

Dignity Therapy

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Who Am I?



- UF Psychology Grad,
Life Story Lab member
- Starting Research
Associate role at OSU
- Pursuing Counseling
Psych PhD in the future



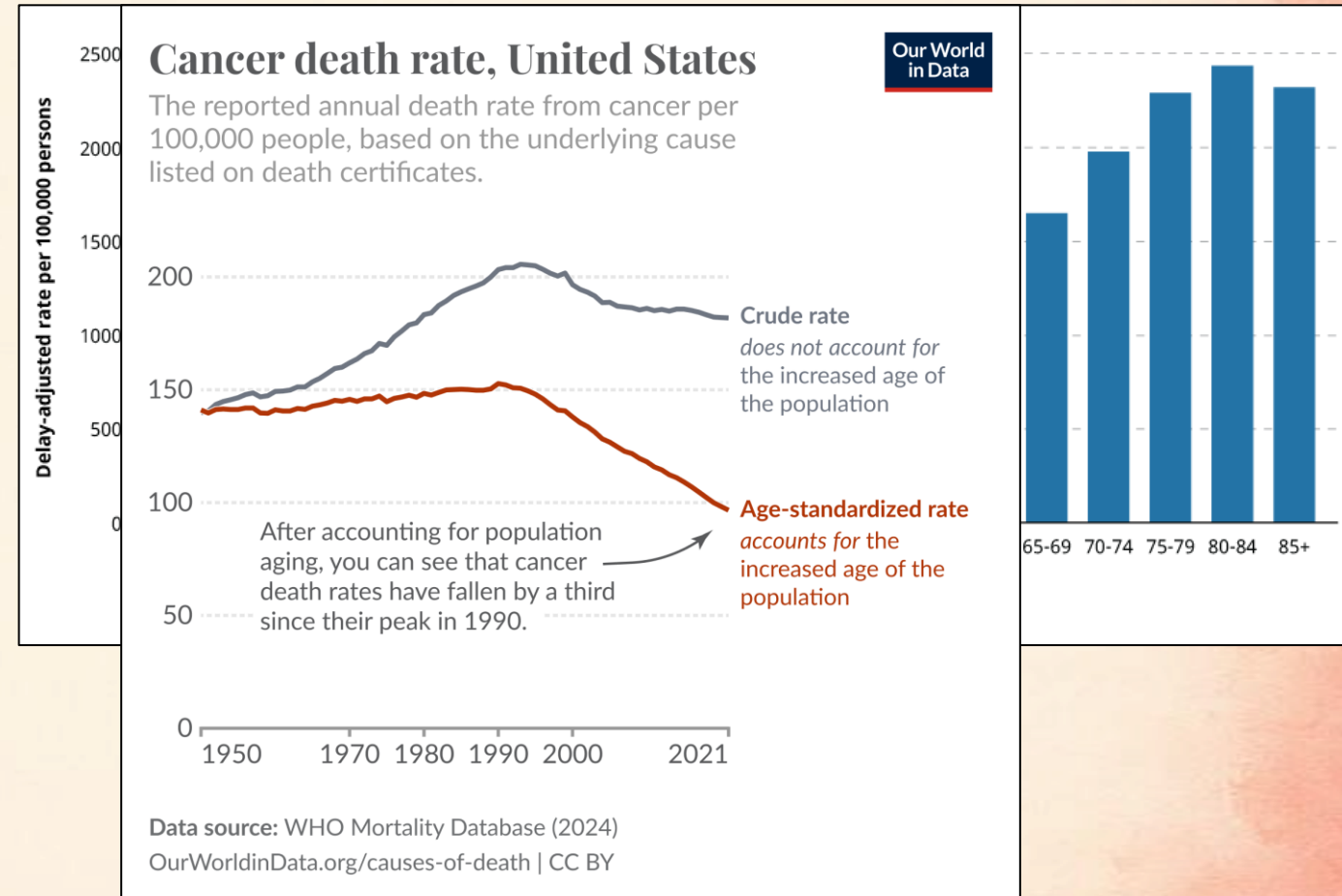
Overview

- Intro – The Issue
 - Palliative Care and Patient Dignity
- What is Dignity Therapy? *(Chochinov 2014)*
 - Background
 - Therapy Process
- Does it Work? *(Wilkie et al 2024)*
- Life Story Lab Research *(Bluck et al)*
 - Mechanisms - Narrative Richness
 - Current Projects
- Conclusions
- Questions



