



## MaP Therapy –

Structured 6-session meaning-centered therapy

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## Plan

- o What we know about the role of meaning in cancer
- o Taking the theory to the practice setting – ‘MaP Therapy’
- o ‘MaP Therapy’ Sessions
- o Study pilot RCT

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## Therapist Training

### Section One

What we know about the role of meaning in cancer.

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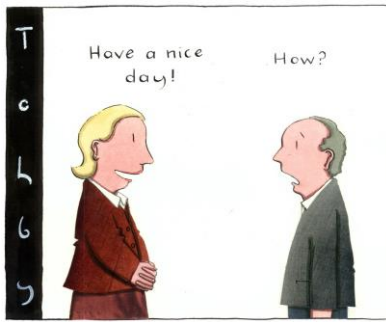
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Cartoon © Tohby Riddle. Website: [www.tohby.com](http://www.tohby.com)

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## What do I mean by 'meaning'?

Definition:  
... making sense of life situations and deriving purpose from existence (Speck, 2004).

Meaningful activities become a pathway to fulfilment;  
a meaningless life lacks any point or purpose

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## Important Concepts

- 1. Meaning is a notion about **the value in life** that has **multiple perspectives** (see next slide).
- 2. While the focus on meaning relates to those aspects of a persons' life that are **significant**, the focus on purpose relates to the **notion of intention** where meaning directs actions and goals.
- 3. There is a **drive or motivation towards meaning**, even within the setting of suffering, and indeed can be triggered by suffering itself. Frankl's (1963) notion of **'will to meaning'** is essential in understanding this point.

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	Cognitive	Existential	Social	Physical
	Meaning of life	Meaning <i>in</i> life	Meaning in context	Capacity for meaning
Motivation	Need for life review & sense of continuity (Janoff-Bulman, 1989; Antonovsky, 1987).	Will to meaning (Frankl, 1963; Davis et al, 1998).	Need for significance / Desire to be known (Soelle, 1975; Herth, 1990; Clarke, 2003).	To comprehend bodily reactions (Lawton, 1998).
Positive Outcome	Making sense of life's transitions & the place of hope.	Authenticity & fulfillment, Finding benefit	Belonging, experiencing uniqueness & connection to others.	Sense of control & embodied intelligence.
Therapeutic Goals	Promoting a sense of coherence about life's journey	Encouraging meaning & purpose while recognising suffering	Strengthening meaning in relation to others	Optimal symptom management

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Don't forget the ORDINARY aspects of life as a source of meaning:



Used with permission – Michael Leunig

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It is each individual's perception of meaning that matters:




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Two key studies contributed to the development of MaP therapy:

1. Lethborg C, Aranda S, Bloch S, Kissane D (2006) **The Role of Meaning in Advanced Cancer – Integrating the constructs of assumptive world, sense of coherence and meaning-based coping**, *Journal of Psychosocial Oncology*, 24(1), 27-42.
2. Lethborg C, Aranda S, Kissane D (2007), **To what extent does meaning mediate adaptation to cancer? - the relationship between physical suffering, meaning in life and connection to others in adjustment to cancer**, *Palliative and Supportive Care*. 5 (4):377-88

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### Study One: Model of the lived-experience of meaning in advanced cancer



A triadic model of lived-experience in which the person moves coherently in and out of three domains in an effort to find meaning was observed. The identified domains interact dynamically, allowing patients with advanced cancer to establish continued meaning in their lives.

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Integrating the constructs of assumptive world, sense of coherence and meaning-based coping.

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### Study two

Aims:

- o To explore the associations between suffering, coping and meaning in patients with cancer.

Results in summary

- o **Physical and existential distress** was positively associated with psychological distress, while high **social support and personal meaning** are related to lower levels of psychological distress.
- o **Social support** was the strongest correlate of **global meaning**, while high levels of existential distress were related to lower levels of global meaning.

