

Factors in narratives to questions in the short-term life review interviews of terminally ill cancer patients and utility of the questions

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ABSTRACT

Objective: Although the Short-Term Life Review elevated the spiritual well-being of terminally ill cancer patients in our previous study, we have not examined what patients reviewed for each question item of it. We examined factors in narratives to questions in the Short-Term Life Review interviews of terminally ill cancer patients and utility of the questions.

Method: Thirty-four terminally ill cancer patients received the Short-Term Life Review interview in which there were two sessions. In the first session patients reviewed their lives, and an interviewer made a simple album of the patient based on patients' narrative. After 1 week, there was a second session. Qualitative analysis was conducted on patients' answers to each question using computational word mining, and factors were identified.

Results: Twenty patients' narratives were analyzed. "Human relationships" was identified under "important things in life." "Pleasant memories" were associated with "impressive memories." "Illness" and "marriage and divorce" were related to "turning points in the life." "Raising children and education" and "company or work" were identified as "roles in life." "Achievements at work" were identified with "pride." "Message to my children" was identified with "what I want to say to my family." "To live sincerely" and "consideration for others" were identified as "advice for the next generation." Patients reviewed few for topics such as "pride," "what I want to say to my family," "advice for the next generation," and "summing up my life."

Significance of results: Factors such as human relationships, raising children, and education as a role and source of pride, and concerns about children's future, were associated with elevating spiritual well-being. Question to which that patients easily answered were selected.

KEYWORDS: Short-term life review, Terminally ill patients, End-of-life concerns

INTRODUCTION

Palliation of psycho-existential suffering in terminally ill cancer patients is of great importance, because that suffering or its palliation is related to

quality of life, a good death, depression, desire for a hastened death, hopelessness, and suicidal ideation (Nelson et al., 2002; McClain et al., 2003). Many studies have explored effective strategies to alleviate psycho-existential suffering based on concepts including dignity or meaning (Breitbart et al., 2004; Chochinov et al., 2005). Life review is an effective therapy for alleviation of psycho-existential suffering. Life review involves recalling one's entire life

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span, including both positive and negative events; it includes both an evaluative component and a therapeutic listener (Haight, 1998). Life review has the potential for participants to find meaning in life, and previous studies have shown the efficacy of this therapy for depression, stress, increasing life satisfaction and psychological well-being, and reducing fatigue and isolation (Jones, 2006). Most such studies have recommended a review of positive memories (Stinson & Kirk, 2006), such as “favorite holidays.” Stinson (2009) recommended a variety of themes (question items) in life review for elderly patients, and Chao et al. (2008) found that themes such as “Christmas,” “traveling,” and “education” were effective. These studies suggest that effective themes in life review for elderly people should focus on psychological issues such as depression and life-satisfaction.

Based on the lack of availability of therapy for terminally ill cancer patients, we developed a novel psychotherapy, the Short-Term Life Review (Ando

et al., 2009). This therapy includes eight questions that stimulate reminiscence. The results were promising, as they showed a significant increase in the sense of meaning, as measured by the Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp) scale (Peterman et al., 2002). Moreover, the efficacy of the Short-Term Life Review was shown in a randomized control study (Ando et al., 2010). However, the factors in narratives to questions in the Short-Term Life Review interviews of terminally ill cancer patients have not examined. Understanding of these factors will allow interviewers to obtain better responses from patients and promote or facilitate the interview. Moreover, the utility of the questions in the Short-Term Life Review for terminally ill cancer patients has not been tested. Therefore, this study examined factors in narratives to questions in that interview of these patients and the utilities of the questions.

PATIENTS AND METHODS

Participants

The participants were cancer patients from the Palliative Care Units (PCUs) of two general hospitals in Western Japan (Table 1). The inclusion criteria were (1) incurable cancer, with a PCU stay of between 2 and 4 weeks; (2) ability to communicate; and (3) age >20 years old. The exclusion criteria were (1) severe pain or physical symptoms evaluated by the primary doctor; (2) cognitive impairment such as dementia or consciousness disturbance; and (3) difficulty with family issues, such as problems regarding inheritance of property, conflicts about the patient’s funeral among family members, and reconciliation of past problems between the patient and their family members. Regarding selection of participants, doctors and nurses in the two hospitals first introduced the research to patients who met the criteria for the study, and the therapist then explained the research in detail after the patient had shown an interest in participation. The study was approved by the ethical committee of St. Mary’s Hospital and St. Mary’s College.

