

TRADITION, HERITAGE AND SPIRITUALITY

Researching the Meaning of Life: Finding New Sources of Hope

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Abstract

The purpose of the paper is to discuss means of assisting terminally ill patients in seeking for sources of meaning and hope, alongside the acknowledgment that their lifespan is short. Psycho-spiritual aspects make a substantial component patients suffering from incurable illness have to deal with. Evaluating and mapping the causes and expressions of psychological - spiritual suffering may assist in tailoring appropriate strategies of distress relief. Therefore, interventions should be given in accordance with their specific focus of difficulties, as well as with wishes and needs. Appropriate interventions in palliative psychotherapeutic rapport are inspired by identifying new sources for meaning in current life (sometimes, aided by past experiences or future visions). Reinforcing sources for meaning may attempt in providing patients amongst: - Equilibrium, between suffering and sorrow (which sometimes take over the patient's world), and on the other hand, new experiences, sense of satisfaction and fulfillment. Individual's acknowledgment that he is not completely withdrawn from the circle of life, and yet significance and fulfillment in life still exists. For a holistic meaning – centered intervention it is advisable to simultaneously integrate two central axes: the existential analysis, inspired by concepts driven from Frenkl's Logotherapy, such as freedom of choice, personal responsibility, inner truth, hope and transcendentalism; the operative axis, enhancing meaning and hope by assisting patient's wishes come true. Patients are aware, many times, that those wishes may be their last one, therefore perceive their fulfillment as crucial for their sense of meaning. Moreover, those wishes may elevate patient and family's spirit and reduce risk of demoralization. Whereas existential – spiritual interventions are recommended to be given by qualified professional therapists, the operation of fulfilling wishes is feasible by everyone, from family members to multi-disciplinary staff. Case illustrations for meaning - centered interventions will be discussed in the course of the paper. Cultural and traditional differences within the Israeli society, expressed in themes of work with patients, will lead to the conclusion, that there are many creative ways for researching meaning of life and sources for hope.

Keywords: Terminally ill patients - psychological intervention - existential and operative axes

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Introduction

Meaning, the focus of this discussion, raises many associations, such as choice, uniqueness, personal responsibility, hope, inner truth, empowerment and even more. These only demonstrate the abundance and complexity of the concept. Each and every individual may bound to at least one of the ideas above, while seeking for meaning, maybe even by using other terms. Describing meaning has a lot to do with age, cultural influence, individual's personality features and world outlook and perception;

Sara was a Jewish orthodox woman. She had allowed herself, for the first time in her life, to cast doubts in religion, right after being announced that her metastatic breast cancer was uncontrollable, she decided to no longer maintain her orthodox religious rituals. Her family and community tried to sympathize with her transformation by rationalizing her questions as a natural existential faith

crisis, which is rather common in such cases, but her narrative was completely different: she decided, for the first time in her life, to take upon herself the freedom of choice. She felt she was born into facts, which automatized her and didn't allow her to really "feel" God from inside. She therefore decided to peel off religion and to start an idiosyncratic spiritual journey of her own. Interestingly enough, she kept insisting that her faith was well kept, however her behavior was considered drastic: it included lifestyle changes, many unasked questions and even provoking her religious community, which in other unfortunate cases could have ended in complete isolation and banishment. She started seeing a Rabbinic psychotherapist, with whom she searched for the connection between her true self and God. Revealing her true self and her personal connection to God had allowed Sara to find meaning in her doubts, regain inner strengths needed for coping with an imminent threat to her life and eventually, inner peace.

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How Can a Person Find any Meaning for Suffering?

It is well known, that in times of crisis, people try to use their difficulties as sources for inner growth or benefit finding. But how can people with incurable and advanced illness seek for such benefits, when all what they see is loss?

Indeed, people suffering from terminal illnesses are susceptible of experiencing continuing losses, sometimes occurring too fast to allow the any adjustment whatsoever. Patients are being forced to separate from beloved people, from previous roles, basic functions and also values, which can no longer be achieved (such as ambition). If so, the question of where (if at all) lies hope, is indeed very difficult to be answered. One horizon for receiving some answers may be by the search for meaning;

Logotherapy, originated from the Greek word LOGOS (meaning), is a psycho-philosophical approach, developed by Victor Frankl (1959). logotherapy was justified to be a tremendously powerful therapeutic tool for people suffering from terminal illnesses (Breitbart, 2001), since suffering is considered a major springboard, both to having a need for meaning and for finding it (Frankl, 1959). In logotherapy, the human spirit is referred to in several assumptions, but it should be noted that the use of the term spirit is not "spiritual" or "religious". In Frankl's view, the spirit is the will of the human being to search for meaning, and not necessarily God or supernatural being.

