

## Original Article

**Cite this article:** Lin J, Zhang H, Xi L, Liu F, Liu W, Guo Q (2024). Life meaning constructed from dignity therapy in traditional Chinese culture: A qualitative analysis of dignity therapy generativity documents. *Palliative and Supportive Care* 22, 62–69. <https://doi.org/10.1017/S1478951522001614>



Received: 19 August 2022  
Revised: 13 October 2022  
Accepted: 30 October 2022

**Keywords:**

Chemotherapy; Dignity therapy; Generativity document; Mainland China; Qualitative study

**Author for correspondence:** Qiaohong Guo, School of Nursing, Capital Medical University, 10 Xitoutiao, Youanmen Wai, Fengtai District, Beijing 100069, China.  
Email: [qguo@ccmu.edu.cn](mailto:qguo@ccmu.edu.cn)

# Life meaning constructed from dignity therapy in traditional Chinese culture: A qualitative analysis of dignity therapy generativity documents

Junyi Lin, B.S.<sup>1</sup> , Hong Zhang, M.S.N.<sup>2</sup>, Lanxin Xi, B.S.<sup>1</sup>, Fang Liu, B.S.<sup>2</sup>, Wei Liu, PH.D.<sup>2</sup> and Qiaohong Guo, PH.D.<sup>1</sup> 

<sup>1</sup>School of Nursing, Capital Medical University, Beijing, China and <sup>2</sup>Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education/Beijing), Day Oncology Unit, Peking University Cancer Hospital & Institute, Beijing, China

**Abstract**

**Objectives.** To examine the thematic features of dignity therapy generativity documents of advanced cancer patients receiving chemotherapy in mainland China from the perspective of meaning-making during dignity therapy.

**Methods.** This is a qualitative descriptive study. Content analysis was used to analyze 24 dignity therapy generativity documents derived from a quasi-experimental trial of dignity therapy for advanced cancer patients receiving chemotherapy in a daycare center at a cancer hospital in northern China.

**Results.** Among the 24 advanced cancer patients whose generativity documents were analyzed, 14 were male and ranged in age from 26 to 78 years (average = 50.3). Two dimensions emerged from the data: (1) the sources of meaning in life, which consisted of social relationships, things and circumstances providing meaning in life, and (2) the ultimate meaning in life, referring to finding one's real self and realizing the purpose in life, including personal life goals, dignity and autonomy, and morality of patients.

**Significance of results.** The multidimensional constructs of meaning in life with distinctive traditional Chinese cultural characteristics could provide insights into dignity-conserving care for advanced cancer patients with Chinese culture and provide evidence for refining the implementation protocol of DT through intentionally addressing the ultimate meaning of patients in the therapeutic session.

**Introduction**

Striving to find meaning in life can be classified as a resource, which helps one cope with various events in life. For advanced cancer patients, meaning is a primary motivational force and a critical factor in their psychosocial adjustment to the threat of cancer; thus, meaning-based coping is recognized as a possible mechanism by which dignity-related distress can be addressed (Lee et al. 2004). Those who self-report greater meaning had higher sense of dignity and less distress despite the uncertain and unpredictable nature of cancer (Henry et al. 2010). Therefore, it is essential for healthcare providers to address the meaning in life while providing dignity-conserving care for advanced cancer patients.

Dignity therapy (DT) as a brief, empirical-based psychotherapy can elicit responses that embrace the meaning of life, thus supporting patients to open a dialogue centered on meaning-making (Bluck et al. 2022). In DT, patients are guided by trained therapists to reflect on their life experiences, affirm core values, reinterpret their diagnosis by contextualizing their illness within their larger life story, and leave something such as lessons, suggestions and wishes for others who will outlive them, thus constructing the meaning in life (Hack et al. 2010). These conversations are tape-recorded, transcribed, and edited into a generativity document, which could be given to the patients to be bequeathed to their families as a memoir (Chochinov et al. 2011), thus making meaning through generativity. DT has been implemented to advanced cancer patients with good acceptability and high satisfaction and has proven to be effective to enhance the sense of meaning and dignity of patients (Li et al. 2020; Xiao et al. 2019).

Several studies have examined the DT narration of patients by analyzing the contents of generativity documents from newly diagnosed advanced cancer outpatients, hospitalized terminal patients, hospice patients in a community setting, and patients with early-stage dementia to better understand patients and provide individualized care for them. These studies identified the common topics discussed by patients during DT, such as family, significant events, remarkable moments, acknowledgments, forgiveness and resolution, reflection on life, existentialism

of life, messages left to others, hopes, and dreams (Dose and Rhudy 2018; Hack et al. 2010; Johnston et al. 2017; Julião et al. 2022; Montross et al. 2011). Another study by Tait et al. (2011) analyzed narratives emerging in DT and showed that DT provided a time-oriented template assisting terminal patients in generating evaluation, transition, and legacy narratives. Considering the vital role of meaning-making in DT, Buonaccorso et al. (2021) explored the answers of the last two DT questions salient to generativity and found that the meaning of cancer patients concerned their present life and clinical conditions, thoughts/actions toward the self and significant others. However, few studies have comprehensively examined aspects of life meaning constructed from the whole narrative process of DT.

