

Application Of Logotherapeutic Skills In Interpreting The Meaning-Action Triangle Of A Family Caregiver: A Case Analysis

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Abstract

Enhancing wellbeing in families and society demand a special focus on family caregivers as reported in the caregiver research section of the American Psychological Association. Familial compassion of caregivers plays a significant role in ensuring a positive caregiving experience. Earlier researchers present a significant increase in care-giver stress and hence compassion fatigue in family caregivers of individuals with chronic illnesses or addictive disorders who are prone to experience existential questions involving the spiritual and psychological dimensions. The philosophical approach of Logotherapy that believes in healing through meaning emphasises on the spiritual and psychological well-being of human beings. The present research aims at the analysis of the applicability of logotherapeutic skills in decreasing the compassion fatigue of family caregivers using a structured manual by Marie S Dezelic. Standardised manualised treatment approach is adopted in the analysis to prevent the risk of bias. Single subject analysis is implemented by considering appropriate ethical factors as caregiving experiences are subjective. Multiple observations of compassion fatigue is done. It is identified that there is a significant decrease in compassion fatigue across the multiple assessment points during the intervention. Meaning Action Triangle serves as a potential therapeutic tool in offering the psychological aid to the family caregiver under study, enabling the subject to gain resilience by becoming existentially aware in the journey towards self-transcendence.

Keywords Family caregiver, existential questions, compassion fatigue, Meaning-Action Triangle, existential awareness, self-transcendence.

Introduction

Individual and family well-being is crucial for building healthy communities and societies (Fave et al., 2017). One of the targets of the United Nations Sustainable Development Goal 3 (UN SDG 3)—Good Health and Wellbeing—is to ensure healthy lives and promote well-being for all at all ages. Realizing this target is challenging when one or more individuals in families suffer from chronic illnesses and addictive disorders. Family caregivers, who serve as potential change agents within their own families, need sufficient knowledge, attitudinal healing, and psychosocial support to ensure a positive caregiving process. Logotherapy is a philosophical approach that presents the tri-chotomy of human nature, emphasizing the significance of the spiritual and psychological dimensions in facilitating healing through meaning. This makes

Logotherapy a unique approach. This study explores the subjective psychological experiences of a family caregiver and examines the effectiveness of the meaning-action triangle as a scientific tool for offering psychological aid to the caregiver, thereby benefiting the care-receiver and enhancing the strength of the relational bond in the dyad.

Background

In traditional Indian and other South and Southeast Asian societies, informal caregiving is more prevalent, with the family being the primary source of care. Filial piety is deeply rooted in social and cultural norms, encouraging co-residing family members to serve as informal caregivers (Chakraborty et al., 2023). The study concludes that caregiving is a multidirectional process requiring immense psychological and physiological strength from

the primary caregiver. Family caregivers providing palliative care are particularly affected by the loss of their loved ones, with many experiencing guilt, complicated grief, and disenfranchised grief (Kessler & Ross, 2005). This emotional distress impacts their social relationships as well. Mogimmi et al. (2007) report that caregiving responsibilities often focus on family members with debilitating conditions, including chronic disabilities (both physiological and psychological) and addictive disorders. When an individual, particularly the breadwinner, suffers from addiction, the altered cognition of the individual can lead to domestic violence, abuse, and disturbance within the family, resulting in greater emotional pain within and between family members (Sells, 2012). This chaos can lead to broken families.

The experience of individuals with disabilities and their caregivers is often explored in terms of emotional distress and health-related quality of life, while well-being indicators remain underexplored. Additionally, findings are frequently interpreted from a clinical perspective, neglecting socio-cultural factors that may play a crucial role in individuals' functioning (Fave et al., 2017). The pandemic has intensified existential crises within families, particularly during the second wave, which saw a significant rise in mortality rates. Many families have lost their breadwinners, and caregivers have struggled to accept the loss of loved ones and cope with the traumatic memories of insufficient medical resources, such as a lack of beds and oxygen. Detaille et al. (2020) present the multifaceted challenges faced by family caregivers. Their study emphasizes that financial stress exacerbates family dysfunction, with double-duty caregivers at high risk for burnout, overload, and reduced quality of life. Long-term solutions are required at the macro (healthcare level), organizational (meso level), and employee (micro level) levels.