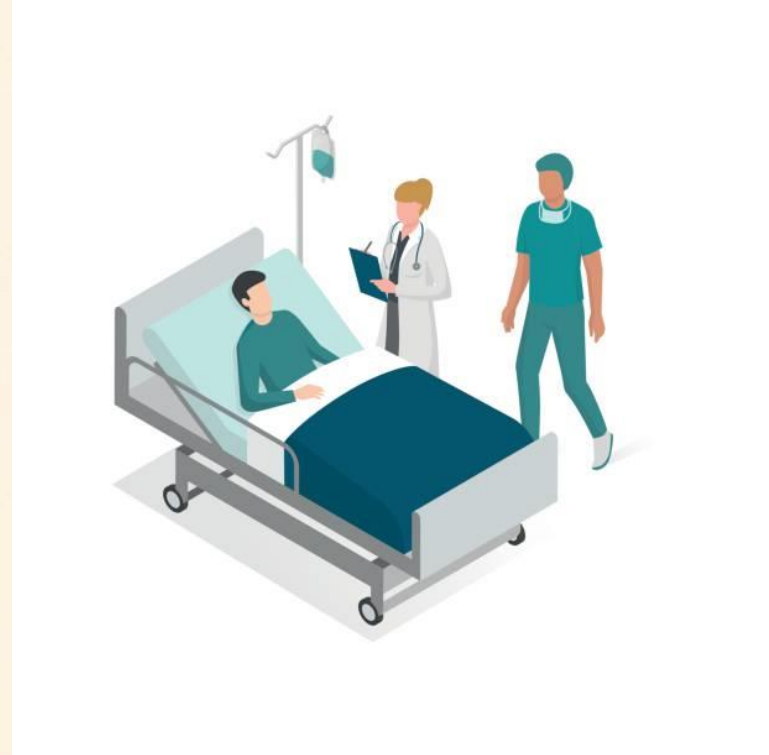
The Issue: Cancer Rates

- 1 in 3 develop cancer
- 2M+ projected cancer cases in 2025 *(Siegal et al 2025)*
- 60% in adults 65+
- 78% of survivors = age 60+



