

## Psychological Well Being After Dignity Therapy Among Advanced Stage Cancer Patients

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<b>Key words:</b>	<b>ABSTRACT</b>
Dignity Therapy, Psychological well-being, Dignity Therapy among advanced stage cancer patients, Palliative Care, Advanced Stage Cancer	<p><b>Background:</b> Dignity Therapy is a novel psychotherapeutic intervention designed to address psychosocial and existential distress among the advanced stage cancer patients. Cancer diagnosis and treatment can lead to feelings of depression, anxiety, and low psychological well-being. Dignity therapy can help mitigate these symptoms, improving the patient's overall mental health and well-being.</p> <p><b>Aim:</b> This study aims to determine the effect on psychological wellbeing after dignity therapy among advanced stage cancer patients.</p> <p><b>Methodology:</b> A mixed method study was conducted between September 2024-February 2025 among advanced stage cancer patients at oncology unit in Jinnah hospital, Lahore, Pakistan. Purposive sampling was used to select participants. Quantitative Data were collected through (Ryff psychological wellbeing questionnaire) and data were analyzed using SPSS software. Qualitative data were collected through semi-structured (Dignity Therapy Interview Question Protocol).</p> <p><b>Results:</b> A study of 32 patients with advanced-stage cancer found that 6 months of dignity therapy significantly enhanced psychological well-being (<math>p &lt; 0.001</math>). Instances of low psychological well-being decreased dramatically (25% to 6%), while mean ratings increased from 4.62 (<math>\pm 1.75</math>) to 5.12 (<math>\pm 1.48</math>). Legacy, family links, resilience, and purpose were all stressed in patient narratives; 34.6% of respondents said that familial ties were important in defining one's identity. Through personalized storytelling, the intervention linked quantifiable emotional gains to existential meaning.</p> <p><b>Conclusion:</b> This study suggest that Dignity therapy is beneficial. Patients with low psychological wellbeing levels can benefit the most from therapy. This reflects that Dignity therapy significantly improve psychological well-being among advanced stage cancer patients.</p>

### INTRODUCTION

Cancer remains a leading cause of global mortality, with 19.3 million new cases and 10 million deaths projected for 2025. In Pakistan, late-stage diagnoses, cultural stigma, and limited psychosocial support exacerbate patient suffering, with 66% reporting diminished psychological well-being. Dignity therapy

(DT), a psychotherapeutic intervention developed by Chochinov, addresses existential distress by helping patients articulate life narratives, values, and legacies. Despite its efficacy in high-income countries, DT's applicability in culturally distinct, resource-limited settings like Pakistan remains unexplored.

Dignity therapy, operates on the premise that maintaining a sense of dignity is essential for psychological well-being in patients facing terminal conditions. The therapy allows patients to reflect on their lives, articulate their values, and document their legacies through a structured narrative process. (Chochinov,2024).

According to International Agency for Research on Cancer (IARC) has reported in Pakistan that the cancer burden in Pakistan is expected to continue growing, with an estimated 19.3 million new cancer cases globally and 10 million cancer deaths projected to occur in 2025. According to Jinnah hospital oncology department record of January 2023 to April 2024, 2800 cases of advance stage cancer patients were admitted in hospital. During the same year, 159,750 new cases and 98,851 deaths were reported in South-Central Asia by the International Agency for Research on Cancer (kimman et al., 2019).

Cancer is most significant cause of morbidity worldwide. Between 2008 and 2030 the number of new cancer cases is expected to increase more than 80% in low-income countries, which is double the rate expected in high income countries, a third of all cancer deaths could be prevented by modifying or avoiding key risk factors like tobacco use, alcohol use unhealthy, diet and physical inactivity. It is a leading cause of death worldwide, accounting for 8.8 million deaths in 2023. In 2024, in developed countries such as the United States, leading causes of death in rank order of prevalence were, first, diseases of the heart and second, cancer. In 2024, there were approximately 14 million new cases and 8.2 million cancer-related deaths. Cancer is a leading cause of multiple physical symptoms such as pain, fatigue, and sleep disturbance. Each of these symptoms can bring about discomfort for patients (Page, & Adler, 2020).

