

Introduction

Reflecting on Life Stories: Benefits of Dignity Therapy

Dignity Therapy (Chochinov et al., 2011) is used internationally with palliative cancer patients (Martinez et al., 2017) Benefits include improved (Fitchett et al., 2015):

- sense of dignity (Chochinov et al., 2011); quality of life (Wulandari & Rochamawati, 2024); psychological/spiritual well-being, including increased meaning

Narrating Early Life: Stressors in Patients' Life Stories

Early life (<18 years) is a critical developmental period (Caspi & Elder, 1986). Five/eight psychosocial tasks are resolved before 18 (e.g., trust, autonomy; Erikson, 1950) affecting later adult wellbeing

- Early disadvantages are cumulative (Dannefer, 2003)
- Unresolved stressors affect wellbeing in subsequent life phases

Looking Back on Early Life Stressors: Meaning-Making

Older adults reflect on life lived (Butler, 1963), preparing for life's end. How early life is narrated during Dignity Therapy, in relation to stress levels and meaning-making, may be of consequence to life now (McAdams, 2001)

- Patients may engage in meaning-making to integrate fragmented, distressing early events into their life story (Fitzke et al., 2021).

Doing so fosters:

- identity continuity, emotional closure (Park, 2010)
- optimism, self-esteem, decreased suffering (Chochinov et al., 2005)

Aims

Aim 1. Characterize frequency and type of early life experiences older cancer patients tell in Dignity Therapy. Determine:

- Proportion who mention at least one Stressful Life Experience (SLE) from early life (<18 years) versus no SLEs.
- Frequency of six life domain categories of SLEs
- Extent of meaning-making across SLE life domain categories.

Aim 2. Evaluate impact of DT provider prompting on patients' narration of early life during therapy. Identify:

- Proportion of early life experiences patients share that are provider prompted vs. unprompted.
- Whether early life stressors that are provider prompted versus unprompted is associated with overall early life stress (i.e., SLE weight score).
- Whether early life stressors arising prompted vs. unprompted is associated with extent of narrative meaning-making

Methods

Participants

N = 204; M_{age} = 66 yrs (7.43), 55-87 years
Palliative care outpatients with serious cancer from six US hospitals

Compensated \$150

65% women, 82% education post-high school; 48% college degree

94% White, 12% Black or African-American, 8% Hispanic or Latino.

Stressful Life Events: Frequency, Weight Score, and Categories

Coders received six weeks training using modified Social Readjustment Rating Scale (SRRS; Holmes & Rahe, 1967).

All data double-coded. Reliability ($\kappa = 0.85$)

