

Logoterapija kao psihoterapijska tehnika na psihogerijatrijskom palijativnom odjelu

/ Logotherapy as a Psychotherapeutic Technique in Psychogeriatric Palliative Care Wards

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Kod svakog bolesnika, a osobito onog s neizlječivom bolesti kao što je demencija, neophodan je holistički pristup. Posljednjih godina se razvojem palijativne medicine nastoji ublažiti tjelesna bol i psihološka patnja, kako bi se bolesniku poboljšala preostala kvaliteta života i omogućilo dostojanstveno umiranje. Patnja kroz koju prolazi bolesnik utječe na članove njegove obitelji, ali i na medicinsko osoblje - članove palijativnog tima. Postavlja se pitanje kako pomoći kada je kurativna medicina svojim dijagnostičkim i terapijskim pristupom iscrpila svoje mogućnosti. Budući da je jedan od principa djelovanja u palijativnoj medicini integralna medicinska skrb na fizičkoj, psihičkoj i duhovnoj razini, najprihvatljivija psihoterapijska metoda kod ovih bolesnika je logoterapija, koja osobu doživljava kroz sve ove dimenzije, a posebno naglašava važnost duhovne. Logoterapija se uspješno koristi i kod članova obitelji bolesnika, a njeni principi pomažu i članovima palijativnog tima da se nose s različitim izazovima svakodnevnog posla. U središtu logoterapije je spoznaja da je čovjek, prema svojoj prirodi, usmjeren prema traženju smisla, u čemu treba oslušivati svoju savjest. Logoterapija ukazuje na prepoznavanje sudbinskog i slobodnog prostora i potiče na aktivno djelovanje u slobodnom prostoru. Čak i kada se sudbina ne može promijeniti (bolest, smrt), čovjek je slobodan prema njoj zauzeti stav. Naša najjača motivacija je tražiti smisao izvan sebe, u nekome ili nečemu, na način da nadiđemo svoje „ja“. Imati smislenu životnu zadaću, znači imati zdravi život.

/ With each patient, especially those with an incurable disease such as dementia, a holistic approach is essential. In recent years, through the development of palliative medicine, medical professionals have been trying to reduce physical pain and psychological suffering in order to improve the patient's quality of life and to enable a dignified death. The patient's suffering affects their family members, as well as medical staff - the palliative care professionals. The question is how to help when curative medicine has exhausted all its options with its diagnostic and therapy treatments. Since integral medical care on a physical, psychological, and spiritual level is one of the principles of action in palliative medicine, the best psychotherapeutic method for treating such patients is logotherapy, which considers a person through all these dimensions, with special focus on the spiritual. Logotherapy is successfully used with the patient's family members, and its principles help palliative care professionals deal with the different challenges of their daily work.

Logotherapy is based on the understanding that it is in the human nature to search for meaning while guided by conscience. Logotherapy points at recognizing human fate and freedom and encourages actively exercising that freedom. Even when fate cannot be changed (death, illness), a person is free to choose the attitude they have toward it. Our strongest motivation is to search for meaning outside ourselves, in someone or something, by transcending our "self". To have a meaningful purpose in life is to have a healthy life.

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UVOD

Od psihoterapijskih metoda prikladnih za osobe kojima je dijagnosticirana teška, neizlječiva bolest navode se egzistencijska psihoterapija, neki elementi kognitivno-bihevioralne, psihodinamske i interpersonalne psihoterapije te grupne intervencije (grupe bolesnika i grupe obitelji) (1,2). S obzirom na specifičnost problematike (suočavanje sa smrću i smislom života) te nužnost holističkog pristupa, korisna je i logoterapija. Ovu vrstu psihoterapije utemeljio je Viktor E. Frankl (1905.-1997.), poznati bečki neurolog i psihijatar. Logoterapija (*logos*, gr. - smisao, um, govor, zakon) je psihoterapijski pravac izrastao iz egzistencijske analize, koja počiva na filozofskom pravcu, egzistencijalizmu (3).

