PATIENT 1: I guess the commonality that most of us spoke about is, being a member of a unique group, a family and for most of us that was in the top position. That was most important.

PATIENT 2: I have a comment but I don't know if it's what you're asking for. Patient 1 was talking about being a giver, but that it's basically hard for her to receive. I've had friends who are like that and it's frustrating to want to give to a person like you, but you also don't want to take people's wishes lightly ... I know I'm probably speaking out of turn for all of your friends who want to be generous back to you.

PATIENT 1: Most of them have been, because they, you know, sit me down and do what they want to do. I guess most of my good friends are very strong-willed people like me and they listen and do for the most part what they want. And I don't get offended for the most part.

GROUP LEADER: It was actually quite striking ... that there were many similarities in what you all shared about your identities pre-cancer. For many people, the first, the most important source of your identity, had to do with your love relationships,

family relationships, your role in a family, being a daughter, father, an aunt, being a member of immediate family. So it's from these connections that we derive meaning in life, through our connectedness with people we love. And often they are members of our family. And, often, these are our sources of identity, as a member of a family, as a father, an aunt....

PATIENT 1: These roles are also a source of pain.

GROUP LEADER: Yes, that can be true, but they are also clearly a source of meaning. Do you remember which source of meaning? It's the "experiential" source of meaning. Through love, through connectedness with people.... Someone made a comment that Patient 3 didn't mention this source of meaning. Patient 3, you said something interesting. You said you've been alone too long. But you also said that you're a loyal friend, loyal as a puppy, and a good lover. So for you, love is very relevant, too. You derive a sense of meaning through friendship and romantic love. Those are all similar, all love, right? Let me ask you something. Patient 3, did you leave out being a son, or a family member, for a specific reason?

PATIENT 3: Well, I never knew my dad. I didn't really know my mother until I was older. And I have a brother and a sister, but I'm not close to either of them. So, in a way, my job became more of my family, the people I worked with, people in recovery, they were my family because I became more connected to them. But outside of that, no ... no real family. So in a sense, family has been a disappointment, pain. So everyone talks about family reunions, I don't have that. That's not a part of my life.

GROUP LEADER: So again this idea comes up that the things that give us meaning, like love and relationships and family, are also potential sources of pain. We have to be aware of that, don't we! The other thing I heard that was common in the responses, besides love and connectedness to other people, is connectedness to other kinds of experiences in life, like dancing, and Patient 4, you were talking about baking, cooking ... so it's not just relationships with people, it's relationships to the world, and being in nature, and engaging in pleasurable things, like dancing and eating. And in addition to that, several people talked about their identity coming from what they did for work, being a nurse, a doctor, a lawyer ... your work, these are creative sources of meaning because we derive meaning through things we create, the work we do in our lives. And you added something interesting, Patient 1, that had to do with ... I think I would use the word compassion ... It had to do with caring for other people?

PATIENT 1: Well, you know, you talked about our professions, but I didn't actually talk today about my professional life, I didn't say anything about being a nurse or a health care provider, but I talked about being a caretaker. A caretaker, in general, to the people in my life.

GROUP LEADER: Exactly. So this creative source of meaning doesn't just come from a job you get paid to do, but from the person you create in the world. You've created a person who is loving, giving, and caring. You've created a virtue, a value, compassion is important, caring for others is important. So it's not just the job you do, but the kind of person you become and create in the world, and what values that represents, that is meaningful to you. That's all part of "creative" sources of meaning.

Sessions 3 and 4: Historical Sources of Meaning

Sessions 3 and 4 focus on giving each patient a chance to share their life story with the group, which helps them to better appreciate their inherited legacy and past accomplishments while still elucidating current and future goals. The theme of Session 3 is “Life as a legacy that has been given” via the past, such as legacy given through one’s family of origin. The facts of our lives that have been created by our genetics and the circumstances of our past are discussed in terms of how they have shaped us and perhaps motivated us to transcend limitations. Session 4 focuses on “Life as a legacy that one lives and will give,” in terms of patients’ living legacy and the legacy they hope to leave for others. The Session 3 experiential exercise helps patients to understand the ways in which their pasts have shaped what they find meaningful, and the Session 4 exercise fosters a discussion of future goals, no matter how small.

Session 3: Experiential Exercise: “Life as a Legacy That Has Been Given”

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? For example: Identify specific memories of how you were raised that have made a lasting impression on your life (e.g., your relationship with parents, siblings, friends, teachers, etc.). What is the origin of your name? What are some past events that have touched your life?

