



# Existential Concerns and Interventions in Patients with Cancer: Insights from Yalom's Framework

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## Abstract

Cancer patients confront profound existential distress, influenced by the awareness of mortality, loss of autonomy, isolation, and meaninglessness. This narrative review explores the application of Irvin Yalom's existential psychotherapy framework in understanding these concerns. We conducted a comprehensive literature search across major academic databases, using keywords such as "cancer," "existential concerns," "Yalom," "existential psychotherapy," "logotherapy," "meaning-centered psychotherapy," and "dignity therapy." The review highlights the heightened death anxiety among cancer patients linked to demographic and psychological factors and the challenges to their sense of freedom and autonomy. It also examines the deep isolation experienced by patients and the existential crisis of meaninglessness. Empirical evidence supports the efficacy of interventions such as meaning-centered psychotherapy, logotherapy, and dignity therapy in mitigating existential distress and enhancing psychological well-being. Future research should focus on long-term outcomes, cultural considerations, and integrating these therapies into standard oncology care to improve the quality of life for cancer patients.

## INTRODUCTION

Cancer is a major global health problem, with patients not only grappling with physical challenges but also facing profound existential concerns. Confronted with their mortality and the difficulties accompanying the disease, cancer patients often experience existential distress. Our hypothesis is that addressing these existential concerns is crucial for their overall well-being.

Irvin Yalom's existential psychotherapy framework provides a comprehensive approach to understanding and addressing these concerns. Yalom identifies four primary existential dimensions: death, freedom, isolation, and meaninglessness. Each of these dimensions is particularly relevant to cancer patients. The confrontation with death is immediate and personal for them, eliciting fears and anxieties about their mortality. The dimension of freedom, which is the responsibility of shaping one's own life, can be overwhelming when choices seem limited by illness. Isolation, both physical and emotional, is often intensified by the experience of cancer, leaving patients feeling alone in their suffering. Finally, the search for meaning becomes acute as patients struggle

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to find purpose in their lives amidst the challenges posed by their illness.

To address these existential concerns, several therapeutic approaches have been developed for cancer patients. Logotherapy, pioneered by Viktor Frankl, emphasizes finding meaning in life, even in the face of suffering. Meaning-centered psychotherapy builds on this by helping patients identify and sustain a sense of purpose. Existential psychotherapy, grounded in Yalom's principles, encourages patients to confront and explore their existential concerns directly. Dignity therapy focuses on preserving the patient's sense of dignity and legacy, often through life review and the creation of meaningful narratives. In this review, we explore these therapeutic modalities within the context of cancer care.

## METHODOLOGY

This narrative review is grounded in the theoretical framework of Irvin Yalom's existential psychotherapy. To gather relevant literature, we conducted a comprehensive search across well-known academic databases, including PubMed, PsycINFO, and Scopus. Keywords used in the search process included "cancer," "existential concerns," "Yalom," "existential psychotherapy," "logotherapy," "meaning-centered psychotherapy," and "dignity therapy."

Our inclusion criteria focused on studies and reviews that discussed existential concerns in cancer patients, particularly those that applied Yalom's existential dimensions. We excluded articles that did not directly address existential issues or were not related to the cancer patient population.

After identifying and reviewing the pertinent literature, we applied Yalom's theoretical framework to categorize and interpret the findings. We then integrated these theoretical insights with empirical findings from the literature, providing a comprehensive understanding of how existential concerns manifest in cancer patients and how they can be addressed through various therapeutic approaches. This methodology allowed us to contextualize the theoretical framework within real-world clinical settings, highlighting the practical implications for cancer care.