TEMELJI LOGOTERAPIJE

Franklova antropologija prikazuje čovjeka kao tjelesno, psihičko i duhovno biće, koje je jedinstveno i neponovljivo, koje je upućeno na druge i ima potrebu za traženjem smisla. Možemo otkrivati smisao u životu na tri načina: 1. djelovanjem (hobi, posao, sport); 2. doživljajima (umjetnost, boravak u prirodi, ljubav); 3. patnjom (4). Upravo zbog svoje duhovne dimenzije čovjek ima sposobnost odmaknuti se od sebe, tj. odreći se nečega i podnijeti neugodne osjećaje samo ako za to ima smisljeni razlog (5). Iako nas određuje biološka, psihološka i sociološka komponenta, ništa nas od toga ne treba odrediti jer sve ovisi o našem stavu, o našem duhovnom. Ovo najviše do-

INTRODUCTION

Psychotherapeutic methods considered appropriate for patients diagnosed with a serious, incurable disease are existential psychotherapy, some elements of cognitive behavioural therapy, psychodynamic and interpersonal psychotherapy, as well as group interventions (patient groups and family groups) (1,2). Considering the specificity of the issue (confronting death and the meaning of life) and the necessity of a holistic approach, logotherapy is beneficial as well. This type of psychotherapy was established by Viktor E. Frankl (1905-1997), a well-known Viennese neurologist and psychiatrist. Logotherapy (*logos*, gr. - meaning, mind, speech, law) is a form of psychotherapy based on existential analysis, which rests on the philosophy of existentialism (3).

BASIC PRINCIPLES OF LOGOTHERAPY

Frankl's anthropology considers a person a physiological, psychological, and spiritual being which is unique and unrepeatable, directed towards others, and which has a need to search for meaning ("will-to-meaning"). Meaning in life can be discovered in three ways: 1. through action (hobby, work, sport); 2. through experience (art, staying in nature, love); 3. through suffering (4). It is precisely the spiritual dimension which allows self-transcendence, which means giving up something and bearing unpleasant feelings, but only if there is a meaningful reason for it (5). Even though we are determined

lazi do izražaja u suočavanju s neizbježnom patnjom (bolest, smrt). Logoterapija pomaže osobi da uvidi – iako su činjenice o njegovoj nesreći točne i nepromjenjive – da joj ipak preostaje izbor stava prema njima. Logoterapija poziva osobu da svoje trpljenje ugradi u neku smislenu vezu koju može shvatiti i prihvatiti (6). U pristupu čovjeku oslanja se na njegove „jake strane“ tražeći ono što je pozitivno, njegove dobre osobine i talente. Dakle, imamo slobodu, ali i odgovornost za odluku i smislenu djelovanje u svakom danu jer je život potrebno shvaćati kao zadaću. Ne postoji jedinstveni recept za nalaženje smisla, jer zadaće se mijenjaju ne samo od čovjeka do čovjeka - u skladu s jedinstvenošću svake osobe - već i iz sata u sat, prema neponovljivosti svake situacije (5). Što je smisao opsežniji, to je manje shvatljiv. Čovjek ima svijest o svojoj zemaljskoj prolaznosti i živi idući čitavo vrijeme prema smrti. Prema Franklu, upravo nam ta ograničenost omogućava da shvatimo dragocjenost svakog životnog trenutka, te upozorava: „Sve što je u vječnosti zapisano ne može se izgubiti – to nam je utjeha i nada. No, isto tako vrijedi da se u njoj više ništa ne da ispraviti – to nam je opomena i podsjetnik“ (3).

Logoterapijske metode zasnivaju se na prepoznavanju odrednica sudbine i slobodnog prostora. Budući da logoterapeut načelno djeluje na području slobodnog duhovnog stava pacijenta, upućuje ga na aktivan stav prema životu (problemu), tj. da život može ili pozitivno preoblikovati ili ignorirati ili ironizirati. U tome se očituju tri glavne logoterapijske tehnike: modulacija stava (pomicanje težišta s negativnog na pozitivno), paradokсна intencija (ironiziranje, ismijavanje vlastitog straha, priželjkuje ono čega se boji) i Sokratovski dijalog (pažljivo slušanje bolesnikovih odgovora, kako bi mu se pomoglo da osvijesti svoja znanja i iskustva). Ostale logoterapijske tehnike su derefleksija (nadilaženje sebe i usmjerenje nekom smislenom cilju), prkosna moć

by our biological, psychological, and sociological components, none of these need to define us because everything depends on our attitude, our spiritual component. This becomes evident in dealing with unavoidable suffering (illness, death). Logotherapy helps a person see that they still have the freedom to choose their attitude even though their misery is real and immutable. Logotherapy invites a person to create something they can understand and accept out of their suffering (6). In its approach to people, it relies on their “strengths”, searching for their positive aspects, their virtues and talents. Therefore, we have freedom, as well as a responsibility to choose and act meaningfully each day because life has to be seen as a task. There is no one recipe for finding meaning because tasks vary not only from person to person (in accordance with the uniqueness of each individual) but also from hour to hour in accordance with the uniqueness of each situation (5). The more comprehensive the meaning, the less understandable it is. A person is aware of their limited time on Earth and they live their life by moving towards death. According to Frankl, this limited time allows us to understand that each moment is precious and warns: “All that is set in eternity cannot be lost - this is our solace and hope. Yet, it is likewise true that in eternity nothing can be changed - this is our warning and reminder” (3).