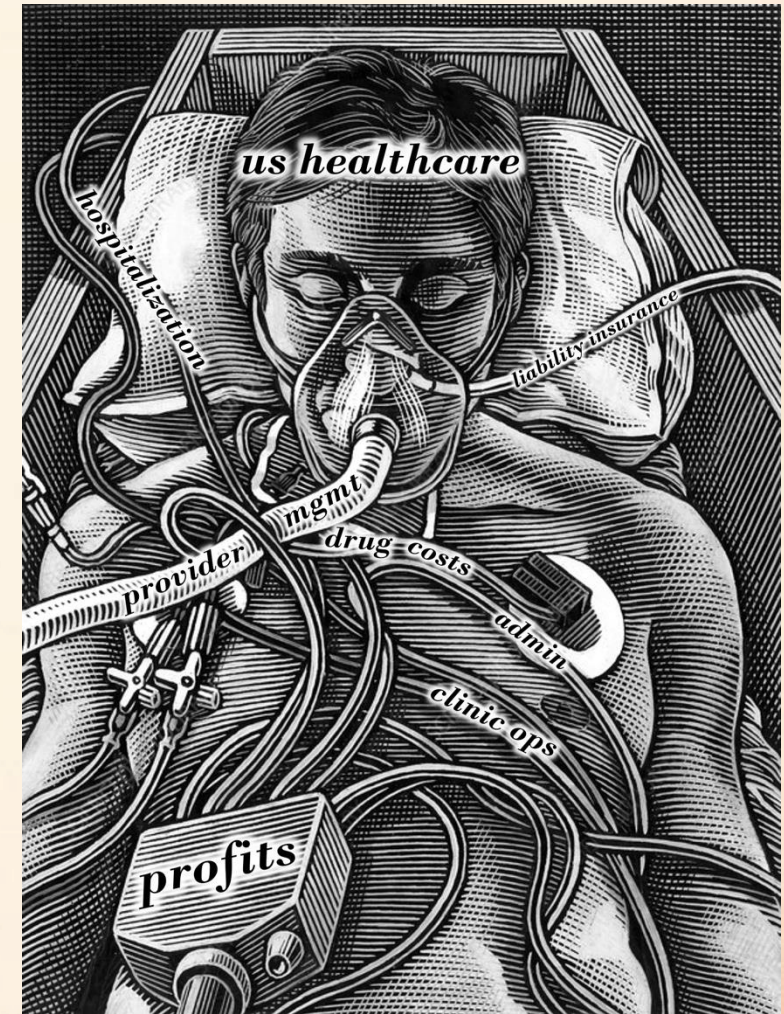
The Issue: Maintaining Dignity

- Dignity – “the state or quality of being worthy of honor or respect.” (Oxford)
- A large majority will undergo some form of treatment
 - **Aggressive** and **taxing**
- Patients often don’t feel **seen or heard**
(Ingersoll, 2018)
- Large systems = **impersonal** care *(Snyder & Fletcher 2019)*
- End result of loss of dignity at end of life