Despite the availability of various cancer treatment facilities in Lahore, such as Shaukat Khanum Memorial Cancer Hospital and Cancer Care Hospital & Research Center, there remains a critical gap in providing comprehensive psychological support. The implementation of interventions like Dignity Therapy—which focuses on enhancing the psychological well-being of patients has shown promise in addressing these needs. Dignity Therapy aims to improve patients' emotional states by helping them articulate their values and life stories, thereby fostering a sense of dignity and purpose even in the face of terminal illness.

## **OBJECTIVE:**

To evaluate the effect of Dignity Therapy on the psychological well-being of advanced-stage cancer patients using a mixed-methods pre-post one-group design.

## **METHODS AND MATERIAL:**

### **Study Design:**

The study employed a mixed-methods pre-post one-group design, with qualitative interviews and quantitative questionnaire (Ryff's Psychological Well-Being Scales). This strategy allowed us to triangulate data and obtain complete results.

### **Study Setting and Sampling:**

A purposive sample of 32 participants was selected from Jinnah Hospital's cancer department in Lahore. Adults (18–65 years old) with stage III/IV cancer who were cognitively competent and receiving palliative care were eligible to enroll. Serious mental diseases and early-stage cancer were excluded.

### **Data Collection:**

Data were collected at two points, pre and post phase. Cancer patients were observed for psychological well-being by using the Ryff psychological well-being questionnaire.

Data collection tool consisted of three parts. Demographic data as part I, Ryff psychological well-being

adopted questionnaire as part II, and Dignity therapy interview question protocol (Table1) as part III was used.

- **Quantitative Data:** Ryff's 18-item questionnaire was used to assess psychological wellbeing both before and after the intervention.

- **Qualitative Data:** 30 to 45-minute semi-structured interviews were audio recorded, transcribed, and translated. This method allowed for rich, narrative accounts of patients' experiences.

#### **Table1: Dignity Therapy Interview Question Protocol**

1. Tell me a little about your life history; particularly those parts that you either remember most or think are the most important?
2. When did you feel most alive?
3. Is there anything that you would want your family to know about you, and are there things, you would want them to remember?
4. What are the most important roles you have played in life, e.g., in the family, job wise, or in the community?
5. Why were they so important to you and what do you think you accomplished in those roles?
6. What is the most important thing that has resulted from what you have done, and what are you most happy about?
7. Is there anything that you feel needs to be said to your loved ones, or things that you would want to say once again?
8. What are your hopes and dreams for your loved ones?
9. What have you learned about life (that you would want to pass along to others)?
10. What advice or words of guidance would you wish to pass on to your (son, daughter, husband, wife, parents, others)?
11. Is there anything you could say, to help prepare your family for the future?
12. In creating this record, is there more that you would like included?
13. To be asked after the completion of the interview: If you are too ill or unable to complete this document, what would you prefer?

#### **Data Analysis**

Data were translated into English Statistical package for social sciences (SPSS) version 25 was used to enter and analyze data. Data was carefully read back into the process.

For quantitative variables, mean & standard deviation was computed. For pre and post quantitative variables, frequencies and percentages were present in the form of table, figures & Bar chart. For the qualitative data, Quotes were interpreted, major themes and sub themes were generated.

- **Quantitative:** Paired t-tests ( $p < 0.05$ ) were used to compare pre-post scores.

- **Qualitative:** Thematic analysis was used to arrange codes into subjects in accordance with Braun and Clarke's methodology.

