

Original Article

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# Reflections on experiential training in meaning-centered psychotherapy: How MCP ended up facilitating professional wellbeing

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## Abstract

**Objective.** Meaning-centered psychotherapy (MCP) principles may provide a framework for engaging healthcare professionals in meaning-centered exploration as a novel approach to prevent burnout and enhance wellbeing in healthcare professionals through heightening personal meaning. This case study aimed to teach MCP to masters-trained social workers for use with medical patients. While the primary aim was to teach MCP to masters-trained social workers, this proof-of-concept project and this paper focus on a secondary aim of enhancing meaning and connection in the virtual workplace.

**Methods.** A group of social workers participated in a 7-session MCP pilot from October 13th to November 24th, 2020. After each session, participants were asked to complete an anonymous continuing education evaluation with questions regarding clarity, organization, and relevance of the presentation related to use with their patient populations. Additional open-ended items queried participants for general comments about their experience using MCP to enhance professional fulfillment during COVID-19.

**Results.** Nine social workers participated in the MCP pilot. Several qualitative themes emerged, including enhanced meaning, communication, connection, and agency in the virtual workplace.

**Significance of the results.** This pilot demonstrated the feasibility and acceptability of using an adapted MCP instruction with hospital-based social workers during the COVID-19 pandemic to facilitate wellbeing. While MCP was originally created to intervene with patients with life-threatening illnesses, the brief, manualized experiential nature of the intervention lends itself to modification with staff for the purpose of enhancing meaning and community in their own lives.

## Introduction

Meaning-centered psychotherapy (MCP) is an effective intervention for medical patients struggling with existential despair at the end of life (Greenstein and Breitbart, 2000; Breitbart et al., 2010; Rosenfeld et al., 2018). By facilitating a patient's connection to historical, attitudinal, creative, and experiential sources of meaning, MCP offers an evidence-based, manualized intervention whose goal is to ameliorate distress (Breitbart et al., 2010). Memorial Sloan Kettering Cancer Center's (MSKCC) Psychiatry Department offers a two-day training whereby clinicians gain additive proficiencies for conducting MCP with patients with cancer. Beyond treating patients, MCP may have a valuable application among healthcare professionals to enhance meaning at work, thus positively impacting burnout. Burnout is characterized as an imbalance between the demands of a clinician's job and the resources available to them (National Academies of Sciences, Engineering, and Medicine, 2019). COVID-19 highlighted deleterious effects on the healthcare workforce fueling a parallel pandemic in wellbeing (Dzau et al., 2020). For example, social support proved challenging during a time of physical distancing but has been found to be one of the most important factors in overall wellbeing (Siedlecki et al., 2014).

Levels of burnout, emotional exhaustion, and depersonalization have all increased among healthcare providers, including social workers, during the COVID-19 pandemic (Martinez-López et al., 2021; Van Wert et al., 2022). Using MCP principles to provide a framework for engaging these clinicians in meaning-centered exploration might offer a novel approach to reduce burnout and enhance wellbeing through heightening personal meaning (Fillion et al., 2006). To date, however, there are limited studies examining the use of MCP for this purpose (Fillion et al., 2006; Kang et al., 2021). This paper describes the process in which MCP was taught to masters-trained social workers primarily for use with their patients. Secondary qualitative observations emerged and are described as important lessons learned in the context of this project.

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## Project context

The National Institutes of Health (NIHCC) Clinical Center Social Work Department was offered virtually an overview of MCP in September 2020. Seventeen NIHCC social workers working on medical/surgical and behavioral health units attended this initial department-wide didactic presentation. Social workers who attended this session were invited to participate in a 6-session MCP pilot from October 13th to November 24th, 2020 to learn how to employ the manualized techniques on their respective units including inpatient, outpatient, and day-hospital settings. After each session, participants were asked to complete an anonymous continuing education evaluation with questions regarding clarity, organization, and relevance of the presentation related to use with their patient populations. Additional open-ended items queried participants for general comments about their experience. Qualitative information was gathered during a 7th session with the aims of culling information around MCP's impact on meaning, comradery, and community in the workplace during COVID-19. An exploratory thematic analysis using an open coding procedure was used to analyze the qualitative data derived from the evaluation responses for each session, along with the feedback in the form of notes taken by the facilitator obtained in the 7th session. The coding process was guided by the work of Linneberg and Korsgaard (2019). Responses were coded by

hand by a primary coder (AMM) and a secondary coder (DJS) who reviewed the data to corroborate the decisions. Consensus meetings occurred when necessary to resolve any discrepancies. Due to the nature of this project, IRB approval was not required.