Rooted in Confucianism, Taoism, and Buddhism, the traditional Chinese culture has certain uniqueness compared with the western culture, which may influence the DT implementation and the generativity needs of Chinese patients. For example, patients put their family first in their life, emphasize on collectivism, and view the consummation of morality as a lifelong pursuit. Based on this, we developed a culturally sensitive family-based DT in China (Chen et al. 2022). In order to integrate the novel psychological intervention into routine cancer care earlier, we implemented it to advanced cancer patients receiving chemotherapy beyond the end-of-life stage. Through DT, patients could positively cope with the loss of dignity caused by cancer and chemotherapy by constructing life meaning, thus improving the quality of life. This study aims to explore the multidimensional constructs of life meaning of advanced cancer patients receiving chemotherapy in traditional Chinese culture by examining the thematic features of their DT generativity documents from the perspective of meaning-making.

## Methods

### Study design

We used a qualitative approach because of the importance of capturing the voices of patients from generativity document most directly to generate a comprehensive interpretation of the phenomenon of interest. The Consolidated Criteria for Reporting Qualitative Studies framework was used to report the study (Tong et al. 2007).

### Setting and population

The quasi-experimental trial of DT for advanced cancer patients was conducted in a daycare center at a tertiary cancer hospital in northern China between September 2021 and April 2022. Inclusion criteria were as follows: diagnosed with advanced stage III or IV cancer, receiving chemotherapy in a daycare center, 18 years of age or older, able to speak and read Chinese, able to provide written informed consent, showing no evidence of confusion or delirium based on clinical consensus, and willing to participate in this study. The participants were recruited by H.Z. and F.L., who introduced the purpose of the study and the intervention of DT to patients. Five patients refused to participate due to physical suffering, the limitation of cultural level, or lack of interest, and finally, 27 patients participated in this study.

### Data collection

The DT interviews were conducted by J.L., X.L., and Q.G.. Q.G. was trained by Dr Chochinov who developed the DT; J.L. and X.L.

**Table 1.** DT interview protocol

Items	Questions
Important memories	Are there particular things or experiences that you remember the most or think are the most important?
Things about yourself	Are there things about yourself that you would want your family to know or to remember?
Special roles	Are there special or important roles that you have undertaken? Why are they so important to you, and what do you think you have accomplished in these roles?
Achievements	What are the things have you done that are important or worth mentioning, and what do you feel most proud of?
Family support <sup>a</sup>	What support your family has offered to you since you have been ill?
Gratitude and appreciation <sup>a</sup>	Are there things that you feel grateful for your family?
Apology and forgiveness <sup>a</sup>	Are there things that you want to forgive or be forgiven for?
Hopes and dreams	What are your hopes and dreams for each other?
Life experience	Would you like to talk about words of advice or guidance that might be important to share with special people in your lives?
Suggestions for the future	Are there words or perhaps even instructions that you would like to offer your family to help them prepare for the future?
Others	In creating this family document, are there other things that you would like to include?

<sup>a</sup>New culture-specific themes different from the original question protocol.

have received a series of DT training offered by Q.G., including theoretical basis, interview skills, implementation procedure of DT, and practice exercises. Patients were guided to complete a recorded, face-to-face interview in a private meeting room following the DT interview protocol with culture-specific themes added to the Chochinov DT protocol (Chochinov et al. 2011), including “apology and forgiveness,” “gratitude and appreciation,” and “family support” (Table 1). The development of this protocol has been introduced in detail in another study (Chen et al. 2022). Prior to the interview, patients completed a brief demographic questionnaire. Within 3 days after the DT interview, the recording was transcribed verbatim and paraphrased into an original edition of generativity document, which was then returned to the patient to verify, and contribute to the formulation of the final generativity document.

### Data analysis

The randomly selected generativity documents were analyzed using content analysis and constant comparative techniques (Elo and Kyngäs 2008). First, two researchers independently read through the documents to obtain a sense of the whole and capture the unit of the data related to life meaning, which was then open-coded and organized into an initial set of themes. Constant comparative techniques were used to verify the distinctions between the code labels and the accuracy of fit between each unit of analysis in each theme and to determine the extent of coder agreement through regular meetings among the research team. After

the analysis of the first three documents, core concepts about life meaning emerged, including the features and sources of meaning, which stimulated a return to the literature of meaning theory. The features and sources of meaning were found to be similar to the interpretation of meaning proposed by Auhagen and Holub (2006), that is, the ultimate meaning of life is to find one's real self and realize the purpose in life, and the sources of meaning included circumstances, things, and relationships providing meaning in peoples' lives. These contributed to a category template for later analysis. The selected documents continued to be coded and grouped into high-order themes, which were assigned into corresponding categories constructing life meaning. Data saturation was reached after coding 24 documents.