- Frequency:** simple count of occurrences in patient's life story narrative

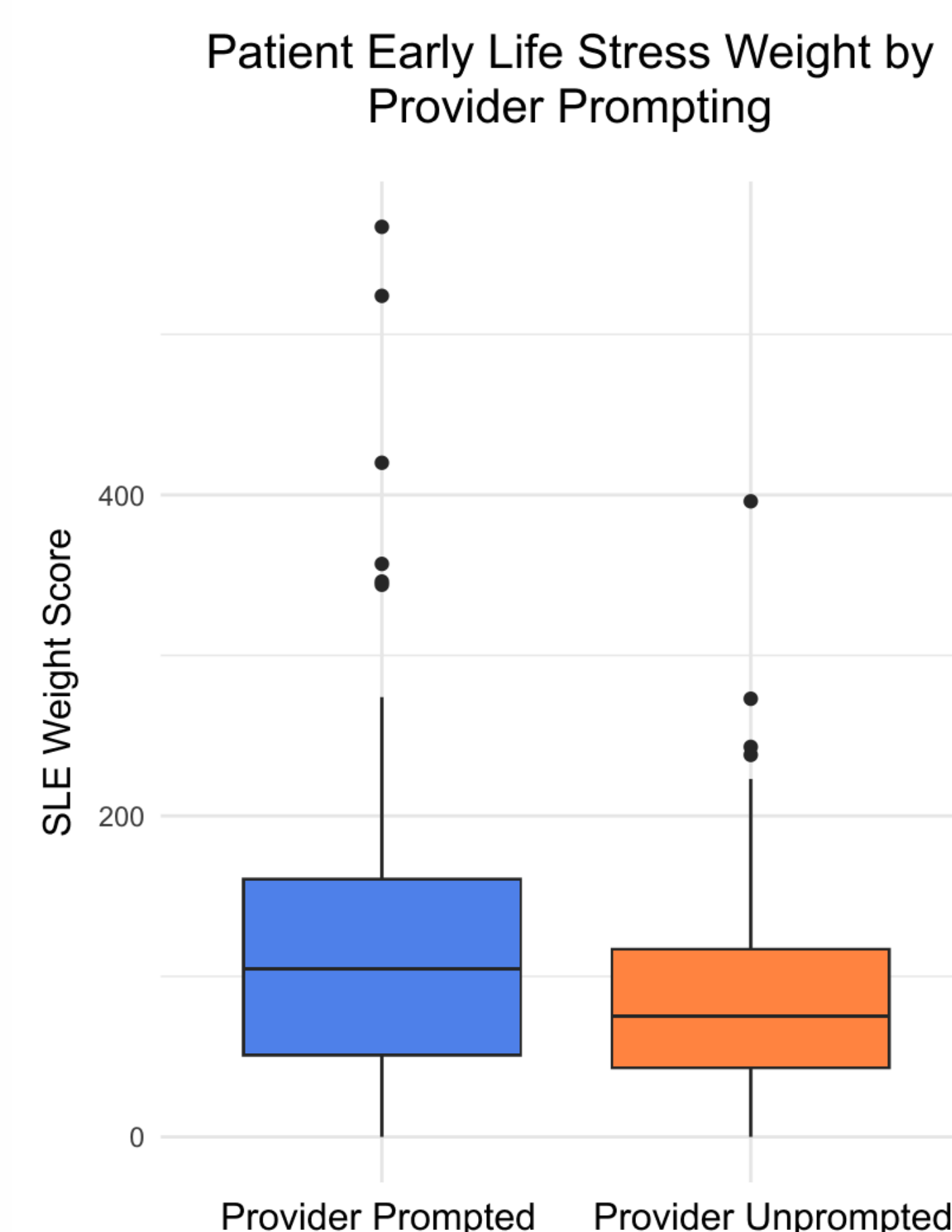
Preliminary Analyses. Regression analyses revealed no differences in weight stress score, or meaning making by age, gender, education, income, health status.