MCP traditionally consists of seven 1-h sessions with distinct goals and exercises revolving around explicit weekly themes (Breitbart and Poppito, 2014). The masters-trained social work facilitator of these sessions (DJS) completed a formal, in-person MCP training course at MSKCC in April 2018. Due to COVID-19, all sessions were conducted virtually over six consecutive weeks. Some of the questions were adapted using the universal experience of being a healthcare professional during COVID-19 as a means of getting the social workers to connect more with the questions, disclosing only as much as they were comfortable and in a manner which felt safe to them (see Table 1). The first five sessions were conducted over a period of 1.15 h each to account for possible technical difficulties; the sixth and seventh topics were combined into a 1.5-hour joint final session. All occurred at the completion of the workday.

Each session opened with a check-in, review of new content relevant to the session theme, time for self-reflection, reflection as a group, and questions for discussion. The MSKCC MCP manual with adaptations (see Table 1), was used as the primary guide. Relevant MCP articles were distributed (Table 2).

**Table 1.** MCP questions adapted for social work healthcare professionals

Session	Questions
Session 1: Concepts and Sources of Meaning	<ul style="list-style-type: none"> <li>List one or two experiences or moments when life has felt particularly meaningful to you — whether it sounds powerful or mundane.</li> </ul>
Session 2: Meaning in Year 2020	<ul style="list-style-type: none"> <li>Who am I?</li> <li>Take a moment to think about how <b>COVID-19</b> has affected your answers. Are your answers the same?</li> <li>How has <b>2020</b> affected the things that are most meaningful to you?</li> </ul>
Session 3: Historical Sources of Meaning	<ul style="list-style-type: none"> <li>When you look back on your life, upbringing, and family history, what are the most significant memories, relationships, traditions, values, etc., which have made the greatest impact on who you are today?</li> <li>As you look toward the future, what are some of the life lessons you have learned along the way and values you may feel are important that you would want to pass on to others?</li> <li>What is the legacy you hope to live and give?</li> <li>Sometimes the origin of your name is a meaningful key to your family's legacy. What is the origin of your name?</li> </ul>
Session 4: Attitudinal Sources of Meaning	<ul style="list-style-type: none"> <li>What are some of the life limitations, losses, or obstacles you have faced in the past, and how did you cope or deal with them at the time?</li> <li><b>During 2020, or prior if you prefer</b>, what are the specific limitations or losses you have faced, and how are you coping or dealing with them now?</li> <li>Are you still able to find meaning in your daily life despite your awareness of the limitations and finiteness of life? If yes, please briefly describe.</li> </ul>
Session 5: Creative Sources of Meaning	<ul style="list-style-type: none"> <li>Living life and being creative requires courage and commitment. Can you think of a time(s) in your life when you've been courageous, taken ownership of your life, or made a meaningful commitment to something of value to you?</li> <li>Do you feel you've expressed what is most meaningful to you through your life's work and creative activities (i.e., job, parenting, hobbies, causes)? If so, how?</li> <li>What are your responsibilities? Who are you responsible for?</li> <li>Do you have unfinished business? What tasks have you always wanted to do but have yet to undertake? If so, what do you think is holding you back?</li> </ul>
Session 6: Experiential Sources of Meaning	<ul style="list-style-type: none"> <li>List three ways in which you "connect with life" and feel most alive through the experiential sources of:             <ul style="list-style-type: none"> <li>Love</li> <li>Beauty</li> <li>Humor</li> </ul> </li> </ul>
Session 7: Transitions	<ul style="list-style-type: none"> <li>What has it been like for you to go through this learning experience over these last seven sessions?</li> <li>Have there been any changes in the way you view your life and <b>2020</b>, particularly the virtual work-world that you have experienced, after having been through this process?</li> <li>Do you feel like you have a better understanding of the sources of meaning in life and are you able to use them both with your patients and in your own daily life? If so, how?</li> </ul>

Note: Bold text notes language from the original MCP questions that were modified.