### Ethical considerations

This study was approved by the institutional review board at Capital Medical University (Approval No. Z2019SY038). All participants signed the informed consent form and were informed that they could refuse to participate or withdraw from the study at any time. Each participant was given a numerical identification number (e.g. [ID8]) to protect their personal information.

### Results

The demographic characteristics of 24 participants are shown in Table 2. Two main categories around which patients construct life meaning in DT emerged, including the sources of meaning in life and the ultimate meaning of life (Table 3). Figure 1 presents the construct of meaning for advanced cancer patients receiving chemotherapy in traditional Chinese culture. Themes are reported in detail below with associated quotes.

#### The sources of meaning in life

Patients with a broad range of life experiences had a variety of sources for meaning, which were classified into three categories in this study, including social relationships, things and circumstances providing meaning in life.

##### Social relationships providing meaning in life

The main source of meaning in life of patients in this study is social relationships, especially with family. Some patients also identified friends and social recognition as origins of life meaning when recalling their life experiences and achievements.

**Responsibility taken in a family.** Patients reported that they undertook the significant roles as parents to raise their children, as a child to be filial to their parents, and as the eldest child to care for the younger siblings in the family. They took familial responsibility as a moral request and found their life meaning through doing it.

**Raising the children.** "Every night my three daughters studied until midnight. I did not sleep until my children went to bed; it was meaningful for me to be dedicated to my children, and I was willing to do it." (ID8)

**Filial piety.** "I think I should accompany with my parents and give them everything, as it's my moral duty, so I bought her a lot of things, such as bracelets, rings. I lived far away from my parents, but I tried to visit them every week." (ID22)

**Caring for the younger siblings.** "My father passed away early. As the eldest child in my family, I took on the responsibility to take care of the

**Table 2.** Participants' characteristics ( $N = 24$ )

Variable	<i>N</i>
Age (years)	
Range	26–78
Mean	50.3
Gender	
Male	14 (58.3%)
Female	10 (41.7%)
Marital status	
Married	23 (95.8%)
Divorce	1 (4.2%)
Level of education	
High school or less	6 (25.0%)
College/Bachelor's degree	10 (41.7%)
Master's degree or above	8 (33.3%)
Diagnosis	
Colorectal cancer	8 (33.3%)
Cervical cancer	3 (12.5%)
Gastric/intestinal cancer	3 (12.5%)
Soft tissue tumor	4 (16.7%)
Breast cancer	2 (8.3%)
Nasopharynx cancer	2 (8.3%)
Lung cancer	1 (4.2%)
Prostate cancer	1 (4.2%)
Time since diagnosis (months)	
Range	2–121
Mean	15.2

whole family. Through my efforts, I got my younger siblings out of a poor situation, which was my achievements in life." (ID19)

**Strong family bond and the happiness of family.** Patients frequently mentioned their strong familial bond and the happiness of the family while sharing their important life memories. They particularly valued and appreciated the supportive family and intimate, harmonious relationship with family members, especially after the diagnosis of cancer.

**Mutual caring in family.** "My family care for me with love every day, even if I brought burden to them due to disease. I also understood their concerns, thus trying my best to relieve their burden." (ID1)

**Intimacy and mature love with a spouse.** "I think building a family with my wife is the biggest pride in my life. We have an intimate relationship and never quarrel. I remember the time we were together with each detail." (ID12)

**Friendship.** Patients mentioned that close companionship with friends in different life stages brought them a lot of power and supports to make their life meaningful. Even if they got an illness, their friends never abandoned him/her.

**Table 3.** The summary of the qualitative data

Main category	Theme	Subtheme	
The sources of meaning in life	Social relationships providing meaning in life	Responsibility taken in a family	Raising the children
			Filial piety
			Caring for the younger siblings
		Strong family bond and the happiness of family	Mutual caring in family
			Intimacy and mature love with a spouse
			Friendship
		Friendship	Intimate friends
			Comradeship
			Friends in the wards
	Social recognition	Appraisal based on work achievements	
		Appraisal based on personal characteristics	
	The things providing meaning in life	Normal physical condition	Good state of mind
			Positive life attitude
			Peaceful mind
		Pleasure of life	Being grateful
			Hobbies
			Leisure time
		Life beliefs	The beauty of arts and nature
Social belief			
Nonreligious theism			
The circumstances providing meaning in peoples' lives	Overcoming adversity		
	Keeping learning		
	Seeking out diverse opportunities to experience		
The ultimate meaning of life	Finding one's real self and realizing purpose in life	Morality	
		Altruism	
		Honesty	
	Dignity and autonomy	Collectivism	
		Dignity	
		Autonomy	
Life goals			