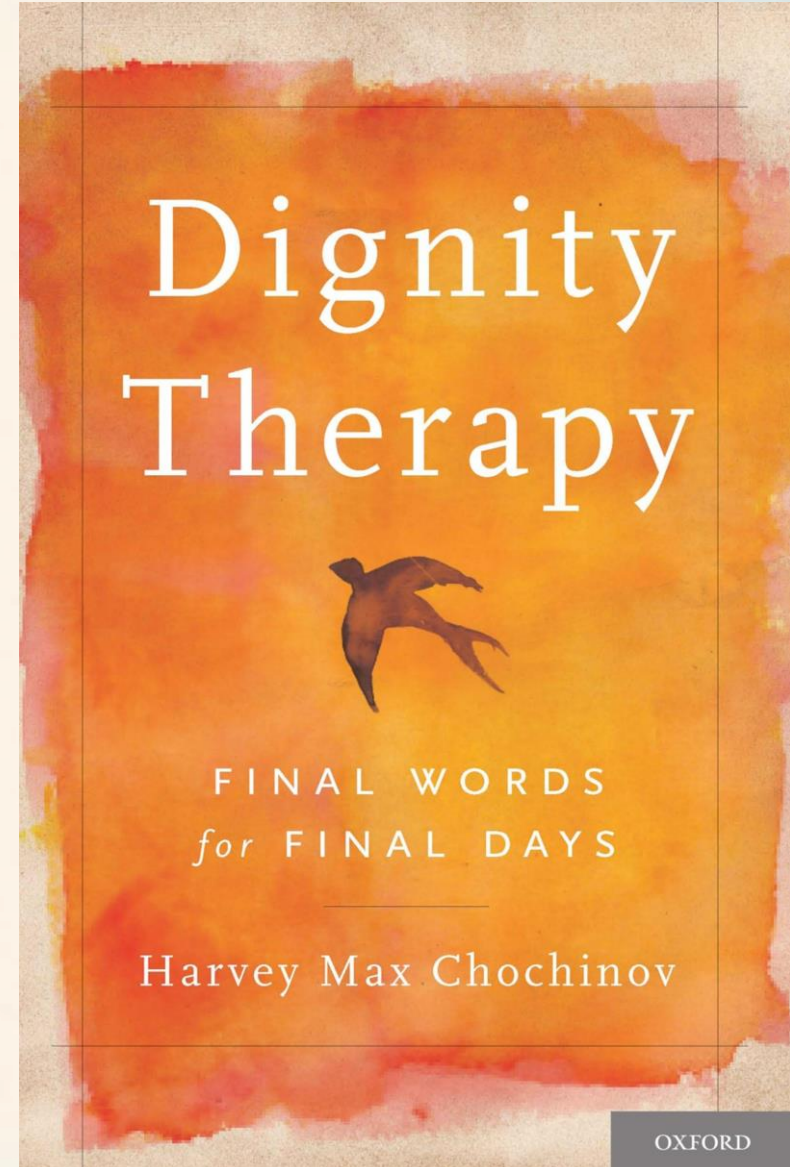


The Issue: How Can we Help?

- How can we preserve **humanity**?
- How do we protect **dignity** in care?
- Can **identity** be preserved in dying?



One answer:



Dignity Therapy

- Dr. Harvey M Chochinov MD, PhD, FRCPC
- “The concept of conserving dignity in end-of-life care should become part of the palliative care lexicon, and the overarching standard of care for all patients nearing death” *(Chochinov 2002)*



Dignity Model: Assaults on Dignity



Illness-Related Issues: How the illness itself affects personal feelings of dignity



Dignity-Conserving Repertoire: How a patient's own perspectives and practices can impact their sense of dignity



Social Dignity Inventory: How the quality of interactions with others can enhance or detract from one's sense of dignity

The Process of Dignity Therapy

- Very briefly... <https://dignityincare.ca/>
- Interview → Storytelling → Legacy Document

Dignity Therapy: Life Story Questions

1. Tell me a little about your **life history**; particularly the parts that you either remember most, or think are the most important?
2. When did you **feel most alive**?
3. Are there particular things that you would want your **family to know about you**, and are there particular things you would want them to remember?
4. What are the **most important roles** you have played in your life (family roles, vocational roles, community service roles, etc.)? Why were they so important to you, and what do you think you accomplished within those roles?
5. What are your most **important accomplishments**, and what do you feel most proud of? Alternately, what do you take pride in?

Dignity Therapy: Legacy Questions

6. Are there particular things that you feel **need to be said** to your loved ones, or things that you would want to take the time to say once again?
7. What are your **hopes and dreams** for your loved ones?
8. What have you **learned about life** that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your [son, daughter, husband, wife, parents, other(s)]?
9. In creating this permanent record, are there other things that you would like to include?

Narrative Examples 1

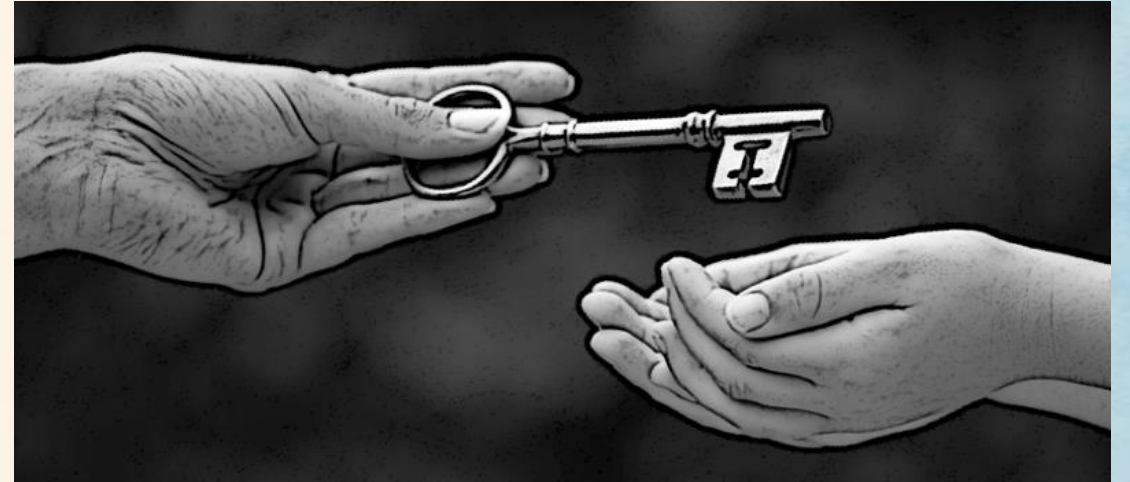
- *“I thought my mother was a saint, because she lived through all this stuff and persevered, and was a—she really was a really good mother, and provided—I just had such great respect for my parents. Not so much for my dad, because I did—at the time that I was a child, I deeply resented and feared him. I feared him, because he was a volatile person. “*
- *“My greatest accomplishment? I guess five good kids. They’re all different, but they’re all good kids. It’s like I said earlier, I’d like to think I had a little bit to do with that. I don’t know. An accomplishment, I guess, too was being able to retire early and being able to help my kids. I wasn’t always there. “*

