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Reflecting on meaning in an existential-reorientation group psychotherapy approach for cancer patients: A qualitative thematic analysis

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Abstract

Objective. The objectives of this study were to evaluate, in the Italian cultural context, breast cancer patients’ main meaning themes related to the experience of the disease, on the one side, and to be part of an existentially oriented group intervention, on the other.

Method. A short reorientation-existential (RET) group intervention, structured by using some tools and background from cognitive analytic therapy (CAT) and based on the meaning-centered psychotherapy (MCP) existential framework, was delivered to 29 breast cancer patients. The sessions were audio-recorded and transcribed verbatim, with the narratives from reflective exercises (meaning of the journey cancer, meaning of the journey of intervention) uploaded to computer software NVivo 11. Analysis of the transcripts emerged from reflective exercises on the personal meaning of cancer and the letters of meaning (goodbye letter) written by the patients to express the meaning of their experience in the group was conducted through the interpretative phenomenological analysis (IPA) framework.

Results. Four superordinate themes were identified in the exercise meaning of the experience of cancer, namely “sense of stigma and loneliness (the foreigner),” “guilt (unjust guilt and anticipatory guilt),” “reconsidering one’s own life and nostalgia,” and “rebirth (a new life, life after life).” Three superordinate themes were found in the meaning of the group experience in the letters, namely “togetherness and gratitude,” “legacy,” and “acceptance.”

Significance of results. The study confirmed that a short group intervention, based on the existentially oriented framework and delivered in a public clinical healthcare setting, was enriched by focusing on the personal meaning of cancer. Some themes, such as loneliness, nostalgia, and rebirth, emerged during reflection giving, in written letters to participants, the sense of the group therapeutic experience.

Introduction

By using Plato’s ideas, Aristoteles states that the man, in front of nature and events that are not understandable, is “*thauma-tized*” (*θαύμα*, *thauma*, as wonder, astonishment, but also terror, speechless anguish) (Llewelyn, 1988), and therefore, he addresses philosophy.¹ Cancer, as a traumatic stressful event is indeed a powerful expression of nature, demonstrating the unpredictability of existence and provoking significant existential suffering (Kissane, 2012; Grassi *et al.*, 2017a, 2017b; Vehling and Kissane, 2018). Cancer forces the subject to acquire a new view of his/her own world in order to gain knowledge and find the meaning of what he/she has to cope with. Therefore, exploring and revising one’s own life and sense of identity, given the state of conflict, confusion caused by the illness (Goldie, 2012) is mandatory. In this, the need to search for and reframing the meaning of the experience of cancer and its consequences in life are important determinants of adjustment to illness (Lethborg *et al.*,

¹In Plato’s *Theaetetus*, (155d) Socrates states: “Wonder (*thauma*) is the only beginning of philosophy,” while in the Book I of the *Metaphysics*, (982b) Aristoteles states: “For it is owing to their wonder that men both now begin and at first began to philosophize (*thaumazein*).”

2008; Park, 2010). In this way, the sense of transmission of vital spiritual and wisdom to the loved ones, as a legacy, can be fulfilled (Breitbart, 2016).

For these reasons, group existentially oriented psychological intervention centered on giving sense and finding meaning (e.g., meaning-centered psychotherapy, MCP) have developed in the last 20 years both in palliative care (Breitbart, 2002; Breitbart et al., 2004) and other phases of illness, including survivorship (van der Spek et al., 2021).

Since cultural differences may exist regarding the meaning of cancer as an event that interrupts one's own existential journey, the adaptation of group meaning-centered interventions and MCP have been proposed, taking into account the culturally bound representation of existence and meaning (e.g., Leng et al., 2018 in China; da Ponte et al., 2020 in Portugal). In Italy, only a few data are available in the area of the meaning of the disease and the way cancer patients interpret their experience of illness. In one study, search for meaning has been shown to be negatively correlated with the individual presence of meaning in life, that in turn had a direct effect on both psychological adjustment and eudemonic well-being (Scrignaro et al., 2015). Also, demoralization, lack of self-continuity, and poor representation of death have been associated with low meaning in life and poor dignity among Italian cancer patients (Grassi et al., 2017a, 2017b; Bovero et al., 2018, 2019; Testoni et al., 2018). Apart from these studies, no Italian investigation, except two dignity therapy studies characterized by one-individual session (Iani et al., 2020; Testoni et al., 2020), examined, within an existentially oriented intervention, the meaning of cancer and the meaning of the intervention itself.

