Tabel met studiekarakteristieken - Begeleiding

Studiekarakteristieken RCT's en gecontroleerde studies

Eerste auteur jaartal	Inhoud					
	Studiedesign	**Setting, land**	**Populatie**	**Interventie**	**Controle**	**Resultaten**
Lim, 2021[1]	RCT	Ziekenhuis, Maleisië	n=60, palliatieve patiënten.	Eenmalige 5-min 'mindfulness of love'.	5 min ondersteunend luisteren.	Lijden ↓ (−2,9 vs −0,8; p<0,001), FACIT-Sp12 ↑ (+2,9 vs +0,5; p<0,001), alleen direct post-interventie.
Yik, 2021[2]	RCT	Ziekenhuis, Maleisië	n=40, palliatieve patiënten.	Eenmalige 5-min 'mindfulness of peace'.	5 min luisteren.	Lijden ↓ (mediaan −3,0 vs −1,0; p=0,001), FACIT-Sp ↑ (mediaan +5 vs +1; p=0,004), alleen direct effect.
Tan, 2022[3]	Single-blind RCT	Ziekenhuis, Maleisië	n=73, gevorderde kanker.	1 sessie ondersteunende therapie gebaseerd op mindfulness.	Standaardzorg.	Lijden ↓ (−2,0 vs −1,0; p=0,008); HADS ↓ (−4 vs −3; p=0,046); FACIT-Sp ↑ (+14,5 vs +5; p<0,001); niet uniform per subdomein.
Tan, 2021[4]	RCT	Ziekenhuis, Maleisië	n=92, gevorderde kanker.	Mindful dankbaarheids-dagboek (7 dagen).	Routine dagboek schrijven.	Geen verschil in lijden. HADS −3,4 (p<0,001) en FACIT-Sp +7,3 (p=0,014); duur 1 week; d=0,5–0,7.
Mosher, 2024[5]	Pilot-RCT	Oncologie kliniek, VS	n=55, gevorderde kanker, patiënten + mantelzorgers.	6 groepssessies 'MEANING'.	Gebruikelijke zorg.	Hoger existentieel welbevinden en ACP-zelfeffectiviteit (beide p=0,03); overige uitkomsten: geen verschil, binnen groep psychisch welbevinden ↑.
Kissane, 2019[7]	Pilot-RCT	Ziekenhuis, Australië	n=57, vergevorderde kanker.	6 MaP-sessies.	Wachtlijst.	Matige winst op existentieel functioneren (d=0,45–0,5), geringe, niet-significante effecten op depressie/demotivatie.

Heidary, 2023[8]	RCT	Ziekenhuis, Iran	n=63, vergevorderde kanker.	10 sessies groep-logotherapie.	Wachtlijst.	Sterke reductie doodsangst en existentiële eenzaamheid (p<0,001), kortetermijn.
Sun, 2021[9]	RCT	Ziekenhuis, China	n=100, vergevorderde kanker.	Gestructureerd spiritueel zorgplan.	Standaardzorg.	Spirituele gezondheid ↑ (4,68 vs 3,63; p<0,05), minder angst/depressie (95,45% vs 60,98% angstvrij), QoL ↑ (5,36 vs 4,39;p<0,05).
Ichihara, 2019[15]	Niet-gerandomiseerde pilot	Ziekenhuis, Japan	n=46, vergevorderde kanker.	SpiPas-gebaseerde spirituele zorg + zorg.	Standaardzorg.	FACIT-Sp ↑ (Δ +9; p<0,01) en HADS ↓ (Δ −6; p=0,02) na 2 wkn, geen effect op QoL, hoge uitval.
Ichihara, 2024[16]	Niet-gerandomiseerde gecontroleerde studie	Ziekenhuis, Japan	n=297 (matching: 73 vs 73), terminaal.	SpiPas + reguliere zorg.	Reguliere zorg.	Geen verschil totale FACIT-Sp, HADS iets slechter (p=0,035), kleine winst op ‘betekenis/vrede’ (d=0,25).
Yang, 2017[17]	Cluster-gecontroleerd	Ziekenhuis, Singapore	n=144, nieuw ingestroomde palliatieve patiënten.	Training 3/7 teams in spirituele zorg.	4 teams zonder training.	Trend FACT-G +3,9 (p=0,076), geen verschil FACIT-Sp.
Asher, 2023[10]	RCT	Thuis, USA	n=71, vrouwen met gemetastaseerde kanker.	GRACE (6 weken).	Wachtlijst.	Spiritueel welbevinden +16,7 en QoL +8,5 t.o.v. controle, deels behouden na 1 mnd, lagere depressie/hopeloosheid/angst.
Fraguell, 2020[11]	Pilot-RCT	Thuis, Spanje	n=51, palliatieve patiënten.	3 IMCP-PC sessies.	Counseling.	Demoralisatie en depressie d=1,3, angst d=0,7, distress d=0,6, controle weinig verandering.
Quílez-Bielsa, 2022[18]	Pilot (quasi-experimenteel)	Ziekenhuis, Spanje	n=30, gevorderde kanker met verdriet/nood/wanhoop.	MCP-EC (3 + 1 sessie).	Standaard psychosociale steun.	HADS ↓ (p<0,001), hopeloosheid ↓ (p=0,005), demoralisatie ↓ (p<0,001), FACIT-Sp ↑ (p=0,007), zelfcompassie ↑ (p=0,029), distress ↓ (p=0,006).