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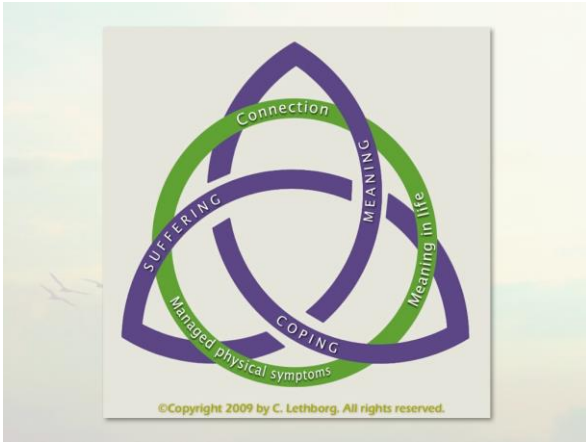
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**Individuals with cancer:**

- have unmet existential needs,
- are largely not distressed by existentially oriented discussions,
- would like to have more existential discussions with their treating team

Existential exchanges by health care professionals communicates a sense of value and respect for the individual.

(Moadel et al, 1999, Blinderman & Cherny, 2005, Lichtenthal, 2009).



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**Meaning is more prevalent in the cancer population than in the general population.**

Reker 2001; Lethborg et al, 2006




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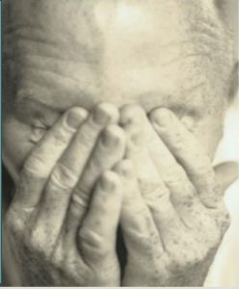
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## Physical suffering is more prevalent in the cancer population.

Chang et al, 2000; Lethborg et al, 2008

The mean number of physical symptoms in cancer populations is generally around 10 per person (e.g. Chang et al (2000), Lethborg et al, 2008).

Lack of energy and pain are considered most distressing.



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## Psychological suffering is more prevalent in the cancer population.

Zabora et al, 2001; Carlson et al, 2004; Lethborg et al, 2006

**5.8%** (of Americans will develop clinical depression at some point in their lives)

**17%** (of Australians will experience an anxiety or depressive disorder in a 12 month period)

**37%** (of cancer patients will experience psychological distress in the clinical range (Zabora et al 2001, Carlson et al (2004), Lethborg et al, 2006).



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The co-existence of meaning and suffering

<http://www.ks374.com>

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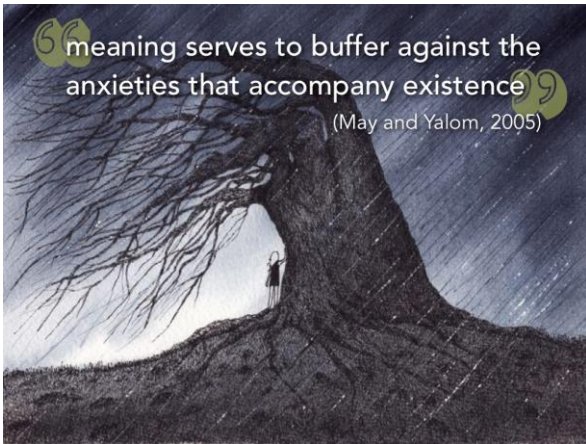
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6 meaning serves to buffer against the anxieties that accompany existence (May and Yalom, 2005)

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Feeling that you matter and you belong is one of the biggest factors in reducing suffering and increasing meaning.



Kendra Baird

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● ● ● How does this conceptualisation of the lived experience of 'meaning' resonate with your practice and/or personal experience?

Lethborg C, Aranda S, Kissane D (2008), **Meaning in adjustment to cancer: A model of care**, *Palliative and Supportive Care*, Mar ;6 (1):61-70

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● ● ● | **Therapist Training**  
Section two

Taking the theory to the practice setting - 'MaP Therapy'

Key techniques or strategies

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● ● ● | **MEANING and PURPOSE (MaP) Therapy**

- 6 session structured model of therapy – brief, individual, meaning-centered
- Aims to increase a sense of personal meaning & purpose
- Existentially-oriented therapy that may enhance coping via a meaning-based pathway
- Useful in advanced cancer setting for adjustment disorders (e.g. adjustment disorder with demoralization; adjustment disorder with depressive symptoms)

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**MaP Therapy**

- ❖ 'MaP':
  - ❖ acronym for "Meaning and Purpose"
  - ❖ reflects the process of charting (or "mapping") an understanding of meaning and purpose in the life of an individual with advanced cancer.
- ❖ Meaning = significance/value
- ❖ Purpose = intention

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## ● ● ● | MaP Therapy - Objectives

