

Research Paper

## Individual Meaning-Centered Psychotherapy in Indian Cancer Care: A Narrative Review on Pain Management During Chemotherapy

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### ABSTRACT

Cancer is associated with substantial physical and psychological morbidity, particularly among patients undergoing chemotherapy. Although advances in cancer treatment have improved survival rates, chemotherapy-related pain, fatigue, emotional distress, anxiety, depression, and existential suffering continue to negatively affect quality of life. Contemporary psycho-oncology literature recognizes that cancer pain is multidimensional and influenced not only by biological factors but also by emotional, social, and existential distress. In India, limited psycho-oncology services, inadequate palliative care access, delayed diagnosis, financial burden, and stigma associated with mental healthcare often intensify patient suffering. Individual Meaning-Centered Psychotherapy (IMCP), developed by William Breitbart and grounded in Viktor Frankl's logotherapy, is an evidence-based existential intervention designed to help patients sustain meaning, dignity, hope, and psychological resilience despite life-threatening illness. Research indicates that meaning-centered interventions may reduce hopelessness, existential distress, depression, and desire for hastened death while improving spiritual well-being and quality of life among cancer patients. This narrative review examines the role of IMCP in the management of chemotherapy-related pain and psychological distress among Indian cancer patients. The review further discusses the relevance of existential approaches within the Indian sociocultural context, including spirituality, family systems, meaning-making, and acceptance of suffering. The paper highlights the need for integrating culturally sensitive psycho-oncology interventions within Indian oncology and palliative care services.

**Keywords:** *Meaning-Centered Psychotherapy, Psycho-Oncology, Cancer Pain, Chemotherapy, Existential Distress, India, Palliative Care*

Cancer remains one of the leading causes of morbidity and mortality worldwide and contributes substantially to global healthcare burden (World Health Organization [WHO], 2024). Advances in medical treatment have improved cancer survival rates; however, the psychological and existential burden associated with cancer diagnosis and treatment remains considerable. Chemotherapy, although essential for disease management,

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is frequently associated with chronic pain, fatigue, emotional distress, nausea, sleep disturbances, fear of recurrence, and reduced quality of life (Paice et al., 2016).

Pain experienced during chemotherapy extends beyond physical discomfort and often includes psychological, social, and existential suffering. Research suggests that cancer-related pain is strongly influenced by emotional states such as anxiety, hopelessness, fear, uncertainty, and depression (Cherny & Fallon, 2017). Patients undergoing chemotherapy frequently confront concerns related to mortality, identity, loss of independence, altered body image, and disruption of future goals. These experiences may intensify emotional distress and reduce psychological resilience.

In India, the burden of cancer-related suffering is further complicated by delayed diagnosis, inadequate palliative care access, financial constraints, limited psycho-oncology infrastructure, and social stigma associated with mental healthcare (Kumar, 2013). Many patients continue to experience undertreated pain and limited psychosocial support during treatment. Furthermore, emotional suffering among cancer patients is often underestimated within biomedical models of care.

Contemporary psycho-oncology emphasizes the importance of addressing existential distress and meaning-making among individuals with life-threatening illnesses. Existential concerns such as fear of death, hopelessness, disrupted identity, and loss of meaning are commonly reported among patients undergoing aggressive cancer treatment (Vehling & Mehnert, 2014). These concerns may intensify perceptions of pain and contribute to psychological morbidity.

Individual Meaning-Centered Psychotherapy (IMCP), developed by William Breitbart and colleagues, is an existentially oriented psychotherapeutic intervention derived from Viktor Frankl's logotherapy principles (Breitbart et al., 2018). The intervention aims to help patients sustain a sense of meaning, dignity, purpose, and connectedness despite illness-related suffering. Unlike symptom-focused approaches alone, IMCP addresses existential dimensions of distress and promotes meaning-making through reflection on relationships, values, spirituality, creativity, identity, and personal legacy.

The present review examines the relevance of IMCP in the management of chemotherapy-related pain and psychological distress among Indian cancer patients. The review also discusses the cultural relevance of existential approaches in Indian psycho-oncology and highlights the need for integrating meaning-centered interventions into oncology and palliative care settings.

### ***Pain During Chemotherapy: A Multidimensional Experience***

Pain is among the most prevalent and distressing symptoms experienced by individuals undergoing cancer treatment. Chemotherapy-related pain may result from tumor progression, inflammation, tissue injury, mucositis, neuropathy, and adverse treatment effects (Bennett et al., 2019). Studies indicate that more than half of patients receiving active cancer treatment experience clinically significant pain, while patients with advanced cancer often report moderate to severe pain intensity (van den Beuken-van Everdingen et al., 2016). In the Indian context, cancer-related pain frequently remains undertreated due to delayed healthcare access, limited palliative care services, inadequate opioid availability, and

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socioeconomic disparities (Rajagopal & Joranson, 2007). Financial burden, travel-related stress, and prolonged hospitalization may further intensify patient suffering.