## RESULTS

### Existential Distress in Cancer Patients

#### Death anxiety

Irvin Yalom's existential psychotherapy identifies death as a central theme in human existence, asserting that awareness of mortality is a fundamental source of existential anxiety. For cancer patients, the confrontation with their own mortality is often immediate and unavoidable. Yalom suggests that the proximity to death forces individuals to grapple with the finiteness of life and the ultimate unknown, thereby exacerbating existential distress.<sup>1</sup>

Research consistently shows that cancer patients experience heightened levels of death anxiety. The prevalence of death anxiety was 42% in the general cancer population<sup>2</sup> and surprisingly lower (32%) in advanced cancer patients.<sup>3</sup> There are in fact, a few systematic reviews on death anxiety in cancer patients, most of which emphasize the correlates and contributing factors. A systematic review and meta-analysis<sup>4</sup> recently showed that the positive correlates of death anxiety in patients with cancer were: female gender, symptom burden, anxiety level, depression level, fear of recurrence, attachment avoidance, psychological distress, resignation and confrontation coping. The negative correlates were age, educational level, ability to perform daily activities, a sense of meaning in life, resilience, quality of life, social support and religious beliefs. In conclusion, death anxiety is deeply connected with demographic and psychological status.

On the other hand, one other systematic review and meta-analysis by Soleimani *et al.* in 2020<sup>5</sup> showed that death anxiety scale results were higher in Asian studies, breast cancer studies, studies with female-only participants, and studies with married participants. The findings of the study might suggest more complex psychosocial factors and mechanisms affecting fear of death.

There are also remarkable studies assessing death anxiety and fear of dying in patients with cancer. While most studies suggest religious beliefs as a mediating factor for death anxiety,<sup>3</sup> a study by

Emanuel *et al.* (2022) suggested that demographics, religious affiliation, intrinsic religiousness and frequency of prayers were not associated with death anxiety and distress scale (DADDS) results.<sup>6</sup> While religious “struggle” was positively correlated with death anxiety, similar to dignity-related stress, the negative correlate found by the study was the existential quality of life.

Interventions targeting death anxiety have shown promising results. For instance, Breitbart *et al.* (2012) demonstrated that meaning-centered psychotherapy, which addresses existential concerns directly, effectively reduces death anxiety in advanced cancer patients. This intervention helps patients find meaning and purpose despite their illness, thereby alleviating the existential terror associated with impending death.<sup>7</sup>

In conclusion, death anxiety emerges prominently in cancer patients as a result of their confrontation with mortality. The literature indicates that this anxiety might be closely linked to psychological distress, quality of life, and social factors. Moreover, the role of mediating factors such as religiousness and other cultural mechanisms is still argued. Thus, the complexity of the concept highlights the need for further evaluation, as death anxiety can decrease patients' quality of life and mood status. Therefore, meaning-centered therapies are being widely used. Studies and research currently show these interventions can play a vital role in improving the psychological well-being of cancer patients.<sup>1,7</sup>

### **Freedom**

Irvin Yalom's existential psychotherapy identifies freedom as a central theme in understanding human existence. Yalom posits that individuals are condemned to freedom, meaning they are responsible for making choices in their lives, which can be both liberating and anxiety-inducing.<sup>1</sup> For cancer patients, the concept of freedom is often challenged by their illness, as they face numerous constraints and decisions that impact their lives and sense of autonomy.

Research indicates that cancer patients frequently experience issues with their sense of freedom.<sup>8</sup> Yet, literature concentrating solely on the concept of freedom in cancer patients is scarce, and

to our knowledge, none has stated that a cancer diagnosis might confront patients with their inherent freedom. In fact, literature suggests that patients diagnosed with cancer experience a sense of loss of control and autonomy, limiting their freedom of choice.

A study by Xiao in 2021 showed that one of the ways cancer patients experience and define dignity is through autonomy and control.<sup>9</sup> Another study by Staat *et al.* also suggested that patients strongly correlated their dignity with having a sense of control and being able to make decisions for themselves. In fact, having the freedom to make choices made the patients feel they had preserved their dignity.<sup>10</sup>

On the other hand, a systematic review by Simard *et al.* (2013) examined the fear of cancer recurrence in adult survivors and found that this fear can severely limit patients' perceived freedom to make life choices.<sup>11</sup> The constant anxiety about recurrence can lead to avoidance behaviors and a restricted lifestyle, exacerbating existential distress. The study highlighted the need for interventions such as psychoeducation and cognitive-behavioral therapy to help patients manage these fears and regain a sense of autonomy.