Aim 1 (a-c): Frequency and type of patients' stressful early life events

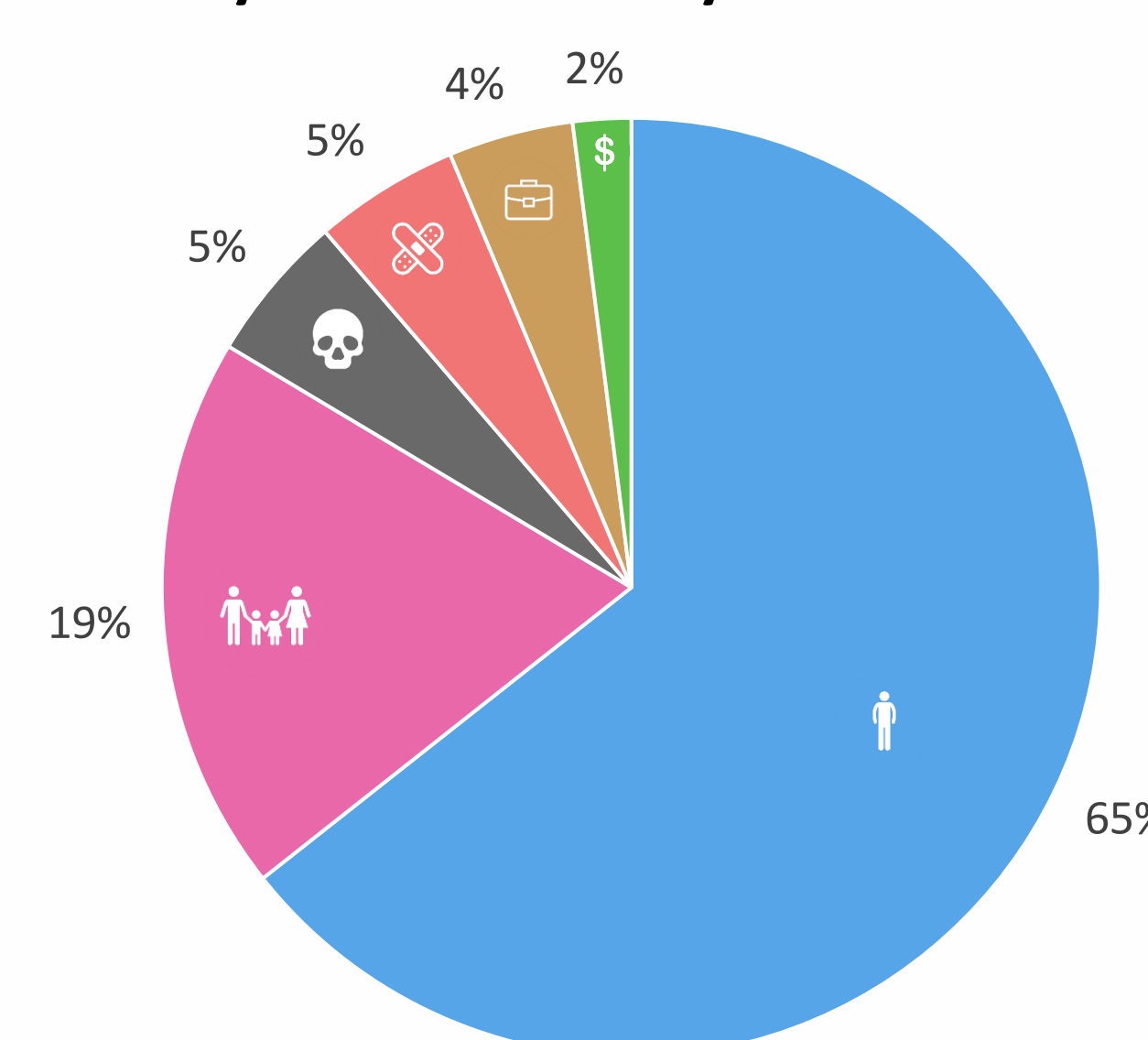
- 88% who talked about early life mentioned at least one SLE
- Stress commonly occurred in life domains: personal (64%), family (19%), and death of other (5%)
- Meaning making was made most proportionately for personal injury or illness (17%), financial (14%), and family (10%) events

Aim 2 (a-c): Impact of DT provider prompting (Hierarchical Linear Regression)

