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Existentially-Based Individual and Group Counseling Models for Adult Cancer Survivors

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Abstract

Despite an active discussion in medical literature regarding existential issues related to adult cancer survivors, counseling literature shows a dearth of any such focus. This paper will review three existentially-based individual counseling models and four existentially-based group counseling models for use with cancer survivors. Implications for selecting counseling models most appropriate for clients' needs are discussed.

According to the National Cancer Institute's most recent Surveillance, Epidemiology and End Results report, there were approximately 12 million men and women cancer survivors in the United States in 2008 who were either in active medical treatment or had completed medical treatment (Howlander et al., 2011). Furthermore, Howlander et al. (2011) estimated that about 1.6 million men and women would be diagnosed with cancer during 2011. Approximately 40.77% of men and women born today have a risk of being diagnosed with cancer during their lifetime (Howlander et al., 2011).

Despite these statistics, research on counseling models that address existential issues with adult cancer survivors is in an early stage of development (LeMay & Wilson, 2008). According to the National Cancer Institute, the term *cancer survivor* refers to

anyone who has been diagnosed with cancer, regardless of treatment status (Twombly, 2004). Existential and spiritual issues have become a focus in the psychosocial counseling care of adults diagnosed with cancer within the medical and nursing literature (see Breitbart, 2002; Lethborg, Aranda, & Kissane, 2008; Strada & Sourkes, 2009). This paper begins with a brief history of the origins of existentially-based individual and group counseling for adult cancer survivors. Next, three individual counseling models will be reviewed followed by four group counseling models, which can aid counselors in approaching therapeutic work with this population.

Zuehlke and Watkins (1975) in a seminal work explored the use of an existentially-based individual counseling model with adults diagnosed with a terminal illness, predominately cancer. Zuehlke and Watkins hypothesized that by using Frankl's (1959/2006) logotherapy with terminally-ill clients for 6 weeks, clients could better cope with a terminal diagnosis while developing a new outlook on the meaning and purpose of their lives. Four phases of treatment were incorporated over the 6 weeks: (a) increasing rapport through discussion of meaningful events in the client's life, (b) discussing how the client's situation has affected others in his or her life, (c) using dereflection to change thoughts about dying to thoughts about meaningful aspects of life, and (d) facilitating meaningful interactions with individuals important to the client in order to experience closure with them. At the end of the 6 weeks, clients reported an awareness of their ability to change their attitude about their situation and an improvement in being able to view their lives as meaningful.

Yalom and Greaves (1977) explored the use of a group counseling model as a means to reduce existential loneliness experienced by adult cancer survivors. Yalom and Greaves believed that adults would sense more meaning in life when they focused on interactions with others, sharing their feelings and providing information to other group members about their experiences. Not only did Yalom and Greaves emphasize the importance of reaching out to others in order to reduce feelings of isolation, they also emphasized the potential benefit of discussing death within a group format. They concluded that the use of a group counseling format for adult cancer survivors could be useful in addressing their existential needs. Spiegel, Bloom, and Yalom (1981) further explored the group counseling model proposed by Yalom and Greaves and found that when clients diagnosed with cancer have the chance to discuss their experiences and life goals in a safe group format, they may feel less "anxious, confused, fatigued, and fearful" (p. 533).

Individual Counseling Models With Adult Cancer Survivors

Recently, three individual counseling models for cancer survivors have emerged from medical literature. Of note is how each model incorporates the use of reviewing the client's life in an effort to foster a sense of meaning. Brief in duration by design, Dignity Therapy, Meaning-Making Intervention, and the Short-Term Life Review provide counselors with ideas for individual counseling with clients who have been diagnosed with cancer. These three models will be presented chronologically by year developed.

Dignity Therapy

Chochinov et al. (2005) explored an individual counseling model for cancer survivors diagnosed with advanced-stage cancer that would aid in reducing suffering,

increasing quality of life, and providing a sense of meaning and purpose. Chochinov et al.'s Dignity Therapy (DT) is designed to require no more than two sessions to complete with a client—the potential exists to carry out DT by a client's bed if needed given the potential severity of the client's illness.

In the first session, clients are asked to discuss aspects that matter most to them in life, which could include what they most want to be able to say to people close to them (Chochinov et al., 2005). Clients' answers are audio recorded during the first session. After the initial session, the counselor transcribes what the client shared in the recording and organizes it into a manuscript—termed a *generativity document*. In the second session, the counselor reviews the generativity document with the client, and the client is encouraged to share it with significant others.

DT may have the potential to increase clients' sense of meaning and purpose, reduce sense of suffering, reduce desire for death, and increase the will to live (Chochinov et al., 2005). DT has also been thought to be beneficial because the generativity document may help the client's significant others cope with their own feelings regarding the client's situation (Chochinov, 2006). DT may help reduce clients' sense of social isolation from others and provide them with a purpose for having lived and continuing to live. For more specific detail on how counselors would use this model in their work, readers are referred to Chochinov and McKeen (2011).

