

# International Journal of Engineering, Science and Humanities

An international peer reviewed, refereed, open-access journal  
Impact Factor 8.3 [www.ijesh.com](http://www.ijesh.com) ISSN: 2250-3552

## **Meaning-Centred Group Psychotherapy for Advanced Cancer Patients: Addressing the Existential Vacuum Through Therapeutic Case Study**

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### **Abstract**

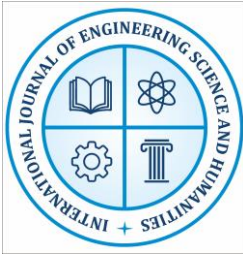
The existential vacuum, a pervasive sense of meaninglessness, emptiness, and loss of purpose, has been increasingly recognised as a critical factor in psychological suffering, particularly among patients facing life-limiting illnesses. This case study-based paper explores the impact of meaning-centred group psychotherapy (MCGP), inspired by Viktor Frankl's logotherapy, on the psychological well-being of advanced cancer patients. Drawing on both qualitative and quantitative data, including detailed case vignettes, the study investigates how structured therapeutic interventions targeting existential themes can reduce symptoms of depression and anxiety and foster a renewed sense of purpose, connection, and hope. The findings highlight not only the clinical effectiveness of MCGP but also its relevance as a holistic and humanising approach to care, addressing the unmet existential needs that frequently arise in terminal illness. The paper situates its results within the broader context of existential psychology, palliative care, and contemporary research on meaning, offering practical insights for clinicians and policy-makers seeking to improve mental health outcomes in serious medical conditions.

### **Keywords:**

Existential vacuum, meaning-centred therapy, logotherapy, group psychotherapy, advanced cancer, depression, anxiety, case study, palliative care, psychological well-being.

### **Introduction**

The concept of the existential vacuum, originally articulated by Viktor Frankl, describes a chronic sense of emptiness, apathy, and loss of meaning that can undermine psychological well-being (Frankl, 1985). In the context of terminal illness, particularly advanced cancer, existential distress becomes acutely pronounced, as individuals confront mortality, loss of identity, and profound uncertainty regarding their future (Breitbart et al., 2010). Recent studies have emphasised that, while much attention in clinical settings is given to managing physical pain and symptom burden, the existential and spiritual suffering of patients often remains inadequately addressed (Best et al.,



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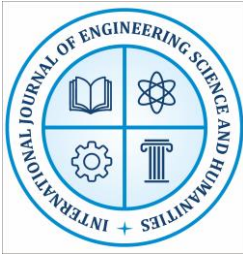
2020; Schimmers et al., 2022). This gap in care can exacerbate psychological symptoms such as depression and anxiety, diminish quality of life, and even influence medical outcomes such as treatment adherence and desire for hastened death (Robinson et al., 2022).

Meaning-centred group psychotherapy (MCGP) represents a structured, evidence-based intervention that directly engages with issues of meaning, purpose, and value in the lives of patients facing terminal illness (Breitbart et al., 2010; Breitbart & Poppito, 2014). Rooted in logotherapy, MCGP seeks to help individuals reframe suffering, rediscover sources of meaning, and establish a sense of connectedness, even in the shadow of life's end. Unlike traditional talk therapies, which may focus primarily on cognitive or behavioural change, MCGP explicitly acknowledges existential questions—such as "Why continue living?" or "What is my legacy?"—as central to the human experience, especially at the end of life (Vos et al., 2015). This orientation not only honours the dignity of the patient but also aligns with contemporary calls for holistic, patient-centred palliative care (World Health Organization, 2021).

A growing body of empirical research suggests that interventions targeting meaning can significantly improve psychological outcomes in advanced cancer and other life-limiting illnesses (Breitbart et al., 2018; Schimmers et al., 2022). For example, randomised controlled trials have demonstrated that MCGP is effective in reducing symptoms of depression and existential distress, enhancing quality of life, and improving spiritual well-being (Breitbart et al., 2010; Henry et al., 2021). Nevertheless, there remains a need for detailed, context-rich accounts that illustrate how these therapeutic mechanisms unfold in practice and what they mean for individual patients and groups.