As a part of a broader project aimed at applying and validating existential-reorientation therapeutic intervention for cancer patients according to a person-centered approach to recovery (Grassi et al., 2017a, 2017b, 2019), the aims of this qualitative report are to describe the main themes that emerged (i) in terms of the meaning of the experience of cancer and (ii) the meaning of the experience of the group psychotherapy intervention.

Subject and methods

The data presented are extrapolated from the clinical activity available at the Psycho-Oncology and Psychiatry in Palliative Care program (PONPC), the University of Ferrara and the Integrated Department of Mental Health, Ferrara, Northern Italy.

Based on our experience in conducting supportive-expressive group psychotherapy for breast cancer patients (Grassi et al., 2010), we have developed a short reorientation existentially therapy (RET) (Grassi, unpublished manuscript; Grassi, 2021). RET is an 8 session 90-minute weekly intervention with six to eight patients per group, that has a background in cognitive analytic therapy (CAT; Ryle, 1990; Ryle and Kerr, 2020), which has profound roots in Mikhail Bakhtin's dialogic self and meaning in interpersonally relationships (Pollard, 2011). CAT is a proven evidence-based psychological therapy for several kinds of problems both in individual and group format (Calvert and Kellett, 2014; Hallam et al., 2021) and it has been also applied in oncology (Pitceathly et al., 2011). Written diagrammatic (map) sequential reformulation of significant interpersonal relationship, significant events in life and the reciprocal roles played by the person (reformulation, recognition, revision) were taken from CAT and transformed, in RET, as a "route existential map." Also, the "goodbye letter" as a narrative way to summarize the meaning for participant of the experience of therapy was

taken from CAT (Hamill et al., 2008) and modified for a meaning-centered framework. A series of reflective exercises, such as meaningful experiences in life, main roles played in life were also proposed as indicated in meaning-centered psychotherapy (Breitbart and Poppito, 2014), by using philosophical stimuli (mainly lectures from Marcus Aurelius *Meditations* and Seneca *Letters to Lucilius and other essays*). Reflection on enactments of individuals' patterns and significant relationship both in the past and in the present specifically concentrated in the experience of cancer were, therefore, encouraged. These reflections were mapped out and shared with the other members of the group, with participants providing insight, feedback, and suggestions to each other. The patients were split in small subgroups and asked to think for a few minutes about what emerged from the proposed exercises, write it on a piece of paper and openly discuss their reflective thoughts with the other members of the small group. Then, a general discussion was taken place in the large group.

The groups were led by psychotherapists (LG, SS, RC, MGN) who had also received training in MCP in the past (Breitbart and Poppito, 2014) as well as in CAT. The role of the therapists, as in existential and meaning interventions (LeMay and Wilson, 2008; Breitbart, 2017), was to create group cohesion, helping participants both to share their concerns and emotions and to reflect on their own experiences and express their values and feelings within the group.

In line with the aims of the study, in this paper, we will focus on the results that emerged from two specific exercises: (i) the first "spiritual exercise" invited participants to express their own reflection on the meaning of their cancer experiences through the following questions: "As you reflect upon your experience of cancer, what does it mean to you? What is the meaning you attribute to your illness experience considering your history and your existence?" and (ii) the second "spiritual exercise," proposed at the end of the psychotherapy journey, invited participants to write a letter of meaning (the goodbye letter), under the question "What would you like to be shared with your journey companion and what has been the meaning of this journey you will remember?" This could be read aloud and at the same time shared between the members of the group as well as with other significant persons (e.g., family members or loved ones, friends) as a testimony of what patients had learned in the group experience (legacy).

The sessions were audio-recorded and transcribed verbatim. The transcripts of the sessions related to the first exercise and the text of the letters written by the participants constituted the material for the qualitative analysis that was carried within the interpretative phenomenological analysis (IPA) framework (Larkin et al., 2006; Smith, 2011; Smith and Shinebourne, 2012). Data were analyzed using a bottom-up analysis and involved the following steps: (i) reading and becoming familiar with the data; (ii) generation of themes; (iii) coding data; and (iv) drawing the units of meaning in order to furnish the accurate descriptions of personal accounts. The acquired texts were analyzed with NVivo V.11 software package (QSR International, 2015), in order to codify categories including similar and related contents (Bazeley and Jackson, 2013).