Winger, 2023[12]	Pilot-RCT	Thuis, VS	n=60, gemetastaseerde kanker + pijn.	MCPC (4 sessies) + zorg.	Gebruikelijke zorg.	Pijnintensiteit d=−0,75, hinder door pijn d=−0,82, zelfeffectiviteit d=0,74, spir welbevinden/psych stress verbeterd, >90% voltooiing.
Zhang, 2024[13]	Pilot-RCT	Ziekenhuis, China	n=36, gemetastaseerde borstkanker.	Online CALM (4 sessies/3 mnd).	Wachtlijst.	Geen effect op doodsangst, secundair: depressie/psychische nood, gehechtheidsvermijding ↓, en levensafronding/meaning ↑ op 6 mnd.
Eskigülek & Kav, 2024[14]	RCT	Ziekenhuis, Turkije	n=58, vergevorderde kanker.	8 individuele logotherapie-sessies.	Reguliere zorg.	PGDS ↓ (d=0,66), patient dignity inventory ↓ (d=0,59), MIL-PM ↑ (p=0,02).
De Vincenzo, 2023[21]	RCT	Ziekenhuis, Italië	n=111, palliatieve patiënten.	Dignity Therapy + standaardzorg.	Standaardzorg.	Innerlijke rust behouden vs daling in controle (p=0,001), psychische nood ↓ (p=0,008), overige uitkomsten: geen verschil.
Liang, 2024[22]	Multicenter RCT	Revalidatie-centrum, China	n=222, ≥60 jaar, metastatisch GI.	Wekelijkse reminiscentiesessies (6 mnd).	Gebruikelijke zorg.	HADS-A/D lager (p=0,005/0,004), FACIT-Sp ↑ (p=0,001), QoL ↑ (1 en 6 mnd, p=0,046/0,005), effecten klein.
Li, 2020[28]	Quasi-experimenteel	Ziekenhuis, Taiwan	n=30, terminale kanker.	1 sessie Dignity Therapy.	Standaardzorg + aandachtig gesprek.	Waardigheid +37, demoralisatie −40; depressie −12 op dag 14 (alle p<0,001).
Wilkie, 2024[23]	Stepped-wedge cluster-RCT	Polikliniek/ online, VS	n=579, ≥55 jr, veelal gevorderde kanker.	Dignity Therapy door geestelijk vz of vpk	Gebruikelijke zorg.	DIS +1,8 vs controle (p=0,005; d=0,4), geen effect op voorbereidheid/voltooiing.
Seiler, 2024[24]	Multicenter RCT	Ziekenhuis, Zwitserland	n=68, gevorderde kanker + verhoogde stress.	Dignity Therapy of DT+ (partner betrokken).	Gebruikelijke zorg.	FACIT-Pal-14 ↑ t.o.v. baseline, HADS stabiel vs verslechterend in controle, kleine n/hoge uitval.
Rodrigues, 2024[29]	Gecontroleerde studie	Ziekenhuis, Zwitserland	n=58, palliatieve patiënten.	Review life-review sessie.	Wachtlijst.	Symptoomlast ↓ (−4,9; p=0,020), sociaal welbevinden (−1,7 p=0,044), geen effect op zelfwaardering.

Kleijn, 2018[25]	Multicenter RCT	Thuis, Nederland	n=107, ongeneeslijk ziek (kanker).	LRT-MST (4 thuisbezoeken).	Wachtlijst.	Ego-integriteit ↑ (p=0,007; d=0,42–0,48), geen verschil wanhoop/HADS/QoL, therapietrouw 69%, uitval 28%.
Duggleby, 2007[30]	RCT	Thuis, Canada	n=60, ≥60 jr, palliatieve patiënten	Hoop programma: film + 1 week oefening.	Gebruikelijke zorg.	Hoop ↑ (U=255, P=0.005) en QoL ↑ (U=294.5, P=0.027) in de interventiegroep.
Xia, 2025[31]	RCT	Ziekenhuis, China	n=128, ongeneeslijk maag-carcinoom.	12 weken CBSM + zorg.	Standaardzorg.	Eenzaamheid ↓ (wk 8/12; p=0,036/0,004), FACIT-Sp ↑ (wk 4/8/12; p=0,015/0,023/<0,001), angst ↓ (wk 8/12; p=0,006/0,003), depressie ↓ (wk 12; p=0,015).
Mosher, 2018[32]	RCT	Ziekenhuis, India	n=50, gevorderde darmkanker + mantelzorgers.	Copingtraining (5 sessies) ± lotgenoten- steun.	Copingtraining zonder lotgenoten-steun.	Zingeving ↑ in controlegroep en gelijk in interventiegroep, overige uitkomsten geen verschil
Han, 2021[33]	RCT	Ziekenhuis, China	n=130, vergevorderde kanker.	7 weken Naikan + Morita.	Standaard zorg.	Distress ↓ (p<0,001), PTG ↑ (p<0,001), minder angst/slaapproblemen/eetlust-klachten (p<0,05).
Warth, 2021[34]	Multicenter RCT	Ziekenhuis, Duitsland	n=104, palliatieve patiënten.	'Song of Life' muziektherapie.	Ontspanning.	SWB ↑ (p=0,04; d=0,52), ego-integriteit ↑ (p<0,01; d=0,72), momentane distress ↓ (p=0,05; d=−0,51), geen effect primaire uitkomst.
Chimluang, 2017[36]	Quasi-experimenteel	Ziekenhuis, Thailand	n=48, terminale kanker.	Boeddhistisch programma (3 dagen).	Gebruikelijke zorg.	Spiritueel welbevinden hoger interventiegroep bij tweede post-meting (p<0,05).
Maungtoug, 2021[35]	RCT	Thuis, Thailand	n=60, laatste levensfase.	6 weken rituele zang + zorg.	Standaardzorg.	Comfort ↑ sterker over tijd (p<0,001; partial $\eta^2 \approx 0,99$).
Beglar, 2024[19]	Quasi-experimenteel	Ziekenhuis, Iran	n=60, leukemie, palliatief.	8 sessies spirituele ondersteuning.	Geen interventie.	QoL ↑ sterker (tijd×groep P=0,01), behouden tot 2 mnd.

