

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

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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=253) 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, desire for hastened death, anxiety, and physical symptom distress. **Results:** Hierarchical linear models that included a priori covariates and only participants who attended \geq three sessions indicated a significant group x 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, desire 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 v 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 or spiritual distress in patients with advanced cancer.

Strengths:

- Relatively large heterogeneous outpatient sample at baseline (n=253)
- Randomized study design using structured, manualized interventions for both the treatment & comparison groups
- Use of well-validated measures for outcome variables
- Control for potential confounding variables/covariates (i.e. gender, social support, cognitive function, level of religiosity)
- Use of different group facilitators for treatment vs. comparison group

Weaknesses:

- Recruitment from single tertiary cancer centre (ambulatory outpatients)
- Highly educated and higher functioning sample
- Lack of threshold for distress as entry criterion, which resulted in inclusion of some participants with relatively little distress at baseline
- Limited generalizability to inpatients, more advanced disease, poorer performance status
- Use of cluster randomization, non-equivalency of groups at baseline (i.e. greater levels of distress of patients assigned to MCGP)
- Substantial attrition
 - of 253 consented patients, 32% never attended any group session
 - of 172 patients who began treatment, 127 (74%) completed the 8 week study and post-treatment assessment (50% of 253 participants)
 - 102 completed the follow up assessment 2 months after treatment ended
- Did not specify method of random assignment
- Did not describe the components of the meaning-centered intervention

Relevance to Palliative Care:

Patients with advanced cancer often experience substantial distress, which can range from depression, hopelessness and loss of meaning in life, to existential distress, despair and, in some cases, desire for hastened death. The development of psychotherapeutic interventions to address these concerns can be beneficial for patients and their families. Although this study involved higher functioning outpatients with advanced cancer, within a group setting, there may be some components of this meaning-centered therapy which could be modified for use with more advanced patients, particularly in hospital. Given the substantial attrition and difficulty recruiting patients who are severely distressed, other approaches for understanding the impact of this type of intervention, including the use of qualitative research designs, need to be considered.