Srinivasa Murthy (2016) discusses the challenges and opportunities associated with caregiving in the Indian context and suggests potential research topics for further study. The article concludes with optimism about India's future contributions to global healthcare goals. Family caregivers of individuals with chronic illnesses, mental health issues, and addictive disorders often experience caregiver stress. While compassion, a core value for providing

quality healthcare (Chong et al., 2022), is fundamental to caregiving, prolonged caregiver stress can lead to compassion fatigue. Studies on compassionate healthcare for parents of children with life-limiting illnesses show that lack of compassionate communication can increase caregiver stress and depression.

Gilbert (2020) emphasizes that compassion is the ability "to suffer with." His work on compassion science, which focuses on its evolutionary processes and applications in psychotherapy, underscores the importance of compassion for mental health, well-being, and prosocial behavior. Compassion-focused therapy, which is centered around providing a secure base and physiological regulation, allows basic caring motives to transform into potential for compassion through cognitive competencies.

Ekman's (2010) taxonomy of compassion further illustrates the role of familial compassion in promoting familial well-being, describing how familial compassion grows through the caregiver-receiver bond. During existential crises, unmet or partially met emotional needs can serve as a practical threat to various dimensions of compassion, offering an opportunity for researchers to bridge the gap in understanding.

Significance

Bright moments in life are easier to embrace than darker ones. Viktor Frankl (1996) captures the importance of finding meaning in life in his reflections on creation: "As the sun cascades behind the distant mountains, it creates a beautiful array of orange, peach, and pink. When we bask in the glory of a sunset and reflect on creation, or enjoy the embrace of a loved one, it provides meaning. As we engage with our community, participate in creative endeavors, and support a cause greater than ourselves, we experience the value of life. What is it then that brings meaning to life? What is it that makes those hard moments, the dark nights, and endless struggles worth the fight?" (p. 24). Individuals who have faced darker experiences, such as loss and crisis, often find themselves confronting an existential vacuum. This vacuum, more profound than logic or explanation, challenges individuals to seek deeper self-awareness and meaning in their existence.

Earlier research has explored various supportive interventions for family caregivers

of patients with cancer, dementia, and Alzheimer's. These interventions include family connect interventions, self-determination theory-based interventions (SDT), cognitive behavioral therapy (CBT), emotion-focused therapy (EFT), comprehensive health enhancement support systems (CHESS), FOCUS programs, existential behavioral therapy (EBT), telephone interpersonal counseling (TIP-C), and problem-solving interventions (COPE). Music therapy has been suggested for caregivers of patients with cancer, dementia, and Alzheimer's.

Logotherapy, with its focus on the search for meaning, aligns with the therapeutic aim of improving subjective well-being, objective goodness, and a meaningful life. The principles of Logotherapy—such as bringing unconscious aspirations to awareness, relating past hurts as challenges to a unique mission, and activating spiritual growth—make it a unique philosophical approach. Logotherapy also asserts that potential meaning exists in every situation, even in the context of caregiving. This qualitative study employs Dezelic's Meaning-Centered Counseling approach, based on Logotherapeutic principles, to explore the subjective experience of a family caregiver.

The Meaning-Action Triangle, a therapeutic tool derived from Logotherapy, helps individuals become more conscious of their selves. Compassion, which is central to the caregiving process, is explored in the context of compassion fatigue. The compassion continuum demonstrates that compassion has cognitive, affective, and behavioral components. This article explores the subjective journey of a primary caregiver at high risk of compassion fatigue, in search of meaning in their existence. The logotherapeutic skillset applied in interpreting the Meaning-Action Triangle of the counselee is analysed and presented.

Objectives

- To assess the compassion fatigue in the process of becoming existentially aware
- To interpret the meaning-action triangle of a primary caregiver using logotherapeutic skills

Methods

Case Study Approach

This study employs a case study methodology utilizing a standardized, manualised approach

to minimize potential biases. The focus of this case study is on a single family caregiver, whose therapeutic process is guided by meaning-centered counselling (MCC). The structured approach ensures consistency and rigor throughout the intervention.