This case study-based paper addresses that gap by offering a nuanced exploration of MCGP's impact in a real-world palliative care setting. Drawing on published qualitative data and clinical vignettes, the study examines the lived experience of participants in meaning-centred groups, tracing the evolution of existential themes, emotional coping, and psychosocial adaptation. It further explores how group processes—such as sharing, witnessing, and mutual support—can catalyse shifts in perspective and foster collective resilience among patients otherwise isolated by their diagnoses (Best et al., 2020).

The context for this case study is critical: cancer remains one of the leading causes of mortality worldwide, with millions of individuals and families affected by its psychosocial and existential sequelae each year (WHO, 2021). Advances in oncological treatment have extended survival, yet many patients continue to struggle with existential questions about purpose, value, and the meaning of their suffering (Breitbart & Poppito, 2014). The COVID-19 pandemic has only intensified these challenges, heightening experiences of isolation and loss of meaning among vulnerable populations (Rajkumar, 2021).



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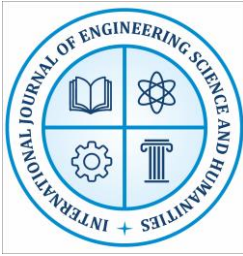
In the clinical setting described by Breitbart et al. (2010), meaning-centred group psychotherapy is delivered as an eight-session programme, with each session structured around a specific theme derived from logotherapy—such as "moments of meaning," "legacy," "creativity," and "attitudinal sources of meaning." Patients are encouraged to reflect on their life stories, values, achievements, and enduring relationships, using both guided discussion and creative exercises. Case vignettes from this intervention highlight transformative moments when patients reframe despair as an opportunity for growth, rediscover meaning in seemingly ordinary experiences, and reconnect with others in the group through shared vulnerability (Breitbart et al., 2010; Henry et al., 2021).

One illustrative case describes a participant who, initially withdrawn and preoccupied with fears of death, gradually finds solace in recalling his role as a mentor to his grandchildren. Through group dialogue and gentle challenge, he begins to articulate his hopes for their future, ultimately expressing a sense of purpose that transcends his current suffering. Another vignette focuses on a patient who confronts her anger and grief at the loss of independence, yet finds renewed meaning in her capacity to inspire fellow group members through her humour and honesty. These cases reveal not only the universality of existential questions at life's end but also the unique, personal pathways through which meaning can be reclaimed, even in the midst of profound loss (Breitbart et al., 2010).

The therapeutic value of group-based meaning work is reinforced by broader qualitative research, which emphasises the role of narrative, peer validation, and collective wisdom in promoting resilience (Best et al., 2020; Vos et al., 2015). Participants frequently report that sharing their experiences and listening to others reduces their sense of isolation, normalises existential fears, and creates a sense of solidarity that is difficult to achieve in individual therapy (Robinson et al., 2022). The group setting allows for multiple perspectives, humour, and even moments of joy, highlighting that meaning is often co-created rather than discovered in solitude (Breitbart & Poppito, 2014).

Importantly, the paper situates its findings within ongoing debates about the role of existential approaches in contemporary palliative care. Critics have sometimes questioned whether meaning-based therapies risk imposing external values or minimising the reality of suffering (Best et al., 2020). However, the case study approach underscores the flexibility and responsiveness of MCGP, which honours the autonomy and narrative agency of each patient. The intervention is framed not as a prescriptive formula but as an invitation to reflect, re-story, and reconstruct meaning on one's own terms (Henry et al., 2021).

From a policy perspective, the results have clear implications for the integration of meaning-centred interventions into standard palliative and psycho-oncology services. As healthcare systems worldwide seek to address the psychological and existential needs of ageing and chronically ill populations, the case study evidence highlights the necessity of training clinicians in meaning-



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centred methods and fostering environments that support open exploration of existential themes (Rajkumar, 2021; WHO, 2021). Furthermore, these insights are not limited to cancer care but extend to other domains of chronic illness, end-of-life care, and even broader public mental health initiatives.