The basic principles of logotherapy claim the following: (1) The primary motivational force of human beings promotes seeking meaning in life. Whereas Sigmund Freud, in his psychosexual theory of development described impulses as primary motivational forces, Frenkl's logotherapy deals with much more supreme instincts. (2) Meaning exists and will always exist in life, under every circumstance. Hence, even under difficult, unchangeable conditions, the individual may find internal meanings for his own existence. (3) The individual has the freedom to find meaning, in each and every experience, occurrence or action of his. In other words, there are no rules rights or wrongs in finding meaning. Meaning is a subjective concept, a consequence of individual interpretation and may be translated into concrete actions or to internal insights. For this reason, the paper aims to discuss both paths as legitimate for identifying meaning towards hope.

Both research and practice (Breitbart, 2001) have proven logotherapy to be an effective and beneficial approach while treating people with a short lifespan. That is when existential questions appear and require some good answers (Yalom, 1980). Therefore, while stimulating different elements of the human essence, it is possible to assist the patient in regaining inner strengths, spiritual elevation and in due course, a conceptualization of hope.

Before describing the various aspects one may approach while searching for meaning, it is highly important to consider that some elementary conditions must exist beforehand. Like Abraham Maslow's hierarchy of needs (1943), here too, a person can not speak an existential language (i.e. dealing with meaning, self

realization and fulfillment) without having basic psycho-socio-spiritual foundations. It is crucial, first and foremost, to confirm that the patient does not suffer from a significant level of depression and / or anxiety, which might obstruct the process of researching. If such psychopathology is diagnosed, it must be treated and well balanced first. Only then will it be possible to promote to the next steps.

The next conditions would be a somewhat adequate self esteem, meaning that under current circumstances, he still has a positive realistic evaluation of himself. Together with that, the patient should sense a satisfaction from life. Yet, even if at present he finds difficulty in identifying any satisfaction, interventions such as active - narrative reminiscence of satisfactory events or achievements from the past, may help in returning some level of satisfaction.

The third step that may assist in the process of searching for meaning is investigating goals and aspirations in life, either those which were left somewhere in the past, or those that still exist in the present. Assessing those will allow a specific direction for intervention.

Next comes the existential phase, which brings up aspects, such as freedom of choice (even if reduced due to illness), self revelation, and at last, meaning and sources of hope. It is important to emphasize, that even when "lower" levels are harmed due to demoralization or grief (such as self esteem etc.) it is still possible to climb towards the existential peak, but it will require a comprehensive work.

Meaning, however, does not necessarily have to do with optimism. Pessimist people are also able to find his meaning in life. For instance, by being well prepared for the worst case scenarios, they allow themselves to choose different coping routes, personal responsibility for consequences, empowering problem solving and so on.

Researching Individual Meaning via Different Dimensions

Meaning is a holistic concept. In many cases, the individual identifies some different dimensions composing the whole, and in others, humans are identified with one primary aspect. Therefore, in meaning centered intervention, it is the therapist's task to scan, along with the patient, the different dimensions and their relation to the latter, aiming to reveal the right transducer towards meaning.

Through the inter-personal dimension, people may look for meaning by preparing an organized farewell gatherings from significant others. Another way of interpersonal approach for meaning would be by leaving an inter-generation legacy, such as sharing individual history or experiences with the next generation, leaving a spiritual will and so on. End of life seems to be a good momentum for family gathering, getting together and closer to people with whom they feel comfortable. Calm close interaction with close people may alleviate patient's feeling of loneliness, a common side effect of end of life processes. Being together is also the right time for reminiscing shared history and experiences, analyzing

them and re-living them together. Resolution of past conflicts, forgiveness and emotional expressions are common and may assist sense of satisfaction and positive self esteem, due to the positive relationships built in the course of life. Hence, it is frequent to hear patients and families report of achieving such an intimacy which never existed before.

The concrete dimension is very accessible for people with practical orientation. For those, completing missions may serve a satisfying means of acquiring meaning. Even by leaving instructions for the future after his own death, the patient is able to experience a tremendous sense of meaning, due to leaving behind an organized "future". Such living wills are common and have proven to assist both sides – the patient feels calm and carefree from worries about others, whereas his family feels satisfied to please his last wish.