**Intimate friends.** “My greatest achievement is having several close friends. We had almost 20 years of friendship. My friends always try to help me financially and encourage me in spirit even if I cannot repay them due to illness.” (ID14)

**Comradeship.** “The relationship in the army is sincere. As comrades in the army, we lived and worked together almost everyday. After so many years away from the army, we still keep in touch with each other.” (ID11)

**Friends in the wards.** “I was sometimes touched by the sincere help from the ward mates during my stay in hospital. We often help and encourage each other due to the same condition.” (ID18)

**Social recognition.** Being recognized by others signifies a person’s reputation based on their work achievements and personal character, which supported them to work harder and make more meaning in life.

**Appraisal based on work achievements.** “My boss and colleagues are affirmative of my work, which is a kind of strength and spiritual encouragement to me. I am pleased and feel that all my effort is meaningful.” (ID21)

**Appraisal based on personal characteristics.** “My friends often ask me for help when they are in a dilemma or need to make decisions. They trust my personality and ability, which keeps me making contributions for others.” (ID3)

**The things providing meaning in life**

Life was meaningful for many patients because of the important things in life that they owned, such as their physical and psychological well-being, life beliefs, and the pleasure of life they have enjoyed.

**Normal physical condition.** Patients highlighted that keeping a normal physical condition was the premise of everything learned from the diagnosis of cancer. They tried to physically perform daily

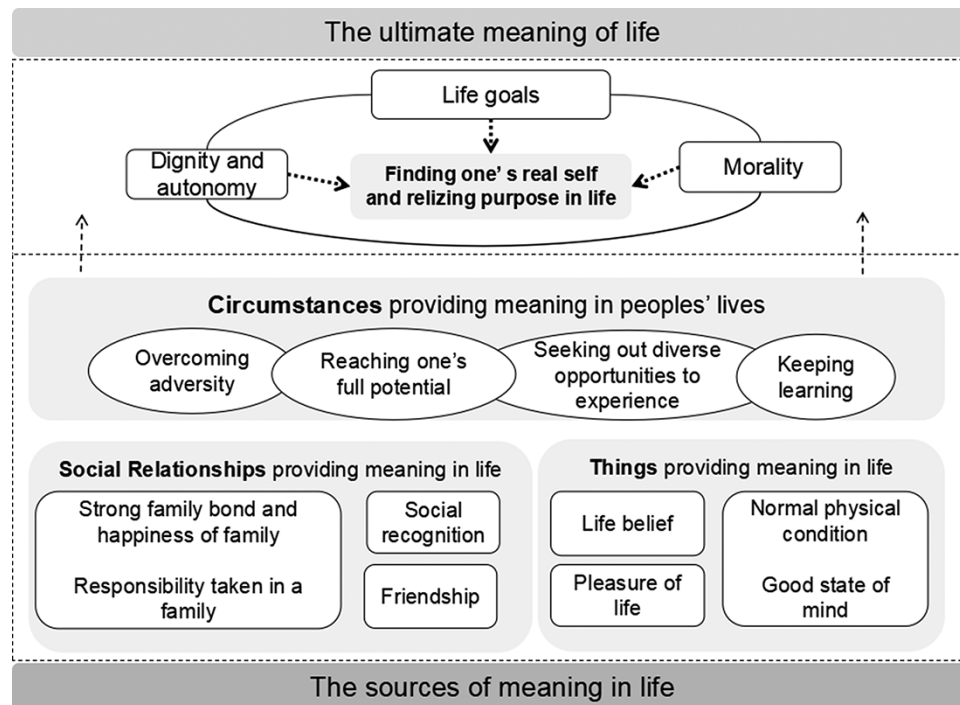


Fig. 1. The construct of life meaning for advanced cancer patients receiving chemotherapy in traditional Chinese culture.

activities independently, which made their life meaningful, and they guided their family to stick to healthy regimes and hoped them not go through illness.

“Nowadays, young people pay very little attention to their health. No matter what people do, they must have a healthy body first. I felt pleased while quitting bad habits such as smoking and eating junk food to keep in a good condition, and I really hope my family to keep healthy.” (ID11)

**Good state of mind.** Patients described that they valued a good state of mind, which was equally important as physical health. They adjusted themselves psychologically to keep a positive life attitude and a peaceful mind, as well as be grateful for everything in life especially after being diagnosed with cancer.