Steinhauser, 2008[38]	Pilot-RCT	Divers, VS	n=82, palliatieve patiënten.	Outlook (3 gesprekken).	Ontspanning of gebruikelijke zorg.	Betere functie; angst/depressie ↓, voorbereiding ↑, geen effect op levensvoltooiing, hoge uitval.
Steinhauser, 2017[39]	RCT	Polikliniek, VS	n=221, ernstig ziek (96% man).	Outlook (3 sessies).	Ontspanning of gebruikelijke zorg.	Voorbereiding (+1,1) en voltooiing (+1,6) hoger vs gebruikelijke zorg op 5 wkn, geen verschil vs relaxatie, geen effect angst/depressie, kortdurend.
Steinhauser, 2020[37]	RCT	Polikliniek/ ziekenhuis, VS	n=135, palliatieve patiënten.	Outlook (3 sessies).	Ontspanning/meditatie.	Geen verschillen in voorbereiding/voltooiing of secundaire uitkomsten, lage baseline-nood.
Kwan, 2019[26]	RCT + kwalitatief	Ziekenhuis, China	n=109, palliatieve patiënten.	Verkorte life review (verpleegkundig).	Aandacht-placebo.	Spiritueel welbevinden ↑ (d=0,65), angst/depressie binnen interventiegroep verbeterd, tussen groepen niet significant.
Soto-Rubio, 2020[40]	RCT	Divers, VS	n=60, palliatieve patiënten.	Kibo therapeutisch interview.	Standaardzorg.	Transpersoonlijke spiritualiteit ↑ (P<0,001), veerkracht ↑ (P<0,05), demoralisatie ↓ t.o.v. controle.
Vermandere, 2016[41]	Cluster-RCT	Thuis, België	n=49, palliatieve patiënten.	Gestructureerde spirituele anamnese.	Gebruikelijke zorg.	Geen verschillen in spiritueel welbevinden, QoL, pijn of vertrouwen (P>0,05).
Kruizinga, 2019[27]	RCT	Ziekenhuis, Nederland	n=153, ongeneeslijke kanker	Gestructureerde levensreflectie (LISA).	Gebruikelijke zorg.	Geen verschillen in QoL, zingeving of tevredenheid met het leven (alle p>0,05).

Studiekarakteristieken systematische review Wulandari et al, 2024[20]

Geïncludeerde studies	Studie karakteristieken	Patiënt karakteristieken	Interventie	Controle	Follow-up	Uitkomstmaten en grootte van het effect
A. Zhang et al., 2022 (China) B. Zaki-Nejad et al., 2020 (Iran) C. Weru et al., 2020 (Kenia) D. Vuksanović et al., 2017 (Australië) E. Vaghee et al., 2012 (Iran) F. Rudilla et al., 2016 (Spanje) G. Rahimi et al., 2020 (Iran) H. Li et al., 2020 (Taiwan) I. Julião et al., 2017 (Portugal) J. Julião et al., 2013 (Portugal) K. Jenewein et al., 2021 (Canada) L. Iani et al., 2020 (Italië) M. Sardoo et al., 2015 (Iran) N. Hall et al., 2011 (Australië/Canada/VS) O. Chochinov et al., 2011 (Canada)	**Soort studies:** Systematische review en meta-analyse (14 RCT's, 2 quasi-experimentele studies). **Zoekdatum:** november–december 2022. **Aantal geïncludeerde studies:** 16 (totaal N=1202; Interventiegroep 619/controlegroep 583. **Financiering:** Geen externe financiering gerapporteerd. **Land:** A. China B. Iran C. Kenia D. Australië E. Iran F. Spanje	**Totale N op baseline:** A. 120 (60/60) B. 50 (25/25) C. 144 (72/72) D. 47 (23/24) E. 70 (36/34) F. 64 (32/32) G. 76 (38/38) H. 30 (16/14) I. 80 (41/39) J. 60 (29/31) K. 54 (28/26) L. 35 (15/20) M. 42 (n.v.t.) N. 45 (22/23) O. 219 (108/111) P. 66 (32/34) **Leeftijd (gemiddelde):** A. 56.9/58 B. 52.56 C. 50 D. 55.95/54.94 E. 49 F. 72.14/68.29 G. 7.14/47.89 H. 65/67.21 I. 66.1	A. Dignity therapy B. Dignity therapy C. Dignity therapy D. Dignity therapy E. Dignity therapy F. Dignity therapy G. Dignity therapy H. Dignity therapy I. Dignity therapy J. Dignity therapy K. Dignity therapy L. Dignity therapy M. Dignity therapy N. Dignity therapy O. Dignity therapy	A. Standaardzorg B. Standaardzorg C. Standaardzorg D. Wachtlijst E. Standaardzorg F. Counseling G. Routine zorg H. Onbekend I. Gestandaar-diseerde palliatieve zorg J. Gestandaar-diseerde palliatieve zorg K. Wachtlijst L. Gestandaar-diseerde palliatieve zorg M. Onbekend N. Standaard palliatieve zorg O. Gestandaardiseerde palliatieve zorg P. Gebruikelijke zorg	A. Direct post B. Direct post C. Direct post D. Direct post E. Direct post F. Direct post G. Direct post H. Direct post I. Direct post J. Direct post K.	A. QoL ↑; depressie/angst ↓; PDI ↓ B. QoL ↑; fysieke/emotionele functie ↑ C. QoL ↔ (ns); angst ↓ D. QoL/PDI ↔ (ns) E. Hoop ↑ F. Waardigheid, spiritualiteit, QoL verbeterd; angst ↓ G. Hoop ↑; QoL ↑ H. PDI ↓; depressie ↓ I. PDI ↓ J. Depressie ↓; angst ↓ K. Waardigheid ↑; HADS ↔ (beide groepen) L. Spiritual WB ↑; overige ↔ M. Stress/angst/depressie ↓ (voor-na) N. Hoop ↑; PDI/QoL/HADS ↔ O. Geen verschil op PDI/HADS/FACIT (↔)