Narrative Examples 2

- *“I always had a green thumb even when I lived in the city. In my apartment, I would have the window dressed in a lot of greenery. When I came south, I was really at home. I was able to grow anything I wanted to grow “*
- *“Yeah. That's kind of it. As I say, I've been fortunate. I got by, and looking back, there were a number of—as I started out, the day I was born was a big decision. It was made, and it changed my whole life. You go on a trip, and you meet people. If you don't do something, you don't meet someone. You go to a particular school, and you end up—I mean, all of these things, you think back, and your whole life changes every time you make one of these moves. “*

Dignity Therapy: Legacy Document

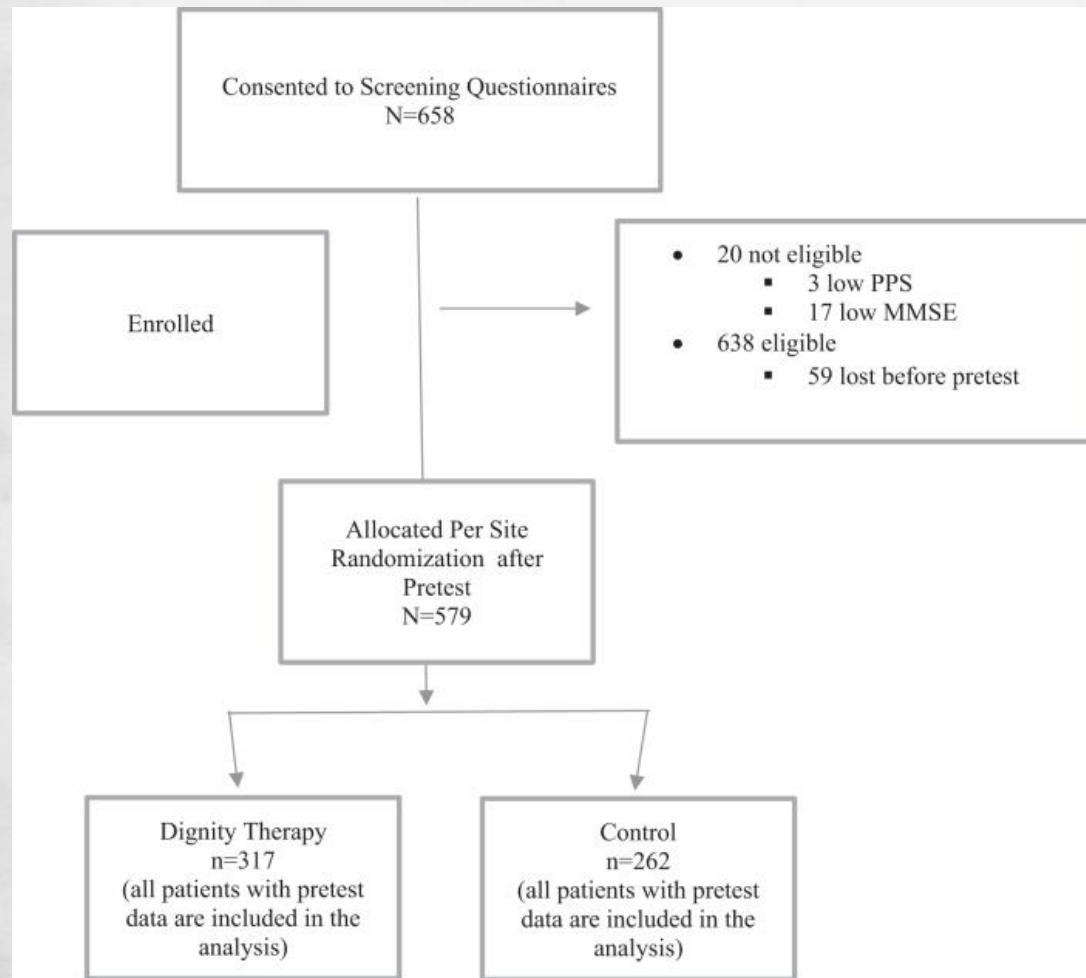
- Written by patient
- Given to loved ones
- Includes values, life lessons, messages