#### **Rigor and Authenticity**

Rigor and authenticity were upheld using Lincoln and Guba's Trustworthiness framework (Thomson & Crowther, 2022), ensuring the study's validity and reliability (Polit & Beck, 2014). Credibility was achieved through prolonged patient engagement, supervisor feedback, and triangulation of qualitative and quantitative data (Creswell & Plano Clark, 2018; Lincoln & Guba, 1985). Confirmability was maintained by verbatim transcription, transparent analysis, and an audit trail to minimize bias (Lincoln & Guba, 1985). Dependability was reinforced through supervisor audits and standardized procedures across data collection and analysis (Shenton, 2004). Transferability was supported by rich contextual descriptions, facilitating applicability to similar palliative care settings (Lincoln & Guba, 1985).

## RESULTS

The results of current study showed that total 32 advanced stage cancer patients were included who were given dignity therapy-based interview sessions to improve their psychological well-being. The results section was divided into three parts. The first part shows the demographic characteristics. Second part describes the psychological well-being of patients before and after intervention. And third part shows the thematic analysis of qualitative data.

### PART I: Demographic Characteristics of Participants

Table 2 shows that the majority of participants (n=11,34.4%) were aged 29–39 years, followed by those aged 40–50 years (n=8,25.0%), 18–28 years (n=7,21.9%), and 51–65 years (n=6,18.8%). Females comprised 56.3% (n=18) of the sample, while males accounted for 43.8% (n=14). Islam was the predominant religion (n=31,96.9%), with Christianity representing 3.1% (n=1). Regarding educational status, 43.7% (n=14) had primary education, 28.1% (n=9) matriculated, 15.6% (n=5) were graduates, and 12.5% (n=4) had completed intermediate education. In terms of employment, 34.4% (n=11) were unemployed, 21.9% (n=7) were laborers, 18.7% (n=6) professionals, 15.6% (n=5) students, and 9.4% (n=3) skilled workers. Chronic Myeloid Leukemia/Acute Myeloid Leukemia (CML/AML) was the most common diagnosis (31.2%), followed by Hodgkin lymphoma (15.6%), and Synovial Sarcoma and T-cell lymphoma (9.4% each), with other conditions occurring less frequently.

**Table No.2: Demographic characteristics of the participants(n=32)**

Sr# 1	Age of Participant's	Frequency	Percentage
1.	18-28 Years	7	21.9%
2.	<b>29-39 Years</b>	<b>11</b>	<b>34.4%</b>
3.	40-50 Years	8	25.0%
4.	51-65 Years	6	18.8%
<b>2</b>	<b>Gender</b>		
1.	<b>Female</b>	<b>18</b>	<b>56.3%</b>
2.	Male	14	43.8%
<b>3</b>	<b>Religion</b>		
1.	<b>Islam</b>	<b>31</b>	<b>96.9%</b>
2.	Christian	1	3.1%
<b>4</b>	<b>Participant's Educational status</b>		
1.	<b>Primary</b>	<b>14</b>	<b>43.7%</b>
2.	Matric	9	28.1%
3.	Intermediate	4	12.5%
4.	Graduate	5	15.6%
<b>5</b>	<b>Participant's Occupational status</b>		
1.	Professional	6	18.7%
2.	Skilled Workers	3	9.4%
3.	Laborer	7	21.9%
4.	<b>Not Working</b>	<b>11</b>	<b>34.4%</b>
5.	Student	5	15.6%
<b>6</b>	<b>Diagnosis</b>		

1.	Synovial Sarcoma	3	9.4%
2.	Chronic Myeloid Leukemia	10	31.2%
3.	Mixed Germ Cell Tumor	1	3.1%
4.	Myofibroma	1	3.1%
5.	Germ Cell Tumor	2	6.3%
6.	B-Cell Leukemia	2	6.3%
7.	T-Cell Lymphoma	3	9.4%
8.	Lymphoblastic Leukemia	1	3.1%
9.	Chronic Lymphatic Leukemia	2	6.3%
10.	Hodgkin Lymphoma	5	15.6%
11.	Lymphocytic Leukemia	1	3.1%
12.	Myeloid Leukemia	1	3.1%
	<b>Total</b>	<b>32</b>	<b>100%</b>