In conclusion, the literature highlights that the concept of freedom might be a significant source of existential distress for cancer patients, often closely related to the patient's sense of dignity. The perceived loss of autonomy and the responsibility of making life-altering decisions can exacerbate psychological distress.

### **Isolation**

Irvin Yalom's existential psychotherapy identifies isolation as a core dimension of human existence, positing that existential isolation stems from the unbridgeable gap between individuals despite our best efforts to connect.<sup>1</sup> This concept becomes particularly important for cancer patients, who often experience profound feelings of isolation due to the physical, emotional, and social challenges posed by their illness.

Research highlights that cancer patients frequently encounter existential distress related to isolation. A systematic review conducted by Pilleron *et al.* reviewed several empirical articles assessing lone-

liness in cancer patients via the De Jong Gierveld loneliness scale or the UCLA loneliness scale. The results showed that up to 50% of adults living with cancer felt lonely, and the sense of loneliness increased by 6 to 12 after treatment initiation. These findings suggest that cancer burdens patients with isolation. The sense of loneliness was correlated with anxiety and depression, and one study showed that sessions with healthcare professionals helped people cope with the loneliness they felt.<sup>12</sup>

Similarly, a systematic review was conducted, concentrating on social isolation only in young adults. The results suggested that the prevalence of loneliness did not differ meaningfully from that of older cancer patient populations. In fact, the role of age within the study on the reported sense of isolation was unclear. Being in healthcare settings and having young children are risk factors for social isolation, while married/partnered, female gender and being employed or studying at school are the protective factors, according to the study. The study suggested that young adult cancer survivors had a tendency to connect with peers (other young adult cancer survivors) and often had a hard time executing this aim. The study proposed that cancer survivors who connected with peers through social media reported lower levels of social isolation and a sense of loneliness.<sup>13</sup> However, literature recently suggests that high use of social media implies a sense of loneliness; hence, setting certain boundaries - which still remain unclear - might be necessary when encouraging patients to use social media as a way to confront loneliness.<sup>14</sup>

In conclusion, the literature underscores that isolation is a source of existential distress for cancer patients. The literature emphasizes the high prevalence of perceived loneliness and has proposed a few risk factors and potential protective ones. The role of social media in decreasing loneliness was stated, but has to be approached cautiously due to yet unclear mechanisms and results. The multifaceted nature of isolation—encompassing social, emotional, and existential dimensions—requires a comprehensive approach to care. Interventions that provide social support, address identity disruptions, and foster a sense of community are crucial in helping cancer patients navigate the isolating aspects of their illness.

## Meaninglessness

Irvin Yalom's existential psychotherapy identifies meaninglessness as a fundamental existential concern.<sup>1</sup> According to Yalom, the search for meaning is central to the human experience, and the absence of meaning can lead to profound existential distress. For cancer patients, the diagnosis and subsequent treatment journey often disrupt their sense of meaning and purpose, prompting a struggle to find or restore meaning in the face of illness.

The confrontation with cancer can shatter a patient's previous worldview, leading to feelings of meaninglessness. This existential crisis is particularly pronounced in those facing advanced stages of the disease. Research by Breitbart *et al.* (2004) explored the role of meaning in the lives of terminally ill cancer patients. The study found that those who perceived their lives as meaningful exhibited lower levels of depression and despair. The authors introduced meaning-centered psychotherapy (MCP) as an intervention aimed at helping patients rediscover a sense of purpose and meaning in their lives despite their illness. MCP focuses on enhancing patients' sense of meaning through various therapeutic techniques.