**Positive life attitude.** “Everyone will reach the final days of life, so we should be optimistic. If I were to die at eight tomorrow morning, I would still clean up, eat breakfast and express gratitude to others at 7 a.m.” (ID19)

**Peaceful mind.** “We are all ordinary beings. I told myself that simple is the best and do not pursue unrealistic goals. I tried to be more peaceful after getting cancer.” (ID10)

**Being grateful.** “There are lots of people to be appreciated in my life. I am a person who knows how to repay kindness and I will never forget the people who have helped me throughout my life.” (ID11)

**Pleasure of life.** When discussing meaningful life experiences, patients shared the pleasure in life with a smile, such as their hobbies, leisure time, and the beauty of arts and nature they appreciated, which supported them to fight with cancer to experience more happiness in life.

**Hobbies.** “I learned the sport of bridge by myself. I have participated in various tournaments of the bridge and won many championships. I will take part in more games when I am in a better condition” (ID9)

**Leisure time.** “My mother often bought us fashionable clothes, and I could collect many sets of postcards of movie stars which were rare at that time. These are joys in my life and I always recall them.” (ID22)

**The beauty of arts and nature.** “I love to travel around the world and I have been to some countries such as Germany. When I stepped on the floor of the palace or hung out in a small town, the picturesque scenery impressed me deeply.” (ID2)

**Life beliefs.** Due to a variety of life experiences and worldviews, patients had different life beliefs, which were defined as the spiritual supportive source for patients in the process of meaning-making.

**Social belief.** “As a soldier, my belief is to put the interest of my country first. Until now, it is still one of the most significant meanings of life for me.” (ID6)

**Nonreligious theism.** “I believe in the existence of a supreme being, who has a plan to convey a sense of purpose in life events, so everything that happened to us was a part of the journey and in control.” (ID9)

#### **The circumstances providing meaning in peoples' lives**

When reflecting on life achievements, patients stated that they found the meaning in life under the creation inspiring circumstances, including overcoming adversity, reaching their full potential, keeping learning, and seeking out diverse opportunities to experience. These were important ways to attain personal growth and enrich life experiences, thus making life meaningful, which extended across their lifetime.

**Overcoming adversity.** “When we were encountering difficulties in life, such as illness and pain, we should embrace them bravely rather than avoid them. I will keep on active treatment to fight with cancer until the final day, even if I am suffering.” (ID7)



**Reaching one's full potential.** "To work hard, and to realize one's potential is a life achievement. I do not want to waste my time, and will try to leave something valuable." (ID21)

**Keeping learning.** "I think that one's life should be a process of constant improvement. There is lots of knowledge to learn, so we should keep learning and improving ourselves. I want to keep on working even if during the treatment" (ID21)

**Seeking out diverse opportunities to experience.** "We need to experience more and try to broaden our horizons. Everyone is born the same, but the gap between each person is getting bigger when we grow up due to different experiences." (ID7)

### The ultimate meaning of life

Patients in this study mentioned that morality, dignity and autonomy, and their life goals contributed to their identity and life purpose, which was viewed as the ultimate meaning in life.

#### Morality

Possessing morality, including altruism, honesty, collectivism, and kindness, was considered a culture-specific component of life meaning, which was particularly valued by Chinese patients.

**Altruism.** "I think helping people is worthwhile and I have helped those in need as much as possible. I helped a girl until she graduated from college, and now I am helping two more students. All these bring me a sense of meaning." (ID21)

**Honesty.** "I have done everything with a clear conscience all my life, and always say honest and sincere words, which is my life faith and duty. Now I guide my children to do the same thing." (ID1)

**Collectivism.** "Everyone has different working abilities and methods, so we need to hold on collectivism to put the group interest first and play the advantages of each one, thus achieving a group success." (ID11)

**Kindness.** "My grandmother always could bear hardships and were kindful. She always sympathized and helped the poor and the needy. I have learned from her and kept kindness to make life meaningful." (ID2)

#### Dignity and autonomy

Some patients described living with dignity and having the right of autonomy to make their own decisions regardless of surroundings or others as significant parts of life meaning, even if they were in severe sufferings.

**Dignity.** "I don't want to live a life with a low status of spirit. Everyone has different life value, but I think the most important one is dignity, and I do not want to be insulted." (ID11)

**Autonomy.** "Even if in the most difficult time of life, we should make decisions depending on our own needs. Don't be dominated or swayed by other people and surroundings around us." (ID19)

#### Life goals

When reflecting on life, patients frequently mentioned that they always stuck to achieve their life goals that guided them forward and helped to construct ultimate meaning in their life.