**Table 2.** Articles used for MCP program

Article
1. Breitbart, W., Rosenfeld, B., Gibson, C., Pessin, H., Poppito, S., Nelson, C., Tomarken, A., Timm, A. K., Berg, A., Jacobson, C., Sorger, B., Abbey, J., & Olden, M. (2010). Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. <i>Psycho-Oncology</i> , 19(1), 21–28. doi:10.1002/pon.1556
2. Applebaum, A. J., Kulikowski, J. R., & Breitbart, W. (2015). Meaning-Centered Psychotherapy for Cancer Caregivers (MCP-C): Rationale and Overview. <i>Palliative &amp; Supportive Care</i> , 13(6), 1631–1641. doi:10.1017/S1478951515000450
3. Breitbart, W., Poppito, S., Rosenfeld, B., Vickers, A. J., Li, Y., Abbey, J., Olden, M., Pessin, H., Lichtenthal, W., Sjoberg, D., & Cassileth, B. R. (2012). Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. <i>Journal of Clinical Oncology</i> , 30(12), 1304–1309. doi:10.1200/JCO.2011.36.2517
4. Lichtenthal, W. G., & Breitbart, W. (2015). The central role of meaning in adjustment to the loss of a child to cancer: implications for the development of meaning-centered grief therapy. <i>Current Opinion in Supportive and Palliative Care</i> , 9(1), 46–51. doi:10.1097/SPC.0000000000000117
5. Frankl, V. E. (1984). <i>Man's search for meaning: An introduction to logotherapy</i> . New York: Simon & Schuster.
6. Breitbart W. (2007). Upright and whole: an approach to suffering in the face of death. <i>Palliative &amp; Supportive Care</i> , 5(4), 347–349. doi:10.1017/s1478951507000533
7. Breitbart W. (2016). Legacy in palliative care: Legacy that is lived. <i>Palliative &amp; Supportive Care</i> , 14(5), 453–454. doi:10.1017/S1478951516000705
8. Polacek, L. C., Reisch, S., Saracino, R. M., Pessin, H., & Breitbart, W. (2021). Implementation of a Meaning-Centered Psychotherapy training (MCPT) program for oncology clinicians: a qualitative analysis of facilitators and barriers. <i>Translational Behavioral Medicine</i> , 11(1), 270–275. doi:10.1093/tbm/ibz138
9. Rathert, C., Williams, E. S., & Linhart, H. (2018). Evidence for the quadruple aim: A systematic review of the literature on physician burnout and patient outcomes. <i>Medical Care</i> , 56(12), 976–984. doi:10.1097/MLR.0000000000000999
10. Rosenfeld, B., Cham, H., Pessin, H., & Breitbart, W. (2018). Why is Meaning-Centered Group Psychotherapy (MCGP) effective? Enhanced sense of meaning as the mechanism of change for advanced cancer patients. <i>Psycho-Oncology</i> , 27(2), 654–660. doi:10.1002/pon.4578

### MCP course evaluations

Of 17 clinical social workers, 10 (59%) women self-selected to participate, and a total of 9 (53%) were selected to join the six-session MCP pilot. One was unable to participate due to time constraints. Of the nine who participated, four were new employees who onboarded working virtually in 2020. Eight participants attended all sessions; one participant attended six sessions. All attended the additional focus group session. Across all sessions, all participants (9/9 and 8/8) rated the presentation organization as “excellent.” Specifically, knowledge of the subject matter, being responsive to audience participation and questions, and presenting information that will be helpful in the participants’ work with their patient populations were identified as salient. With regard to the relevancy of the information from the session to participants’ understanding of the topic, for sessions 1, 2, 3, and 6, all nine participants (9/9) rated the presentation as “excellent.” For sessions 4 and 5, eight participants (8/9) rated the presentation as “excellent” and one participant (1/9) rated the presentation

as “good.” Participant ratings of the sessions are summarized in Table 3.

### Enhancing meaning, communication, connection, and agency in the virtual workplace

Throughout the sessions, participants commented on the extent to which they were isolated working entirely from home, including seeing patients virtually, thus contributing to feelings of burnout through physical disconnection from the workplace. They reported a strong desire to experience personal connection and regain a lost sense of agency, with their work being redefined. Participants openly used the questions as a jumping off point in sharing how their personal and professional lives had been impacted in a COVID-19 world. In addition to learning how MCP modules could connect their patients to meaning, participants remarked that the module prompts unexpectedly allowed for further connection to meaning in their own lives.

Participants engaged in self-disclosure over the course of the six-week training sessions. Interestingly, some social workers spontaneously shared aspects of personal experiences with their own medical diagnoses. One participant following the first session stated that she “appreciated classmates’ willingness to be vulnerable and so candid.” Another participant described the experience as a “great opportunity to get to know my fellow social workers.” After the fifth session, a participant stated that “the participants’ willingness to share personal journeys allowed for incredible depth in the discussions.” Other participants commented that sharing about historical sources of meaning themselves allowed for greater professional intimacy. One stated, “I know your faces ... we feel more connected now.” Participants commented that this increase in connection with their coworkers allowed for improved professional fulfillment and reduced feelings of isolation. After the final session, a participant summed up her experience:

“It’s about identifying meaning in your life, creating a life narrative, and being intentional about living life based on your values, whatever that is. On a personal note, I have found it helpful to my present circumstance. I’ve been working from home for 9 months experiencing a pandemic and a changing country and world. It is stressful. Exploring meaning in my life in a group (connecting!) is centering and life affirming.”