- To offer an optimistic, encouraging and hopeful setting to explore meaning and purpose in the cancer experience.
- To encourage the exploration and enhancement of meaning and purpose in participant's lives
- To promote coherence around participant's understanding of their cancer, their prognosis and the impact this has on their future.
- To strengthen connection with others with a focus on the need to belong and be needed even within the setting of life threatening disease

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## ● ● ● | The 'tone' of MaP Therapy

- encouraging and hopeful
- simultaneously normalising suffering and meaning in the cancer experience
- directive in setting goals and drawing together themes from participant's narratives
- encouraging ongoing 'work' in between sessions
- uses creativity throughout in order to meet the unique needs of the individuals involved

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## ● ● ● | MaP Therapy – Therapeutic Processes

- Narrative therapy
- Meaning attribution
- Dereflexion
- Social Focus

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Lethborg C, Schofield P, Kissane D (2012) The patient experience of undertaking Meaning and Purpose 'MaP' Therapy in the setting of advanced cancer, *Palliative and Supportive Care*, 4(10)

● ● ● | MaP therapy - therapeutic processes

**Narrative base**

- Narrative therapy centres people as the experts in their own lives and focuses on the stories of their life.
- People have stories about the events of their life, their family, their relationships, their culture, their work, achievements, losses, regrets and so on.
- The narrative of a person's life is the thread that draws these stories together.
- Meanings are attributed to these stories based on the person's own interpretation.
- In MaP therapy, the personalised focus of this intervention begins with the patient's story and develops from this context and in relation to their unique world view.

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● ● ● | MaP therapy - therapeutic processes

**Meaning attribution**

- The therapist joins with the patient to explore their stories in order to discover meanings and previously unrecognised possibilities within their stories.
- The metaphor of a camera is helpful here – whereby the stories people have of their lives can be seen as the lens through which they view experiences.

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● ● ● | MaP therapy - therapeutic processes

**Dereflexion**

- While suffering is acknowledged as an expected part of a person's story, the general focus of this therapy is on meaning and purpose.
- This therapy draws the focus away from negative thoughts and towards positive experiences and goals.
- Increasing the sources of meaning and directing the focus of the patient's energy on meaning and purpose illustrates the possibility of hope and meaning in spite of suffering.
- Caveat – always empathically acknowledge grief, distress or suffering before moving back towards hope & purpose.

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## MaP therapy - therapeutic processes

### Social Focus

- o MaP therapy fully acknowledges the fact that individuals exist within a social context.
- o Focus on the social world and the importance of relationships as a source of meaning.
- o Where relevant, discussions will consider the impact of and on the person's social world.

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## Therapist Training Section Three

### Sessions 1-6

### Walking through the 6 sessions

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## MaP therapy in 6 sessions

1	Getting to know the person
2	Defining personalised goals of MaP for this individual
3	Enhancing meaning & purpose in his or her life
4	Examining connection with others
5	Optimising strengths, coping & focus coherently with values
6	Consolidation – making sense of the totality of life

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● ● ● | **MaP therapy - Session one:**  
 identifying unique meaning in  
 life **through the person's**  
**STORY**

Aim: To gain a picture of the important aspects of the participant's life, both generally and specific to their illness.

- Welcome them; learn some basics about them
- Listen to the story of the cancer
- Listen to the story of their life
- Offer a summary & set homework




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● ● ● | Themes that arise in a person's story

- **Work, Professional success**
- **Family, Relationships**
- **Money, Materialism, Successes, Philosophy**
- **Other key people, who matters in their life**
- **Creativity, Experience – nature, art, hobbies**
- **Connectedness with God or a higher being – their spiritual side**
- **The attitude they take toward illness, suffering and existential problems**
- **Vocation, Self actualization – contribution to the greater good.**

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● ● ● | **MaP therapy - Session one:**  
 listen to the stories

- Throughout the session, therapists take notes.
- These notes become your source of summarising the themes, sources of meaning, statements about or alluding to purpose in life and any inconsistencies presented.
- These notes will help to focus subsequent sessions

**Outcome of session 1:** summarise who this person is, their strengths & accomplishments, what is intriguing, charming & fascinating about the person, what values you admire, what challenges you note, and how you perceive this person copes with adversity.