The intervention as a part of regular clinical activity performed at the PONPC service was approved by the regulations and ethics of the Committee for the Protection of Persons as adopted by the Local Health Trust (Azienda Sanitaria Locale di Ferrara, Ferrara, Italy) and the University of Ferrara, and conducted accordingly. Each patient provided a written informed consent.

Results

The population who participated in the intervention consisted of 29 women (52.1 ± 8.6 years) with breast cancer. About half had metastatic disease and the rest loco-regional or local disease. All of them were in charge of the University Hospital Oncology Outpatient Unit for regular ambulatory follow-up after chemo-radiotherapy, or current chemotherapy and hormone treatment. Most lived with their family (husbands or sons) and regularly worked as employees. Socio-demographic and clinical characteristics are presented in Table 1.

The meaning of the experience of cancer

A series of themes emerged when the patients reflected on the meaning of cancer with an analysis of some underlying content that gave the opportunity to discuss the power of the disease in changing the worldview of each person, but also in expressing the need to change the view of that meaning. The following four major themes, summarized in Table 2, were identified during this reflective exercise.

Theme 1: *Sense of stigma and loneliness (the foreigner)*. Patients often feel themselves abandoned and stigmatized by the world around them, including the society, the doctors, and the family itself. This perception of stigmatization evokes feelings of annihilation, of emptiness, of *Unheimlich* with the perception of being “dead in life,” and of “being a foreigner in my own land.”

Theme 2: *Guilt (unjust guilt and anticipatory guilt)*. Guilt has been often associated with cancer in different ways. By the qualitative analysis emerged two different meanings of guilt. The first subtheme refers to be “unjustly condemned for something not done,” with the patient feeling victim of a powerful force (i.e., cancer). A second subtheme, which we have called “anticipatory guilt,” refers to the guilt relative to one’s own death, in terms of both “abandoning my loved ones” and “not showing courage and strength to the family in fighting with the disease.”

Theme 3: *Reconsidering one’s own life and nostalgia*. On the one hand, the experience of illness forces the individual to face the theme of mortality. On the other hand, it may lead to reflect upon life experiences in which one contributes to “give life-in-life.” Nostalgia in this sense also emerged as something not necessarily related to suffering and distress, but as a powerful force to make the past a teaching experience for the present and to allow “to look with new eyes at the future.”

Theme 4: *Rebirth (a new life, life after life)*. Themes concerning a “second birth” (or a second life) also came out in the different analysis of the themes of the patients. These themes were sometimes very explicit and sometimes masked, but they express the need to have a second opportunity and to restart with a new life and new priorities. It is possible that this is a way to express the wish of a real new life, but also a way to express the urge to modify the old life in a more authentic way, as if it were a new life, to be lived in a different way.

Letters of meaning: The meaning of group experience

The analysis of what emerged in the “goodbye letter” exercise, that is, the letters of meaning written by the patients, was also important in giving a sense to the process of therapy. Working and being together in a constant reciprocal dialogue were particularly important for participants. This was a way to recognize the sense of the “journey done together” and of “being with the other,” acknowledging the

Table 1. Socio-demographic and clinical characteristics of the sample

Age (years)	52.1 (SD 8.6, range: 31–69)
Stage	
Local disease	5
Loco-regional	12
Metastatic	12
Marital status	
Separated/divorced	6
Never married	3
Married	18
Widowed	2
Treatment	
Chemotherapy	18
Chemo + Radiotherapy	10
Hormone	18
Occupation	
Employed	20
Housewives	8
Retired	1

experience of mutuality and reciprocal support, in search for meaning and the possibility to give meaning to a significant experience in the present. Three themes emerged with a significant content in the letters of meaning, as presented in Table 3.

Theme 1: *Togetherness and gratitude*. One of the most significant themes was the sense of being together in expressing and exposing oneself to other “companions,” where togetherness was meant as an antidote to loneliness (in words and movements) (Table 3). For these reasons, gratitude emerged toward those who, in the group, had the same experience and with whom the sense of connectedness was so evident and powerful. The meetings in this journey (of both the disease and the process of therapy) were represented through the acknowledgment of “the goodness of the moment in the present” but also in the recognition that that present would have survived in the future (I will bring you in myself).