Does Dignity Therapy work?

- Short answer – **Yes!**
- Systematic reviews: efficacy of Dignity Therapy
 - effective **in improving dignity-related distress**, quality of life, and levels of hope (Wulandari & Rochmawati 2024)
 - **reduced anxiety and depression** after intervention (Zheng et al 2023)
 - may be effective for terminally ill patients on **dignity and anxiety**. (Lee & Jeong 2023)
 - high satisfaction and benefits for patients and families, including **increased sense of meaning and purpose**. (Fitchett et al 2015)
 - And many more!

Does it work? A great example... (Wilkie et al. 2024)



- Randomized controlled clinical trial on efficacy of Dignity therapy, N=579
- Both chaplain- and nurse-led DT improved dignity scores vs. control.

Dignity Therapy in the Life Story Lab

- Thanks to Diana Wilkie and her team
- Life Story Lab uses data from their multi-site RCT



Dignity Therapy: Life Story Lab Research

- It works. But why does Dignity Therapy work?
 - **Mechanisms** behind Dignity Therapy
 - Lots of ways to tell your story. Does how you tell affect outcomes of DT?
 - Life Story Lab stresses the importance of how someone tells their story, not necessarily how true it is or what is said all the time

Why look for mechanisms?

- Dignity therapy is **not uniformly effective**, meta-analyses mentioned earlier all stress different areas of efficacy
- Hypothesize that narrative quality is mechanism for Dignity Therapy outcomes
 - Some transcripts are dry and skeletal, with the provider not eliciting much information – lack of provider empathy and narrative richness
 - Story not being authentically told

Narrative Richness

Narrative Richness Coding

- Focuses on **how patients tell their life story** during Dignity Therapy
 - Communion
 - Meaning-Making
 - Purpose

Richness Examples

“Basically, every single job that I took had to do with people in need. I’ve worked at the hospital helping people get Medicaid so they can pay their hospital bill. I’ve worked with foster children. I’ve worked with drug addicts. I’ve worked with inmates. I’ve worked with abused women.”
(High Communion)

“I met their mother up there in Maine, and that was another story too. My mother, my uncle couldn’t stand her, so she went with me to—’cause she was born and raised in Maine, but she was southern Maine, [town]. When I left, she went with me. That’s when one of my daughters were born.”
(Low Communion)

Empathic Communication

Empathic Communication Coding

- Focuses on **how providers express empathy** during the interview
 - Acknowledgment
 - Reflection
 - Validation
 - Self-disclosure

Empathic Examples

“Participant: I’ll talk to a stranger now at the drop of a dime, just talk to them. It doesn’t matter who they are... This may be the best person you ever met in your whole life. Why would you put that opportunity in front of you and throw it to the side?”