Another notable study by Almeida *et al.*<sup>15</sup> examined the concept of post-traumatic growth (PTG) along with meaninglessness among cancer survivors in a systematic review and meta-analysis. PTG refers to the positive psychological change experienced as a result of the struggle with highly challenging life circumstances, like being diagnosed with cancer. The huge life event might shift one's attitude towards life in several aspects, one of which is spiritual and existential change, making it a close concept to meaning in life.<sup>16</sup> The review suggests several studies stated meaning in life (MiL) to be directly or indirectly correlated with PTG. Some studies found the concept of MiL to be an important component of PTG, proposing the role of MiL as 20% and 34% in different studies.<sup>17,18</sup> Two studies controversially did not find any correlations between MiL and PTG.<sup>19,20</sup> One of the studies examined the effect of meaning-making on PTG, and interestingly suggested the effect to be positive in cross-sectional terms and negative when followed up through a longitudinal course of time.<sup>21</sup> The paper states that research proposes a positive effect of spirituality

and religiousness on meaning in life in patients with cancer.<sup>22,23</sup>

## Meaning-based Interventions in Cancer Care

As stated by the many studies mentioned, meaning can play an important role in cancer patients' lives. Several psychotherapy methods have addressed meaning as a central theme, building their principles and techniques upon human's need for making and finding meaning in life. A systematic review by Park *et al.*, investigated various meaning-making interventions for cancer patients.<sup>24</sup> The review synthesized findings from multiple studies and concluded that interventions focusing on enhancing meaning significantly reduced psychological distress and improved quality of life. Techniques such as life review therapy, dignity therapy, and narrative therapy were identified as effective in helping patients reconstruct a sense of meaning and coherence in their lives.

Of the many meaning-based intervention methods, few have been tested in cancer patients rigorously. Several RCTs have demonstrated the efficacy of MCP in reducing existential distress and improving the quality of life among cancer patients. Breitbart *et al.*, published a manual for delivering this specific type of existential psychotherapy to advanced cancer and palliative care patients. Having assessed the effectiveness of MCP on cancer patients' various aspects of well-being in several RCTs<sup>7,24-26</sup> Breitbart suggested that MCP led to improvements in spiritual well-being and mental health. Similarly, a meta-analysis by Dietrich *et al.* confirmed the positive effects of MCP on psychological outcomes, including depression and anxiety, along with spiritual well-being and quality of life.<sup>27</sup>

There are also a few studies addressing the effectiveness of logotherapy in cancer patients. Viktor Frankl first introduced logotherapy following his seminal work "Man's search for Meaning".<sup>28</sup> Mohabbat-Bahar *et al.* conducted an RCT in 2014 to assess the effectiveness of the method on the anxiety of women with breast cancer. The results were promising, decreasing the patient's anxiety with the intervention.<sup>29</sup> Another study by Sun *et al.* explored the effect of group logotherapy sessions and found it effective on depression and demoral-

ization of breast and gynecology cancer patients. The intervention group reported better status concerning DS-MV subcategories of loss of meaning, dysphoria, helplessness, disheartenment, sense of failure and total DS-MV score.<sup>30</sup>

Furthermore, studies have also addressed the effectiveness of existential psychotherapy, the method that Yalom first presented, in cancer care. A study by Mohammadi *et al.*, followed cancer patients receiving existential psychotherapy and found improvements in dimensions of psychological capital (self-efficacy, hope, resilience, optimism) and affective control (anger, depressed mood, anxiety, positive affect).<sup>31</sup> These findings highlight the potential benefits of existential psychotherapy in supporting cancer patients' psychological adjustment.

Numerous RCTs have demonstrated the efficacy of dignity therapy in improving psychological well-being and existential distress among terminally ill cancer patients. Chochinov *et al.*, conducted a multi-site RCT comparing dignity therapy with standard palliative care and found significant reductions in distress and improved dignity-related outcomes in the intervention group.<sup>32</sup> Subsequent studies have replicated these findings, supporting the widespread adoption of dignity therapy in cancer care.

In conclusion, empirical evidence suggests that meaning-based interventions are effective in addressing existential distress and improving psychological well-being among cancer patients. RCTs and epidemiological studies provide robust support for the efficacy of meaning-centered psychotherapy, dignity therapy, and, to a lesser extent, logotherapy. Epidemiological findings about the effectiveness of existential psychotherapy are also promising, though scarce. While more research is needed to establish the effectiveness of these interventions across diverse cancer populations and settings, the existing evidence underscores their potential to enhance patients' quality of life and promote psychological resilience throughout the illness trajectory.