Theme 2: *Legacy*. The experience of giving and receiving “gifts” from the group, with an increased sense of awareness about existential issues has been considered a form of legacy. It was something profoundly human (e.g., love, advice, wisdom) to be used in the present to contrast feelings of isolation and fear, but also to be given to others in the future, as teachable compasses reorienting during times of challenging conditions of existence.

Theme 3: *Acceptance*. Being accepted in the group, as an individual, and being part of an acceptable process for others was one of the key element helping to be more prone to accept (in a stoic adaptive, not in a fatalistically helpless way) the future. Being in an acceptance mood means in fact to move on, treasuring the experience of stressful events and life in general (the many “sizes” in life dimensions are different now.).

Discussion

In this paper, we presented qualitative data of the experience of Italian breast cancer patients participating in a reorientation

Table 2. Main themes in the meaning of the cancer experience exercise

Theme 1: <i>Sense of stigma and loneliness (the foreigner)</i>
<ul style="list-style-type: none"> • “It is difficult to have people understanding you when you have cancer. My doctor for example is cold and detached, I would say he is cynic, he does not understand me because he did not pass through my experience. It is as if we spoke two different languages.” • “It is strange the way in which people look at you as a sick person. I feel that sometimes people have compassion, sometimes pity, sometime avoidance, you know, like looking at an illegal alien.”
Theme 2: <i>Guilt</i>
<i>Unjust guilt</i>
<ul style="list-style-type: none"> • “[...] Cancer has transformed my life. I pay attention to every newspaper and scientific journal in order to find out good news, but I feel there is no good news, no salvation, I feel like trapped in a cage. We all are in the death row, just waiting for our turn.” • “[...] My cancer has the meaning that came to me in a dream. I wore a fur and I was swearing, I did not have the feeling to be the me that I know as me. I was in a train and they were taking me to Germany ... we were brought to a camp”. • “There is no not guilt in getting sick. I do not think to have done anything wrong, and I do not deserve any punishment The guilt is of someone else, of those that intoxicate us with poisons in the atmosphere.” • “I had a strange feeling about my cancer. My experience is the one that emerged when I am receiving radiotherapy. Have you ever smelled in radiotherapy that smell of burning, like burnt flesh? ... it seemed to me be like to be in Auschwitz. That is my cancer.”
<i>Anticipatory guilt</i>
<ul style="list-style-type: none"> • “This cancer is terrible since I am not able to fight it. Not to be able to die with dignity is a sign of weakness, which merits to be punished, as the soldiers who leave the battle and for this reason are suited as condemned.” • “The fact that I am not reacting in a positive way is creating a lot of trouble in my family and I fear that this will continue in the future.” • “I have been impressed by a lady that is showing a courage and a strength that I do not have, her dignity in coping with her cancer and her capacity of sharing with her husband everything was happening. That was a great teaching to me. I understand that we have to leave a strong message of courage to our loved ones, the message that death can be faced with dignity, but I do not know if I will be able to do it.”
Theme 3: <i>Reconsidering one’s own life and nostalgia</i>
<ul style="list-style-type: none"> • “This disease helped me to reflect on moments of my past. For example a moment when I felt vital the most, the absolute joy, was when I delivered Chiara, and even more at the first breastfeeding, something magic, something really related to life. It is a matter of life and death. • “I have a strong sense of nostalgia about my graduation and our being together: that is something than can be part of the present: I graduated in life now and I feel that being together is the only way to live.” • “Well, there are many things about meaning, something about life of the other, to give life to my son and to see that he has his own meaning through me, that he was creating her own meaning.” • “I feel now an authentic sense of life which is also in little moments. I like to see the sunset and to concentrate on the beauty of the sunset. Finding the beauty of something with some humor, laughing, hearing my daughter laughing at something, she can contaminate you when she laughs, she is contagious ... But you need to pay attention to each single moment.” • “I have nostalgic feelings about my parents that when I was young did not consider as important, but now they gave me so much, I missed them, the voice of my mom, the sense of safety provided by my dad, the excursions we have done together. Life is a journey that can continue with the energy given by the nostalgic movements from the past.”
Theme 4: <i>Rebirth (a new life, life after life)</i>
<ul style="list-style-type: none"> • “The meaning of my cancer is now that I am completely new. I am very little, I am just one month old, after my autologous bone marrow transplantation my life started again.” • “I think that medicine has progressed a lot and that transplantation of cells and organs, like livers, lungs, hands, are an hope for life, with all new organs. Only the brain cannot be transplanted. In that case, it would be really a new me.” • “I came into my church and I felt a strong feeling of peace and serenity and I fell to be born again ... I promised to myself to confess and I approached a friar that I did not know, dressed in white ... and when he introduced himself telling me that his name was Nazzareno I started to cry. ... My church is San George Cathedral that is our town Patron, but also my preferred Saint since he killed the dragon.”