Session 4: Experiential Exercise “Life as a Legacy That You Live and Will Give”

1. As you reflect upon who you are today, what are the meaningful activities, roles, or accomplishments that you are most proud of?
2. As you look toward the future, what are some of the life lessons you have learned along the way that you would want to pass on to others? What is the legacy you hope to live and give?

Session 5: Attitudinal Sources of Meaning

This session examines each patient’s confrontation with limitations in life and the ultimate limitation—our mortality and the finiteness of life. The focus is on our freedom to choose our attitudes toward such limitations and find meaning in life,

even in the face of death. In discussing the experiential exercise, group leaders emphasize one of Frankl's core theoretical beliefs that by choosing our attitude toward circumstances that are beyond our control (e.g., cancer and death), we may find meaning in life and suffering, which will then help us to rise above or overcome such limitations. One of the more critical elements of this session involves the experiential exercise in which patients are asked to discuss their thoughts, feelings, and concepts of what constitutes a "good" or meaningful death. Common issues that have arisen include where patients prefer to die (e.g., at home in their own bed), how they want to die (e.g., without pain, surrounded by family), and what patients expect takes place after death, funeral fantasies, family issues, and the afterlife. This exercise is designed to detoxify the discussion of death and to allow for a safe examination of the life they have lived and how they may be able to accept that life. Inherent in these discussions are issues of tasks of life completion, forgiveness, and redemption. At the end of session 5, patients are presented with the "Legacy Project," which integrates ideas presented in treatment (e.g., meaning, identity, creativity, and responsibility), in order to facilitate the generation of a sense of meaning in light of cancer. Some examples of Legacy Projects include creating a legacy photo album or video, mending a broken relationship, or undertaking something the patient has always wanted to do but has not yet done.

Session 5: Experiential Exercise "Encountering Life's Limitations"

1. Since your diagnosis, are you still able to find meaning in your daily life despite your awareness of the finiteness of life? (If yes, how? If no, what are the obstacles?)
2. During this time, have you ever lost a sense of meaning in life—that life was not worth living? (If yes, please briefly describe.)
3. What would you consider a "good" or "meaningful" "death?" How can you imagine being remembered by your loved ones? (e.g., what are some of your personal characteristics, the shared memories, or meaningful life events that have made a lasting impression on them?)

Session 6: Creative Sources of Meaning

Session 6 focuses on "Creativity" as a source and resource of meaning in life. One important element of the experiential exercises deals with the issue of "Responsibility" (our ability to respond to the fact of our existence, to answer the question, "what life have we created for ourselves?"). Each patient is asked to discuss what their responsibilities are, as well as for whom they are responsible. Any unfinished business or tasks patients may have is also examined. This discussion invites group members to

focus on the task at hand, as opposed to focusing only on their suffering. Additionally, by attending to their responsibility to others, meaning may be enhanced by the realization that their lives transcend themselves and extend to others.

Session 6: Experiential Exercise “Engaging in Life Fully”

1. Living life and being creative requires courage and commitment. Can you think of times in your life when you’ve been courageous, taken ownership of your life, or made a meaningful commitment to something of value to you?
2. Do you feel you’ve expressed what is most meaningful to you through your life’s work and creative activities (e.g., job, parenting, hobbies, causes)?—If so, how?
3. What are your responsibilities? Who are you responsible to and for?
4. Do you have unfinished business? What tasks have you always wanted to do, but have yet to undertake? What’s holding you back from responding to this creative call?

Session 7: Experiential Sources of Meaning

Session 7 focuses on discussing experiential sources of meaning, such as love, beauty, and humor. While creative and attitudinal sources of meaning **require more of an active involvement with life**, experiential sources embody more of **a passive or even sensory engagement with life**. Patients explore moments and experiences when they have felt connected with life through love, beauty, and humor. Often, the discussions highlight how these sources of meaning become particularly important for patients since their cancer diagnosis. Feelings concerning the group’s upcoming termination are discussed in preparation for the final session.

Session 7: Experiential Exercise “Connecting with Life”

List three ways in which you “connect with life” and feel most alive through the experiential sources of: LOVE, BEAUTY, HUMOR.