The methods of logotherapy are based on recognizing the determinants of destiny and freedom. Since a logotherapist primarily acts in the area of free spiritual attitude of the patient, they direct the patient to an active attitude towards life (the problem), i.e. that they can either positively reshape or ignore or ironize life. This is demonstrated by the three main techniques of logotherapy: formation of attitude (shifting the focus from negative to positive), paradoxical intention (ironizing, ridiculing our own fear, wishing for the feared thing), and Socratic dialogue (paying close attention to the patient’s words to help them derive meaning from their experiences). Other techniques are dereflection (transcend-

duha (duhovna dimenzija se suprotstavlja psihičkom, tjelesnom i socijalnom, zbog neke značajne vrijednosti/osobe), autotranscendencija (zaboraviti na samoga sebe, dati prednost nekome ili nečemu do čega nam je stalo) (6,7).

LOGOTERAPIJA I DEMENCIJA

Svatko tko se susreo s umirućim (palijativnim) bolesnikom zna koliko je neophodna psihološka pomoć tom bolesniku, njegovoj obitelji, a također i osobama koje su članovi palijativnog tima (medicinske sestre i tehničari, njegovatelji, psiholozi, fizioterapeuti, liječnici, socijalni radnici...).

Bolesnik s demencijom, osobito u prvim fazama bolesti, dok još može biti svjestan simptoma i prognoze bolesti, prolazi kroz razdoblje straha, brige i ljutnje. Općenito, kod bolesnika u terminalnoj fazi bolesti javlja se strah od smrti, duševna patnja zbog „gubitka smisla“, patnja zbog osjećaja otuđenosti i osamljenosti (8,9). Takve je bolesnike potrebno usmjeravati na pozitivne, životne događaje i njihova postignuća, te da nađu mir s prošlošću i prihvate bolest (9). U razgovoru s bolesnikom treba tražiti njegove preostale snage i talente, pa dok još postoje kognitivne i funkcijske sposobnosti, poticati na aktivnosti i to uvijek s usmjeravanjem na nekoga i nešto (3,10). Tako je npr. bolesnica opisivala kako u domu umirovljenika plete šalove za napuštenu djecu i tako u osmišljeno provedenom vremenu, zaboravi na svoju osamljenost i brige (metode: derefleksija, samonadilaženje). U isto vrijeme vježba kogniciju i motoriku. Kod bolesnika s uznapredovalom demencijom, kada je komunikacija gotovo nemoguća, može se dogoditi da prepoznamo „bljesak bistrog razuma“ koji nas podsjeti da je pred nama jedinstvena osoba sa svojim cjeloživotnim žalostima, radostima, postignućima, brigama... Pa ako i ne doživimo nikada takav „bljesak“, to je osoba koju treba poštovati do

ing the self and focusing on a meaningful goal), changing the thought focus (spiritual dimension opposes the psychological, physical, and social ones because of a significant value/person), self-transcendence (forgetting our self, prioritizing someone or something we care about) (6,7).

LOGOTHERAPY AND DEMENTIA

Anyone who has ever dealt with a dying (palliative) patient knows how crucial psychological help is to that patient, their family, and to the palliative care professionals (nurses, carers, psychologists, physiotherapists, doctors, social workers, etc.).

Patients with dementia, especially in the early stages of the disease, while they can still be aware of the symptoms and prognosis, go through a period of fear, worry and anger. Generally, patients in the terminal stage of their disease experience a fear of death, mental anguish over the “loss of meaning”, and suffer because of a sense of alienation and loneliness (8,9). These patients should be directed towards the positive events in life, their accomplishments, as well as towards finding peace with the past and accepting their illness (9).

In conversation with the patient, the logotherapist should search for the patient’s remaining strengths and talents. While their cognitive and functional abilities are still present, activities should be encouraged and always directed toward someone or something (3,10). For example, a patient at a nursing home has described how she knits scarves for abandoned children and by spending her time in that way forgets about her loneliness and worries (techniques: dereflection, self-transcending). At the same time, she practices her cognitive and motor skills. While dealing with patients in the final stages of dementia, when communication is almost impossible, we can recognize a “spark of lucidity” in the patient which reminds us that we face a unique person

njenog zadnjeg trenutka. Zbog čovjekove duhovne dimenzije Frankl naglašava važnost poštovanja prema ljudskom životu do njegovog kraja (5).