Outcome Measures

Following the model of our group, we chose the sense of meaning measured by the FACIT-Sp scale as the primary end point. The validity and reliability of the Japanese version of the FACIT-Sp is well established (Noguchi et al., 2004). The FACIT-Sp consists of two domains, meaning of life and religious issues, but only the meaning of life domain was used, as an effect of the Short-Term Life Review on religious

Table 1. Patient background

Items	Number of patients
Age	65 ± 11 years old (range: 40–82)
Sex	
Male	11
Female	9
Disease stage	
I	0
II	0
III	0
IV	20
ECOG-PS	
1	0
2	1
3	2
4	17
Religion	
Christianity	2
Buddhism	2
(Nichiren sect)	1
(Shin Buddhism)	1
None	16
Affected area	
Stomach	3
Breast	2
Liver	2
Uterus	2
Bowel (colon 2 Large intestine 1)	3
Lungs	1
Esophagus	1
Jaw	2
Gallbladder	1
Prostate gland	1
Ovary	1
Muscle	1

issues in 1 week was unlikely. The meaning of life domain includes eight items and is scored on a five-point scale (range, 0–4). The total range of the FACIT-Sp is 0 to 32, and high scores indicate an elevated sense of meaning of life or a peaceful state of mind. Performance status was measured by the Eastern Cooperative Oncology Group Performance Status Rating (ECOG PSR) scale (Oken, et al., 2004), which is a single-item rating of five activity levels from 0 (fully active) to 4 (completely disabled).

Interventions: Short-Term Life Review

Patients reviewed their lives over two sessions with an interviewer who was trained to conduct the therapy. Each session lasted from 30 to 60 minutes with a 1-week interval between the first and second sessions. The following questions were prepared with reference to autobiography life-review therapy, in which subjects review their lives, along with themes in life and dignity therapy. In the first session, the patients were asked (Table 2): (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 are you proud of in your life? (6) Is there anything about yourself that you want to tell your family members? (7) What advice or words of guidance do you have for the important people in your life or for the younger generation?

The patient's narratives were recorded and the interview was transcribed verbatim. The therapist made a simple album including key words from the answer to each question, which were selected through a discussion between the patient and the therapist. Key words included both positive and

Table 2. *The main questions in the Short-Term Life Review*

The question
1. What do you think is important in your life? Please tell me freely. For example, family or work.
2. What is the most impressive memory in your life?
3. Who is the person who has affected you the most in your life? Which event has most affected you?
4. What is your most important role in your life? What did you do in detail?
5. Are there any things you are proud of?
6. Is there anything that your family does not know about, but that you want to tell them?
7. Is there any advice that you want to give to your family or to the younger generations?
8. Which single word best sums up your life?

negative elements of the interview. The therapist then pasted photos or drawings from books or magazines that were related to the patient's words or phrases, in order to make the album beautiful and memory provoking. In collage psychotherapy, a subject pastes the photos or drawings; however, this activity may be a cognitive burden to terminally ill cancer patients, and therefore the therapist made the album.

In the second session, the patient and therapist viewed the album together and agreed upon the contents. The therapist tried to encourage the patient to feel continuity of self from the past to the present, to accept life completion, and to be satisfied with their life. After the second session, the therapist presented the album to the patient. Because the therapist was not affiliated with the hospital, patients did not need to maintain a relationship with the therapist and were able to speak freely about their feelings about the album.

Procedure

A clinical psychologist conducted the Short-Term Life Review for ~30–60 minutes. Participants completed questionnaires pre- and post-intervention.

Statistical Analysis

A Wilcoxon signed rank test was performed on FACIT-Sp scores. To identify factors associated with spiritual well-being, we used the text-mining program Word Miner (Japan Information Processing Service, 2003; Ohsumi, 2006) to find specific words within text. Because we wanted to know the contents of the review that were associated with improvement of spiritual well-being, we examined the relationship between FACIT-Sp scores and content. Patient narratives were first divided into meaningful words or phrases, and words with the same meaning were combined: for example, both "mom" and "mother" were included as "mother" in the analysis. Articles or punctuation marks were deleted, leaving only meaningful words, which were referred to as "fragments." A correspondence analysis was performed between fragments and FACIT-Sp scores, and a significance test following the correspondence analysis was conducted to find effective fragments (Ohsumi, 2006). In the current study, 345 fragments were chosen from the narratives of the 20 patients.