Session 8: Transitions

The final session provides an opportunity to review patients’ Legacy Projects, as well as to review individual and group themes. Additionally, the group is asked to discuss topics such as: (1) How has the group been experienced? (2) Have there been

changes in attitudes toward your illness or suffering? (3) How do you envision continuing what has been started in the group? The experiential exercise that ends this session focuses on answering the question, “What are your hopes for the future?”

Session 8: Experiential Exercise “Group Reflections and Hopes for the Future”

1. What has it been like for you to go through this learning experience over these last eight sessions? Have there been any changes in the way you view your life and cancer experience having been through this process?
2. 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?
3. What are your hopes for the future?

Key Therapist Techniques in the Application of MCGP

Group Process Skills and Techniques

MCGP is essentially a group intervention, and as such, attention to basic tenets of group process and dynamics remains important. Co-facilitators must be cognizant of group etiquette, especially in terms of working together as co-facilitators, attending to and promoting group cohesion and facilitating an atmosphere that is conducive to productive exchanges between patients. While MCGP is not intended to be primarily a supportive group intervention, elements of support are in fact quite inevitable, but are not intentionally promoted or specifically fostered.

Psycho-Educational Approach: Didactics and Experiential Exercises to Enhance Learning

MCGP is also essentially an educational intervention. The goal of MCGP is to have patients understand the concept of meaning, and its importance, particularly as one faces a terminal illness, and the ultimate limitation of death. Additionally, MCGP strives to have patients learn about sources of meaning in order for these to become resources in coping with advanced cancer. This educational process is achieved primarily through a set of brief didactics which introduce each session, followed by an experiential exercise designed to link learning of these abstract concepts with patients’ own emotional experiences. Patients each share the content of their experiential exercises, and the process of experiential learning is reinforced through the comments of co-facilitators and patients, as well as through the identification of commonalities among patients’ responses.

A Focus on Meaning and Sources of Meaning as Resources

MCGP is designed to have patients learn Frankl's concepts of meaning and to incorporate these sources of meaning as resources in their coping with advanced cancer. In each session, the co-facilitators listen carefully for and highlight content shared by patients that reflect sources of meaning. Co-facilitators identify "meaningful moments" described by patients, and also draw attention to "meaning shifts" when patients begin to incorporate the vocabulary and conceptual framework of meaning into the material they share. An emphasis is also placed on the importance of the patient's ability to shift from one source of meaning to another, as selected sources of meaning become unavailable due to disease progression. A specific technique used to facilitate this process is called "Moving from ways of doing to ways of being." This refers to helping patients to become aware that meaning can be derived in more passive ways. For example, patients can still be good fathers even if they cannot go out to the backyard and play ball with their sons, by being fathers in less action-oriented ways, such as sitting and talking about their son's life goals and fears, and through expressing affection. In MCGP, it is also important for co-facilitators to be aware of the "co-creation of meaning" between group members. All present are "witnesses" or repositories of meaning for each other, and thus part of a meaningful legacy created by the group-as-a-whole.

Incorporating Basic Existential Concepts and Themes

A central concept in MCGP is that human beings are creatures. We create key values and, most importantly, we create our lives. In order to live fully, we must create a life of meaning, identity, and direction. "Detoxifying death" through the therapeutic stance and attitude of the co-facilitators is an important technique utilized throughout MCGP. Co-facilitators speak openly about death as the ultimate limitation that causes suffering and for which meaning can still be derived through the attitude that one takes toward suffering (e.g., transcendence, choice). Another technique, the "existential nudge," occurs when co-facilitators gently challenge the resistance of patients to explore difficult existential realities, such as the ultimate limitation of death or existential guilt.

Key Challenges in Application of MCGP

The key challenge in applying MCGP in an advanced cancer population is related to inflexibility, which is innate to a weekly group intervention that requires regular attendance at a specified day and time. MCGP also has specific themes that are covered weekly, with a logical progression of content as the sessions unfold. Therefore, attending all sessions is desirable. Research with palliative care populations suffers

from attrition due to illness, death, conflicts with scheduling chemotherapy, diagnostic tests, other doctor appointments, and brief hospitalizations. Our trials of MCGP have had attrition rates as high as 50 % (interestingly, the rate is the same for Supportive Psychotherapy).