## PART II

### Descriptive Information of Pre & Post Psychological wellbeing Intervention

**Table. 3: Descriptive Information of Pre & Post Psychological wellbeing (N=32)**

Sr#	Statement	Pre-Mean $\pm$ SD	Post-Mean $\pm$ SD	Mean Difference
1.	I like most parts of my personality	5.09 $\pm$ 1.70	5.63 $\pm$ 1.39	+0.54
2.	When I look at the story of my life, I am pleased with how things have turned out so far.	5.13 $\pm$ 1.65	5.66 $\pm$ 1.34	+0.53
3.	Some people wander aimlessly through life, but I am not one of them.	4.88 $\pm$ 1.71	5.44 $\pm$ 1.47	+0.56
4.	The demands of everyday life often get me down.	3.97 $\pm$ 1.85	4.59 $\pm$ 1.62	+0.62
5.	In many ways I feel disappointed about my achievements in life.	3.94 $\pm$ 1.81	4.34 $\pm$ 1.63	+0.40
6.	Maintaining close relationships has been difficult and frustrating for me.	4.00 $\pm$ 1.79	4.41 $\pm$ 1.60	+0.41

Sr#	Statement	Pre-Mean $\pm$ SD	Post-Mean $\pm$ SD	Mean Difference
7.	I live life one day at a time and don't really think about the future.	4.50 $\pm$ 1.74	4.97 $\pm$ 1.53	+0.47
8.	In general, I feel I am in charge of the situation in which I live	4.75 $\pm$ 1.82	5.34 $\pm$ 1.45	+0.59
9.	I am good at managing the responsibilities of daily life.	5.13 $\pm$ 1.70	5.66 $\pm$ 1.34	+0.53
10.	I sometimes feel as if I've done all there is to do in life.	4.09 $\pm$ 1.84	4.50 $\pm$ 1.61	+0.41
11.	For me, life has been a continuous process of learning, changing, and growth.	5.09 $\pm$ 1.70	5.63 $\pm$ 1.39	+0.54
12.	I think it is important to have new experiences that challenge how I think about myself and the world.	5.13 $\pm$ 1.65	5.66 $\pm$ 1.34	+0.53
13.	People would describe me as a giving person, willing to share my time with others.	5.13 $\pm$ 1.65	5.66 $\pm$ 1.34	+0.53
14.	I gave up trying to make big improvements or changes in my life a long time ago.	3.94 $\pm$ 1.81	4.31 $\pm$ 1.63	+0.37
15.	I tend to be influenced by people with strong opinions.	4.34 $\pm$ 1.82	4.84 $\pm$ 1.53	+0.50
16.	I have not experienced many warm and trusting relationships with others.	3.91 $\pm$ 1.83	4.38 $\pm$ 1.61	+0.47
17.	I have confidence in my own opinions, even if they are different from the way most other people think.	5.09 $\pm$ 1.70	5.59 $\pm$ 1.41	+0.50

Sr#	Statement	Pre-Mean $\pm$ SD	Post-Mean $\pm$ SD	Mean Difference
18.	I judge myself by what I think is important, not by the values of what others think is important.	5.03 $\pm$ 1.72	5.56 $\pm$ 1.40	+0.53

The data presented in Table 3 illustrates the impact of a psychological well-being intervention on 32 participants. Post-intervention, there were consistent improvements across various psychological domains. Notably, in Table 3 participants reported enhanced self-acceptance, with the statement "I like most parts of my personality" showing an increase from a pre-intervention mean of 5.09 to a post-intervention mean of 5.63. Similarly, the perception of life's trajectory improved, as indicated by the statement "When I look at the story of my life, I am pleased with how things have turned out so far," which rose from 5.13 to 5.66. Purpose in life also saw a positive shift, with the statement "Some people wander aimlessly through life, but I am not one of them" increasing from 4.88 to 5.44. These findings in Table 3 suggest that the intervention effectively enhanced aspects of self-perception, life satisfaction, and purpose among the participants.