Članovi obitelji su s jedne strane zaprepašteni promjenama koje vide u svojim najmilijima; postaju svjesni tijeka i prognoze bolesti te prolaze kroz proces žalovanja jer ih još za vrijeme njihovog života na određeni način gube. S druge strane su iscrpljeni i na njih ljuti, jer je skrb o ovim bolesnicima veliki psihofizički i financijski napor (11). Logoterapija i ovdje nudi (supružniku ili djeci bolesnika s demencijom) da prepoznaju „sudbinsko“ (pojava demencije u obitelji) i „slobodan prostor“ u kojem traže najsmisleniju mogućnost djelovanja. Upućuje ih da se usredotoče na odnos koji još postoji, a ne da žaluju za izgubljenim. Prihvatanje bolesti člana obitelji, prihvaćanje da o njemu skrbe, odabiranje pozitivnog stava i aktivno traženje novih mogućnosti, umanjuje osjećaj njihove iscrpljenosti (12). Smisao sudbine koju podnosi neki čovjek (sam bolesnik ili član njegove obitelji) je da je on prvo, oblikuje – gdje god je to moguće i drugo, da je podnosi – kad je to nužno. Prema Franklu, život uvijek ima smisla, čak i u patnji i u smrti može se naći smisao samo ako čovjek prema njima zauzme pravilan stav. Modulacija stava terapijska je pomoć kojom se služimo u sudbinskom trpljenju, a derefleksija tehnika kojom se reducira nepotrebno trpljenje i koja sadrži ključ do duhovne čovjekove slobode u kojoj ne trijumfiraju nagoni nego snaga volje i razuma (3,6,7).

Koliko god život s ovim bolesnicima dovodi do iscrpljenosti ukućana, znaju se čuti i drugačija iskustva. Sudjelovanje u odgovornom preuzimanju brige o starijim članovima obitelji mnogima će kasnije biti putokaz u njihovim životima. Tako je jedna snaha dovodeći na pregled dementnog bolesnika s brojnim smetnjama ponašanja spontano prokomentirala kako njihova obitelj „raste kroz ovu si-

with their lifelong sorrows, joys, accomplishments, worries, etc. Even if we never see this “spark”, this is still a person deserving of respect until their dying moment. Frankl highlights the importance of respect towards human life until its end because of our spiritual dimension (5).

Family members are stunned by the changes they see in their loved ones. They become aware of the course and prognosis of the illness and go through a grieving process because, in a way, they are losing their loved ones while they are still alive. On the other hand, they are exhausted and angry at them because care for these patients is a great psycho-physical and financial burden (11). Here, logotherapy offers to spouses or children of dementia patients a chance to recognize the “destiny” (dementia in family) and “freedom” to find the most meaningful course of action. It directs them to focus on the still existing relationship, instead of mourning the one they lost. By accepting the disease of their family member, agreeing to take care of them, choosing a positive attitude, and actively seeking new opportunities, they lessen their sense of exhaustion (12). The meaning of a person’s destiny (the patient’s or their family member’s) is, firstly, that the person shapes it - where possible, and secondly, that they bear it - when necessary. According to Frankl, life always has a meaning; meaning can be found even in suffering and death, only if a person chooses the right attitude. Formation of attitude is a therapeutic assistance we use to help with suffering due to destiny, while dereflection reduces unnecessary suffering and holds the key to a person’s spiritual freedom in which the strength of will and reason triumph over instincts (3,6,7). As much as life with these patients leads to exhaustion in the household, there have been different experiences as well. For many, participating in responsible care for older family members will serve as guidance later in their lives. For example, a daughter-in-law who brought a dementia patient with behavioural problems for a check-up spontane-

tuaciju“. U susretu s teškom bolešću i smrću osoba postaje svjesna ograničenosti života i svjesna svoje odgovornosti te počinje cijeniti svaki dan kao šansu da se još nešto učini, da se ne propusti prilika za razgovor, šetnju, izmirenje... Kada se sve mogućnosti iscrpe, logoterapeut je tu da sluša i daje utjehu, pomogne u procesu žalovanja.