Dignity Therapist: I love that. I love what you just said. (DT session with Participant 9)”

“Participant: I wish I could give you more, but it’s hard to put in words, but I know what I feel in my heart.

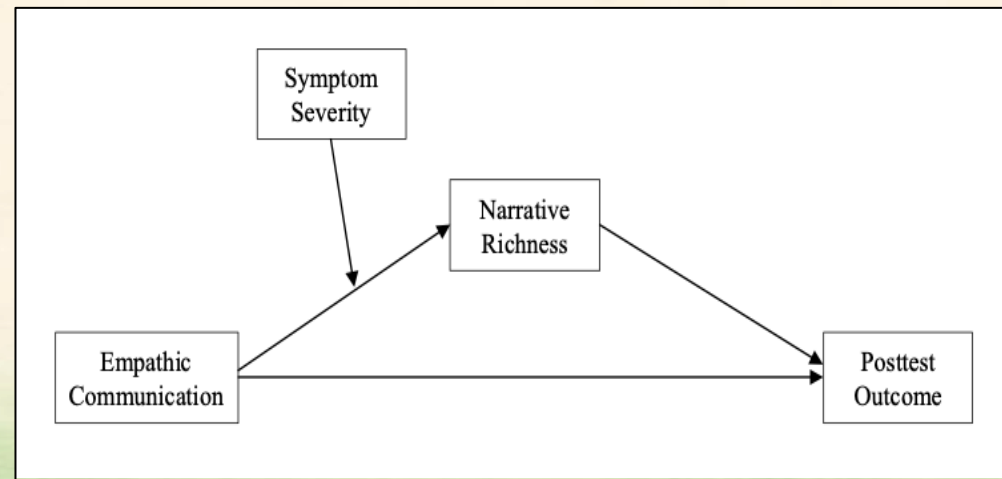
Dignity Therapist: Yeah, well, I think you expressed yourself pretty well and your heart, at least for my eyes, is seeing very clearly and so, I really appreciate your time. (DT session with Participant 13)”

What Makes Dignity Therapy Work?

Results

(Bluck et al, awaiting publication)

- Richer narratives → more dignity, existential peace
 - Patients who told richer life stories experienced greater improvements in:
 - Dignity Impact ($t = 3.09, p = .002$)
 - Completion of existential tasks ($t = 2.65, p = .009$)



What about Empathy? (Bylund et al 2022)

- All sessions included empathic communication (M = 28.0 instances)
- Suggests provider empathy **alone isn't enough**—what matters most is how **patients engage** in storytelling
- Supportive factor rather than central driver



Implications: Training, Therapy

- Focus DT training on eliciting richer narratives
- Encourage prompts that elicit communion, meaning, and purpose
- Empathy may aid engagement, but narrative depth matters most



Conclusion

- **Dignity Therapy is effective**, but not equally so for all patients.
- **Narrative Richness**, especially expressions of *communion, meaning-making, and purpose*, is a key mechanism driving therapeutic impact.
- **Empathic communication** by providers supports the process, but **depth of patient storytelling** matters most.
- **Training DT providers** to elicit richer narratives could enhance therapy outcomes.
- **Our findings offer a framework** for improving both delivery and evaluation of Dignity Therapy across settings.

Life Story Lab: Future Research

Currently using the DT narrative transcripts to examine...

- Meaning-making of early life stressors: What kind of people talk about early life stressors, who makes meaning of them?
- Aftermath Concerns: how will my loved ones fare when I'm gone?
- Purpose in life: variety of ways to express life purpose in DT
- And more!

What about control groups?

- We already know that Dignity Therapy is effective *(Wilkie 2024)*
- For our purposes, we are focused on the narratives and mechanisms behind Dignity Therapy, control group not as important
- Our goal is to understand how and why Dignity Therapy works, not if it works

Thank you!

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Questions?