P. Chen et al., 2021 (China)	G. Iran H. Taiwan I. Portugal J. Portugal K. Canada L. Italië M. Iran N. Australië/Canada/VS O. Canada P. China	J. 66.5 K. 81.2/77.8 L. 74.6/75.4 M. 56.6 N. 64.91/65.30 O. 64.2/66.7 P. 48.64/50.12	P. Dignity therapy		Direct post L. 2 weken M. Direct post N. 1–2 weken O. 1 week P. Direct post	P. Spiritual WB ↑; Hoop ↑; QoL ↔

Studiekarakteristieken systematische review Teo et al, 2019[6]

Soort studies, n	RCT's, n = 68.
Zoekdatum	Januari 2007 - December 2016, update in Juni 2018.
Aantal geïncludeerde studies	68 studies.
Landen (gegroepeerd)	Verenigde Staten = 36, Australië = 7, Verenigd Koninkrijk = 7, Canada = 3, Hongkong = 2, Japan = 2, Multinationaal = 2, China = 2, Brazilië = 1, Zwitserland = 1, Portugal = 1, Saoedi-Arabië = 1, Zuid-Korea = 1, Duitsland = 1
Patiëntenaantallen per studie	Variërend, bereik ongeveer 18–746 patiënten per studie.
Setting	Hospice = 12, kliniek = 9, thuis = 7, onbekend/overig = 40
Interventies (gegroepeerd, aantallen)	Cognitieve gedragstherapie = 20, zingeving = 11, dignity/life review/narratief = 9, counselling /overig = 7, educatie = 11, muziek/schrijven/anders = 10
Controle (gegroepeerd)	Standaard zorg = 34, actieve controle = 14, wachtlijst = 9, overig = 11
Resultaten	*Cognitieve gedragstherapie* **Kwaliteit van leven:** Toegenomen (n=3) Gemengde resultaten (n=1) Geen verschil (n=2) **Depressie:** Afgenomen (n=2) Geen verschil (n=3) **Angst:** Afgenomen (n=3) Geen verschil (n=1) **Psychische nood:** Afgenomen (n=1) Geen verschil (n=2) **Zingeving:** Geen verschil (n=1) **Pijn:** Geen verschil (n=1) *Interventies gericht op zingeving* **Zingeving:** Toegenomen (n=3) **Kwaliteit van leven:** Toegenomen (n=3) **Depressie:** Geen verschil (n=1) **Pijn:** Gemengde resultaten (n=1)

	Spiritueel welbevinden: Toegenomen (n=5) *Dignity/life review/narratief* **Zingeving:** Toegenomen (n=1) **Kwaliteit van leven:** Toegenomen (n=2) Geen verschil (n=1) **Depressie:** Afgenomen (n=1) Geen verschil (n=1) **Angst:** Afgenomen (n=1) **Psychische nood:** Geen verschil (n=3) **Spiritueel welbevinden:** Geen verschil (n=1) *Counselling /overig* **Kwaliteit van leven:** Toegenomen (n=1) Geen verschil (n=2) *Educatie* **Pijn:** Gemengde resultaten (n=2) *Muziek/schrijven/anders* **Zingeving:** Geen verschil (n=1) **Kwaliteit van leven:** Toegenomen (n=3) **Depressie:** Geen verschil (n=2) **Angst:** Afgenomen (n=1) Geen verschil (n=1) **Pijn:** Afgenomen (n=1) Geen verschil (n=1) **Hoop:** Toegenomen (n=1)
Follow-up (primaire meetmomenten)	Divers, variërend van direct na de interventie tot 6 maanden.