RESULTS

The mean FACIT-Sp score increased significantly from 17.2 ± 6.9 to 25.5 ± 4.9 after the intervention ($p < 0.00$). Of 34 patients, 20 completely answered the question items, and we analyzed their narratives.

Table 3. Questions, the number of fragments that related to the question, fragments ranked highly from 1 to 10, and factors

Questions	n	Factors	1	2	3	4	5	6	7	8	9	10
Important things in your life	42	<ul style="list-style-type: none"> • Human relationships • To live in the present time 	man 4.82	brightly 3.58	live 3.5	first 3.27	present 2.99	depressed 2.87	care 2.87	couple 2.87	suffer 2.73	relationships 2.48
Impressive memories	74	<ul style="list-style-type: none"> • Birth of children • Pleasant memories 	went 5.24	baby 4.89	happy 4.2	did 3.61	birth 3.29	photo 3.24	was 3.21	ships 3.19	cold 3.19	church 3.19
Turning points in your life	48	<ul style="list-style-type: none"> • Illness • Marriage or divorce • Deaths of people I knew 	illness 4.28	divorce 4.23	difficulty 4.02	husband 3.93	marriage 3.89	death 3.66	decision 3.35	gastric ulcer 3.28	effect 3.28	payment 3.28
Roles in your life	42	<ul style="list-style-type: none"> • Raising children or education • Company or work • Community work 	do not cry 4.13	company 3.93	taught 3.92	child rearing 3.42	work hard 3.33	there was 3.33	max factor 3.12	committee 3.12	head of a ward 3.12	entrust 3.12
Pride in your life	27	<ul style="list-style-type: none"> • Achievements at work • Attitude to cope with illness 	make 4.95	not depressed 4.7	system 4.11	pleased 3.47	sixty years 3.44	everything 3.44	computer 3.44	lack of skill 3.44	help 3.44	justice 3.44

Continued

Table 3. Continued

Questions	n	Factors	1	2	3	4	5	6	7	8	9	10	
What you want to tell your family	39	• Message to my children	frankly	vow to	not becoming	obstinate	happy	a little	talk	others	still	children	
		• Getting along with others	3.61	3.35	3.12	3.12	3.12	3.12	3.12	2.89	2.78	2.76	
		• Live your life happily											
		• Kindness and consideration for others											
Advice to the next generation	14	• Live sincerely	faith	living	companion	plan	effort	applause	do	hard	tender	book	
		• Live with purpose	4.65	4	4	3.85	3.85	3.85	3.62	3.03	2.77	2.62	
Summing up	21	• Stormy life	stormy	selfish	unhappy	car	to say	wave	from the heart	strong	aspect	not obey	
		• Self-centered life	5.06	4.82	4.71	3.88	3.72	3.72	3.72	3.3	3.17	3.11	

Responses to questions in the Short-Term Life Review were examined using correspondence analysis. The fragments found in the correspondence analysis and the results of the significance test are shown in Table 3. A high score in Table 3 indicates that a fragment that was effective (frequency) in the narrative. The most important fragments were tabulated after performance of the significance test. The followings are questions, fragments ranked highly, which were reduced as factors (summary): (1) "Important things in your life": "human," "live," "family relationships," and "the present"; reduced to "*human relationships*" and "*to live in the present.*" (2) "Impressive memories": "baby," "birth," "pleasant," "trips," and "photographs"; reduced to "*birth of children,*" "*pleasant memories.*" (3) "Events or persons with effects on life": "illness," "divorce," "marriage," "death"; reduced to "*illness,*" "*marriage or divorce.*" (4) "Roles in your life": "not crying," "company," "teaching," and "raising children"; reduced to "*company or work,*" and "*raising children or education.*" (5) "Pride in your life": "making," "system," "computer," "not falling," "sense of justice," and "positive"; reduced to "*achievements at work,*" "*attitude to cope with illness.*" (6) "What you want to tell your family": "frankly," "talking," "others," "children," and "daughter"; reduced to "*message to children,*" and "*getting along with others.*" (7) "Advice for the next generation": "sincerely," "live," "be kind," and "others"; reduced to "*to live sincerely,*" and "*consideration for others.*" (8) "Summing up your life": "stormy," "wave," "selfish," "not obey"; reduced to "*stormy life*" and "*self-centered life.*"

The least number of fragments were found for "advice for the next generation" (14 fragments), "summing up your life" (21 fragments), "pride in your life" (27 fragments), and "what you want to tell your family" (39 fragments)."