existentially centered group therapy. Attention was focused on analyzing the personal narratives of the meaning of cancer and the way in which the disease has been perceived and reframed in patients’ life. Also, we explored the meaning of being part of a group where the sense of participation and the sense of togetherness have a special role in the process of therapy.

Regarding the first issue, our findings indicate the universality of the themes of existential challenges determined by cancer, such as fear of death, concerns about being a burden to others, a sense of loneliness, pointlessness, or hopelessness; grief, regret, embitterment about what has been missed in life; and loss of

dignity (Langle, 2008; Kissane, 2012). However, some interesting aspects emerged through the reflective sharing of the patients’ experience in our context. More specifically, the feeling to be a stranger (foreigner) in ones’ own land has been frequently reported by the patients with the sense of loneliness being one the most significant consequences of cancer, but also, and more profoundly, a dimension that erodes the global sense of communication (speaking a different language) with the others. Also, guilt has emerged as a subordinate theme in the groups. As indicated by Breitbart (2017), the concept of guilt and existential guilt, together with responsibility and will, are part of the dimension of ultimate

Table 3. Main themes in the meaning of the group therapy exercise

Theme 1: <i>Togetherness and gratitude</i>
<ul style="list-style-type: none"> • “We have been together and I want to thank you for what you have given to me, hoping to have I have given something to you.” • “To be with you, reflect and share has meant to me be part of something bigger in a moment when I did not know what to do about my self and where to stay ... I was like a doll in different scenario of my life, now I feel my being myself, therefore my meaning in this life.” • “I have perceived the closeness of the group in words and movements ... and I felt that the space I was taking was a right of mine and that it was acknowledged. And now I have understood what you taught to me, that is the difference between living day by day and fully living the day ... in spite of the nest, my cancer, that I daily bring with and inside myself.” • “Well, I want to share this account with you as a memory of our meeting together in this journey. In the place where I was born the end of life is an active part of life, an important event that when I was a child was something meaning closeness, we met with cousins, uncles or aunts, friends who lived far away, we could stay together, death had a meaning a relational meaning in life.... That sense of closeness and meaning became a blurry memory almost forgotten... When I got sick, I met with you and then gradually I felt that it was time to take my time, for me.”
Theme 2: <i>Legacy</i>
<ul style="list-style-type: none"> • “[...] I want to thank you all for what, like it was for my parents, you have taught to me, a legacy that I really hope I am passing to my children: the meaning of my transition on the earth as a person that has loved her life, loved what is beautiful in life, in this earth ...Yes, I feel now so full of this, the love for my own family, for my kids.” • “[...] being with you has helped me to retrieve lost memories. Day after day their colors have become clearer, life has started to have a different meaning, deeper and circular and everything has turned back to its old sense, its own order. This experience, the disease, with its intensity, has made me to think that we are like meteors, that pass in this world, in this life, we are a moment, an instant, but we do leave a trace.”
Theme 3: <i>Acceptance</i>
<ul style="list-style-type: none"> • “One important thing that I brought in my mind is the sense of acceptance. Some weeks ago I fitted my wedding dress and it did not fit ... all changes and I am gradually learning to accept that many “sizes” in life dimensions are different now... and this is really meaningful to me and I think this something important for us all.” • “Time and myself made a deal. It unrelentingly goes on while I save everything it brings, the bad and the good, it is impossible to contradict it, but I accompany it. I will save it, knowing that I am able to accept both the bad and the good, and I also know that I myself, my history, my sense of being have been accepted by you in the group.” • “I would like to share with you this message from Seneca, a philosopher I love, “There is no secret and shield environment where the fear of death is absent. There is no shield and successful life where the fear of pain is absent. Wherever you are you will be surrounded by the voices of suffering. A long tradition has made us fearful of death, of darkness and of nothingness. Thus, will not facing death with dignity and courage one of the most glorious act for the man? And, at the same time, live our life as fully as possible, for what it is in the here.” This is what we have to accept and think of it as a growing experience day by day, as we have done in the group where we accepted each other and through acceptance we moved on.”