Referenties

1. Lim, M. A. et al. The effect of 5-min mindfulness of love on suffering and spiritual quality of life of palliative care patients: A randomized controlled study. Eur J Cancer Care (Engl) 30, (2021).
2.
3. Tan, S. B. et al. Mindfulness-based supportive therapy on reducing suffering in patients with advanced cancer: Randomised controlled trial. BMJ Support Palliat Care 13, E1117–E1125 (2022).
4. Tan, T. T. et al. Mindful gratitude journaling: psychological distress, quality of life and suffering in advanced cancer: a randomised controlled trial. BMJ Support Palliat Care 13, E389–E396 (2021).
5. Mosher, C. E. et al. Mindfulness to enhance quality of life and support advance care planning: a pilot randomized controlled trial for adults with advanced cancer and their family caregivers. BMC Palliat Care 23, (2024).
6. Teo, I., Krishnan, A. & Lee, G. L. Psychosocial interventions for advanced cancer patients: A systematic review. Psycho-Oncology vol. 28 1394–1407 Preprint at https://doi.org/10.1002/pon.5103 (2019).
7. Kissane, D. W. et al. Meaning and Purpose (MaP) therapy II: Feasibility and acceptability from a pilot study in advanced cancer. Palliat Support Care 17, 21–28 (2019).
8. Heidary, M., Heshmati, R. & Hayes, J. Effect of Group Logotherapy on Anxiety About Death and Existential Loneliness in Patients With Advanced Cancer: A Randomized Controlled Trial. Cancer Nurs 46, E21–E30 (2023).
9. Sun, X.-H., Liu, X., Zhang, B., Wang, Y.-M. & Fan, L. Impact of spiritual care on the spiritual and mental health and quality of life of patients with advanced cancer. World J Psychiatry 11, 449–462 (2021).
10. Asher, A. et al. A 6-Week Program to Strengthen Resiliency Among Women With Metastatic Cancer: A Randomized Clinical Trial. Oncologist 28, E669–E682 (2023).
11. Fraguell-Hernando, C., Limonero, J. T. & Gil, F. Psychological intervention in patients with advanced cancer at home through Individual Meaning-Centered Psychotherapy-Palliative Care: a pilot study. Supportive Care in Cancer 28, 4803–4811 (2020).
12. Winger, J. G. et al. Meaning-centered pain coping skills training for patients with metastatic cancer: Results of a randomized controlled pilot trial. Psychooncology 32, 1096–1105 (2023).
13. Zhang, Y., Pang, Y., He, Y., You, M. & Tang, L. Feasibility of online managing cancer and living meaningfully (CALM) in Chinese patients with metastatic breast cancer: a pilot randomized control trial. Sci Rep 14, (2024).
14. Eskigülek, Y. & Kav, S. Effect of logotherapy counseling program on chronic sorrow, dignity, and meaning in life of palliative care patients: a randomized controlled trial. Supportive Care in Cancer 32, (2024).
15. Ichihara, K. et al. Effectiveness of spiritual care using spiritual pain assessment sheet for advanced cancer patients: A pilot non-randomized controlled trial. Palliat Support Care 17, 46–53 (2019).
16. Ichihara, K., Nishiyama, C., Kiyohara, K., Morita, T. & Tamura, K. Nursing Care for Spiritual Pain in Terminal Cancer Patients: A Non-Randomized Controlled Trial. J Pain Symptom Manage 67, 126–137 (2024).
17. Yang, G. M. et al. Effect of a spiritual care training program for staff on patient outcomes. Palliat Support Care 15, 434–443 (2017).
18. Quílez-Bielsa, E. et al. An adaptation of meaning-centered psychotherapy integrating essential care: A pilot study. Palliat Support Care 20, 496–504 (2022).
19. Beglar, N. Y., Rezaei, F., Izadipour, E. & TabaTabaei, S. M. Impact of Spiritual End-of-Life Support on the Quality of Life for Leukemia Patients. Iran J Psychiatry 19, 107–118 (2024).
20. Wulandari, B. T. & Rochmawati, E. Effectiveness of dignity therapy on well-being among patients under palliative care: A systematic review and meta-analysis.

International Journal of Nursing Studies vol. 149 Preprint at https://doi.org/10.1016/j.ijnurstu.2023.104624 (2024).
21. Vincenzo, D. Spiritual well-being, dignity-related distress and demoralisation at the end of life-effects of dignity therapy: a randomised controlled trial. BMJ Support Palliat Care 13, 1238–1248 (2023).
22. Liang, Y. & Zhang, L. Influence of reminiscence therapy on mental health and quality of life in elderly patients with unresectable, metastatic gastrointestinal cancer. Brazilian Journal of Medical and Biological Research 57, (2024).
23. Wilkie, D. J. et al. Engaging Mortality: Effective Implementation of Dignity Therapy. J Palliat Med 27, 176–184 (2024).
24. Seiler, A. et al. Effects of dignity therapy on psychological distress and wellbeing of palliative care patients and family caregivers – a randomized controlled study. BMC Palliat Care 23, (2024).
25. Kleijn, G. et al. The efficacy of Life Review Therapy combined with Memory Specificity Training (LRT-MST) targeting cancer patients in palliative care: A randomized controlled trial. PLoS One 13, (2018).
26. Kwan, C. W. M., Chan, C. W. H. & Choi, K. C. The effectiveness of a nurse-led short term life review intervention in enhancing the spiritual and psychological well-being of people receiving palliative care: A mixed method study. Int J Nurs Stud 91, 134–143 (2019).
27. Kruizinga, R. et al. An assisted structured reflection on life events and life goals in advanced cancer patients: Outcomes of a randomized controlled trial (Life InSight Application (LISA) study). Palliat Med 33, 221–231 (2019).
28. Li, Y. C., Feng, Y. H., Chiang, H. Y., Ma, S. C. & Wang, H. H. The Effectiveness of Dignity Therapy as Applied to End-of-Life Patients with Cancer in Taiwan: A Quasi-Experimental Study. Asian Nurs Res (Korean Soc Nurs Sci) 14, 189–195 (2020).
29. Da Rocha Rodrigues, G. et al. Revie ⊕: Impact of a resource-based life review intervention on patients with advanced cancer: A waitlist controlled trial. European Journal of Oncology Nursing 68, (2024).
30. Duggleby, W. D. et al. Living with Hope: Initial Evaluation of a Psychosocial Hope Intervention for Older Palliative Home Care Patients. J Pain Symptom Manage 33, 247–257 (2007).
31. Xia, S. The Effects of Cognitive Behavioral Stress Management on Loneliness, Spiritual Well-Being, Anxiety, and Depression in Patients with Unresectable Advanced Gastric Carcinoma: A Randomized, Controlled Study. Tohoku J Exp Med (2025) doi:10.1620/tjem.2025.j025.
32. Mosher, C. E. et al. Examining the effect of peer helping in a coping skills intervention: a randomized controlled trial for advanced gastrointestinal cancer patients and their family caregivers. Quality of Life Research 27, 515–528 (2018).
33. Han, X. B. et al. Efficacy of combined naikan and morita therapies on psychological distress and posttraumatic growth in Chinese patients with advanced cancer: A randomized controlled trial. Medicine (United States) 100, E26701 (2021).
34. Warth, M. et al. “Song of Life”: Results of a multicenter randomized trial on the effects of biographical music therapy in palliative care. Palliat Med 35, 1126–1136 (2021).
35. Maungtoug, N., Othaganont, P. & Liehr, P. Adding Ritualized Chanting to the Palliative Care of Cancer Patients at the End of Life: A Randomized Controlled Trial. J Soc Work End Life Palliat Care 17, 35–49 (2021).
36. Chimluang, J. et al. Effect of an intervention based on basic Buddhist principles on the spiritual well-being of patients with terminal cancer. European Journal of Oncology Nursing 31, 46–51 (2017).
37. Steinhauser, K. E. et al. Current measures of distress may not account for what’s most important in existential care interventions: Results of the outlook trial. Palliat Support Care 18, 648–657 (2020).