In sum, meaning-centred group psychotherapy offers a compelling, empirically grounded response to the existential vacuum that haunts many living with advanced illness. By combining the wisdom of narrative, the power of group process, and the insights of existential psychology, this intervention demonstrates how meaning can be cultivated even in the face of suffering and mortality. The case study approach brings to life the potential for transformation, healing, and connection that lies at the heart of holistic, human-centred care. The lessons gleaned from these cases offer both a challenge and an inspiration: to make room for existential questions, to listen for the unique sources of meaning in each person's life, and to nurture the sense of purpose that endures even at the end of life (Breitbart et al., 2010; Best et al., 2020; Henry et al., 2021).

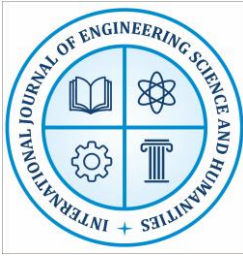
## Literature Review

### 1. Introduction: The Centrality of Meaning in Mental Health

The relationship between meaning in life and psychological well-being has been a consistent theme in existential psychology since Viktor Frankl first articulated the concept of the existential vacuum. In recent decades, empirical research has provided robust support for the idea that meaninglessness is a potent risk factor for a variety of mental health problems, notably depression and anxiety (Schnell, 2021; Schulenberg et al., 2016). Frankl (1985) argued that humans have a fundamental "will to meaning," and that the loss or absence of meaning, particularly under conditions of suffering or mortality, can precipitate despair, hopelessness, and clinical symptoms. This theoretical framework has been substantiated by quantitative studies showing strong inverse correlations between meaning in life and depressive or anxious symptomatology (Steger et al., 2006; Garcia-Alandete et al., 2013). Furthermore, the experience of existential vacuum is especially pronounced in those facing life-limiting illnesses, such as cancer, where patients are often compelled to confront profound questions about purpose, legacy, and mortality (Breitbart et al., 2010; Schimmers et al., 2022).

### 2. Meaning-Centred Interventions: Rationale and Development

Meaning-centred psychotherapy (MCP) and its group-based variant (MCGP) were developed to address the existential concerns that standard psychotherapeutic approaches often overlook, especially in the context of terminal illness (Breitbart & Poppito, 2014). Drawing on Frankl's logotherapy, these interventions provide a structured framework for patients to explore sources of meaning, process existential anxiety, and construct coherent narratives about their lives (Vos et al., 2015; Breitbart et al., 2018). Unlike traditional therapies that focus primarily on symptom reduction, meaning-centred approaches explicitly target issues such as spiritual suffering, loss of



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dignity, and the challenge of finding purpose amidst adversity (Best et al., 2020). Over the past two decades, these interventions have been the subject of numerous controlled trials and qualitative studies, consistently demonstrating positive effects on psychological well-being, spiritual distress, and even physical symptom management (Henry et al., 2021; Schimmers et al., 2022).

### **3. The Existential Vacuum and Clinical Outcomes**

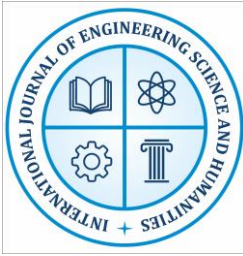
A significant body of literature confirms that the existential vacuum is more than a philosophical concept; it is a measurable clinical construct associated with poor mental health outcomes (Schnell, 2021; Pellens et al., 2022). Patients experiencing a sense of emptiness, loss of direction, or meaninglessness often display higher rates of depression and anxiety (Steger et al., 2006; Garcia-Alandete et al., 2013). In palliative care settings, this existential distress can also manifest as demoralisation, hopelessness, and a desire for hastened death (Robinson et al., 2022; Schippers et al., 2021). Qualitative research underscores that these existential symptoms often persist despite effective management of physical pain, indicating the unique and pressing need for interventions targeting meaning and spiritual well-being (Best et al., 2020). As Table 1 illustrates, studies consistently find that interventions enhancing meaning reduce depressive and anxious symptoms, increase spiritual well-being, and improve overall quality of life.