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● ● ● | MaP therapy –  
**always set homework**

- The aim of homework is to encourage a continuity of the process of life review.
- Often 'the work' of therapy occurs outside of formal sessions when the person ponders meanings and insights

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● ● ● | MaP therapy - Session one:  
**take home exercise**

*Looking back:*

- What are some specific memories that stand out for you?
- What celebrations do you especially recall?
- What roles have you played in your life?
- What you have accomplished, stood for, and meant to others?

*Impact of cancer:*

- List changes that have occurred
- What challenges & concerns do you want to address in MaP sessions?

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● ● ● | **MaP therapy - Session two:**  
**defining personalised goals**  
for MaP therapy

Aim

- To develop an individualised plan that sets "agreed goals" for MaP therapy.
- Identify "any concerns" to include in this agenda
- To identify the areas in the participant's life that they want to focus on in order to increase meaning and purpose



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● ● ● | MaP therapy - Session two:

- Always begin with homework review
- Link to your summary of who this person is.
- What agendas arise as you combine their concerns with their story and the broad objectives of MaP therapy
- More Questions are generally needed to expand your understanding of the stories. (See next slide)

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● ● ● | MaP therapy - Session two:

Questions that may be used in this session to pursue meaning and purpose include:

- *What is meaningful in your life?*
- *What gives you the greatest joy?*
- *What ordinary moments do you treasure?*
- *What is or has been your aim or purpose in life?*
- *What gives you a sense of purpose?*
- *Do you think you have a calling – have you been able to follow this?*
- *When you reflect on your life – what are the positives?*
- *Out of all the experiences you have had, what has held the most meaning?*
- *What choices, intentions, relationships have been most important?*
- *What have been most influential relationships, turning-points, treasured memories that have happened in your life?*

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● ● ● | MaP therapy - Session two:

- Keep it person-centered
  - *It sounds like these are the things that are important to you and enrich your life? Would you agree? Can you tell me more about that?*
  - *I am interested in what areas you feel you need to increase or encourage into your life in order to enhance meaning and purpose.*
  - *I think it would be useful to tease out the sources of meaning in your life from what you have shared*

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● ● ● | MaP therapy - Session two:

- By the end of sessions 1 & 2, therapists should not only have a pretty good understanding of “**who this person is?**” but also, have reached some consensus about
  - Goals to foster further meaning**
  - Sources of future direction – purpose**
  - Whether there is a need for motivation**
- **Homework** aims to foster further reflection on direction & purpose, the client's attitudes about this, and their attitude to illness.

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● ● ● | MaP therapy - Session three:  
Enhancing meaning & purpose

Aim

- To foster a deeper search for meaning
- To identify priorities that matter
- To search across domains of the body: physical, spiritual / existential, cognitive & emotional, and eventually social....to foster meaning




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● ● ● | MaP therapy - Session three:

- Review homework
- Examine 'attitudes':
  - Acceptance v passivity
  - Optimism v fatalism
  - Drive or motivation, Courage or determination
  - Hope
- Can a “drive towards meaning” be adopted?

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MaP therapy - Session three:

Search for meaningful priorities in domains of:

- a) **medical care of the body,**
- b) **spiritual or existential care of the self,**
- c) **emotional and psychological care of the self and one's attitude towards coping, and**
- d) **social and relational life with others** (main focus of session 4).

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MaP therapy - Session three:

Spiritual / existential care of self

- o Philosophy of life
- o Rituals of religion
- o Any sources of awe, wonderment, reverence
- o How deal with uncertainty
- o Place of hope / faith

Cognitive / emotional needs

- o Reframe negatives
- o Problem solving
- o Coping styles
- o Acceptance + Commitment
- o Place of sharing

Can key priorities be identified?

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MaP therapy - Session three:  
home work exercise

Meaning in relation to others

- o Do you feel close to others, including family & friends?
- o Do you have key roles as a partner, parent, grandparent?
- o Ways to focus on these relationships & nurture them?
- o Do you feel you are 'known' and respected for whom you truly are?
- o Have there been loving relationships that you are grateful for? Might you say thanks?
- o Think of a person or people that have shaped you;
  - How would you describe this person/people?
  - What is one of your most vivid and unforgettable memories about them?
  - What is a key lesson you learned from them?
  - Thinking of this person/people finish the statement: - "From you I have received ..."