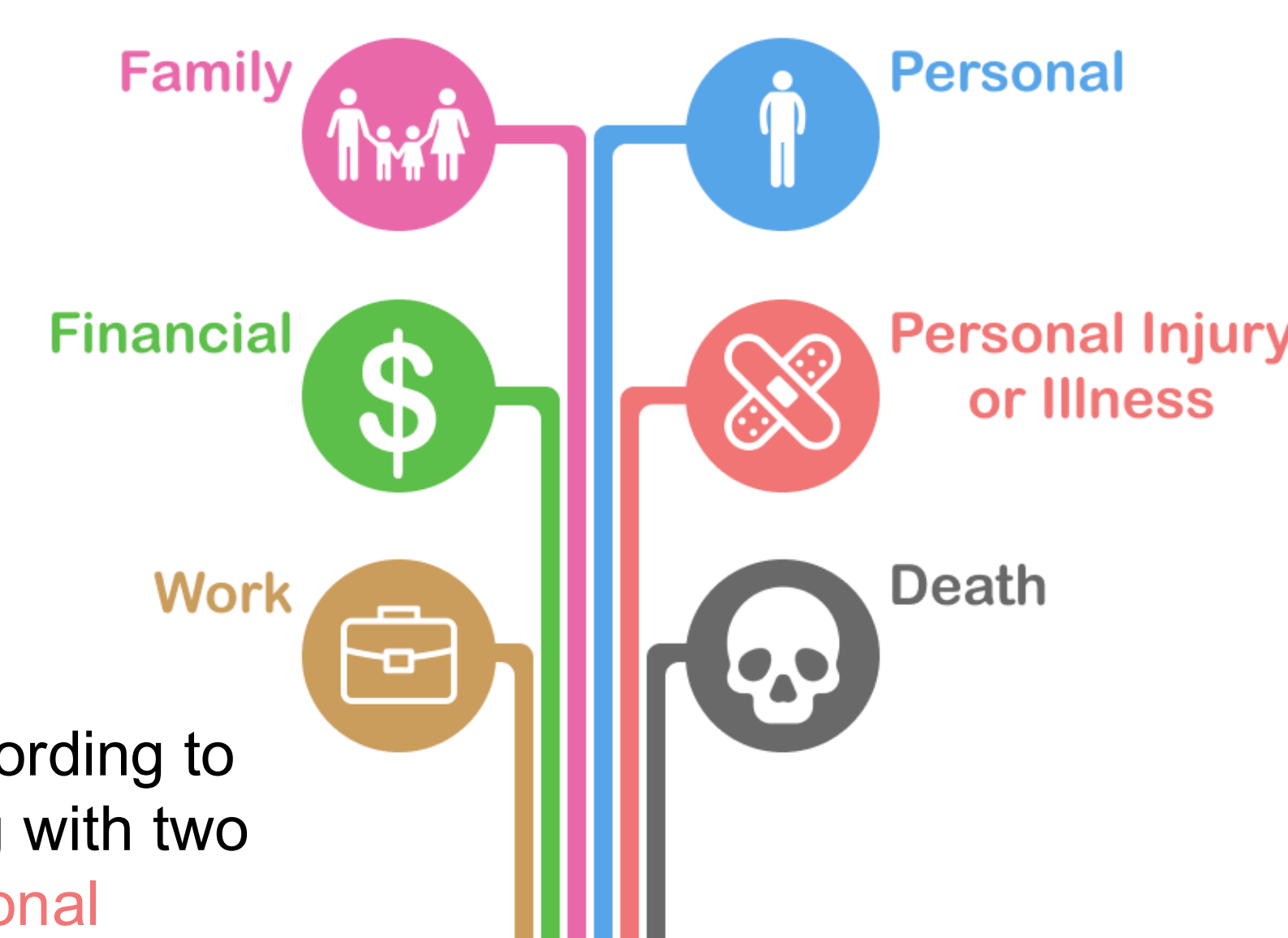
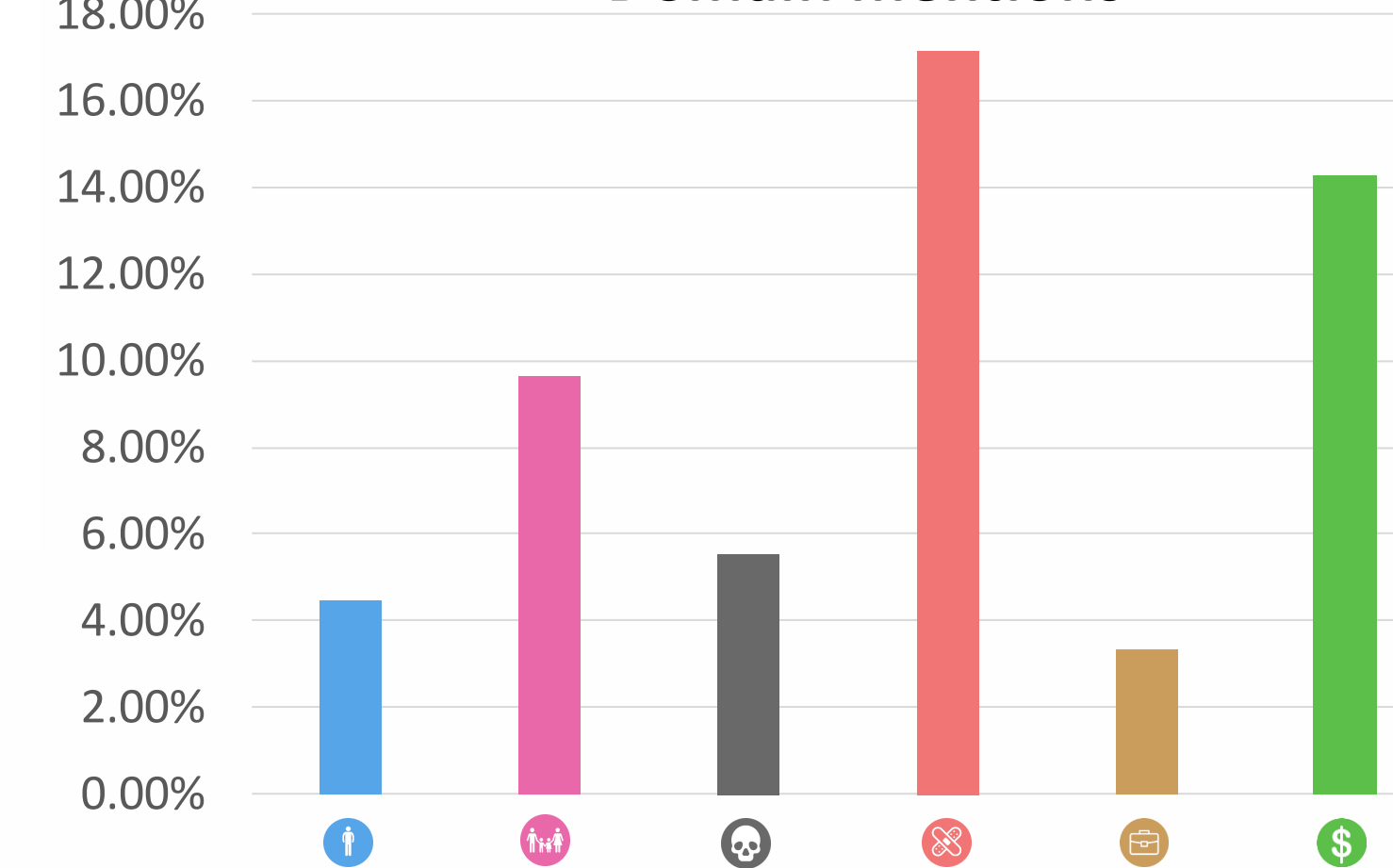
- Only about half (92; 49%) of patients mentioning early stressors did so without provider prompting.
- Patients sharing without prompting had lower weight stress scores than those who required prompting. $\beta = -34.22$, $t(187) = 2.67$, $p = .008$. That is, patients who experienced more early life stress needed provider prompting to disclose during therapy.
- No relation of meaning making to DT provider prompted/unprompted.