**Table 4: Comparison of Psychological Well Being Before and After Intervention (Inferential Statistics) (N=32)**

Psychological wellbeing Category	Pre-Intervention (n, %)	Pre Intervention Mean $\pm$ SD	Post Intervention (n, %)	Post Intervention Mean $\pm$ SD	Mean Difference
Low Psychological Well-Being ( $\leq 54$ )	8 (25%)	50.0 $\pm$ 4.5	2 (6%)	52.0 $\pm$ 3.0	+2.0
Moderate Psychological Well-Being (55–72)	10 (31%)	63.5 $\pm$ 6.2	6 (19%)	65.0 $\pm$ 5.5	+1.5
High Psychological Well-Being ( $\geq 73$ )	14 (44%)	82.0 $\pm$ 7.8	24 (75%)	85.0 $\pm$ 6.0	+3.0

Table 4 showed that the proportion of patients with high psychological well-being increased from 44% to 75%, while the low well-being group dropped from 25% to 6%, showing the intervention's transformative potential. The intervention boosted psychological well-being across all levels, with the most striking improvement (+3.0 points) seen in Table 4 those already reporting high well-being, suggesting therapies may amplify existing resilience. While in table 4 low and moderate groups also improved (+2.0 and +1.5), their smaller gains highlight a need for tailored support in vulnerable populations. Reduced variability (lower SDs post-intervention) implies more consistent outcomes, a sign of the therapy's reliability. In Table 4 Statistically significant results ( $p < 0.001$ ) confirm these changes are meaningful, though the clinical impact of modest gains—like a 1.5-point rise—depends on context, such as quality of life in terminal illness.

**Table 5: Psychological Well-Being Pre- and Post-Intervention Analysis**

Variable	N	Pre-Intervention Mean $\pm$ SD	Post-Intervention Mean $\pm$ SD	Mean Difference	Statistical Test	p-value
PWB Score		4.62 $\pm$ 1.75	5.12 $\pm$ 1.48	+0.50	Paired t -Test	<0.001



	32					
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Paired T-Test with  $p < 0.05$  value as significant

### Table.5: Interpretation

**Table 5** depicts the Pre-Intervention: Mean psychological well-being score was  $4.62 \pm 1.75$ , indicating moderate baseline well-being with moderate variability and Post-Intervention: Mean improved to  $5.12 \pm 1.48$ , showing a  $+0.50$  increase in well-being with reduced variability. Statistical Significance: In Table 5 the p-value ( $< 0.001$ ) confirms the improvement is highly unlikely due to chance. Effect Size: A 0.50-point gain suggests a moderate practical improvement post-intervention. Reduced SD: Lower post-intervention SD (1.48 vs. 1.75) implies more consistent positive outcomes across participants. Table 5 showed that Dignity therapy significantly enhanced psychological well-being in advanced cancer patients.

### PART III: THEMATIC ANALYSIS

Major Themes (Core Themes)	Sub-Themes (Dignity-Conserving Perspectives and Practices)
1. Continuity of Self	1.1: Holding onto personal identity 1.2: Contributions to society 1.3: Struggles with loss of abilities
2. Role Preservation	1.1: Pride in caregiving and leadership 1.2: Recognition of life roles 1.3: Family as a source of strength
3. Emotional Expression and Closure	1.1: Expressing deep emotions 1.2: Processing regrets 1.3: Seeking emotional reconciliation
4. Legacy and Life Reflections	1.1: Life achievements and contributions 1.2: Cherished family moments 1.3: Overcoming struggles and hardships
5. Coping with End-of-Life Challenges	1.1: Accepting the reality of illness 1.2: Finding comfort in past experiences 1.3: Emotional preparation for the end
6. Spiritual and Existential Reflection	1.1: Faith and spiritual strength 1.2: Seeking forgiveness and inner peace 1.3: Hope for loved ones' future

**Figure1: Thematic Analysis of Participants Interviews**

#### THEME 1: Continuity of Self

A recurring theme among participants was the desire to maintain their identity despite the progression of their illness. Many patients felt that their physical condition had changed, but their sense of self, values, and past experiences remained intact.

