

Original Article

Meaning in Life in Palliative Care Patients

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Abstract

Context. The construct “meaning in life” (MiL) has recently raised the interest of clinicians working in psycho-oncology and end-of-life care and has become a topic of scientific investigation.

Objectives. The aim of this study was to compare MiL in palliative care (PC) patients with a representative sample of the German population.

Methods. In this cross-sectional study, all PC patients treated in the PC inpatient unit and through the PC consult service at Ludwig-Maximilians-University Hospital, Munich, from May 2005 to July 2007 were eligible to participate. Patients were interviewed by a doctoral student, psychologist, or physician, all previously trained to administer the Schedule for Meaning in Life Evaluation (SMiLE) in a standardized way. In the SMiLE, respondents first list individual areas that provide meaning to their life before rating their current level of importance and satisfaction with each area. Overall indices of weighting (IoW, range 20–100), satisfaction (IoS, range 0–100), and weighted satisfaction (IoWS, range 0–100) are calculated.

Results. One hundred PC patients completed the SMiLE: the IoS was 70.2 ± 19.7 , the IoW was 84.7 ± 11.5 , and the IoWS was 72.0 ± 19.4 . The representative sample ($n=977$) scored significantly higher in the IoS (82.8 ± 14.7) and IoWS (83.3 ± 14.8) but not in the IoW (85.6 ± 12.3). Compared with healthy individuals, PC patients are more likely to list partner, friends, leisure, spirituality, well-being, nature/animals, and pleasure as meaningful areas. Examining the satisfaction ratings, it is noteworthy that PC patients' satisfaction scores are fairly high (and not lower than their healthy counterparts') in a number of domains: family, partner, home/garden, spirituality, and finances. On the other hand, they score significantly lower in nature/animals, leisure, friends, well-being, altruism, work, pleasure, and health.

Conclusion. These findings underscore the potential of the SMiLE for identifying areas that are particularly important to individuals, and that can be targeted by the PC team to improve overall life satisfaction at the end of life. *J Pain Symptom Manage* 2010;40:502–509. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

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Key Words

Meaning in life, Schedule for Meaning in Life Evaluation, SMiLE, palliative care, representative sample

Introduction

The main goal in palliative care (PC) is to assure the highest possible quality of life for patients with advanced diseases, where consequences of the illness often include considerable psychological, social, and spiritual suffering over and above the deteriorating physical health. Kelly et al.¹ differentiate between clinical syndromes such as depression, anxiety, and delirium, as well as broader psychological dimensions of suffering such as existential concerns, spirituality, hope, and demoralization. In a recent review, Chochinov² presents empirical data, therapeutic approaches to, and an examination of the conceptual correlates of spiritual or existential suffering. These include hopelessness, burden to others, loss of sense of dignity, and desire for death or loss of will to live. Such threats to psychological, social, and spiritual well-being have been linked to desire for hastened death.^{3,4} Therefore, interventions in end-of-life care have been aimed at increasing the feeling of dignity^{5,6} and meaning in patients' lives.⁷ The concept of "meaning in life" (MiL) especially has stimulated the interest of clinicians and researchers working in psycho-oncology and end-of-life care. Moadel et al.⁸ reported that 40% of surveyed cancer patients indicated a need for help in discovering meaning in their life. Despite the surge of recent research in MiL, the concept is not yet defined sufficiently. The Austrian psychiatrist Victor Frankl⁹ defined "meaning" as the manifestation of values, which are based on 1) creativity (e.g., work, actions, and dedication to causes), 2) experience (e.g., art, nature, humor, love, relationships, and roles), and 3) attitude (one's attitude toward suffering and existential problems). His logotherapy draws on one of his well-known statements that humans are able to cope with any suffering if they are able to find meaning in it.

Meraviglia¹⁰ classifies MiL as an outcome of spirituality. Jim et al.¹¹ differentiate overall MiL from "behaviors and circumstances that are frequently sources of meaning, such as personal

success, social relationships, and contributions to society." They also refer to Park and Folkman's¹² differentiation between global and situational meaning. Global meaning encompasses beliefs about the order of life or the universe as well as personal life goals and purpose, whereas situational meaning is said to refer to the interaction of a person's global beliefs and goals and the immediate circumstances of a particular person-environment transaction. In line with Frankl's⁹ and Meraviglia's¹⁰ views, university students stated that MiL was related to spirituality and self-transcendence for them, whereas quality of life reflected their current status of subjective well-being.¹³ This also corresponds to Ryan and Deci's¹⁴ conceptualization of two traditions in the study of well-being: the hedonistic view (i.e., happiness and pleasure) and the eudaimonic view (i.e., expression of virtue). A similar distinction is drawn by Keyes et al.,¹⁵ who equate these views to subjective vs. psychological well-being.

A great number of questionnaires have been developed to capture MiL. For the most part, however, they measure the intensity of meaning, but tend to neglect the content of the reported meanings, which can be expected to vary from person to person and from situation to situation.^{16,17} In the 1980s, DeVogler and Ebersole^{18,19} started to investigate, using a one-page essay, the most important source providing meaning to college students. Later, they asked adults to describe their three most important sources of meaning. Debats²⁰ additionally asked respondents to indicate the extent to which they are committed to their previously reported sources of MiL. The Schedule for Meaning in Life Evaluation (SMiLE) was specifically developed as an extension to this individualized procedure and asks respondents to indicate the satisfaction and importance of self-selected individual sources of MiL.¹³

Objectives

After validating the SMiLE with a student population both in Germany and Ireland,¹³

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