Članovi palijativnog tima svakodnevno se susreću s bolesnicima koji unatoč njihovim naporima ne pokazuju značajnija poboljšanja ili dapače, vrlo brzo psihički i tjelesno propadaju. Ovdje treba dodati i činjenicu da većina ljudi osjeća nelagodu kada se susreće s umiranjem i smrću bolesnika. Osim toga, stresni čimbenici medicinskog osoblja na palijativnom odjelu su nedostatak vremena, nedovoljan broj osoblja, složenost odnosa s bolesnikom, a još više njegovom obitelji koja ponekad ima nerealna očekivanja. Zato ne treba čuditi podatak da se za rad na palijativnom odjelu malotko odlučuje.

U literaturi se kao zaštitni čimbenik u savladavanju navedenih stresova članova palijativnog tima spominje nalaženje smisla u zanimanju te općenito nalaženje smisla života, što proizlazi iz osobina ličnosti (optimizam, samopoštovanje) i pozitivnog stava prema životu. Ove osobe imaju više empatije, svjesnije su života, duhovno orijentirane zbog ponavljano izlaganja smrći. Naime, brigom za osobe koje su na kraju života stječe se psihološka zrelost koja dovodi do osobnog rasta i dubljeg doživljavanja života (13,14). Frankl govori o ostvarivanju stvaralačkih vrednota na radnom mjestu; tamo gdje se učini nešto osobno, izvan više-manje propisanih dužnosti, tek tamo se otkriva mogućnost da se kroz zanimanje osoba ispuni smislom. Nenadoknadivost i nezamjenjivost, ono neponovljivo i jedinstveno ovisi uvijek o čovjeku, o tome tko radi i kako radi, a ne o tome što radi. Čovjek na svom poslu može postići stvaralačke vrednote i jedinstveno samoostvarivanje (5).

ously commented that their family is “growing through this situation”.

When dealing with a serious illness and death, a person becomes aware of the finality of life and of their responsibility. They start to appreciate each day as a chance to do something, not to miss a chance for a conversation, a walk, reconciliation, etc. Once all the possibilities are depleted, the logotherapist is there to lend an ear, to offer comfort, to help in the grieving process.

Palliative care professionals daily deal with patients who, despite their efforts, do not show significant improvement or who deteriorate very quickly both psychologically and physically. Here, it should be added that most people feel uneasy when faced with dying and the death of patients. Additional stress factors of medical professionals at palliative care wards include a lack of time, a shortage of staff, the complexity of the relationship with the patient and of the relationship with their family, who sometimes have unrealistic expectations. Therefore, it is unsurprising that a job at a palliative care ward is not a popular choice.

In the scientific literature, finding the meaning in their vocation and in life in general is mentioned as a measure for overcoming the aforementioned stress in palliative care professionals. Finding meaning stems from their personality traits (optimism, self-respect) and a positive attitude towards life. These individuals feel more alive, empathic, and spiritually oriented because of their repeated exposure to death. Through care for the dying, they become psychologically mature which leads to personal growth and a deeper experience of life (13,14). Frankl speaks of achieving creative values at the workplace; when someone does something personal, beyond their more-or-less defined duties, they reveal the possibility of fulfilment through their vocation. A man is by nature irreplaceable and unique; what matters is who does something and how they do it, not what they do. Humans can discover creative values and self-realization in the workplace (5).

ZAKLJUČAK

U susretu s bolesnikom koji ima demenciju ništa se ne smije izgubiti iz vida: ni somatska, ni psihička, ni duhovna dimenzija. Iako se čini da se na ovom području vrlo malo ili ništa može učiniti, i to malo, bolesniku i njegovoj obitelji može biti značajno. Logoterapeut treba pomoći osobi da se trgne iz nesretnog samosažaljenja. Ako već ne može oblikovati sudbinu, treba joj pravilnim držanjem ići u susret, podići pogled (od patnje), proširiti horizont, usmjeriti se na nekoga i time nadići sebe. Kako bi mogao izdržati u ovom nastojanju, potrebno je svakodnevno graditi svijest o konkretnoj, osobnoj zadaći, o jedinstvenom smislu svog bitka.

CONCLUSION

When dealing with a patient with dementia nothing can be ignored; not the somatic, nor psychological, or spiritual (nosological) dimension. Even though it seems that very little or nothing at all can be done in this aspect, even a little can be significant for the patient and their family. A logotherapist should help a person snap out of their self-pity. If one cannot shape destiny, then they should meet it with their head held high, shift their gaze from suffering, widen their horizon, direct themselves towards someone and, in doing so, transcend themselves. In order to persevere in this effort, they should daily build consciousness about their concrete, personal task, and about the unique meaning of their being.

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