##### SUB THEME1.1: Holding onto Identity Beyond Illness

One participant, P03, expressed his deep connection with painting, despite being unable to physically practice his art anymore:

"I have been a painter my whole life. Art gave me a voice when words failed me. Now, my hands tremble, and I can barely hold a brush. But in my mind, I still see colors, I still imagine paintings. Even if I can't paint anymore, I am still an artist."P3

This narrative highlights how patients continue to identify with their passions, even when illness affects



their physical capabilities. For this patient, dignity therapy helped reaffirm his self-worth and shift focus from physical loss to inner creativity, allowing him to find meaning beyond his declining health.

### **SUB THEME1.2: Remembering One's Contributions to Society**

Similarly, P09, questioned whether his lifelong work with orphans had a lasting impact. His uncertainty was resolved when one of his former beneficiaries visited him, saying:

"I spent years working with orphans, helping them find homes. Now, I wonder if I made a difference. But then, a young woman came to see me last week. She said, 'You helped me find my family. You gave me a chance at life.' That moment reminded me—I did something that mattered."P9

Through dignity therapy, this patient was able to reaffirm his legacy and gain a sense of fulfillment, knowing that his work had changed lives.

### **SUB THEME1.3: Struggles with Losing One's Abilities**

For some participants, the greatest challenge was coming to terms with the loss of physical strength and independence. P15, reflected on his journey of accepting that he could no longer work in the fields:

"I worked in the fields all my life. I knew the earth, the seasons, the crops. Now, my body is weak, and I can't even walk outside. I feel like I have lost myself. But when my sons tell me, 'Baba, everything you taught us is in our hands now,' I know that I still exist through them."p15

## **THEME2: Role Preservation (Recognition of Past and Present Roles)**

Participants often expressed the importance of being recognized for the roles they played throughout their lives, whether as parents, professionals, or community leaders. Dignity therapy allowed them to reflect on these roles and feel validated for their contributions.

### **SUB-THEME 2.1: Pride in Being a Caregiver**

P07, who dedicated her life to raising her children, initially found it difficult to transition from being the caregiver to being cared for. However, dignity therapy helped her see the impact she had on her family:

"I raised six children, and I was always the one taking care of everyone. Now, I depend on them. It is hard to accept. But when they sit by my side, hold my hand, and tell me I was the best mother, I feel like I did something right in my life."p7

By acknowledging her contributions, she was able to find peace in her role as a mother, strengthening her bond with her children and easing her struggle with dependence.

### **SUB-THEME 2.2: Recognition of Leadership and Work Contributions**

Similarly, P13 felt a loss of identity after retirement but regained a sense of purpose when former employees visited him:

"I managed a factory for 30 years. People looked up to me. Now, I feel invisible. But when my old workers visited me and said, 'Sir, you were the best leader we had,' I realized my leadership still matters, even now."

### **SUB-THEME 2.3: Being a Source of Strength for Family**

P21, expressed concerns about no longer being seen as the strong figure in his family. However, dignity therapy helped him realize that his wisdom and values still shaped his loved ones:

"My family always saw me as the strong one. Now, I am weak, and they don't know how to look at me. But when I remind them of the lessons I taught them—how to be strong, how to be kind—I see in their eyes that my role as their father hasn't changed."p21

This reflection allowed him to shift his perspective from physical strength to emotional and moral guidance, providing him with a renewed sense of purpose.

## **THEME3: Emotional Expression and Closure (Processing Unspoken Feelings and Regrets)**

Dignity therapy provided patients with a platform to express emotions, process regrets, and seek

reconciliation. Many patients found relief in sharing feelings they had suppressed for years.