Early Stress Events by Life Domain



Meaning Making by proportion of Life Domain mentions



b. Stress Weight Score: combined weight (from SRRS) of stressful events in patient's life story.

Example Events with Weight

- Divorce = 73
- Death close family member = 63
- Losing Job = 47
- Major change in residence = 25

c. Life Domain Categories

Stressful events were categorized according to recommendations (Rahe, 1972), along with two additional categories: Death and Personal Injury or Illness

Results

Stressful Life Events: Exemplars

We left El Salvador with my mother, and my two older brothers. We came here. I remember it so much, so much pain because I left my father behind.



I got addicted to drugs because I was a morphine addict when I came out of the hospital

Mom waited for us all to get there before she passed.



September of that year, they diagnosed [brother] with leukemia, and back then, they didn't really know a whole lot about it. He passed away...

He [father] had Alzheimer's, so he had to stop because he couldn't remember everything



I didn't bond with my first stepfather, and that was difficult for everybody

One of the luckiest things that can happen to you in life is, I think, to have a happy childhood.

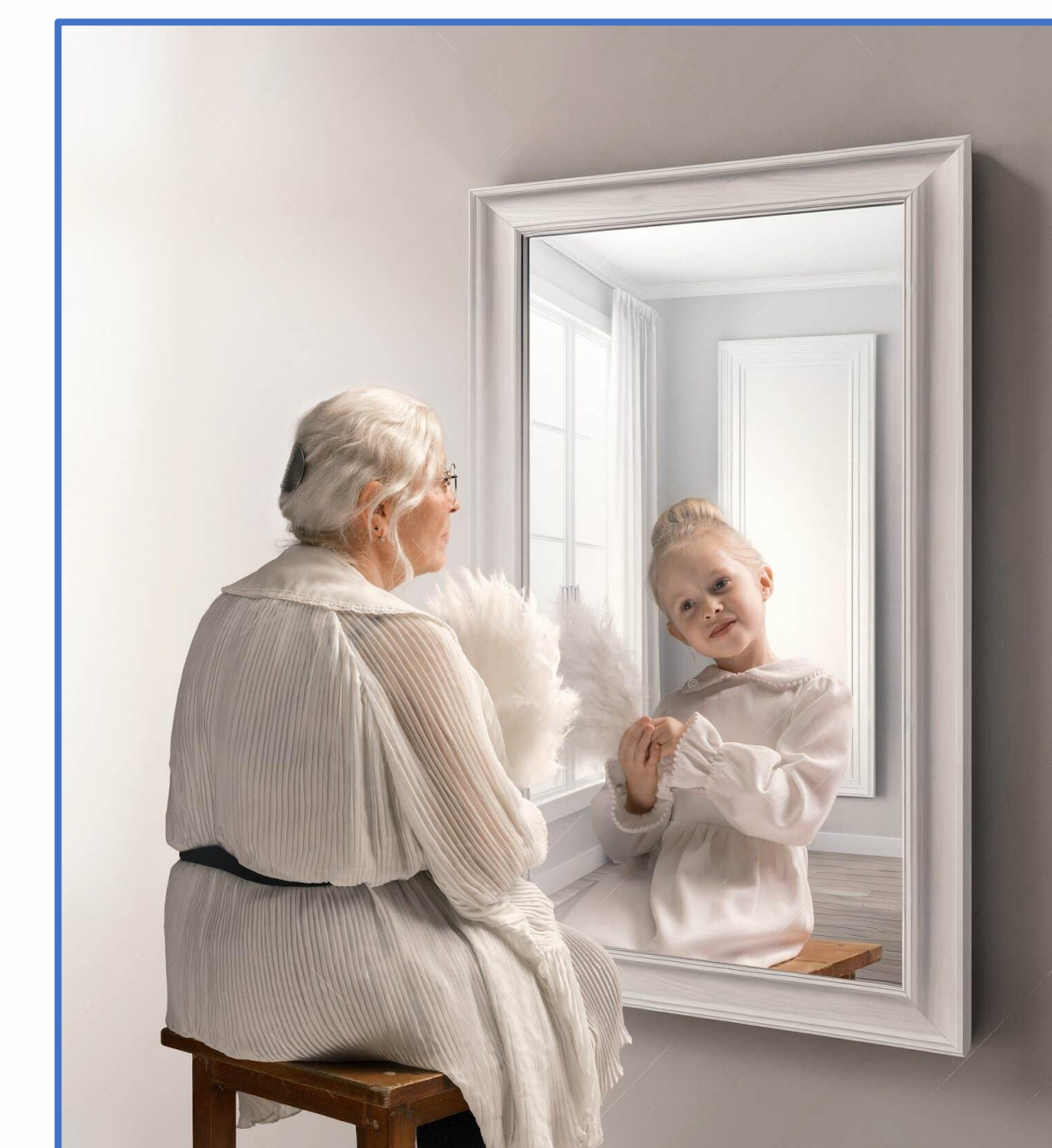
—Agatha Christie

There is no greater agony than bearing an untold story inside you.

— Maya Angelou

I am not what happened to me. I am what I choose to become.

— Carl Gustav Jung



Discussion

- Early life is critical to adult psychosocial development. During Dignity Therapy, patients almost universally talk about their early days.
- For those with disadvantaged early lives, stressful events may surface as patients consider their life in face of mortality. DT may help address these unresolved tasks (Erikson, 1950).
- Making meaning of early life stressors is beneficial. Patients most commonly made meaning of early illness and financial difficulties but had low rates for personal and family stressors experienced.

Implications for Training and Delivery

- Patients with higher levels of early stress required provider prompting to share their experiences. Providers can be aware, during sessions, of creating explicit opportunities for patients to share stressors as needed.
- Provider prompting was unrelated to meaning-making. Future research should identify provider behaviors that can encourage patient meaning-making of early life adversity (e.g., personal growth, benefit-finding).
- Findings show most patients reported early stressors. In cases where this involves long-standing trauma, DT providers can consider referral to clinical psychologists for formal mental health intervention.

Funding Acknowledgment

This poster was supported by the University of Florida Health Cancer Center Pilot Project Program, as well as the National Cancer Institute, National Institutes of Health under award Number R01CA200867 and R01CA253330. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.