Pain experienced during chemotherapy is closely associated with emotional distress. Patients commonly report anxiety regarding future treatment cycles, fear of disease progression, uncertainty regarding prognosis, and reduced confidence in recovery. Emotional distress may heighten pain sensitivity and worsen functional impairment (Garland et al., 2013). Similarly, chronic pain may contribute to depression, hopelessness, social withdrawal, irritability, and sleep disturbances.

Cancer-related fatigue is another highly prevalent concern during chemotherapy. Bower (2014) reported that fatigue significantly affects physical functioning, emotional well-being, and social participation among cancer patients. Persistent fatigue combined with chronic pain may reduce treatment adherence and negatively influence overall quality of life.

The concept of “total pain,” originally introduced in palliative care literature, highlights the multidimensional nature of suffering by emphasizing physical, emotional, social, and spiritual distress simultaneously. Consequently, effective pain management requires comprehensive psychosocial and existential approaches in addition to pharmacological treatment.

### ***Psychological and Existential Dimensions of Cancer Pain***

Psychological and existential factors play a substantial role in shaping the experience of pain among cancer patients. Emotional states such as fear, anxiety, sadness, hopelessness, and uncertainty may amplify perceptions of physical pain, whereas resilience, emotional support, and adaptive coping may reduce distress (Cherny & Fallon, 2017).

Cancer patients often experience existential concerns associated with mortality, loss of control, altered identity, disrupted relationships, and uncertainty regarding the future. These concerns may become particularly prominent during chemotherapy and advanced illness stages. Vehling and Mehnert (2014) reported that existential distress among cancer patients is significantly associated with depression, reduced quality of life, hopelessness, and psychological morbidity.

Patients may struggle to maintain meaning, dignity, and continuity of self while navigating illness-related suffering. Existential distress can influence emotional adjustment, coping behaviors, treatment adherence, and interpersonal functioning. In some cases, unresolved existential suffering may contribute to despair and desire for hastened death.

Psycho-oncology literature increasingly recognizes that psychological interventions should address existential concerns rather than focusing exclusively on symptom reduction. Meaning-making, spiritual coping, social connectedness, and emotional acceptance are therefore important therapeutic targets in oncology care.

### ***Conventional Approaches to Cancer Pain Management***

Conventional cancer pain management primarily relies on pharmacological interventions including opioids, non-opioid analgesics, anti-inflammatory medications, and adjuvant therapies. The WHO analgesic ladder remains an important framework for the treatment of cancer-related pain. However, barriers such as restricted opioid availability, inadequate

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professional training, fear of addiction, and regulatory limitations continue to interfere with adequate pain relief in many low- and middle-income countries, including India (Rajagopal & Joranson, 2007).

Psychological interventions such as cognitive-behavioral therapy, relaxation training, supportive counseling, mindfulness-based interventions, and stress management approaches have demonstrated effectiveness in improving emotional coping among cancer patients. Nevertheless, many interventions primarily focus on reducing psychological symptoms and may inadequately address deeper existential concerns related to suffering, mortality, meaning, and identity (Vehling & Mehnert, 2014).

This limitation has contributed to increasing interest in existentially oriented psycho-oncology interventions such as Meaning-Centered Psychotherapy.

### ***Individual Meaning-Centered Psychotherapy (IMCP)***

Individual Meaning-Centered Psychotherapy is an existential psychotherapeutic intervention specifically designed for patients with advanced cancer. Developed by William Breitbart and colleagues, IMCP is grounded in Viktor Frankl's logotherapy, which proposes that the search for meaning is a central human motivation even in the context of suffering (Frankl, 2006).

IMCP aims to help patients sustain meaning, purpose, dignity, and psychological connectedness despite illness-related disruptions. Rather than focusing exclusively on symptom reduction, the intervention encourages individuals to explore sources of meaning within relationships, spirituality, creativity, identity, values, achievements, and personal legacy (Breitbart et al., 2018).

The therapy typically involves structured sessions addressing themes such as life history, identity before and after illness, meaning derived from relationships, attitudes toward suffering, hope, mortality, and legacy. Therapeutic techniques may include reflective dialogue, storytelling, life review, journaling, and exploration of personal values and life goals.

Research in psycho-oncology suggests that meaning-centered interventions may reduce existential distress, hopelessness, depression, spiritual suffering, and desire for hastened death among cancer patients (Applebaum et al., 2015). Patients participating in meaning-centered psychotherapy often report improved emotional resilience, greater psychological acceptance, and enhanced quality of life.

### ***Role of IMCP in Pain Management During Chemotherapy***

The therapeutic impact of IMCP on pain management is primarily mediated through psychological and existential mechanisms. Emotional suffering, hopelessness, fear, and demoralization significantly influence subjective experiences of pain. Meaning-centered interventions may reduce emotional distress and alter maladaptive interpretations of suffering.