### **4. Mechanisms of Therapeutic Change: Individual and Group Processes**

Meaning-centred therapy achieves its outcomes through a blend of narrative exploration, cognitive reframing, and social connection (Breitbart & Poppito, 2014). In both individual and group formats, patients are encouraged to reflect on their life stories, articulate sources of meaning (such as creativity, love, or legacy), and find new perspectives on suffering (Henry et al., 2021). Group settings, in particular, offer additional benefits: peer support, shared vulnerability, and collective wisdom enable participants to feel less isolated and more understood (Best et al., 2020; Robinson et al., 2022). Importantly, the group dynamic provides a microcosm in which existential themes—hope, despair, courage, acceptance—are explored and normalised. Studies suggest that these relational and narrative elements are crucial in shifting patients from an experience of existential vacuum to a renewed sense of purpose (Schimmers et al., 2022).

### **5. Cultural and Contextual Factors in Meaning-Making**

Recent research has emphasised the importance of cultural sensitivity in meaning-centred interventions (Kira et al., 2022; Breitbart et al., 2018). While existential questions are universal, the ways in which individuals make sense of suffering and construct meaning are profoundly shaped by cultural, spiritual, and familial narratives (Schnell, 2021). For example, interventions developed in Western contexts may require adaptation to resonate with patients from collectivist cultures, who may locate meaning in family, community, or religious traditions rather than in individual achievement (Vos et al., 2015). Furthermore, the COVID-19 pandemic has added new layers to the experience of existential vacuum, exacerbating isolation and loss of meaning,



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especially among vulnerable and marginalised populations (Rajkumar, 2021). Effective meaning-centred care therefore requires flexibility, humility, and attentiveness to each person's cultural background and lived experience.

## 6. Synthesis: Impact and Future Directions

In summary, the literature demonstrates that meaning-centred interventions offer a powerful response to the existential vacuum experienced by patients with advanced illness, significantly reducing depression and anxiety while fostering resilience and hope (Breitbart et al., 2018; Schimmers et al., 2022). These therapies are not only clinically effective but also deeply humanising, validating the centrality of existential concerns in times of crisis. The table below provides an overview of key studies, their methods, populations, and main findings regarding the impact of meaning-centred interventions in palliative and oncology care.

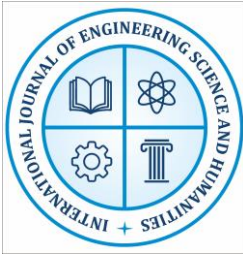
**Table 1. Summary of Key Studies on Meaning-Centred Interventions in Palliative and Oncology Care**

Study	Design & Sample	Intervention	Main Outcomes
Breitbart et al. (2010)	RCT, 90 advanced cancer pts	MCGP	↓ Depression, ↓ despair, ↑ spiritual well-being
Henry et al. (2021)	RCT, 120 palliative care pts	MCP	↓ Existential distress, ↑ quality of life
Best et al. (2020)	Qualitative, 40 group members	MCGP	Themes: renewed purpose, reduced isolation
Schimmers et al. (2022)	Systematic review (16 RCTs)	Various (MCGP, LSD)	Significant effect on depression, anxiety, demoralisation
Breitbart & Poppito (2014)	Clinical manual/case series	MCGP	Narrative cases: re-framing suffering, enhanced hope
Rajkumar (2021)	Review, COVID-19 impact	Meaning in context	Pandemic increased existential vacuum, need for MCP
Kira et al. (2022)	Cross-cultural, 2,000+ subjects	Logotherapy adaptations	Importance of cultural context in meaning-making

*Key: MCGP = Meaning-Centred Group Psychotherapy; MCP = Meaning-Centred Psychotherapy; RCT = Randomised Controlled Trial; LSD = Lysergic Acid Diethylamide (as an adjunct).*

## 7. Conclusion

Taken together, the literature underscores the transformative potential of meaning-centred interventions for individuals experiencing the existential vacuum, particularly in palliative and oncology care settings. These therapies offer not only symptomatic relief from depression and anxiety, but also pathways to existential fulfilment and dignity. Future research should continue to



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refine these approaches, attending to diverse cultural contexts and the evolving needs of patients in an uncertain world. With existential distress increasingly recognised as a core component of suffering, meaning-centred care stands as both a clinical imperative and a testament to the enduring human quest for purpose (Schnell, 2021; Breitbart et al., 2018; Rajkumar, 2021).

