

## 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<sub>age</sub> = 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

77.94% white, 11.76% Black/African American, 7.84% Hispanic/Latino, 0.49% American Indian/Alaska Native; 0.49% Asian, 0.49% Native Hawaiian/other Pacific Islander, and 0.98% declined

### 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 ( $\kappa = 0.85$ )

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

**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**

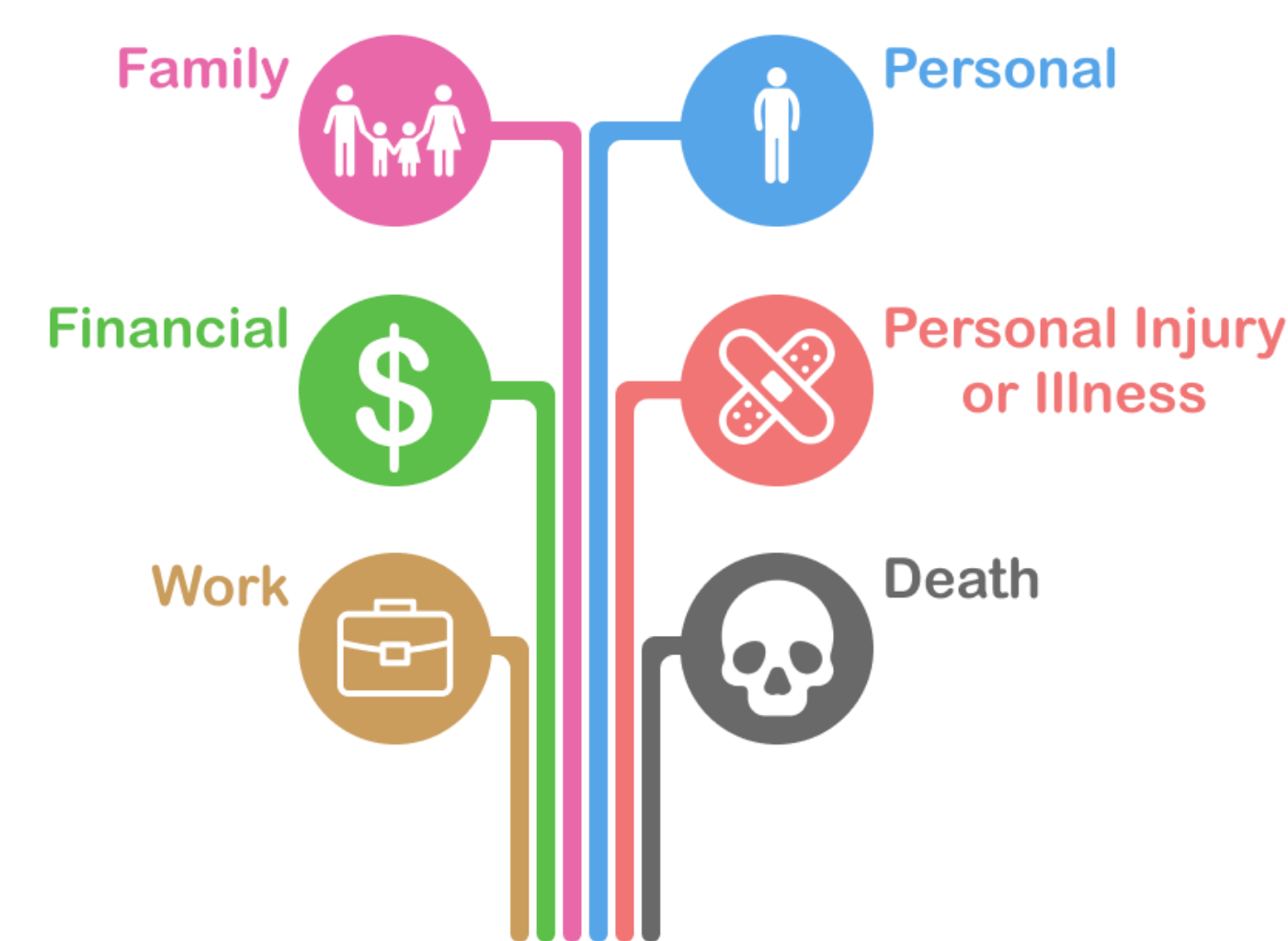
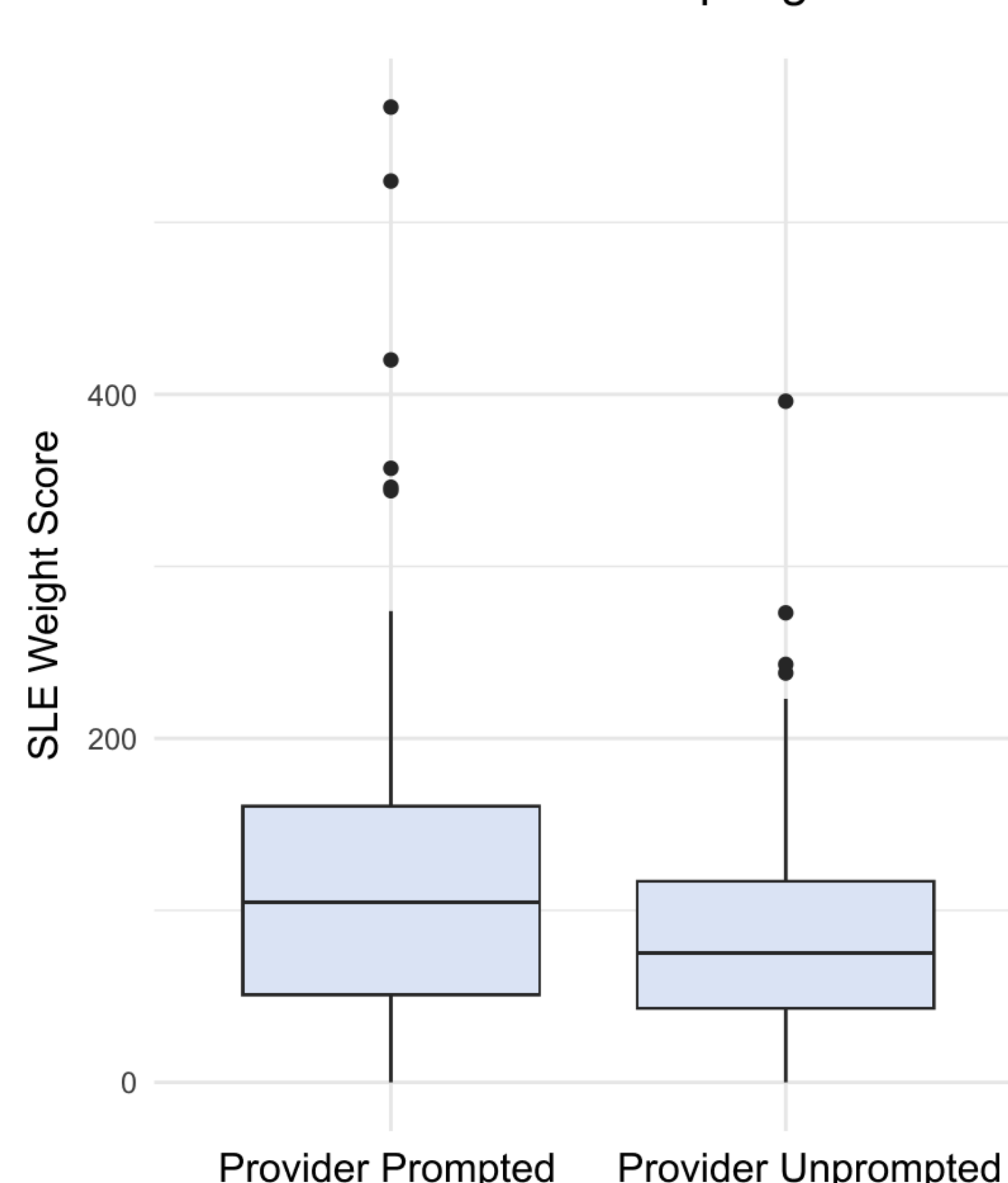
### Meaning-making of Stressful Life Events – Content Analysis