Through meaning-making processes, patients may reinterpret pain within broader narratives of resilience, spirituality, interpersonal relationships, and personal growth. Such cognitive

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and existential reframing may reduce catastrophizing, emotional helplessness, and despair associated with chronic illness (Breitbart et al., 2018).

IMCP may also enhance emotional resilience by encouraging patients to maintain meaningful engagement despite physical limitations. Reconnection with valued relationships, spiritual beliefs, creativity, and personal identity may improve emotional adjustment and reduce perceived suffering.

Studies examining meaning-centered interventions have demonstrated improvements in spiritual well-being, psychological functioning, quality of life, and existential coping among patients with advanced cancer (Applebaum et al., 2015; Breitbart et al., 2018). These findings support the integration of existentially oriented psychotherapy within comprehensive oncology care.

### ***Relevance of IMCP in the Indian Context***

Meaning-centered psychotherapy may be particularly relevant within the Indian sociocultural context due to the importance of spirituality, interconnectedness, family relationships, acceptance of suffering, and existential philosophy in Indian traditions (Kakar, 2012).

Many Indian patients draw emotional strength from religious beliefs, spiritual practices, family systems, and culturally grounded understandings of suffering and resilience. These perspectives may align with existential themes explored within IMCP, including meaning-making, dignity, connectedness, and transcendence.

Family systems play an especially important role in Indian cancer care. Family members frequently provide emotional, financial, and practical support during treatment. Integrating family-centered themes into psychotherapy may therefore improve emotional engagement and therapeutic relevance.

Despite its potential benefits, psycho-oncology services in India remain limited due to stigma surrounding mental healthcare, shortage of trained psycho-oncologists, inadequate palliative care infrastructure, and limited awareness regarding existential interventions (Kumar, 2013). Expanding access to culturally sensitive psychosocial care remains an important priority within Indian oncology services.

### ***Clinical Implications***

The findings of this review highlight the importance of integrating psychosocial and existential interventions within oncology and palliative care settings. Cancer pain management should move beyond purely biomedical approaches and address emotional, existential, social, and spiritual dimensions of suffering.

Routine psychological screening for anxiety, depression, hopelessness, existential distress, and coping difficulties should become a standard component of oncology care. Psycho-oncology interventions such as IMCP may improve emotional resilience, treatment adherence, psychological functioning, and quality of life among patients undergoing chemotherapy.

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Healthcare professionals working in oncology settings may benefit from training in communication skills, emotional support strategies, and culturally sensitive psycho-oncology care. Integration of psychologists, psychiatrists, palliative care specialists, and counselors within multidisciplinary oncology teams may improve holistic patient care.

### ***Limitations of the Review***

This narrative review has certain limitations. The review relied primarily on English-language literature and narrative synthesis rather than systematic review methodology. Limited Indian empirical research specifically examining IMCP within oncology settings restricted broader generalization. Some available regional literature and unpublished studies may not have been included. Nevertheless, the review provides clinically relevant insights regarding existential distress, chemotherapy-related pain, and meaning-centered psychotherapy within Indian cancer care.

## **NARRATIVE REVIEW METHODOLOGY**

This narrative review was conducted to examine the role of Individual Meaning-Centered Psychotherapy (IMCP) in managing psychological and existential distress associated with chemotherapy-related pain among cancer patients in India. Relevant literature published between 2006 and 2025 was reviewed using electronic databases including PubMed, Google Scholar, Scopus, PsycINFO, and ResearchGate. Search terms included “meaning-centered psychotherapy,” “psycho-oncology,” “cancer pain,” “existential distress,” “chemotherapy and psychological distress,” “palliative care in India,” and “meaning-making in cancer patients.” Peer-reviewed journal articles, systematic reviews, psycho-oncology literature, palliative care studies, and WHO reports published in English were included. Studies addressing existential distress, psychological interventions, chemotherapy-related pain, psycho-oncology care, and culturally relevant approaches in oncology settings were narratively synthesized.

## **CONCLUSION**

Chemotherapy-related pain is a multidimensional experience involving physical discomfort, emotional suffering, existential distress, and social disruption. Conventional pharmacological approaches remain important but may not adequately address the psychological and existential dimensions of cancer-related suffering.

Individual Meaning-Centered Psychotherapy represents a promising psycho-oncology intervention that may help patients sustain meaning, dignity, resilience, and emotional connectedness despite illness-related adversity. Through meaning-making and existential reflection, IMCP may reduce hopelessness, emotional distress, and subjective suffering associated with chemotherapy.

The Indian cultural context, with its emphasis on spirituality, family interconnectedness, and existential understanding of suffering, provides a meaningful framework for integrating IMCP into oncology and palliative care settings. Future research should explore culturally adapted meaning-centered interventions and evaluate their effectiveness among diverse Indian cancer populations.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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