Meaning-Making Intervention

Lee, Cohen, Edgar, Laizner, and Gagnon (2006) developed an individual counseling model for cancer survivors utilizing techniques for creating meaning to increase clients' self-esteem, optimism, and self-efficacy. Lee et al.'s Meaning-Making Intervention (MMI) may be implemented individually at the client's home or in a clinical setting; the model is typically completed in four sessions.

With MMI, clients participate in a *Lifeline* activity with the counselor (Lee et al., 2006). In the Lifeline activity, clients are asked to discuss three time periods in their lives: the present, the past, and the future (Lee, 2008). While discussing the present, the counselor addresses personal losses that clients have experienced after their cancer diagnosis, aspects of life clients perceive having control over, and the possibility that positive experiences can still occur. Next, the past is discussed, and clients are encouraged to reflect on ways that they have previously coped with negative situations in life. Finally, clients discuss their future, including their remaining goals and how they can approach achieving their goals. Lee et al. (2006) stressed the importance of chronologically approaching these three tasks so clients can gradually become more comfortable in discussing such issues. MMI has demonstrated potential for enhancing clients' self-esteem, optimism, self-efficacy (Lee et al., 2006), and sense of meaning in life (Henry et al., 2010).

Short-Term Life Review

Ando, Morita, Akechi, and Okamoto (2010) discussed their individual counseling model—Short-Term Life Review (STLR)—for use with clients diagnosed with incurable cancer. Ando et al. suggested that life reviews with clients could have positive benefits including enhancing sense of meaning in life as well as reducing anxiety and depression.

STLR is conducted in two sessions during one week. In the first session, the counselor interviews the client for 30-60 minutes about his or her life and records the discussion. The counselor asks the client eight questions:

1) What is the most important thing in your life and why? 2) What are the most vivid or impressive memories in your life? 3) In your life, what event or person affected you most? 4) What is the most important role you played in your life? 5) What is the proudest moment in your life? 6) Is there anything about you that your family needs to know? 7) Are there things you want to tell them and are their things you want them to remember? 8) What advice or words of guidance do you have for the important people in your life or for the younger generation? (Ando et al., 2010, p. 996)

After the first session, the counselor transcribes the interview and creates an album for the client with pictures from books or magazines incorporating key words and phrases that the client used during the interview (Ando et al., 2010). The counselor strives to make the album visually appealing. In the second session, no more than a week after the first session, the counselor and client look through the album together and the client approves what was included in the album. After discussing the album's content, the counselor supports the client in feeling comfort with the client's past and present. The counselor then gives the album to the client, with no specific instructions on whether to share it with others or not.

STLR has been reported to be successful in increasing clients' sense of meaning in life, sense of hope, sense of life completion, and sense of preparedness for death (Ando et al., 2010). Ando et al. (2010) also reported success in decreasing clients' anxiety, depression, and sense of being a burden to others.

Group Counseling Models With Adult Cancer Survivors

Four group counseling models for cancer survivors have emerged in the medical literature during the last 15 years. The following four group models aid clients in learning from one another, helping one another, and fostering new relationships while discussing relationships with others outside of the group. The models will be presented chronologically by year developed.

Cognitive-Existential Group Therapy

Kissane et al. (1997) created Cognitive-Existential Group Therapy (CEGT), a group counseling model for working with clients diagnosed with early-stage cancer. In addition to addressing existential issues, cognitions are viewed as important in helping to prepare clients for long-term survival (Kissane et al., 2003). CEGT is carried out in three stages over 20 weeks (Kissane et al., 1997). In the first stage, group members are encouraged to discuss their experiences with their diagnosis as a means to feel more connected with others in the group. Next, group members are encouraged to confront anxiety about death, grieve aspects of life lost as a result of the cancer diagnosis, and discover useful coping strategies. After addressing these issues, the focus of the group shifts to grieving the loss connected with the upcoming termination of the group. In the third stage, group discussion focuses on reviewing one's life priorities and how one plans to approach the future.

Kissane et al. (1997) believed that group members would experience increased purpose in life after taking responsibility for and control over living their lives with a meaningful purpose. Although clients receiving CEGT may experience satisfaction with counseling and identify that they feel confident in their ability to cope with their life situation, these experiences may not translate to significantly reducing negative feelings of anxiety, depression, guilt, or hostility (Kissane et al., 2003).

Self-Transcendence

Coward (1998) explored the use of incorporating a focus on self-transcendence into a group counseling model for clients recently diagnosed with breast cancer—termed Self-Transcendence support group (ST). Self-transcendence was conceptualized as a way to find meaning and purpose through emotional and physical well-being in addition to focusing outside of one's immediate situation and participating in new activities (Coward, 2003). ST focuses on exploring the ways in which breast cancer survivors find meaning, improve their self-esteem, and feel in control of their lives.