## DISCUSSION

The results of this review highlight the significance and associated factors of existential distress experienced by cancer patients, particularly in relation to

Yalom's four dimensions: death, freedom, isolation, and meaninglessness. The findings highlight the pervasive nature of death anxiety, the challenges to autonomy and freedom, the profound sense of isolation, and the crisis of meaning that cancer patients often face. These dimensions are interwoven with patients' psychological and social experiences, and addressing them is critical for improving their overall well-being.

Death anxiety is a prominent concern among cancer patients, manifesting in heightened levels of fear and distress. Various factors, including symptom burden, psychological distress, and a sense of meaninglessness, influence this anxiety. The findings suggest that interventions targeting existential concerns, such as meaning-centered psychotherapy, can effectively reduce death anxiety by helping patients find meaning and purpose despite their illness.

The concept of freedom is challenged by the constraints imposed by cancer, leading to a perceived loss of autonomy and control. Studies indicate that maintaining a sense of dignity through autonomy and decision-making is crucial for patients' psychological well-being. Interventions that promote autonomy and support patients in making informed choices can help mitigate the existential distress associated with a loss of freedom.

Isolation is another significant source of existential distress for cancer patients, with many experiencing profound loneliness and social disconnection. The literature highlights the importance of social support and connections in alleviating feelings of isolation. Interventions that foster social connections, whether through peer support groups, healthcare professional interactions, or carefully managed social media use, can play a vital role in reducing isolation and improving patients' quality of life.

Meaninglessness is a critical existential concern, particularly for those facing advanced stages of cancer. The disruption of a patient's sense of meaning and purpose can lead to profound psychological distress. Meaning-centered interventions, such as meaning-centered psychotherapy and dignity therapy, have been shown to effectively address this concern by helping patients reconstruct

a sense of meaning and coherence in their lives. These interventions not only reduce psychological distress but also enhance patients' overall quality of life.

The evidence presented in this review highlights the effectiveness of meaning-based interventions in addressing existential distress among cancer patients. Meaning-centered psychotherapy, dignity therapy, and logotherapy have demonstrated positive outcomes in reducing existential anxiety, improving psychological well-being, and enhancing quality of life. These interventions are grounded in the recognition that existential concerns are central to the human experience and must be addressed to provide holistic care to cancer patients.

In conclusion, this study shows that existential concerns might be significant in cancer patients, and complicated by many risk factors and potentially protective ones. The pervasive nature of death anxiety, challenges to autonomy, profound isolation, and crises of meaning highlight the need for comprehensive interventions that address these dimensions. Meaning-centered therapies, particularly meaning-centered psychotherapy and dignity therapy, have shown promising results in improving the psychological well-being of cancer patients. Future research should continue to explore the effectiveness of these interventions across diverse cancer populations and settings, further establishing their role in enhancing patients' quality of life and promoting psychological resilience throughout the illness trajectory. By integrating these therapeutic approaches into cancer care, healthcare providers can better support patients in navigating the existential challenges posed by their illness.

## **LIMITATIONS**

Limitations of this study include potential biases inherent in the selected literature, variations in study methodologies and populations, and challenges in synthesizing findings across diverse research approaches. Additionally, the generalizability of findings may be limited by the specific characteristics of the included studies and populations.

## FUTURE DIRECTIONS

Future directions in this field should focus on expanding the empirical evidence base for meaning-centered interventions across diverse cancer populations and settings. Longitudinal studies are needed to assess the sustained impact of these therapies on patients' psychological well-being and quality of life over time. Additionally, research should explore the integration of these interventions into standard oncology care, examining the feasibility and effectiveness of implementing them in various healthcare settings. There is also a need to investigate the role of cultural, social, and individual differences in patients' responses to existential therapies, tailoring interventions to better meet the unique needs of different patient groups. Finally, developing and evaluating innovative approaches, such as digital platforms and telehealth services, can increase accessibility to existential support for cancer patients, ensuring that more individuals can benefit from these crucial interventions.

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