Just under half of the participants began their job during COVID-19 never having met their colleagues in-person. Consequently, it is notable that many expressed an openness to reveal aspects related to personal and professional identity, thus creating less transactional and more intimate workplace relationships. This sense of psychological safety among the participants was likely enhanced because the group self-selected to participate was mental health clinicians, and the facilitator was skilled in delivering MCP in a group format. Furthermore, the questions themselves allowed for a level of disclosure that the individual participants desired. Personal and familial narratives including descriptions of ethnic and cultural sources of meaning were shared openly, driving conversations around diversity and appreciation of difference. Positive feedback about the virtual format included the point that ending the workday with the group session was conducive to the development of a “conversation that is real” without concern for how this time might impact the typical commute home. The unexpected ease with which participants engaged and applied the material to their own lives is likely in-part secondary to the fact that the MCP questions lent

**Table 3.** Evaluation of MCP program

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Overall relevancy of content	5–9/9 (100%)	5–9/9 (100%)	5–9/9 (100%)	5–7/8 (87.5%) 4–1/8 (12.5%)	5–8/9 (88.9%) 4–1/9 (11.1%)	5–9/9 (100%)
Information will be helpful to participants	5–9/9 (100%)	5–9/9 (100%)	5–9/9 (100%)	5–8/8 (100%)	5–9/9 (100%)	5–9/9 (100%)
Presentation organization	5–9/9 (100%)	5–9/9 (100%)	5–9/9 (100%)	5–8/8 (100%)	5–9/9 (100%)	5–9/9 (100%)
Presenter was knowledgeable on subject matter	5–9/9 (100%)	5–9/9 (100%)	5–9/9 (100%)	5–8/8 (100%)	5–9/9 (100%)	5–9/9 (100%)
Presenter was responsive to audience participation/questions	5–9/9 (100%)	5–9/9 (100%)	5–9/9 (100%)	5–8/8 (100%)	5–9/9 (100%)	5–9/9 (100%)

Note: Likert-scale for all items: 1 = poor, 5 = excellent.

themselves to exploration around universally experienced challenges to meaning.

### Potential barriers: burnout

With regard to adapting MCP to benefit other healthcare disciplines, several participants highlighted barriers to be addressed. These included challenges of “getting healthcare providers in the door”; however, one stated, “once you get them in, they will benefit...” Furthermore, many felt that six sessions would likely be too lengthy a commitment for some, especially physicians. One person commented that participant number should be limited, stating that “9 people” felt like an ideal number for the time spent in the sessions.

The global prolonged shared experience of COVID-19 has caused exhaustion, a key ingredient in burnout in healthcare professionals (Swensen and Shanafelt, 2020). With so many already existing time constraints, adding another workplace training may pose additional burden to already burntout clinicians. Alternatively, an adaptation of MCP may represent a way to address the ongoing challenge of burnout in the healthcare setting by offering a creative approach with regard enhancing important conversations around diversity, equity, and inclusion initiatives in the workplace. Creating an opportunity for staff to share reflections at the end of their workday allowed the development of nuanced relationship-building, provided an avenue to mitigate distress, enhanced a sense of agency, and heightened connection to meaning during a time of unprecedented dislocation.

While the purpose of this project was to teach MCP to social workers to use with their patient populations and not to address burnout questions directly, MCP’s framework in creating a venue for enhancing comradery in this group appears to have had a positive impact and might improve professional fulfillment. Meaning is inherently derived through the intrinsic nature of work in healthcare. This project demonstrates that teaching MCP in a modified virtual format can be a novel intervention that allows staff to proactively connect with one another and in a structured format around meaning, thus serving to mitigate burnout. Future research should investigate how teaching principles of MCP may be used among healthcare workers to reduce occupational burnout and enhance wellbeing.

### Conclusions

This project provides a first glimpse into how the process of adapting MCP instruction for hospital-based social workers

during the COVID-19 pandemic ended up facilitating professional wellbeing through active conversations about meaning. Although the focus of this endeavor was to teach MCP virtually, the benefits and application of the described project go beyond the virtual workplace. Additionally, while MCP was originally created for use with patients with life-threatening illnesses, the brief, manualized experiential nature of the intervention lends itself to potential modification for use with staff for the purpose of enhancing meaning and community in their own professional lives. For example, a central principle of MCP highlighted during the pandemic for participants themselves included: choosing one’s attitude during suffering and isolation. This led to robust discussions about the uncertain nature of the pandemic, in some ways paralleling the experience of their patients suffering from life-threatening medical diagnoses.

Ultimately, this application of MCP with social workers suggests that an adapted version of MCP may be applicable to other groups of healthcare professionals, including physicians and nurses. Given the growing realization of the importance of inclusive and diverse work environments, MCP might offer a novel approach to engaging clinicians in hospital settings about sources of meaning, adding to the important conversations already occurring. Several barriers were highlighted, including future challenges of getting non-behavioral healthcare providers to participate, the time commitment, and the size of the group. Moreover, future applications of MCP instruction to novel populations may consider investigating whether MCP has greater appeal to targeted groups, such as residents-in-training where there is a regulatory mandate to promote resident wellbeing (Accreditation Council for Graduate Medical Education, 2019).

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