"I have always been interested in Medicine since I was a child, and I considered studying Medicine as my life goals and I strove constantly to achieve it, which was the most important part of meaning in life." (ID20)

## Discussion

This study explored the multidimensional construct of life meaning revealed in DT generativity documents from advanced cancer patients undergoing chemotherapy in mainland China. The social relationships including family, friends, and social recognition, things including physical and psychological well-beings, life pleasure, and life belief, and creative circumstances including enriching life experiences and attaining personal development provided meaning in patients' s life. The personal life goals, dignity and autonomy, and morality contributed to finding one's real self and realizing purpose in life, thus achieving the ultimate meaning in life. These findings were helpful to generate a rich description for each of the various aspects of life meaning in the context of active cancer treatment, which might inform integrating dignity-conserving care based on meaning-making into comprehensive cancer care in the early stage of the cancer trajectory.

Clarifying patients' sources of meaning in life is essential for helping them seek motivation in life and delivering meaning-based dignified care for them. Social relationship was the most significant source of meaning for advanced cancer patients revealed in generativity documents, which powerfully supported them to endure pains, fight against cancer, and strive to survive (Salamanca-Balen et al. 2021). Family was a reoccurring relationship, which is consistent with the findings of a study conducted in western countries (Hack et al. 2010). The unconditional love from family members supported patients to maintain hope in life (Liu et al. 2021). In turn, patients tried to support their families in a role reversal, reciprocal situation, which gives indications to the future support network of mutual caring between patient and family. Chinese patients highlighted "filial piety" for their parents in DT sessions, which means a moral duty for adult children to take good care of their parents in Confucian culture (Bedford and Yeh 2019). In contrast, while talking about family in DT interviews, western patients mostly referred to children and marriage rather than parents (Julião et al. 2022), which may be because the center of family is the husband–wife relationship in western society and caring for their young children is a parental obligation and morally required, but looking after aged parents is voluntary (Alavi et al. 2020). Thus, the cultural characteristic should be taken into consideration while implementing DT and delivering dignity-conserving care for Chinese cancer patients. Besides cultural influences, the differences in family-related topics in DT interviews may also vary with age groups. For example, older patients whose parents have passed away would mention their children more frequently, while younger patients might place equal emphasis on their children and parents during DT.

Among things providing meaning in life, the belief of patients and pleasure of life they experienced in daily life shaped their personalities, which might likely be overshadowed by suffering (Julião et al. 2022). Therefore, knowing these things opens a door for healthcare providers to better understand patients as a whole and not solely the embodiment of their life-limiting condition, thus providing a holistic dignity-conserving care for patients. Besides, physical and psychological well-being was the basic source of meaning. Patients wished to keep in a good condition, particularly while receiving chemotherapy or radiotherapy, which was viewed as the basic human needs by Maslow (Zalenski and Raspa 2006). Moreover, advanced cancer patients with a better quality of life could be helped in giving meaning to the disease through transferring the lessons learned from the diagnosis of cancer to their loved ones to fulfill the generativity needs. Therefore, it is significant for healthcare providers to help patients keep a good quality of

life through assessing and controlling physical and psychological symptoms of patients timely and precisely, thus assisting them in making meaning better (Buonaccorso *et al.* 2021; Rosa *et al.* 2022).

The creation inspiring circumstances also provided meaning in life, even though when patients were in sufferings, which indicates the significance of empowering cancer patients in meaning-creating efforts (Johnsen *et al.* 2017). For example, to help patients learn more knowledge, healthcare providers could communicate with them fully and offer sufficient information about diseases and treatments to them, as well as encourage them to involve in medical decision-making process. To enrich life experiences of patients and help them reach potentials, healthcare providers could provide more diversified, productive opportunities for cancer patients such as art therapy and horticultural therapy at the intermission of chemotherapy (Jiang *et al.* 2020; Masel *et al.* 2018), thus relieving their stress and enhancing sense of meaning. Notably, some advanced cancer patients in this study viewed receiving aggressive cancer treatments as overcoming adversity to construct life meaning, which also was mentioned by Liao *et al.* (2020). This view could help patients keep positive attitudes and maintain hope of life, but it might to some extent hinder early referral to palliative care, especially for Chinese patients influenced by the death-taboo culture (Zheng *et al.* 2021).

The ultimate meaning involved one's self and purpose of life, which was the core value as a person accompanied by spiritual experience. Among the ultimate meaning identified in this study, morality of altruism, honesty, collectivism, and kindness were mentioned frequently, which was supported by the previous study showing that morality is a vital part of death with dignity for terminal patients (Liu *et al.* 2021). In traditional Chinese culture, people have intrinsic meaning from taking moral behaviors and responsibilities to society, thus the priority of morality is over personal autonomy (Li 2022). Understanding the ultimate meaning of patients with cultural uniqueness is essential for helping patients maintain ego-integrity, which is the philosophical underpinning of person-centered dignified care. These also could offer insights into how to refine the protocol of DT implementation (Hack *et al.* 2010). During DT sessions, healthcare providers could intentionally address these meanings of patients and guide them to discuss related topics, which might help to get deeper into patients' inner feelings and bring additional benefits of therapy.