The cognitive dimension is claimed to exist in almost every means of searching for meaning. Park & Folkman (1997) called the cognitive process of reevaluating events as positive as "meaning making". In other words, people's interpretations are those which create foundations for meaning. Those could be new explanations to events, new insights and most importantly, transforming dysfunctional / automatic thoughts into rational adaptive ones. Even the important steps of acceptance and completion with life coming to their end are at least partially based on cognitive analysis.

The emotional dimension brings meaning closer by experiencing intensive emotional expressions. Such emotions could be desire, interest, pleasure and joy – which are commonly translated by patients into experiences, such as "wholeness" or "completeness".

Those who view the world through their senses would seek for meaning by sensual means. They may describe meaning as enjoying the sunlight, smell of babies or favorite music.

And finally, the spiritual meaning, being perceived through transcendence.

People who search for meaning in the spiritual dimension will frequently look for answers in religion, faith or rituals. Today it is well known in the field of palliative care, that addressing spiritual distress is as important as alleviating other sufferings, therefore, the spiritual dimension is thought to be increasingly dominant among people suffering from terminal illnesses.

Wish Fulfillment as Meaning Making

Reviewing life towards their end may remind patient some of his missions, fantasies and goals, that were left behind, unfulfilled. Fulfilling last wishes is an effective tool for end of life interventions and most certainly can ease suffering and sorrow, both for the patient and family. Wish fulfillment is an operative opportunity for assisting patients to feel pleasure, satisfaction and self worth. By cooperating and assisting the patient to fulfill his wish, the family, too, may feel attentive and useful, as opposed to commonly reported feelings of helplessness.

Knowing that people with advanced illnesses tend to be frail and limited, it is not that simple just like that to

achieve the unachieved. Without a doubt, fulfilling people's wishes in advanced stages require creativity. Due to unfortunate losses, many times there is a necessity to accommodate the original wish to current reality;

Nina was a 78 year old widow who survived the holocaust 65 years ago thanks to a catholic nun who hid her. Only a few months before being diagnosed with stage 4 ovarian cancer she succeeded in finding the nun's tracks in Poland. Due to a major surgery and radiation therapy she had to go through, her dream of reunion with the nun (who was already 90 years old) was delayed over and over again. Unfortunately, her cancer was aggressively spreading and she was suffering from physical distress. Her only son, Dan, who came to visit her in her nursing home on a daily basis, started noticing signs of disengagement and even depression. At first, he interpreted it as a reaction to the fact she was dying, however on one occasion, she mentioned something about the nun. He encouraged her to provide some more details, and from then on she told the whole story. Dan was astonished to hear the heroic story he has never heard before, and without any hesitation made an oath to his mother, that he himself will fly to Poland, to meet with her rescuer. Nina dictated a sentimental letter for the old Polish nun a month later passed away, not before Dan had promised her again, that soon enough he intends to go, in her name.

When a dream is under no circumstance possible to be fulfilled, it is highly important to be addressed as a grieving process the patient goes through and not to underestimate the pain and sorrow that lies within the acknowledgment, that the wish would never come true. However, even when wish is fulfilled, we should take into consideration, that once done, the patient might feel emotionally ambivalent, and sometimes even sense an increase in death anxiety. One of the reasons for such seemingly paradox is that once the wish is fulfilled, the patient might feel "ready to die", whereas he is never actually "ready" for that. Therefore, fulfilling wishes in not just a technical mission as it seems, but a very sensitive task, which should be executed in collaboration with psychological support.

Discussion

Researching the meaning of life is an ongoing process, which may be applicable either existentially, by finding sources for hope or by fulfilling last wishes. Meaning is a subjective concept, which could be very simple or practical for one individual, or philosophical to another. By identifying and perceiving meaning, the patient is likely to acknowledge, that life is worth living under almost any circumstance and by that increase his will to live. Also, finding meaning which connects past experiences with the present, may also lead to some sense of future. For example, if a patient's meaning in life is established on her maternal roles (past), she may observe her children growing with satisfaction (present) and believing, that once she is gone, they will successfully stand up for themselves (future). And finally, meaning may be an outstanding opportunity for the patient (and family) to feel "more".

The therapist may find himself deeply involved along with the patient, in the process of researching for meaning and hope. In meaning centered psychotherapy, especially towards the end of life, the therapist ought to take an active stand, and sometimes even stimulate the patient, who is many times afraid to get into unknown worlds all alone. It is the therapist's duty to be not only supportive, but to respect the patient's views and ways for making meaning, even if they seem odd. Only when the patient suffers from demoralization or stagnation, may the therapist assist in lighting up the way to one of the possible dimensions of meaning and hope.

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