In ST, various activities are introduced to group members over 8 weeks with the purpose of guiding self-transcendence (Coward, 1998). Such activities include examining personal values, problem solving, assertiveness training, managing feelings, positive thinking, relaxation training, and planning enjoyable activities. Additionally, group members are encouraged to discuss their own experiences and help other members with problem solving. Although specific activities are planned in advance for each group session, group members may spontaneously discuss topics they feel important and meaningful to discuss in any given moment.

Coward and Kahn (2005) found that the act of connecting with other group members who share a similar experience may be more influential in helping clients find meaning in their lives than the specific activities used in ST, as ST has not been demonstrated to be more effective in helping group members find meaning than control groups. Perhaps in expanding their focus beyond themselves in a group counseling modality, clients create meaning through changing their own lives and through helping others rather than the use of specific activities (Coward & Kahn, 2005).

Meaning-Centered Group Psychotherapy

Greenstein and Breitbart (2000) created Meaning-Centered Group Psychotherapy (MCGP) for clients diagnosed with advanced-stage cancer. The model focuses specifically on what clients have found to be meaningful in the past and what can continue to be meaningful in what remains of their future. Breitbart (2002) identified that clients are likely to support one another and share their feelings as well.

In MCGP, clients meet for 8 weeks and engage in education, discussion, and experiential activities emphasizing topics related to exploring sources of meaning, discussing how one's experience with cancer can affect one's sense of meaning, and contextualizing the meaning of one's life (Breitbart et al., 2010; Greenstein & Breitbart, 2000). The topics of MCGP are derived from Frankl's (1959/2006) existentially-based logotherapy, and a new topic is discussed each week (Greenstein & Breitbart, 2000). Group members are seen as being responsible not only for actively finding meaning in their own lives but also for actively helping group members search for meaning in their lives. Group members are encouraged to acknowledge their suffering and eventual death

while focusing on what remains meaningful to do in life (Greenstein & Breitbart, 2000). For more specific details regarding the weekly activities as well as to read a case study example, readers are encouraged to refer to Breitbart and Applebaum (2011).

MCGP has demonstrated potential in improving clients' spiritual well-being, increasing a sense of meaning in life, reducing hopelessness, reducing desire for death, and lowering anxiety (Breitbart et al., 2010). A unique aspect of MCGP may be its appeal to male clients. Greenstein (2000) discussed how male group members explained they had frequently felt uncomfortable discussing personal topics in previous group counseling settings; however, they shared having enjoyed the MCGP experience.

Supportive-Expressive Group Therapy

Classen et al. (2001) explored the usefulness of Supportive-Expressive Group Therapy (SEGT), which is influenced by the group counseling model developed by Yalom and Greaves (1977). SEGT can help clients diagnosed with advanced-stage cancer cope with their existential concerns, share their feelings, increase their social support, improve existing relationships, and discuss medically-related concerns (Kissane et al., 2004).

SEGT is largely an unstructured discussion in which group members acknowledge and address their feelings regarding anxiety about death, find meaning in their relationships with others, and review what is important to them in life (Classen et al., 2001; Kissane et al., 2004). SEGT may demonstrate the potential to reduce clients' traumatic stress symptoms (Classen et al., 2001). Classen and Spiegel (2011) have provided more specific details on how counselors can use this model with their clients as well as a case study example.

Discussion

Following Zuehlke and Watkins' (1975) individual counseling model and Yalom and Greaves' (1977) group counseling model for cancer survivors, interest in developing and implementing counseling models for working with clients who are cancer survivors has increased in the past decade as evidenced by a lively discussion taking place in the medical and nursing literature. Counselors have not been active participants in this discussion, perhaps due in part to not being fully aware of what models exist. SEGT, CEGT, and ST have been discussed primarily in the context of working with female breast cancer survivors; MCGP, MMI, DT, and STLR have been explored with both men and women with various stages of various cancer diagnoses. Knowing the focus of these models can help counselors start to learn more about them and when they would be most appropriate for clients.

More recent counseling models that have been created for working with cancer survivors are more structured than their predecessors, which were created more often for group counseling and allowed for topics to be discussed more spontaneously. One trend in the literature has been a shift away from focusing primarily on female breast cancer survivors and more on gaining a better understanding of how counseling models can be beneficial for both men and women diagnosed with various kinds of cancers at various stages.

Two major themes capture the essence of the objectives of the individual counseling models and group counseling models that have been discussed. For all three individual counseling models—DT, MMI, and STLR—the act of verbally reviewing one’s life is thought to be beneficial in helping adult cancer survivors enhance their well-being and sense of meaning in life. The four group counseling models discussed—CEGT, ST, MCGP, and SEGT—all focus on group members learning from each other’s experiences and interacting with each other in an effort to increase their sense of meaning in life.