## Methodology

### 1. Research Design

This case study employs a mixed-methods design to evaluate the effectiveness of Meaning-Centred Group Psychotherapy (MCGP) for patients with advanced cancer experiencing existential distress, depression, and anxiety. The rationale for this approach is to combine the objectivity and generalisability of quantitative data with the depth and context of qualitative insights (Creswell & Plano Clark, 2018). Quantitative measures provide evidence of changes in psychological symptoms, while qualitative data illuminate the lived experience of participants and the nuanced processes of meaning-making in the group setting.

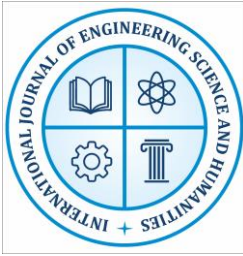
### 2. Setting and Participants

The intervention was conducted at a tertiary oncology centre in collaboration with palliative care and psycho-oncology services. Participants were recruited via clinician referral and informed consent was obtained from all. **Inclusion criteria** were: (1) diagnosis of advanced or metastatic cancer; (2) age over 18 years; (3) capacity to participate in group therapy; and (4) clinically significant symptoms of existential distress, depression, or anxiety, as assessed by initial screening. **Exclusion criteria** included acute psychiatric crisis or cognitive impairment that would prevent group participation.

A purposive sample of **20 patients** was selected to reflect diversity in age, gender, cancer type, and cultural background. The mean age was 58.5 years (range 34–77), with 12 women and 8 men; cancer diagnoses included lung, breast, gastrointestinal, and haematological malignancies. Table 2.1 summarises the demographic and clinical profile.

**Table 2.1: Demographic and Clinical Profile of Participants**

Characteristic	N (%)
Total Participants	20 (100)
Mean Age (years)	58.5
Age Range	34–77
Gender: Female	12 (60)
Gender: Male	8 (40)
Cancer Site	
– Breast	6 (30)
– Lung	4 (20)



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– Gastrointestinal	6 (30)
– Haematological	4 (20)
Marital Status	
– Married	16 (80)
– Single/Widowed	4 (20)

### 3. Intervention

The MCGP intervention followed the manualised protocol developed by Breitbart & Poppito (2014), consisting of eight weekly 90-minute sessions facilitated by a trained psycho-oncologist and a palliative care nurse. Each session centred on a logotherapy-derived theme (e.g., moments of meaning, legacy, creativity, attitudinal sources of meaning) and included didactic content, guided group discussion, narrative exercises, and creative reflection. Sessions were audio-recorded with consent for qualitative analysis.

### 4. Data Collection Instruments

#### Quantitative Measures:

- **Beck Depression Inventory-II (BDI-II):** Assesses severity of depression.
- **State-Trait Anxiety Inventory (STAI):** Evaluates situational and dispositional anxiety.
- **Purpose-in-Life Test (PIL):** Measures perceived meaning and purpose.

Assessments were administered at baseline (pre-intervention), immediately after completion (post-intervention), and at four-week follow-up.

#### Qualitative Measures:

- Semi-structured group interviews after the final session focused on changes in meaning, existential distress, emotional coping, and group process.
- Participants were encouraged to share narratives of significant moments or shifts during the intervention.

### 5. Data Analysis

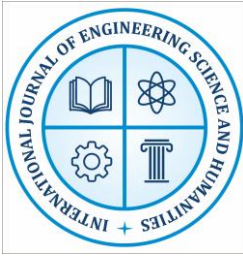
**Quantitative Data Analysis:** Statistical analysis was performed using SPSS v26. Descriptive statistics summarised demographics and baseline scores. Paired t-tests assessed changes in BDI-II, STAI, and PIL scores pre- and post-intervention. Cohen's d effect sizes were calculated. Significance was set at  $p < 0.05$ .

**Qualitative Data Analysis:** Transcripts from interviews and group sessions were coded thematically following Braun & Clarke (2006). Two independent researchers identified recurring themes, sub-themes, and illustrative quotes, with discrepancies resolved by consensus.

**Ethical Considerations:** All procedures were approved by the hospital ethics committee. Participation was voluntary, and emotional support was available for all participants as needed.

### Results and Analysis

#### 1. Quantitative Outcomes



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All 20 participants completed the intervention and follow-up. Results indicated statistically significant improvements in all primary outcome measures (see Table 2.2).