freedom. In his conceptualization, existential guilt arises when one is distracted from or impeded from exerting one's will and responsibility in living up to one's unique potential, missing opportunities in life. In our groups, guilt was firstly related to a perception of being punished by something wrong done in the past, not in the sense of guilt as a symptom of depression or culturally related to the Christian teaching of guilt for sins of the past, but as an unjust condition. Some aspects that were expressed by some patients by comparing their patienthood as being prisoners of Nazi camps, implicate the idea to be unjustly persecuted by an enemy (it could be external or internal) for something for which there is, in fact, no guilt. A form that we have indicated “anticipatory guilt,” in line with the literature relative to the so-called anticipatory grief (Grassi, 2007; Coelho and Barbosa, 2017; Allard et al., 2020), emerged as a sense of anticipated disappointment regarding the fear of not being able to fight the disease and, then, to die without being an example for one's own family. Since possible clinical implications of this form of guilt could be related to an increase in a sense of purposeless in life and demoralization, this theme could be part of the intervention aimed at helping patients to face their anticipatory grief condition (Patinadan et al., 2020).

The wide theme of dignity also emerged in the form of the need to be respected, not to be left alone and treated like a stranger (the sick) in a world of others (the healthy). The multiple and intertwining aspects between meaning and dignity are part of the complexity of the human existence of being in the world. As one of the participants said that there are “several meaning of dignity, including the fact that my values are helpful in giving dignity

to my meanings.” According to Breitbart (2018), dignity and meaning are possibly distinct constructs or concepts, where meaning is a cognitive and experiential construct related to beliefs and feelings, while dignity results to be more a social construct relating to the “value” of a person as perceived by him/herself or the world around the person. However, as Breitbart (2018) underlines, both are essential in the human existence and in the experience of suffering and to both the intervention should be directed to increase the sense of meaning and of dignity among patients facing the challenge of cancer. In fact, depending on the meaning that patients gave to dignity, both the objective and subjective sense of this dimension emerged (e.g., the dignity of my place in the world, the dignity of my sense of personal history and possibilities, the dignity of my interpersonal values and worthiness, the dignity of my emotions, and the dignity of my finitude) (Galvin and Todres, 2015). All these aspects were related to the need to find a new and more authentic way to be in the world, as a second chance to start with a new life and new priorities, which is not only part of the religious idea of a new life after life, but the challenge to modify the old life in the present and the future (Vos et al., 2015).

Related to the meaning of the experience of the therapy, being in the group emerged as both a sense of togetherness, but also as a sense of acknowledgment of the support coming from other participants, confirming the importance of perceived relatedness when coping with existential distress and of strengthening interpersonal relationships within psychosocial interventions (Philipp et al., 2020). The letters of meaning (goodbye letters) produced some

peculiar themes, mirroring for certain aspects the themes of the patients' meaning of cancer. Not being alone and the perception of the group as a safe place contrasting loneliness were a first superordinate theme repeatedly brought to the attention of the members of the group and shared between members. The sense of gratitude for the "gift" of being together also emerged as a significant theme, not only as an antidote to loneliness, but also as a way to be in a better connection with others and with something "larger than ourselves as individuals." Gratitude is a complex subjective feeling which included wonder, thankfulness, and appreciation in one's life, but also the recognition that the sources of this goodness lie, at least partially, outside the self (Watkins, 2014). Gratitude has been repeatedly shown to provide benefits (in contrast with destructive resentment or malicious envy) (Xiang et al., 2018) on different parameters (e.g., subjective well-being, life satisfaction, inhibition of negative emotions, reduction of anxiety and depression) (Wood et al., 2010; Taylor et al., 2017). The relationship between togetherness (as a form of social support) and gratitude has only more recently confirmed (Casu et al., 2020) and seems to be qualitatively supported by this study, in which both components of gratitude (the individual internal and the external components) were shown.