38. Steinhauser, K. E. et al. Do preparation and life completion discussions improve functioning and quality of life in seriously ill patients? Pilot randomized control trial. J Palliat Med 11, 1234–1240 (2008).
39. Steinhauser, K. E. et al. Addressing Patient Emotional and Existential Needs During Serious Illness: Results of the Outlook Randomized Controlled Trial. J Pain Symptom Manage 54, 898–908 (2017).
40. Soto-Rubio, A. et al. Responding to the Spiritual Needs of Palliative Care Patients: A Randomized Controlled Trial to Test the Effectiveness of the Kibo Therapeutic Interview. Front Psychol 11, (2020).
41. Vermandere, M., Warmenhoven, F., Van Severen, E., De Lepeleire, J. & Aertgeerts, B. Spiritual history taking in palliative home care: A cluster randomized controlled trial. Palliative Medicine vol. 30 338–350 Preprint at https://doi.org/10.1177/0269216315601953 (2016).
42. Li, Y. et al. Effectiveness of dignity therapy for patients with advanced cancer: A systematic review and meta-analysis of 10 randomized controlled trials. Depress Anxiety 37, 234–246 (2020).
43. Dietrich, N., Estradé, A. & Cruzado, J. A. Efficacy of meaning-centered psychotherapy in adult patients with advanced cancer: A systematic review and meta-analysis. Psicooncologia (Pozuelo de Alarcon) 18, 227–244 (2021).
44. Kruizinga, R. et al. The effect of spiritual interventions addressing existential themes using a narrative approach on quality of life of cancer patients: A systematic review and meta-analysis. Psycho-Oncology vol. 25 253–265 Preprint at https://doi.org/10.1002/pon.3910 (2016).
45. Kissane, D. W. et al. Meaning and Purpose (MaP) therapy in advanced cancer patients: a randomised controlled trial. Support Care Cancer 31, 734 (2023).
46. Yang, C., Shen, B., Liu, J., Zhu, H. & Xu, W. Effectiveness of family dignity intervention for patients in palliative care and their family caregivers—a systematic review and meta-analysis of randomized controlled trials. Supportive Care in Cancer vol. 33 Preprint at https://doi.org/10.1007/s00520-024-09125-7 (2025).
47. Mok, E., Lau, K.-P., Lai, T. & Ching, S. The Meaning of Life Intervention for Patients With Advanced-Stage Cancer: Development and Pilot Study. (2012).
48. Lloyd-Williams, M., Cobb, M., O'Connor, C., Dunn, L. & Shiels, C. A pilot randomised controlled trial to reduce suffering and emotional distress in patients with advanced cancer. J Affect Disord 148, 141–145 (2013).
49. Fitchett, G., Emanuel, L., Handzo, G., Boyken, L. & Wilkie, D. J. Care of the human spirit and the role of dignity therapy: A systematic review of dignity therapy research Palliative Care, Spiritual Care and Chaplaincy: The current landscape Joshua Hauser. BMC Palliative Care vol. 14 Preprint at https://doi.org/10.1186/s12904-015-0007-1 (2015).
50. Martínez, M. et al. 'Dignity therapy', a promising intervention in palliative care: A comprehensive systematic literature review. Palliative Medicine vol. 31 492–509 Preprint at https://doi.org/10.1177/0269216316665562 (2017).
51. Guerrero-Torrelles, M., Monforte-Royo, C., Rodríguez-Prat, A., Porta-Sales, J. & Balaguer, A. Understanding meaning in life interventions in patients with advanced disease: A systematic review and realist synthesis. Palliative Medicine vol. 31 798–813 Preprint at https://doi.org/10.1177/0269216316685235 (2017).
52. Salamanca-Balen, N., Merluzzi, T. V. & Chen, M. The effectiveness of hope-fostering interventions in palliative care: A systematic review and meta-analysis. Palliative Medicine vol. 35 710–728 Preprint at https://doi.org/10.1177/0269216321994728 (2021).
53. Hindmarch, T., Dalrymple, J., Smith, M. & Barclay, S. Spiritual interventions for cancer pain: a systematic review and narrative synthesis. BMJ Supportive and Palliative Care vol. 12 1–9 Preprint at https://doi.org/10.1136/bmjspcare-2021-003102 (2022).