Coded meaning-focused coping (Park, C. L., & Folkman, S., 1997) in patients' life stories told in Dignity Therapy. Defined as:

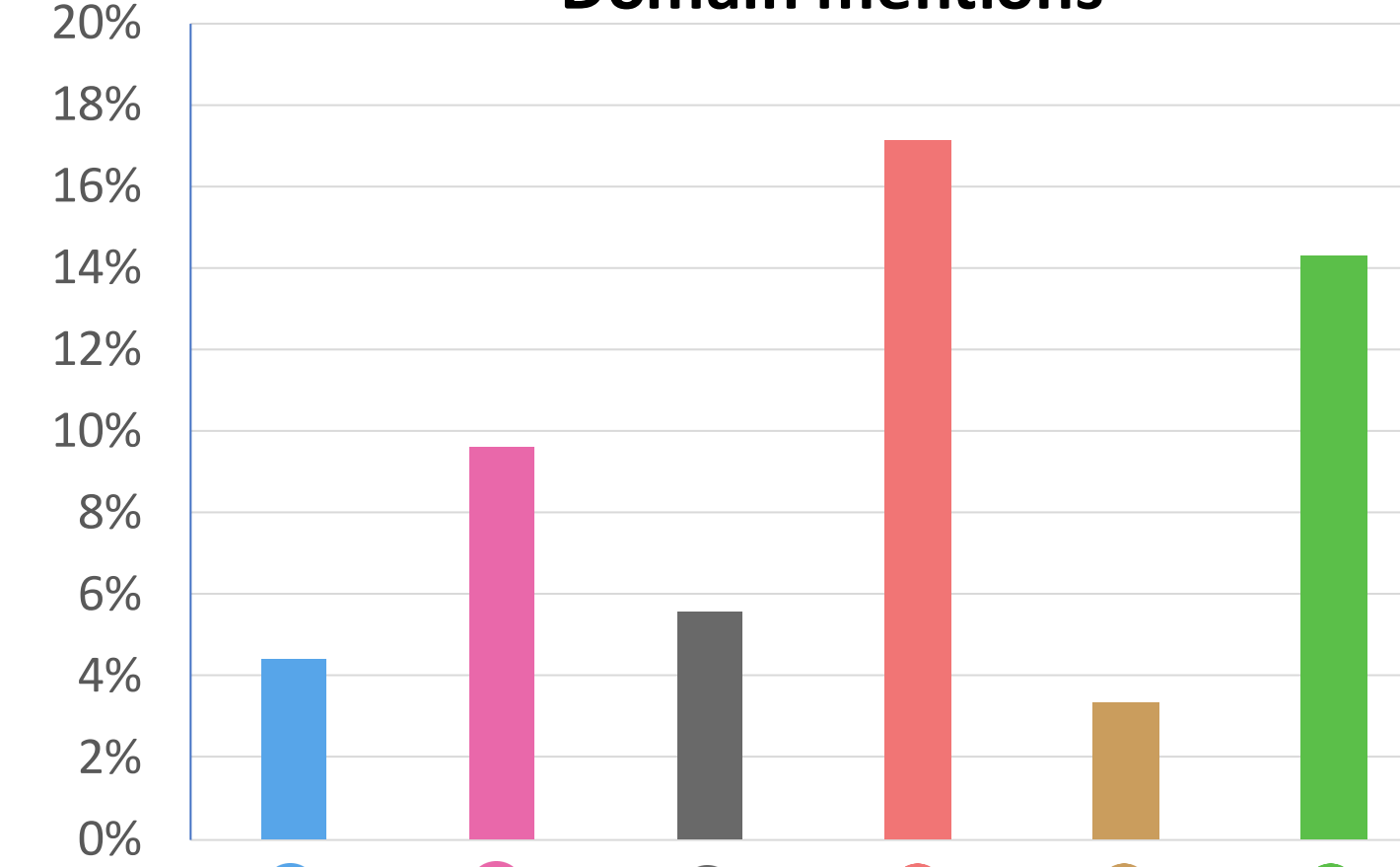
- finding benefit in face of difficulty
- religious/spiritual explanation for negative event
- personal growth from adversity

Trained coders to reliability, Kappa = 0.81

Patient Early Life Stress Weight by Provider Prompting



Meaning Making by proportion of Life Domain mentions



## Results

*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%), and financial (14%) 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.

## 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



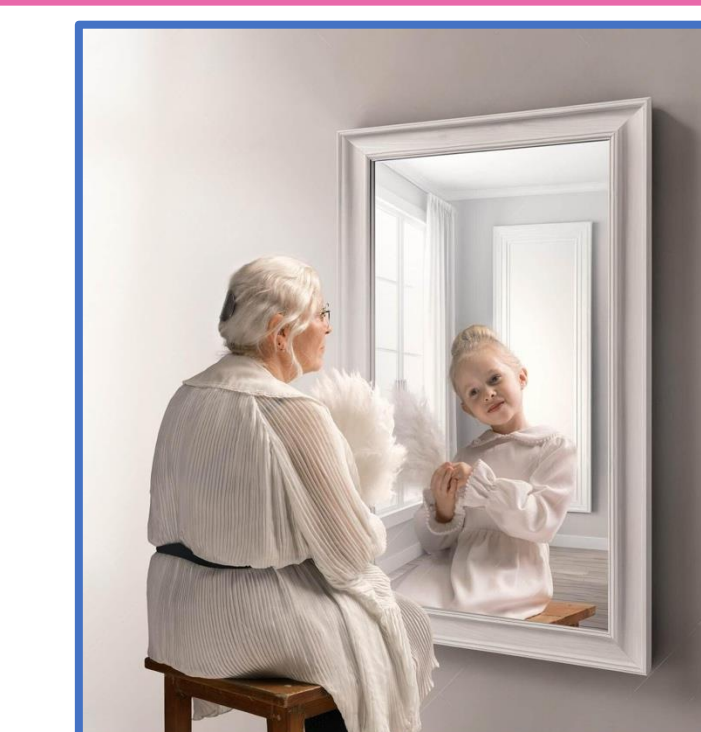
I didn't bond with my first stepfather, and that was difficult for everybody

*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



## Discussion/Implications

- 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 lower rates for personal and family stressors experienced.
- Patients with higher net 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).

## ILR Specific Questions

### Importance for Older Adults

- Understanding how older adults reflect on and make meaning of early life stressors can improve psychological well-being and life satisfaction. Exploring these narratives may help individuals process unresolved challenges and gain a beneficial sense of closure (McGonigal 2013).
- Dignity Therapy can provide an opportunity for older adults to address and make meaning of early life stressors, no matter how seemingly insignificant

### In My Future Career

- As a future Counseling Psychologist, I aim to integrate these insights into therapeutic practices that support older adults in processing past experiences and finding meaning in later life
- My research can inform policies and advocacy efforts to ensure older adults, especially those in palliative care, receive emotional and psychological support tailored to their specific life narratives

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