This is the first study to focus on the life meaning constructed from the whole narrative process of DT in mainland China by qualitatively analyzing the generativity documents from advanced cancer patients receiving chemotherapy. The findings of this study could help healthcare providers to fully understand the various aspects of life meaning and provide individualized, culture-specific dignified care for patients with traditional Chinese cultural backgrounds, both in China and other countries. Besides, the data were derived from the patients undergoing active cancer treatment rather than impending death, which adds more information on early integrated dignified care beyond the field of end-of-life care.

### Limitations

This study also has several limitations. First, patients in this study were recruited from a tertiary cancer hospital in northern China, potentially limiting the generalizability of these findings to patients from other hospitals or from other parts of China. Besides, patients with religious beliefs were not represented in the sample; thus, how their perspectives might inform the study findings is unknown.

Future study on a more diverse sample of patients would be needed to enrich the study findings.

### Conclusions

This study explored the various aspects of life meaning in traditional Chinese culture revealed from the generativity documents of advanced cancer patients receiving chemotherapy in mainland China. The sources of meaning in life consisted of social relationships, things, and circumstance related to meaning-making, through which patients found their real self and realized purpose in life, including personal life goals, dignity and autonomy, and morality, thus achieving the ultimate meaning in life. These findings could provide insights into dignity-conserving care based on the meaning constructed from DT for patients with distinctive Chinese cultural characteristics and provide evidence for refining the implementation protocol of DT through intentionally addressing the ultimate meaning of patients in the therapeutic session.

**Acknowledgments.** The authors would like to express their sincere appreciation to the participants in this study who generously gave their time and shared their thoughtful insights.

**Authorship contributions.** J.L. contributed to the investigation, data curation, data analysis, and writing original draft. H.Z. contributed to the investigation, data curation, formal analysis, and resources. L.X. contributed to the investigation and data curation. F.L. contributed to the investigation, data curation, formal analysis, and resources. W.L. contributed to the investigation, data curation, and writing – review and editing. Q.G. contributed to the conceptualization, methodology, investigation, data curation, data analysis, funding acquisition, and writing – review and editing. All authors approved the final manuscript and have participated sufficiently in the work to take public responsibility for appropriate portions of the content. J.L. and H.Z. are regarded as co-first authors. W.L. and Q.G. are regarded as co-corresponding authors.

**Funding.** This work was supported by the National Natural Science Foundation of China (grant number 81803102).

**Conflicts of interest.** The authors declared none.

### References

- Alavi M, Latif AA, Ninggal MT, *et al.* (2020) Family functioning and attachment among young adults in western and non-western societies. *Journal of Psychology* 154(5), 346–366. doi:10.1080/00223980.2020.1754153
- Auhagen AE and Holub F (2006) Ultimate, provisional, and personal meaning of life: Differences and common. *Psychological Reports* 99(1), 131–146. doi:10.2466/pr0.99.1.131-146
- Bedford O and Yeh K (2019) The history and the future of the psychology of filial piety: Chinese norms to contextualized personality construct. *Frontiers in Psychology* 10, 100. doi:10.3389/fpsyg.2019.00100
- Bluck S, Mroz EL, Wilkie DJ, *et al.* (2022) Quality of life for older cancer patients: Relation of psychospiritual distress to meaning-making during dignity therapy. *The American Journal of Hospice & Palliative Care* 39(1), 54–61. doi:10.1177/10499091211011712
- Buonaccorso L, Tanzi S, De Panfilis L, *et al.* (2021) Meanings emerging from dignity therapy among cancer patients. *Journal of Pain and Symptom Management* 62(4), 730–737. doi:10.1016/j.jpainsymman.2021.02.028
- Chen Z, Guo Q, Geng H, *et al.* (2022) Development and formative evaluation of the family-based dignity therapy protocol for palliative cancer patients and their families: A mixed-methods study. *Cancer Nursing*. doi:10.1097/NCC.0000000000001174
- Chochinov HM, Kristjanson LJ, Breitbart W, *et al.* (2011) Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: A randomised controlled trial. *The Lancet Oncology* 12(8), 753–762. doi:10.1016/S1470-2045(11)70153-X

