

EDITORIAL

Spirituality and meaning in cancer

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Introduction

While the role of prayer and religious beliefs in influencing the outcome of medical illnesses like cancer is still somewhat unclear and debated (Koenig et al. 1992; Sloan et al. 1999), there is growing evidence that “spirituality” or “spiritual well-being” is an important factor in how individuals cope with cancer illness and its consequences. Cancer care professionals are beginning to study the influence of spirituality on the ability of cancer patients to cope with illness and symptoms, and are beginning to investigate the roles that physicians, mental health professionals and pastoral counselors can play in this aspect of cancer care.

What is “Spirituality”?

Spirituality is a construct that involves concepts of “faith” and “meaning” (Puchalski and Romer, 2000; Karasu, 1999; Brady et al., 1999). Faith involves a belief in a higher transcendent power, not necessarily through participation in the rituals and beliefs of a specific organized religion. Faith in a transcendent power may identify this power as being external to the human psyche or internalized. It is the relationship and connectedness to this power or spirit (sometimes identified as the soul) that is an essential component of the spiritual experience and is related to the concept of meaning. Meaning, or having the sense that one’s life has meaning, involves the conviction that one is fulfilling a unique role or purpose in life; a life that is a gift. A life that comes with a responsibility to live to one’s full potential as a human being. In so doing, being able to achieve a sense of peace, contentment, or even transcendence through connectedness with something greater than one’s self (Frankl, 1959). Viewing spirituality as a construct composed of faith and meaning is reflected in a widely utilized measure of spiritual well-being recently developed by the group that developed the FACT or FACIT systems of measuring quality of life; it is called the FACIT Spiritual Well-Being Scale (Brady et al., 1999). The FACIT Spiritual Well-Being Scale generates a total score as well as two subscale scores, one corresponding to Faith and a second corresponding to Meaning/Peace. The “faith” component of spirituality is most often associated with religion and religious belief, while the “meaning” component of spirituality appears to be a more universal concept that can exist in religious or non-religiously identified individuals.

Certainly there are many individuals who identify themselves as being spiritual or find comfort in spiritual practices, yet do not identify themselves as being religious or necessarily believing in God or a supreme being. Also, it is quite possible for an individual to attend a church, synagogue or mosque, have faith in a supreme being, but not experience a sense of meaning, peace or contentment in their lives. In a religiously diverse populations such as those of France or the United States, where cancer patients may identify themselves as religious, agnostic or atheists, the meaning component of spirituality is most universal and acceptable as a useful concept for health care providers to utilize in communicating with patients about the spiritual aspects of their lives and coping with cancer.

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The importance of spirituality and meaning to cancer patients

In several surveys cancer patients have identified meaning and spirituality as important issues in dealing with illness. When a group of close to 300 cancer patients were asked to rate the importance of issues and problems they most needed help with (Moadel et al., 1999), 51% said they needed help in “overcoming fears”, 42% said “finding hope”, 40% said “finding meaning in life”, 40% said “finding peace of mind”, and 39% said “finding spiritual resources”. In a survey of several thousand individuals (Gallup, 1997) who were asked what characteristics were most important to them in a doctor if they were to need treatment for cancer, the vast majority did not identify technical medical expertise as being most important, but rather identified having a doctor who “cares about me”, “knows me as a person”, and is “spiritually attuned to me” as most important. In a survey of Japanese cancer patients (Morita et al., 2000), those issues that caused the most “existential suffering” included: dependency, meaninglessness, hopelessness, being a burden to others, loss of social role, and feeling irrelevant. Meier et al. (1998) found, in a national survey of North American physicians, that among the reasons physicians cited as given by patients requesting assisted suicide, pain and physical symptom distress accounted for 52%; however, “loss of meaning in life” accounted for 47% of the requests for suicide. These studies, along with several others, suggest that issues of meaning and spirituality are very important to cancer patients, yet such issues are routinely not explored by health care providers. New evidence suggests that doctors and nurses should indeed pay attention to these issues because they have a significant impact on symptom control, psychological well being and quality of life.

Spirituality, meaning and quality of life

A number of studies have now demonstrated that spiritual beliefs and spiritual well being influence coping with cancer, control of pain and other symptoms, and the development of clinical depression (Baider et al., 1999; Koenig et al., 1992, 1998; Brady et al., 1999; Nelson et al., 2002). Recent studies in patients with breast cancer, and patients with melanoma have demonstrated that religious beliefs and religious coping resulted in significantly less psychological distress and more active coping (Baider et al., 1999). Studies examining the relationship between symptom control and spiritual well-being suggest that patients who have a high degree of spiritual well-being (high degrees of faith and sense of meaning) were able to better tolerate pain, fatigue and other physical symptoms, and maintain a better quality of life (Brady et al., 1999). At Memorial Sloan-Kettering Cancer Center, my research group was able to demonstrate that spiritual well-being (especially being able to sustain a sense of meaning in the face of cancer) protected patients from developing clinical depression, and similarly protected against hopelessness, suicidal ideation and desire for hastened death (Nelson et al., 2002; Breitbart et al., 2000). Clearly, being able to sustain a continuing sense of meaning during cancer illness and treatment contributes to improved quality of life and reduced psychological distress.

Sustaining a sense of meaning with cancer

What can cancer patients do to sustain a sense of meaning in their lives? Certainly when religious practices and rituals contribute to such a sense of meaning and purpose in life, those practices and beliefs are important to maintain and nurture. Clergy and pastoral counselors can play a vitally important role in this regard as can continued participation in religious community activities. We also know from extensive research that cancer patients benefit from surrounding themselves with a helpful support system. This may take the form of family, friends, or a cancer support group. The internet is a new and interesting means for cancer patients to obtain support and information. What seems to be quite important in addition to having support is being able to express one’s feelings about cancer: fears, hopes, concerns, etc. It appears that expressing one’s feelings about cancer is more helpful than hiding them or protecting others from your fears or sadness.