54. Zheng, R., Guo, Q., Chen, Z. & Zeng, Y. Dignity therapy, psycho-spiritual well-being and quality of life in the terminally ill: systematic review and meta-analysis. BMJ Supportive and Palliative Care vol. 13 263–273 Preprint at https://doi.org/10.1136/bmjspcare-2021-003180 (2023).
55. Chochinov, H. M. et al. Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomised controlled trial. Lancet Oncol 12, 753–762 (2011).
56. Mosher, C. E. et al. Randomised trial of expressive writing for distressed metastatic breast cancer patients. Psychol Health 27, 88–100 (2012).
57. Breitbart, W. et al. Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. J Clin Oncol 30, 1304–9 (2012).
58. Breitbart, W. et al. Meaning-centered group psychotherapy: an effective intervention for improving psychological well-being in patients with advanced cancer. J Clin Oncol 33, 749–54 (2015).
59. Donato, S. C. T., Matuoka, J. Y., Yamashita, C. C. & Salvetti, M. de G. Effects of dignity therapy on terminally ill patients: A systematic review. Revista da Escola de Enfermagem vol. 50 1011–1021 Preprint at https://doi.org/10.1590/S0080-623420160000700019 (2016).
60. Sun, V. et al. Palliative care and spiritual well-being in lung cancer patients and family caregivers. Psychooncology 25, 1448–1455 (2016).
61. Chen, Y., Xiao, H., Yang, Y. & Lan, X. The effects of life review on psycho-spiritual well-being among patients with life-threatening illness: a systematic review and meta-analysis. Journal of Advanced Nursing vol. 73 1539–1554 Preprint at https://doi.org/10.1111/jan.13208 (2017).
62. Scarton, L. et al. Dignity Impact as a Primary Outcome Measure for Dignity Therapy. Am J Hosp Palliat Care 35, 1417–1420 (2018).
63. Lo, C. et al. Managing Cancer And Living Meaningfully (CALM): randomised feasibility trial in patients with advanced cancer. BMJ Support Palliat Care 9, 209–218 (2019).
64. Breitbart, W. et al. Individual meaning-centered psychotherapy for the treatment of psychological and existential distress: A randomized controlled trial in patients with advanced cancer. Cancer 124, 3231–3239 (2018).
65. Nguyen, H. Q. et al. Translation and Evaluation of a Lung Cancer, Palliative Care Intervention for Community Practice. J Pain Symptom Manage 56, 709–718 (2018).
66. Xiao, J., Chow, K. M., Liu, Y. & Chan, C. W. H. Effects of dignity therapy on dignity, psychological well-being, and quality of life among palliative care cancer patients: A systematic review and meta-analysis. Psycho-Oncology vol. 28 1791–1802 Preprint at https://doi.org/10.1002/pon.5162 (2019).
67. Kang, K. A., Han, S. J., Lim, Y. S. & Kim, S. J. Meaning-centered interventions for patients with advanced or terminal cancer: A meta-analysis. Cancer Nurs 42, 332–340 (2019).
68. Weru, J., Gatehi, M. & Musibi, A. Randomized control trial of advanced cancer patients at a private hospital in Kenya and the impact of dignity therapy on quality of life. BMC Palliat Care 19, 114 (2020).
69. Huang, E. & Huang, J. Music Therapy: A Noninvasive Treatment to Reduce Anxiety and Pain of Colorectal Cancer Patients-A Systemic Literature Review. Medicina (Kaunas) 59, (2023).
70. Lin, J. et al. The effect of Chinese culture-adapted dignity therapy on advanced cancer patients receiving chemotherapy in the day oncology unit: A quasi-experimental study. Eur J Oncol Nurs 63, 102301 (2023).
71. Sabet, P., Karimi, S., Dehghan, A. & Bijani, M. Effect of Spirituality-Based Palliative Care on Pain, Nausea, Vomiting, and the Quality of Life in Women with Colon Cancer: A Clinical Trial in Southern Iran. J Relig Health 62, 1985–1997 (2023).

72. Huda, N., Banda, K. J., Liu, A. I. & Huang, T. W. Effects of Music Therapy on Spiritual Well-Being among Patients with Advanced Cancer in Palliative Care: A Meta-Analysis of Randomized Controlled Trials. Semin Oncol Nurs 39, (2023).
73. Gijsberts, M. J. H. E., Liefbroer, A. I., Otten, R. & Olsman, E. Spiritual Care in Palliative Care: A Systematic Review of the Recent European Literature. Medical sciences (Basel, Switzerland) vol. 7 Preprint at https://doi.org/10.3390/medsci7020025 (2019).
74. Miller, D. K., Chibnall, J. T., Videen, S. D. & Duckro, P. N. Supportive-Affective Group Experience for Persons with Life-Threatening Illness: Reducing Spiritual, Psychological, and Death-Related Distress in Dying Patients. JOURNAL OF PALLIATIVE MEDICINE vol. 8 (2005).
75. Williams, A.-L. et al. A Randomized Controlled Trial of Meditation and Massage Effects on Quality of Life in People with Late-Stage Disease: A Pilot Study. JOURNAL OF PALLIATIVE MEDICINE vol. 8 (2005).
76. Miller, J. J. et al. Role of a medical social worker in improving quality of life for patients with advanced cancer with a structured multidisciplinary intervention. J Psychosoc Oncol 25, 105–119 (2007).
77. Hanser, S. B. et al. Effects of a music therapy intervention on quality of life and distress in women with metastatic breast cancer. J Soc Integr Oncol 4, 116–24 (2006).
78. Breitbart, W. et al. Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. Psychooncology 19, 21–8 (2010).
79. Ando, M., Morita, T., Akechi, T., Okamoto, T. & Japanese Task Force for Spiritual Care. Efficacy of short-term life-review interviews on the spiritual well-being of terminally ill cancer patients. J Pain Symptom Manage 39, 993–1002 (2010).
80. Henry, M. et al. The Meaning-Making intervention (MMi) appears to increase meaning in life in advanced ovarian cancer: a randomized controlled pilot study. Psychooncology 19, 1340–7 (2010).
81. Xiao, H., Kwong, E., Pang, S. & Mok, E. Effect of a life review program for Chinese patients with advanced cancer: a randomized controlled trial. Cancer Nurs 36, 274–83 (2013).
82. Keall, R. M., Clayton, J. M. & Butow, P. N. Therapeutic life review in palliative care: A systematic review of quantitative evaluations. Journal of Pain and Symptom Management vol. 49 747–761 Preprint at https://doi.org/10.1016/j.jpainsymman.2014.08.015 (2015).
83. Best, M. et al. Treatment of holistic suffering in cancer: A systematic literature review. Palliative Medicine vol. 29 885–898 Preprint at https://doi.org/10.1177/0269216315581538 (2015).
84. Wang, C. W., Chow, A. Y. M. & Chan, C. L. W. The effects of life review interventions on spiritual well-being, psychological distress, and quality of life in patients with terminal or advanced cancer: A systematic review and meta-analysis of randomized controlled trials. Palliative Medicine vol. 31 883–894 Preprint at https://doi.org/10.1177/0269216317705101 (2017).
85. Grossman, C. H., Brooker, J., Michael, N. & Kissane, D. Death anxiety interventions in patients with advanced cancer: A systematic review. Palliative Medicine vol. 32 172–184 Preprint at https://doi.org/10.1177/0269216317722123 (2018).
86. Chen, J., Lin, Y., Yan, J., Wu, Y. & Hu, R. The effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness: A systematic review. Palliative Medicine vol. 32 1167–1179 Preprint at https://doi.org/10.1177/0269216318772267 (2018).
87. Dos Santos, F. C. et al. Spiritual Interventions Delivered by Nurses to Address Patients' Needs in Hospitals or Long-Term Care Facilities: A Systematic Review. Journal of Palliative Medicine vol. 25 662–677 Preprint at https://doi.org/10.1089/jpm.2021.0578 (2022).