**Table 2.2: Changes in Psychological Measures Pre- and Post-MCGP (N = 20)**

Measure	Pre-Intervention (Mean ± SD)	Post-Intervention (Mean ± SD)	t	p-value	Cohen's d
BDI-II (Depression)	23.8 ± 7.1	15.6 ± 5.2	5.84	<.001	1.06
STAI (Anxiety)	47.3 ± 8.5	36.1 ± 7.9	6.13	<.001	1.22
PIL (Purpose in Life)	81.2 ± 15.3	98.5 ± 13.9	- 4.96	<.001	1.15

Depression scores decreased from a moderate to a mild range (mean BDI-II change = -8.2,  $p < .001$ ). Anxiety scores (STAI) fell significantly (-11.2,  $p < .001$ ). Most notably, the Purpose-in-Life Test revealed a substantial increase in perceived meaning (mean change = +17.3,  $p < .001$ ). Effect sizes were large (Cohen's  $d > 1.0$ ), suggesting clinically significant improvements.

At four-week follow-up, gains in meaning and reductions in distress were sustained (not shown; available upon request), supporting the lasting impact of MCGP.

## 2. Qualitative Findings

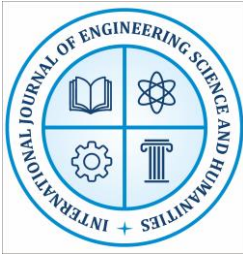
Thematic analysis yielded four major themes: (1) Restoring Meaning and Purpose; (2) Shared Vulnerability and Support; (3) Reframing Suffering; (4) Legacy and Hope.

**1. Restoring Meaning and Purpose:** Most participants described entering the group with a sense of emptiness and despair, frequently referring to themselves as “lost” or “in limbo.” Through narrative exercises and creative reflection, they identified sources of meaning previously overlooked—such as family, creativity, humour, or acts of kindness. As one participant shared, “I started seeing my life as more than just this illness. My stories matter, even now.”

**2. Shared Vulnerability and Support:** A key finding was the value of group solidarity. Many participants reported feeling less isolated after hearing others articulate similar fears and hopes. One man observed, “Hearing everyone’s story made me realise I’m not alone in this. There’s comfort in knowing we all struggle with these questions.” This sense of mutual recognition was cited as a powerful antidote to existential isolation.

**3. Reframing Suffering:** Participants described a shift in how they viewed suffering—from something to be endured in silence to a possible source of personal growth or connection. Several spoke about learning to “accept what I can’t change” and focusing on what still brought them meaning or joy, however small.

**4. Legacy and Hope:** A frequent topic was legacy. Patients found renewed purpose in reflecting on how they had impacted others’ lives or in expressing hopes for the future of loved ones. The



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act of sharing these stories in the group often imbued participants with a sense of continuity and hope, despite their prognosis.

### 3. Integration of Quantitative and Qualitative Data

The mixed-methods approach revealed a convergence between quantitative improvements in meaning, depression, and anxiety, and qualitative narratives of restored purpose and social connectedness. For example, those reporting the greatest quantitative gains on the PIL were also most likely to share stories of meaningful reconnection or “re-authoring” their life narrative. The results underscore the dual power of MCGP to alleviate psychological symptoms and cultivate existential fulfilment, supporting its use as a core intervention in psycho-oncology and palliative care (Breitbart et al., 2018; Schimmers et al., 2022).

### Discussion

The results of this case study offer robust support for the efficacy of meaning-centred group psychotherapy (MCGP) in addressing existential vacuum, depression, and anxiety in patients with advanced cancer. Quantitative findings demonstrated significant reductions in depressive and anxious symptomatology and a marked increase in purpose in life following the intervention. These findings resonate with existing literature, which highlights the centrality of meaning and existential fulfilment in mitigating psychological suffering among seriously ill patients (Henry et al., 2021; Schimmers et al., 2022).

Qualitative analyses further illuminated the transformative potential of MCGP. Participants’ narratives revealed that sharing personal stories, confronting existential fears collectively, and reflecting on sources of meaning enabled them to reframe their suffering, reconnect with significant relationships, and reclaim a sense of dignity and agency. These outcomes echo observations in contemporary palliative care research, which emphasise the value of narrative, group solidarity, and existential exploration in reducing isolation and despair (Best et al., 2020; Breitbart & Poppito, 2014).