Overview of Evidence on Efficacy

Early research by Yalom, Spiegel, and colleagues demonstrated that a 1-year supportive-expressive group psychotherapy, which included a focus on existential issues, decreased psychological distress, and improved quality of life. More recent studies have described short-term interventions that included a spiritual or existential component, including individual-based approaches. However, results are inconsistent in their effects on depression, anxiety, and desire for death. More importantly, specific aspects of spiritual well-being and meaning were not consistently targeted as outcomes. Thus, despite the seeming importance of enhancing one's sense of meaning and purpose, few clinical interventions have been developed that attempt to address this critical issue.

A randomized controlled trial of MCGP (Breitbart et al. 2010) demonstrated its efficacy in improving spiritual well-being and a sense of meaning, as well as in decreasing anxiety, hopelessness, and desire for death. Ninety patients were randomized to either eight sessions of MCGP or Supportive Group Psychotherapy (SGP). Of the 55 patients who completed the 8-week intervention, 38 completed a follow-up assessment 2 months later (attrition was largely due to death or physical deterioration). Outcome assessments included measures of spiritual well-being, meaning, hopelessness, desire for death, optimism/pessimism, anxiety, depression, and overall quality of life. Results demonstrated significantly greater benefits from MCGP compared to SGP, particularly in enhancing spiritual well-being and a sense of meaning. Treatment effects for MCGP appeared even stronger 2 months after treatment ended, suggesting that benefits not only persist but also may grow over time. Patients who participated in SGP failed to demonstrate any such improvements, either post-treatment or at the 2-month follow-up assessment.

Service Development and Future Directions

While MCGP is effective for patients with advanced cancer, it is demanding, inflexible, and associated with significant attrition. We therefore developed the more flexible individual format, Individual Meaning-Centered Psychotherapy (IMCP) (Table 3). IMCP has proved to be equally effective, but allows for flexibility in time and place (e.g., office, bedside, or chemo suite) for scheduling sessions, and has significantly reduced attrition and enhanced rates of intervention completers. We are currently adapting and testing MCP for other cancer populations, (e.g., early stage cancer, cancer survivors) as well as for oncology care providers. Additionally, we are developing briefer forms of IMCP that can be applied to hospice populations.

Table 3 Topics and goals of IMCP^a

Session	Weekly topics and goals
1	Concepts and sources of meaning: introduction and overview <i>Session goals:</i> Learn patient's cancer story and introduce concepts and sources of meaning
2	Cancer and meaning: identity before and after cancer diagnosis <i>Session goals:</i> Develop a general understanding of one's sense of identity and the impact cancer has made upon it
3	Historical sources of meaning: life as a living legacy (past, present, future) <i>Session goals:</i> Develop an understanding of one's legacy through exploration of three temporal legacy modes: the legacy that's been given from the past, the legacy that one lives in the present, and finally, the legacy one will leave in the future. Participants also begin developing a Legacy Project
4	Attitudinal sources of meaning: encountering life's limitations <i>Session goals:</i> Explore one of Frankl's core therapeutic principals that ultimately we have the freedom and capacity to choose our attitude toward suffering and life's limitations and to derive meaning from that choice
5	Creative sources of meaning: engaging in life via creativity and responsibility <i>Session goals:</i> Develop an understanding of the significance of "creativity" and "responsibility" as important sources of meaning in life
6	Experiential sources of meaning: connecting with life via love, nature, and humor <i>Session goals:</i> Foster an understanding of the significance of connecting with life through experiential sources of meaning, particularly through experiencing love, beauty, and humor
7	Transitions: reflections and hopes for the future <i>Session goals:</i> Review the sources of meaning. Review of the Legacy Project. Reflections on the lessons and impact of the therapy, discussion of hopes for the future, and the transition from being in the therapy to enacting the lessons learned in daily life as the therapy comes to an end

^aBreitbart et al. (2012)

Summary

MCGP and IMCP have been developed by W. Breitbart and colleagues in the Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center. MCGP is a novel and unique intervention demonstrated to be effective in enhancing meaning and diminishing despair in advanced cancer patients.

References

- Breitbart, W., & Applebaum, A. (2011). Meaning-centered group psychotherapy. In M. Watson & D. W. Kissane (Eds.), *Handbook of psychotherapy in cancer care* (pp. 137–148). Chichester, England: Wiley.
- Breitbart W et al (2012) Pilot randomized controlled trial of Individual Meaning-Centered Psychotherapy for patients with advanced cancer. *Journal of Clinical Oncology* 30(12):1304–1309
- Breitbart W et al (2010) Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. *Psycho-Oncology* 19:21–28