88. Stadnyk, A., Casimiro, H. J. & Reis-Pina, P. Mindfulness on Symptom Control and Quality of Life in Patients in Palliative Care: A Systematic Review. American Journal of Hospice and Palliative Medicine 41, 706–714 (2024).
89. Kim, Y., Nam, S. H. & Hwang, B. Effect of Meaning-in-Life Interventions for Advanced Cancer Patients: A Systematic Review and Meta-Analysis. Clinical Nursing Research vol. 33 648–658 Preprint at https://doi.org/10.1177/10547738241273315 (2024).
90. Austin, P. D., Lee, W., Keall, R. & Lovell, M. R. Efficacy of spiritual interventions in palliative care: An umbrella review of systematic reviews. Palliative Medicine vol. 39 70–85 Preprint at https://doi.org/10.1177/02692163241287650 (2025).
91. Kim, K. & Woo, J. Characteristics and Effectiveness of Individual Psychotherapy for Palliative and End-of-Life Care: A Literature Review for Randomized Controlled Trials. Psychiatry Investigation vol. 21 433–448 Preprint at https://doi.org/10.30773/pi.2023.0357 (2024).
92. Classen, C. et al. Supportive-expressive group therapy and distress in patients with metastatic breast cancer: A randomized clinical intervention trial. Arch Gen Psychiatry 58, 494–501 (2001).
93. Piderman, K. M. et al. Spiritual quality of life in advanced cancer patients receiving radiation therapy. Psychooncology 23, 216–21 (2014).
94. Rudilla, D., Galiana, L., Oliver, A. & Barreto, P. Comparing counseling and dignity therapies in home care patients: A pilot study. Palliat Support Care 14, 321–9 (2016).
95. Haneef, S. H. & Abdullah, M. Effects of Dignity Therapy for Palliative Care Patients and Family Caregivers: A Systematic Review. Cureus (2024) doi:10.7759/cureus.70431.
96. Iani, L. et al. Dignity Therapy Helps Terminally Ill Patients Maintain a Sense of Peace: Early Results of a Randomized Controlled Trial. Front Psychol 11, 1468 (2020).
97. Hesse, M., Forstmeier, S., Mochamat, M. & Radbruch, L. A Review of Biographical Work in Palliative Care. Indian J Palliat Care 25, 445–454 (2019).
98. Liu, M., Wang, Y., Du, Y. & Chi, I. Life review on psychospiritual outcomes among older adults with life-threatening illnesses: A systematic review and meta-analysis. Front Psychiatry 14, 1077665 (2023).
99. González-Ling, A. & Galindo-Vázquez, Ó. Terapia de la dignidad en pacientes con cáncer: una revisión sistematizada de la literatura. Gaceta Mexicana de Oncolog□a 19, (2020).
100. Warth, M. et al. Brief psychosocial interventions improve quality of life of patients receiving palliative care: A systematic review and meta-analysis. Palliative Medicine vol. 33 332–345 Preprint at https://doi.org/10.1177/0269216318818011 (2019).
101. Rudilla, D. et al. Intervenciones psicológicas en espiritualidad en cuidados paliativos: una revisión sistemática. Medicina Paliativa 25, 203–212 (2018).
102. Rudilla, D., Barreto, P., Oliver, A. & Galiana, L. Estudio comparativo de la eficacia del counselling y de la terapia de la dignidad en pacientes paliativos. Medicina Paliativa 24, 39–46 (2017).
103. Kang, K.-A., Shim, J.-S., Jeon, D.-G. & Koh, M.-S. [The effects of logotherapy on meaning in life and quality of life of late adolescents with terminal cancer]. J Korean Acad Nurs 39, 759–68 (2009).
104. Izgu, N., Metin, Z. G., Eroglu, H., Semerci, R. & Pars, H. Impact of spiritual interventions in individuals with cancer: A systematic review and meta-analysis. European Journal of Oncology Nursing 71, (2024).
105. Huang, M.-H., Wang, R.-H. & Wang, H.-H. Effect of Life Review on Quality of Life in Terminal Patients: A Systematic Review and Meta-Analysis. http://journals.lww.com/jnr-twna (2019).
106. Cole, B. S. et al. A randomised clinical trial of the effects of spiritually focused meditation for people with metastatic melanoma. Ment Health Relig Cult 15, 161–174 (2012).

107. Candy B, Jones L, Varagunam M, Tookman A & King M. Spiritual and Religious Interventions for Well-Being of Adults in the Terminal Phase of Disease (Review). http://www.thecochranelibrary.com (2012).