- Dose AM and Rhudy LM** (2018) Perspectives of newly diagnosed advanced cancer patients receiving dignity therapy during cancer treatment. *Supportive Care in Cancer* **26**(1), 187–195. doi:10.1007/s00520-017-3833-2
- Elo S and Kyngäs H** (2008) The qualitative content analysis process. *Journal of Advanced Nursing* **62**(1), 107–115. doi:10.1111/j.1365-2648.2007.04569.x
- Hack TF, McClement SE, Chochinov HM, et al.** (2010) Learning from dying patients during their final days: Life reflections gleaned from dignity therapy. *Palliative Medicine* **24**(7), 715–723. doi:10.1177/0269216310373164
- Henry M, Cohen SR, Lee V, et al.** (2010) The meaning-making intervention (MMi) appears to increase meaning in life in advanced ovarian cancer: A randomized controlled pilot study. *Psycho-Oncology* **19**(12), 1340–1347. doi:10.1002/pon.1764
- Jiang XH, Chen XJ, Xie QQ, et al.** (2020) Effects of art therapy in cancer care: A systematic review and meta-analysis. *European Journal of Cancer Care* **29**(5), e13277. doi:10.1111/ecc.13277
- Johnsen AT, Eskildsen NB, Thomsen TG, et al.** (2017) Conceptualizing patient empowerment in cancer follow-up by combining theory and qualitative data. *Acta Oncologica* **56**(2), 232–238. doi:10.1080/0284186X.2016.1267403
- Johnston B, Lawton S and Pringle J** (2017) “This is my story, how I remember it”: In-depth analysis of dignity therapy documents from a study of dignity therapy for people with early stage dementia. *Dementia* **16**(5), 543–555. doi:10.1177/1471301215605629
- Julião M, Sobral MA, Johnston B, et al.** (2022) A Portuguese trial using dignity therapy for adults who have a life-threatening disease: Qualitative analysis of generativity documents. *Palliative & Supportive Care* **20**(2), 189–195. doi:10.1017/S1478951521000754
- Lee V, Cohen SR, Edgar L, et al.** (2004) Clarifying “meaning” in the context of cancer research: A systematic literature review. *Palliative & Supportive Care* **2**(3), 291–303. doi:10.1017/s1478951504040386
- Li Y** (2022) The Confucian concept of human dignity and its implications for bioethics. *Developing World Bioethics* **22**(1), 23–33. doi:10.1111/dewb.12312
- Liao J, Wu B, Mao J, et al.** (2020) Preference for aggressive end-of-life care among advanced cancer patients in Wuhan, China: A cross-sectional study. *International Journal of Environmental Research and Public Health* **17**(18), 6592. doi:10.3390/ijerph17186592
- Li Y, Li X, Hou L, et al.** (2020) Effectiveness of dignity therapy for patients with advanced cancer: A systematic review and meta-analysis of 10 randomized controlled trials. *Depression and Anxiety* **37**(3), 234–246. doi:10.1002/da.22980
- Liu L, Ma L, Chen Z, et al.** (2021) Dignity at the end of life in traditional Chinese culture: Perspectives of advanced cancer patients and family members. *European Journal of Oncology Nursing* **54**, 102017. doi:10.1016/j.ejon.2021.102017
- Masel EK, Trinczek H, Adamidis F, et al.** (2018) Vitamin “G”arden: A qualitative study exploring perception/s of horticultural therapy on a palliative care ward. *Supportive Care in Cancer* **26**(6), 1799–1805. doi:10.1007/s00520-017-3978-z
- Montross L, Winters KD and Irwin SA** (2011) Dignity therapy implementation in a community-based hospice setting. *Journal of Palliative Medicine* **14**(6), 729–734. doi:10.1089/jpm.2010.0449
- Rosa WE, Chochinov HM, Coyle N, et al.** (2022) Attending to the existential experience in oncology: Dignity and meaning amid awareness of death. *JCO Global Oncology* **8**, e2200038. doi:10.1200/GO.22.00038
- Salamanca-Balen N, Merluzzi TV and Chen M** (2021) The effectiveness of hope-fostering interventions in palliative care: A systematic review and meta-analysis. *Palliative Medicine* **35**(4), 710–728. doi:10.1177/0269216321994728
- Tait GR, Schryer C, McDougall A, et al.** (2011) Exploring the therapeutic power of narrative at the end of life: A qualitative analysis of narratives emerging in dignity therapy. *BMJ Supportive & Palliative Care* **1**(3), 296–300. doi:10.1136/bmjspcare-2011-000051
- Tong A, Sainsbury P and Craig J** (2007) Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* **19**(6), 349–357. doi:10.1093/intqhc/mzm042
- Xiao J, Chow KM, Liu Y, et al.** (2019) Effects of dignity therapy on dignity, psychological well-being, and quality of life among palliative care cancer patients: A systematic review and meta-analysis. *Psycho-Oncology* **28**(9), 1791–1802. doi:10.1002/pon.5162
- Zalenski RJ and Raspa R** (2006) Maslow’s hierarchy of needs: A framework for achieving human potential in hospice. *Journal of Palliative Medicine* **9**(5), 1120–1127. doi:10.1089/jpm.2006.9.1120
- Zheng R, Guo Q, Chen Z, et al.** (2021) An exploration of the challenges for oncology nurses in providing hospice care in mainland China: A qualitative study. *Asia-Pacific Journal of Oncology Nursing* **8**(2), 139–146. doi:10.4103/apjon.apjon.6220