DISCUSSION

The fragments such as "human relationships" and "family relationships" in this study indicates the importance of these issues to Japanese people. Our previous study showed that patients with good human relationships have a high level of spiritual well-being (Ando et al., 2010) and this may be a key factor for quality of life. The importance of human relationships is also supported by finding by Miyashita et al. (2007) and Murata and Morita (2006).

Impressive memories included "birth of children" and "pleasant memories" such as sharing time with familiar people on a trip. These fragments are examples of good questions given by Bohlmeijer et al. (2007). As for utility, as patients often have too many memories, they sometimes have difficulty in choosing one. Therefore, it may be advantageous

for the interviewer to propose some examples of the main events in a human life.

Turning points included "illness," "marriage or divorce," and "death of important people"; therefore, these mainly involved meeting or parting from people. Patients remembered their coping skills when they confronted these events and were able to use them for their current situation (Lee et al., 2006); therefore, remembering how they confronted difficulties may be useful in the therapy. The utility of the question about turning points is in accord with previous studies (De Vries et al., 1995; Cappelliez & O'Rourke, 2002), because of promotion of reflection and integration in a patient's life.

In discussing "roles" and "pride" in life, some patients felt that their roles at work in a company were important, and they were proud of their work. However, relatively few patients talked about their success in a company or in society, compared to those who discussed their role in "raising and educating children," and their pride in this activity. We note that only a few of the patients in the study had been successful in commercial work, but some were proud of their achievements and the success of their company.

Regarding the utility of question about "pride," many of the patients hesitated in answering the question on pride. This is because many Japanese people have difficulty with self-praise and use of the word "pride" is uncommon. These findings are similar to those found in a study of dignity therapy in Danish patients, who also found difficulty in answering the question on pride because of the unacceptability of self-praise (Houmann, 2010).

When patients were asked about "what you want to tell to your family," most items involved messages to their children. This was particularly true for younger patients. For example, a patient indicated that her daughter could not express her emotion and she did not want her daughter to be lonely after the patient's death. She told her daughter to ask others for help.

Regarding the utility of "what you want to tell your family," questions on legacy in dignity therapy have been found to be suitable for Canadian or Australian patients (Chochinov et al., 2005); however, we thought that this kind of question would be unacceptable for Japanese patients as it might appear to be too directly confrontational of death. Therefore, we used moderate forms of the question in the present study, and this seemed to be suitable for Japanese patients. A similar tendency was found among Danish patients (Houmann, 2010).

Regarding "advice to the next generation," the patients indicated the importance of "living sincerely" and "consideration for others." Therefore,

Japanese patients thought that self-evaluation of their “way of life” and “living sincerely” were more important than social success, and felt that “getting along with others” was equally important. It might be influenced by oriental philosophies such as Buddhism or Confucianism.

As for the utility of the question of “advice to the next generation,” although participants had messages for their children, they had relatively little advice for the next generation, with the fewest number of fragments identified for this category. This may be because most Japanese patients do not believe they are worthy of giving advice, and therefore they hesitated in answering this question.

The number of fragments (Table 3) and state of patients’ responses that they hesitated to give show that question items such as “pride,” “what you want to tell your family,” “advice to the next generation” and “summing up your life” could be secondary important question items when a shorter version of the Short-Term Life Review is required. And we propose simple questions in the Short-Term Life Review (Table 4).

Clinical Implications

We could select question themes carefully. Terminally ill cancer patients can easily respond and review “important thing in your life,” “impressive memories,” “turning points and “roles in your life.” And a short version of the Short-Term Life Review may be effective in elevating the spiritual well-being of patients.

Limitations

This study has several limitations. First, the generalizability may be limited because the intervention was performed by one therapist and at only two institutions. Second, the interviewer required clinical training to conduct this therapy; therefore an interviewer should have training to enhance the efficacy of the therapy.

Table 4. *The refined question items in the Short-Term Life Review*

The question
1. What do you think is important in your life? Please tell me freely. For example, family or work.
2. What is the most impressive memory in your life?
3. Who is the person who has affected you the most in your life? Which event has most affected you?
4. What is your most important role in your life? What did you do in detail?

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