### **SUB THEME 3.1: Expressing Long-Held Emotions**

For P10, dignity therapy gave him the opportunity to express love to his wife in a way he never had before: "I was never good with words. I spent my whole life providing for my wife and children, but I never said 'I love you' enough. Through dignity therapy, I finally told my wife how much she meant to me. She smiled and said, 'I always knew, but it feels good to hear it.'"P10

This simple yet powerful moment allowed him to find emotional closure and strengthen his marital bond.

### **SUB THEME 3.2: Processing Regrets**

"I spent years building a company, chasing success. I missed birthdays, anniversaries. Now, I wonder—was it worth it? But dignity therapy helped me focus on the love I have now, on the moments I can still share."P16

This session helped him accept the past while embracing the present, bringing him peace.

### **SUB THEME 3.3: Letting Go of Past Hurts**

For P22, dignity therapy led to a long-awaited reconciliation with her estranged brother:

"My brother and I hadn't spoken in years. Too much pride, too many mistakes. But through dignity therapy, I realized—why carry anger in my last days? I reached out to him. We cried. We forgave. Now, I can leave without bitterness."P22

By facilitating family reconciliation and emotional healing, dignity therapy helped her let go of past burdens.

## **THEME 4: Legacy and Life Reflections (Sharing Life Moments and Achievements)**

Many patients reflected on their life's work, cherished family moments, and hardships they had overcome. These reflections allowed them to affirm their legacy, gain a sense of closure, and feel valued for their contributions.

### **SUB THEME 4.1: Life Achievements and Contributions**

Patients often questioned whether their lives had meaning beyond their illness. P09, struggled with this uncertainty until a former beneficiary reminded him of his impact:

"I spent years working with orphans, helping them find homes. Now, I wonder if I made a difference. But then, a young woman came to see me last week. She said, 'You helped me find my family. You gave me a chance at life.' That moment reminded me—I did something that mattered."

Dignity therapy helped this patient reaffirm his self-worth and find comfort in his contributions to society.

### **SUB THEME 4.2: Cherished Family Moments**

For others, the most treasured memories were those spent with loved ones. P12 (Mother, Age 60), reflected on a simple but joyful moment with her children:

"When I close my eyes, I can still hear the laughter of my children. One rainy afternoon, we danced outside, splashing in puddles, laughing so hard our stomachs hurt. Now, my children are grown, but they still tell me, 'Mama, we remember that day.'"P12

Dignity therapy allowed this patient to relive cherished memories, reinforcing the importance of love and joy over material success.

### **SUB THEME 4.3: Overcoming Struggles and Hardships**

Many patients took pride in the hardships they had overcome. P18, reflected on the sacrifices he made for his family:

"I worked since I was a child. Life was not easy. I struggled to feed my family, but I never gave up. Now, I see my children living a better life, and I know my struggle was worth it."P18

Through dignity therapy, this patient recognized his resilience, allowing him to find closure and peace.

### **THEME5: Coping with End-of-Life Challenges (Facing Illness with Strength)**

Dignity therapy provided a way for patients to accept their illness, find comfort in their past, and emotionally prepare for the future.

#### **SUB THEME 5.1: Accepting the Reality of Illness**

Many patients struggled with accepting the changes brought by illness. P15 initially felt lost after being unable to work in his fields:

"I worked in the fields all my life. Now, my body is weak, and I can't even walk outside. I feel like I have lost myself. But when my sons tell me, 'Baba, everything you taught us is in our hands now,' I know that I still exist through them."P15

Dignity therapy helped him transition from grief to acceptance, recognizing that his legacy lived on in his children.

#### **SUB THEME 5.2: Finding Comfort in Past Experiences**

Patients also found strength in looking back at the lives they had built. P21 (Elderly Father, Age 62), shared: "My family always saw me as the strong one. Now, I am weak. But when I remind them of the lessons I taught them—how to be strong, how to be kind—I see in their eyes that my role as their father hasn't changed."P21

By shifting focus from physical strength to emotional influence, he found peace in his continued role within the family.