Furthermore, the sense of nostalgia, as a gift to the group came out in several reports from patients. This seems in line with the positive effect of nostalgia in spite of its etymological sense (from the Greek νόστος, *nostos*, homecoming; άλγος, *algos*, pain, ache, or suffering, therefore longing for home or familiar surroundings; but also bittersweet yearning for the things of the past). A series of data, in fact, show that nostalgia is a broader existential resource that helps people navigate through their concerns and fears, attain and maintain the perception that their lives have been meaningful and that can be kept in the future (Routledge et al., 2011; Sedikides and Wildschut, 2016). In this, nostalgia is inductive of a sense of self-continuity and self-connectedness (Zhou et al., 2008; Cheung et al., 2013; Sedikides et al., 2016).

All the issues we have discussed indicate the importance of the group experience, where the sense of togetherness contrasts the insidious challenges of cancer experience (Burlingame et al., 2018; Kissane, 2021). It is clear that the group has, in general, the power to favor, through many therapeutic factors (e.g., cohesiveness, altruism, universality, self-disclosure), the well-being of the single participating members (Bloch et al., 1981; Schnur and Montgomery, 2010). In this sense, within the group, both existential distress and existential awareness were part of both the specific "spiritual" exercises, and the process of therapy in general, where reflection on the disease and the opportunity to meet in the group implicated both the need to identify existential distressing themes but also a sense of acceptance and growth (i.e., gratitude, rediscovering the sense of self and the sense of the other). This can have contrasting effects on distress, demoralization, and meaninglessness (Lee and Loiselle, 2012). This was highlighted by the theme of acceptance, as nicely expressed by Seneca's statement brought by one patient, where accepting (in an active stoic way, rather than a passive fatalism) the turmoil of life is also the way to live fully and to grow as a person.

More research should focus on this area, as coming from the meaning and existentially oriented intervention in comparison with the acceptance-oriented intervention (e.g., acceptance and commitment therapy) in cancer care (Zhao et al., 2020).

Limitations

The main limitation of the study is that we did not quantitatively examine the impact of the intervention in terms of existential

distress, spiritual well-being, dignity, quality of life as done in randomized trials of meaning-centered and existential therapies (Vos et al., 2015; Vos and Vitali, 2018; Saracino et al., 2019). We only analyzed the main and superordinate themes emerging from two meaning-centered reflective exercises. Also, the preliminary experience of a short model of intervention involving a small number of patients cannot be generalized, although some issues related to the cultural context are to be considered in their specificity when conducting psychotherapy intervention. Lastly, since meaning is a wide concept having to do with both the subjective "sense of meaning" (e.g., purpose, understanding, responsible action) and the fundamental assumptions people have about life (existential givens) (Lee et al., 2004; Vos, 2015), it would be necessary to explore these aspects in a more careful way. Also, since many different forms of meaning-centered psychotherapies were created (e.g., individual and group meaning-centered psychotherapy, Meaning and Purpose Therapy) (Lethborg et al., 2008, 2012, 2019; Breitbart et al., 2012, 2018), it would be important to compare the different themes emerged in these therapies.

Conclusions

Giving space to the sense of the meaning of the disease within the new territory of the togetherness of the therapy with its own meaning emerged as significant components of an existentially oriented intervention (RET) looking at the several dimensions of the human being (physical, psychological, interpersonal, and spiritual as it is in a person-centered approach) (Grassi et al., 2017a, 2017b; Mezzich and Salloum, 2019). It is suggested that emotional suffering, including existential and spiritual pain, can be reduced if psychological and/or existential intervention takes the meaning of the patient's experience of cancer as a focus (Murata, 2003; Lethborg et al., 2008), and in this, we also considered the impact of cancer according to the meaning of personal experiences. As indicated by other authors (Kissane et al., 1997), the process that focuses on discovering the meaning and on reflecting on the sense of the significance of the event of the disease (and its implications) is a corner-stone factor in psychotherapy. In the Italian experience, the expression of meaning came indirectly out in a different individual intervention (i.e., a modified version of Dignity Therapy, with the use of photographs) conducted in terminally ill cancer patients (Testoni et al., 2020). In that study, the continuity of self and myriad values in the context of family relationships; personal dignity as characterized by the values of personal success, hope, and wisdom; and hope and generativity. In our experience, the reflection of the patients on both the disease and the experience of the group, therefore on the trauma but also on the healing process through the group, have been important to reorient themselves in the complex emotional and existential challenges of loneliness, being strangers in the world, guilt, and death.

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