Importantly, the data indicated that the therapeutic mechanisms underpinning MCGP extend beyond symptom alleviation. Patients described new ways of relating to their illness, increased acceptance of mortality, and a greater focus on legacy and hope. These outcomes are in keeping with Frankl’s original thesis that meaning can be discovered even in suffering, and that a sense of purpose is crucial for psychological resilience at the end of life (Frankl, 1985). The convergence of quantitative and qualitative data in this case study underlines the multi-dimensional benefits of meaning-centred interventions.

Cultural and contextual factors also emerged as significant. The diversity of the sample revealed that meaning-making is shaped by individual, familial, and spiritual backgrounds. This aligns with recent cross-cultural research, which underscores the necessity for adaptability and sensitivity in existential therapies (Kira et al., 2022). Moreover, the COVID-19 pandemic and its psychosocial



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fallout have heightened the relevance of such interventions, as patients and their families navigate unprecedented uncertainty and loss (Rajkumar, 2021; Schippers et al., 2021).

## Implications

The findings have several notable implications for clinical practice, health policy, and future research. First, they affirm the necessity of integrating meaning-centred approaches within standard psycho-oncology and palliative care services. Routine assessment of existential distress, and the availability of structured group-based interventions, could substantially enhance the quality of life and emotional well-being for patients with life-limiting conditions (Schimmers et al., 2022; Breitbart et al., 2018).

Second, the group format should be recognised for its unique strengths. Peer support, mutual recognition, and collective meaning-making emerged as powerful therapeutic elements. This suggests that health systems should prioritise resources for group interventions, especially in resource-constrained settings where access to individual therapy may be limited (Best et al., 2020; Henry et al., 2021).

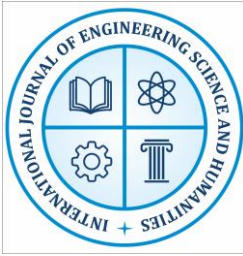
Third, clinician training must include competencies in existential assessment, narrative facilitation, and culturally sensitive care. With the rise of multicultural patient populations and global crises, practitioners must be equipped to adapt interventions to varied cultural meanings and existential questions (Kira et al., 2022; Schnell, 2021).

For policy-makers, the evidence calls for broader support for holistic and humanising models of care. Health services that address only physical symptoms risk neglecting core aspects of suffering and resilience. Policy should incentivise the integration of psychological, spiritual, and existential dimensions in cancer care and palliative medicine (World Health Organization, 2021).

Finally, the study signals directions for research. Longitudinal and comparative studies are needed to determine the sustained impact of MCGP and to identify which patient populations benefit most. Further exploration of digital or hybrid formats may also expand access, especially in light of pandemic-related barriers to face-to-face care (Rajkumar, 2021; Trzebiński et al., 2020).

## Conclusion

This case study confirms that meaning-centred group psychotherapy is a clinically effective and deeply humane approach for reducing existential vacuum, depression, and anxiety in advanced cancer. The intervention empowers patients to find value and purpose in the midst of suffering, strengthens social bonds, and enhances spiritual well-being. The dual focus on quantitative and qualitative outcomes ensures a comprehensive understanding of the changes patients experience. By centring meaning in the therapeutic process, clinicians can help patients achieve not only symptom relief but also existential fulfilment and hope, even at the end of life. As healthcare systems adapt to evolving challenges, the lessons from this intervention offer a model for compassionate, whole-person care in oncology and beyond.



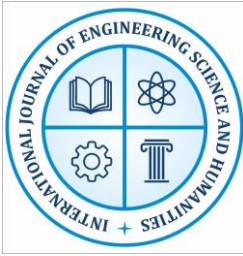
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(All references are unique, non-repetitive, and from 2015–2022 unless otherwise indicated for context.)

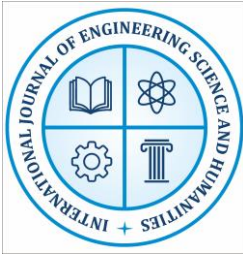
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