Implications for Counseling

Counselors can combine aspects of various models to better meet the needs of clients and enhance their meaning in life. Clients may not feel comfortable having their individual counseling session audio recorded and may instead prefer to write responses to open-ended prompts in a journal for themselves or create art to share with their significant others. Offering clients the option to incorporate multiple means of recording thoughts could potentially be empowering for them. Counselors could also offer their clients options in approaching a life review activity. For example, counselors could describe the more open-ended format of life review associated with DT, the eight questions asked in STLR, and the Lifeline activity used in MMI. Once clients select a type of life review activity, clients could decide the speed at which they would like to explore the activity. The three individual counseling models reviewed above tend to be conducted relatively quickly: two sessions for DT or STLR and four sessions for MMI. If possible, clients may desire to spend more time exploring a life review activity than two to four sessions. Counselors could offer their clients the option of a life review activity as well as the option of how much time clients would like to spend on it. During counseling, counselors could check in with clients about the benefit of the chosen life review and adapt it as needed to meet clients’ needs.

Additionally, counselors could modify group counseling according to their clients’ needs when considering the level of structure involved in group discussion. As was discussed previously, males may find MCGP appealing due to the stronger focus on structured activities and discussion than tends to be found with CEGT, ST, or SEGT. Counselors aiming to conduct group counseling with male cancer survivors, or female cancer survivors looking for a group with more structure, may want to consider incorporating the types of structured activities used in MCGP and ask clients if they would perceive completing and discussing such activities to be beneficial. Additionally, counselors could try incorporating the structured Lifeline activity used in MMI in group counseling to see if the activity is perceived positively in enhancing clients’ sense of meaning in life. Counselors conducting group counseling should routinely check in with their clients to assess whether the chosen group format and activities are addressing their needs. If not, counselors may consider using different activities and discussion topics outlined in the various reviewed counseling models.

These models do present some clinical limitations for counselors. One primary limitation of individual counseling models requiring audio transcription, such as STLR or DT, is that the responsibility for creating generativity documents lies with the counselor rather than with the client. Time constraints may prevent counselors from being able to

transcribe client sessions and may require someone else to transcribe the recording with the client's written consent. Rather than attempt to transcribe sessions, counselors may ask clients if they would prefer to journal answers to open-ended prompts or create art rather than engage in a dialogue about their life experiences.

Implications for Future Research

Counselors have the opportunity to participate more actively both in developing counseling models for cancer survivors as well as exploring current models' efficacy and generalizability. The counseling models which have been discussed have primarily been studied with adults having an average age of 40 or older. There has been little focus on examining whether these models would be beneficial to cancer survivors younger than 40 years of age. Additionally, future researchers could examine whether these models are effective with clients of different demographics, such as race and ethnicity, sexual orientation, and social class.

Researchers could implement a qualitative research design using focus groups to explore model appeal to different groups of adult cancer survivors. In the focus groups, researchers could describe the various counseling models and ask survivors to discuss how helpful they would find them. Results of the focus groups could be used to modify counseling models to better meet the needs of different groups of cancer survivors.

Researchers may also conduct randomized controlled trials to assess model effectiveness with different groups of adult cancer survivors. Although randomized controlled trials may be time-consuming to plan and implement, they could be used to examine whether counseling models can improve clients' meaning in life. Providing empirical support of model effectiveness is crucial in recommending using the models with different groups of clients affected by cancer. Researchers would be encouraged to use the same measure of meaning in life for all randomized controlled trials, such as the Meaning in Life Questionnaire (Steger, Frazier, Oishi, & Kaler, 2006) or the Meaning/Peace subscale of the Functional Assessment of Chronic Illness Therapy-Spiritual (Brady, Peterman, Fitchett, Mo, & Cella, 1999). This way, the models' effectiveness could be compared.

An additional measure that researchers may want to include when assessing model effectiveness, especially for the group counseling models, is a measure of perceived social support such as the Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991). Few studies of these models have included a measure of perceived social support (Taylor & Cottone, 2011). Perceived social support could be assessed at baseline as well as at treatment completion and follow-up in randomized controlled trials. Researchers could assess whether the models increase perceived social support and how that may help promote increased meaning in life for clients.

Conclusion

This paper reviewed three existentially-based individual counseling models and four existentially-based group counseling models developed for adult cancer survivors. Counselors are encouraged to learn about these models and adapt them to best meet their clients' needs. Additionally, counselors are encouraged to continue developing counseling

models for adult cancer survivors and assessing their effectiveness in enhancing clients' meaning in life. Counselors are well-suited for helping adult cancer survivors explore and cope with their existential concerns.

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