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## Session Four Examining connections



AIMS:

1. To strengthen connections with others
2. To recognise the need to belong
3. To accept being needed by others

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## Session Four

Select meaningful relationships

Consider relationships developmentally through the life cycle:

- o Key child rels
- o Adolescent
- o Early adulthood
- o Middle adulthood
- o Senior yrs

Consider relationships strategically

- o Any taken for granted
- o Key roles
- o Named regrets
- o Move from family, to work, to broader community

Therapist is a catalyst & facilitator of a process of review. Ask creative questions! Be intuitive!

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## Session 4: Any new relational priorities?

- o Any barriers to valuing connections?
- o Any unfinished business?
- o Any spiritual relationships?
- o Any tasks that warrant some activity scheduling for the future?
- o At a very practical level, try and find some concrete goals that arise from the work of this session.

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● ● ● | MaP therapy - Session four:  
**home work exercise**

Reprioritizing Life Activities

- List activities you spend time at during a typical week.
- Prioritise this list based on time given.
- Re-Prioritise again based on meaning & value
- What changes are needed to effect different priorities?

Reviewing creative hobbies & appreciation of world

- List interests & hobbies
- Prioritise this list
- Re-prioritise based on meaning & value

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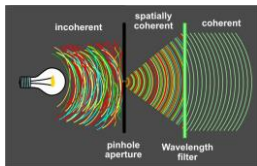
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● ● ● | MaP therapy - Session five:  
**coherence – optimising strengths,  
 coping & focus on living well**



Aims

- To consider the life lived and life desired, and to identify specific changes required to work towards “a life desired.”
- Take stock of progress, affirming adaptive coping, strengths, capacity to focus better on living well

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● ● ● | Session 5

- Review homework
- Invite patient to take stock of progress
- Has direction of efforts & content of life been consistent with the values of the person? Is there coherence?
- Any further changes needed?

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● ● ● | Questions to use in session 5

- *What to do to make this time the most meaningful of your life?*
- *What things might you want to let go of?*
- *Are some activities more of a burden than a joy?*
- *What personal characteristics can you harness to better focus on what is meaningful?*
- *What activities would bring greatest meaning and value to your life?*
- *What is stopping you from having these qualities and doing these activities now?*
- *What can you do to overcome these barriers and live more fully?*

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● ● ● | Session 5

- **Activity scheduling**
- Remind next session is last
- **Reflect on progress**
- Invite patient to identify homework – unfinished agendas? Conversations? Spiritual issues? Ways to enrich life?

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● ● ● | Session 5 **Homework**

1. **What have you learnt from taking part in these MaP Therapy sessions?**
2. **What important priorities deserve continued focus in your future?**
3. **Will you need to attend to any particular barriers or challenges that one can anticipate?**

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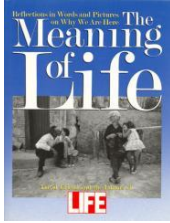
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● ● ● | **MaP therapy - Session six:**  
consolidation and making  
sense of MaP



Aim:

To consolidate the process undertaken and bring new understandings of self in relation to purpose, unique meaning and the patient's social world.

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● ● ● | **Session 6**

- **Homework review: What did you learn? What priorities? What barriers?**
- **Use every chance to affirm & praise genuine progress**
- **Personal reflections from therapist: Share some constructive observations from you –**
  - What you have appreciated about the patient?
  - Anything he/she has taught you?
  - How will you remember them?

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● ● ● | **Session 6: Response prevention**

- How to stay on track?
- Any predictable events that could derail?
- Invite consideration of the patient writing a **summary document** as homework.....
  - akin to a legacy portfolio.....
  - set of plans for the future....
  - biography about what has mattered in life

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● ● ● | Session 6: How to share MaP with others?

- What value will lie in you talking to your family/friends about your work here?

**It is through this conversation that the client brings together a picture of their unique story...their sources of meaning and purpose, and their connection to a wider social framework involved with their life.**

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● ● ● | MaP therapy - Session six: finishing up

- Thank you for working with me over these 6 weeks
- Be explicit that you appreciate them completing the questionnaires for T2 & T3.