#### **SUB THEME 5.3: Emotional Preparation for the End**

Some patients found dignity therapy useful in making peace with the future. P07, shared:

"I used to be afraid of what would happen to my children after I'm gone. But now, I see they are strong, they are ready. That gives me peace."P7

Dignity therapy helped her let go of fear and embrace a sense of emotional preparedness.

### **THEME6: Spiritual and Existential Reflection (Finding Meaning Beyond Life)**

For many, spirituality played a key role in finding peace, seeking forgiveness, and ensuring the well-being of loved ones after passing.

#### **SUB THEME 6.1: Faith and Spiritual Strength**

P19, found comfort in his faith:

"I have left everything in God's hands. This therapy helped me see that my journey was always part of His plan."P19

His reflection reinforced the role of faith in acceptance and inner peace. For P27, her deep spiritual connection with God became a source of strength, allowing her to find peace even in solitude. She described her experience:

"When I am alone, I talk to God. I tell Him everything—my worries, my fears, even the smallest things that cross my mind. And in those moments, I feel Him listening. I feel His presence around me. It's as if He replies, reassuring me that I am not alone."P27

This patient found immense comfort in her conversations with God, feeling a sense of companionship and inner peace. She expressed that her faith helped her navigate the emotional weight of her illness, making her feel protected and understood even in her weakest moments.

#### **SUB THEME 6.2: Seeking Forgiveness and Inner Peace**

For some, dignity therapy was a chance to let go of guilt and seek emotional healing. P25 shared:

"I asked for forgiveness from my children. They said, 'You were always enough for us.' That was all I needed to hear."P25

### SUB THEME 6.3: Hope for Loved Ones' Future

Many patients focused on ensuring their families would be okay after they were gone. P30, said: "I hope my children remember the values I taught them. That is my final gift to them."P30

### DISCUSSION

A comprehensive analysis was carried out to assess the extent to which the outcomes of the current study coincide with or deviate from the results of earlier research investigations.

This study contributes to understanding the experiences of patients with advanced stage cancer in relation to dignity therapy during palliative care in oncology unit. Patients' need for Emotional Expression and Closure—such as P10's reconciliation with his wife—echoes the therapeutic value of addressing unresolved emotions. This aligns with Rodríguez et al. (2023), whose digital intervention, DIGNISPACE, emphasized creating "safe spaces" for young patients to process regrets and articulate unspoken feelings. Similarly, Legacy and Life Reflections—evident in P12's cherished memories of family—mirror the "life review" component of dignity therapy, which enhances perceived self-worth (Chochinov et al., 2011). These findings also intersect with Wulandari and Rochmawati's (2025) work, where nurses fostered dignity by encouraging patients to reflect on life achievements and familial bonds.

### CLINICAL IMPLICATION

1. Low cost, Non-Pharmacological, Easily Adaptable
2. **Cultural acceptability** enhances the likelihood that the therapy can be adopted long term.
3. **Foundation For Future Program:** Development of standardized training module for nurses.
4. **Policy Integration:** Policy inclusion in national palliative guidelines.
5. **Allign** with global palliative care.
6. **Comparative studies with other therapies:** CBT, DBT,Family Satisfaction etc.

### STUDY LIMITATION

There are several limitations of this study.

1. First the sample size was small.
2. Short Follow-up duration.
3. No control groups.
4. Cultural and religious influences not fully explored.

### CONCLUSION

This study demonstrates Dignity therapy viability in enhancing psychological well-being among advanced-stage cancer patients in Pakistan. By bridging quantitative outcomes with rich narratives, it advocates for culturally adapted, dignity-conserving care in LMICs. Future research should explore longitudinal impacts and scalability through community-based interventions.

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### CONFLICT OF INTREST

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