Undertaking an examination of the sources of meaning in one’s life when dealing with a cancer illness is also helpful. In his book, “Man’s Search for Meaning”, Viktor Frankl (1959) proposed that human existence had three dimensions: mind, body, and spirit. This spiritual dimension of the human experience is characterized by what he called the “will to meaning” or the drive to have a sense of meaning in life. Frankl felt that this need for meaning was a basic instinct in life. Frankl also felt there were four basic sources of meaning in life. These include: 1) Creativity: the satisfactions of work and accomplishments, good deeds, and dedication to causes greater than one’s own personal concerns; 2) Experience: relationships with loved ones, love of nature, beauty, art, music; 3) Attitude: the attitude one takes towards suffering and existential problems; and 4) the Historical context of meaning in one’s life: the importance of legacies past, present and future. When one receives a cancer diagnosis,

one is confronted with the great existential problems of life that eventually confront us all: suffering, death, and guilt. This can result in a loss of a sense of meaning, purpose or a reason to go on. But interestingly, there are a number of cancer patients who describe dealing with cancer as one of the “most meaningful and valuable times of their lives”. One patient I worked with recently said to me that “until I had cancer I did not really understand that I was truly loved and valued by my friends and family”. Other cancer patients talk about learning lessons about their true priorities in life and valuing each day more fully. Many cancer patients change their careers and make other important life changes that they may not have had the courage to make before. Certainly one’s attitude towards a cancer illness is important in finding meaning in the cancer experience. It is often helpful for cancer patients to write down their life story, and examine it to discover what the important sources of meaning were for them. Some patients find it helpful to share this story, or family history with their family members, or children. Art and music need to continue to be a part of the cancer patient’s life, especially if they have been sources of joy. Participating in art therapy or music therapy are extremely helpful to many patients. Writing that novel, finally taking up painting, or taking that trip to Rome, are not uncommon goals taken up by many cancer patients I work with. Finally, humor is important. Laughter is healing, and laughter is an emotion that we need to sustain even in the face of cancer.

The importance of spiritual well-being, and the role of “meaning” in particular in moderating depression, hopelessness and desire for death in terminally ill cancer patients stimulated our research group at Memorial Sloan-Kettering Cancer Center to focus new efforts on developing nonpharmacologic (psychotherapy) interventions that can address such issues as hopelessness, loss of meaning and spiritual well-being in patients with advanced cancer at the end of life. This effort led to an exploration and analysis of the work of Viktor Frankl and his concepts of logotherapy or meaning-based psychotherapy (Frankl 1955, 1959, 1969, 1975). While Frankl’s logotherapy was not designed for the treatment of cancer patients or those with life-threatening illness, his concepts of meaning and spirituality clearly, in our view, had applications in psychotherapeutic work with advanced cancer patients, many of whom seek guidance and help in dealing with issues of sustaining meaning, hope, and understanding cancer and impending death in the context of their lives.

The novel intervention we call “Meaning Centered Group Psychotherapy”, or MCGP, is based on the concepts described above and the principles of Viktor Frankl’s logotherapy, and is designed to help patients with advanced cancer to sustain or enhance a sense of meaning, peace and purpose in their lives even as they approach the end of life. We have conducted a series of pilot group psychotherapy interventions utilizing this meaning-centered approach in a cohort of advanced cancer patients (Breitbart, 2002; Breitbart et al., 2004; Greenstein and Breitbart, 2000) in order to establish the feasibility, practicality, applicability and acceptance of such an intervention, and are now beginning to conduct a controlled trial of MCGP. We have been able to manualize an 8-week (1 1/2 hour session per week) Meaning-Centered Group Psychotherapy intervention, which utilizes a mixture of didactics, discussion and experiential exercises focused around particular themes related to meaning and advanced cancer. The session themes include:

- Session 1: Concepts of meaning and sources of meaning;
- Session 2: Cancer and meaning;
- Session 3: Meaning and historical context of life;
- Session 4: Storytelling, legacy project;
- Session 5: Attitudinal Sources of Meaning: Limitations and finiteness of life;
- Session 6: Creative Sources of Meaning: Responsibility, creativity, deeds;
- Session 7: Experiential Sources of Meaning: nature, art, humor;
- Session 8: Termination, goodbyes, hopes for the future.

Patients are assigned readings and homework that are specific to each session’s theme and are utilized in each session. While the focus of each session is on issues of meaning, peace and purpose in life in the face of advanced cancer and a limited prognosis, elements of support and expression of emotion are inevitable in the context of each group session (but limited by the focus on experiential exercises, didactics and discussions related to themes focusing on meaning). Preliminary Findings of our work, presented at the French Psycho-oncology Society Annual Meeting in Lille, demonstrate that MCGP is effective in enhancing spiritual well being, particularly a sense of meaning. In addition MCGP significantly reduces depression, hopelessness, and desire for hastened death.

Conclusion

Cancer illness poses a great challenge in sustaining a sense of meaning and purpose in life, as well as not uncommonly precipitating a crisis of faith. Being able to maintain a sense of meaning and spiritual well being appears to help cancer patients cope better and have a better quality of life. There are resources available in the

religious and health care community that can help provide guidance and support. Cancer support programs can be particularly helpful in helping cancer patients and their families sustain this sense of meaning and purpose. The development of specific counseling interventions to sustain meaning and hope for patients with advanced cancer, such as our “Meaning – Centered Psychotherapy” interventions hold promise as tools that can be utilized by Psycho-oncologists in their care of cancer patients as they approach the end of life.

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