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● ● ● | Therapist Training  
Section Four

The research

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## Phase II study – Early feedback from 4- session pre-pilot

- Qualitative evidence of its acceptability to patients
- May have been some 'existential awakening' from 4 sessions
- Need to increase number of sessions to see if quantitative beneficial change can be discerned.

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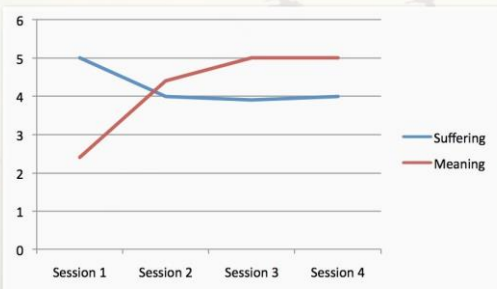
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### Results - Movement of suffering and meaning focus across all sessions of MaP Therapy




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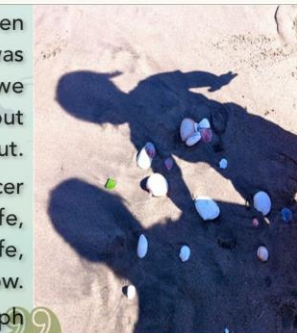
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I was pretty down when I met you but what was good for me was that we didn't start by talking about what I was down about. We both knew that cancer was a shadow over my life, but the focus was on my life, not the shadow.

Joseph




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**Efficacy RCT study – obtain an effect size from pilot of 6-session i/v**

- o **Aims:** The aim of this study is to assess the efficacy of a novel Meaning and Purpose (MaP) therapy on enhancing meaning and reducing distress in an advanced cancer population using randomized waitlist controlled trial with repeated measure design.

Hypothesis

- o Participants in the experimental group will report higher meaning & purpose post therapy, when compared to the control group.

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**Recruitment from P/C service or Chemo day centre**

*Inclusion/exclusion criteria*

- o Inclusion criteria:
  - diagnosis of metastatic cancer (Stage 4)
  - [prognosis of approx 12 months]
  - sufficient English skills to complete study requirements.

*Exclusion criteria:*

- incompetence due to cognitive dysfunction
- significant psychiatric illness.

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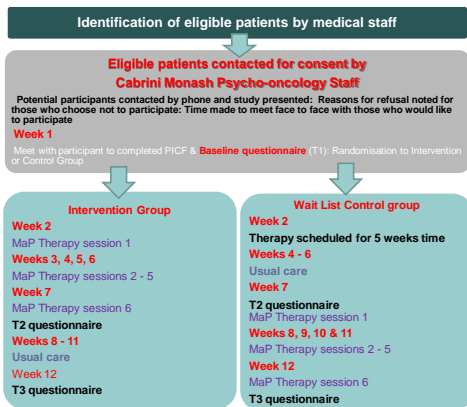
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<b>Distress</b>	Distress from physical symptoms - <b>Memorial Symptom Assess Scale SF</b> (Physical symptom subscale) (Chang, Hwang, Feuerman, Kasimis, & Thaler, 2000). Psychological distress - <b>Brief Symptom Inventory (BSI)</b> (Derogatis, L., & Melisaratos, N., 1983).
<b>Meaning</b>	<b>The Life Attitude Profile – Revised LAP-R</b> (48 items) (Reker and Peacock, 1981) <b>Purpose, Coherence &amp; Personal meaning subscales</b> <b>McGill Quality of Life Scale (MQOL)</b> (Cohen et al, 1995) (Existential Meaning subscale) <b>Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being Scale (FACIT-Sp)</b> (Brady, Peterman, Fitchett, & Cella, 1999).
	<b>Demoralisation scale</b> (DS) & VAS for morale / anxiety / distress / coping
<b>Medical details</b>	Diagnosis, Stage of disease, Time since diagnosis, Current treatment type.
<b>Demogr'ics</b>	Age, Gender, Ethnicity, Religion, cancer diagnosis & treatments

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● ● ● | **EARLY RESULTS OF 6-SESSION RCT of MaP Therapy (n=60)**

<b>LAP-R Purpose</b>	<b>Cohen's d = 0.63</b>
<b>LAP-R Personal Meaning</b>	<b>Cohen's d = 0.53</b>

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