Procedure

The intervention consists of a series of seven structured counselling sessions. These sessions incorporate psychoeducation, self-report questionnaires, and journaling exercises, all aimed at helping the caregiver explore meaning and purpose in their caregiving role. Specifically, the sessions include the use of structured pictographs and logo journaling hints, which are designed to facilitate reflective thinking and self-discovery. **Sessions 1–4:** In these initial sessions, the caregiver is introduced to the core principles of Logotherapy and existential analysis. The primary focus is on helping the caregiver explore their sense of meaning and purpose in relation to their caregiving experience.

Session 5: The Meaning Action Triangle (MAT) is introduced and interpreted during this session. The MAT serves as a tool to help the caregiver transition from the "why" to the "how" of caregiving, exploring their inner resources and strengths to enhance their sense of meaning in the caregiving process.

Sessions 6–7: These final sessions deepen the caregiver's connection to their inner resources. The caregiver is encouraged to reflect on the insights gained from the MAT and further integrate these insights into their caregiving experience.

Ethical Considerations

Ethical guidelines were strictly adhered to throughout the study. The dignity and confidentiality of the participant were maintained at all times. Informed consent was obtained prior to the commencement of the study, ensuring the participant understood their rights, including the ability to withdraw from the study at any point without consequence.

Measures

Data were collected through a combination of in-depth interviews, self-report questionnaires, and journaling exercises. These qualitative measures were chosen to capture the caregiver's emotional and psychological experiences throughout the therapeutic process. The journaling exercises specifically focused on the

caregiver's personal reflections on meaning and purpose, while the questionnaires assessed their emotional well-being and caregiving stress.

Context

In the post-pandemic context, the unexpected death of a close friend served as a significant triggering event for the primary caregiver to seek assistance from the researcher. The caregiver was grappling with the shock and emotional distress of losing a loved one while simultaneously managing caregiving responsibilities, balancing work-life demands, and navigating the challenges of being the eldest daughter in a gender-stereotyped society. This complex situation led to emotional and behavioral turmoil, with grief and despair being the dominant emotional experiences.

The healing journey required guiding the caregiver from a state of disorientation and loss to one of existential awareness and personal growth. The intervention process involved seven structured sessions, each lasting between 90 and 120 minutes. These sessions were delivered using a standardized, manualized approach designed to minimize the risk of bias. While the overall therapeutic process is described in detail in the study, this article specifically focuses on the interpretation of the Meaning-Action Triangle. The Meaning-Action Triangle and the Existential Triangle, developed by Dr. Marie Dezelic and Dr. Gabriel Ghaoum, are illustrated in Figures 1 and 2, respectively.

Case Presentation

Zee (pseudonym), a young woman in early adulthood, sought psychological assistance to cope with grief and caregiving responsibilities. She presented with a history of emotional neglect, parental separation, gender-based discrimination, domestic violence, financial constraints, and an attempt at self-harm. In the post-pandemic "new normal," Zee faced the

challenge of balancing her personal and career goals with the caregiving demands of her mother, who had been undergoing treatment for clinical depression for over five years. Specifically, Zee sought help because she was feeling lost, frustrated, and unable to make progress toward her goals.

The following goals were established for the counselling process based on Zee's presenting issues:

- **Goal 1:** Address irritability and anger (affective parameters affecting communication)
- **Goal 2:** Overcome cognitive inertia and resistance to making progressive career decisions.

Counselling Process: Description

The counselling process followed a person-centered approach and was structured into two phases, each comprising seven stages. Drawing on the principles of Logotherapy, the process emphasized kindness, purpose, and meaning, and was initiated in an empathetic manner to ensure understanding and confidentiality.

At the outset, compassion fatigue was assessed using the Compassion Fatigue and Satisfaction Test, developed by Stamm and Figley (1996), and it was determined that Zee was at high risk for compassion fatigue. The goals and steps involved in the counseling process are outlined below.

Phase A : Process of becoming existentially aware

The figure (1) given below, demonstrated by Marie S. Dezelic is used in the process of counselling the subject towards becoming existentially aware:

Figure 1 The Meaning-Action Triangle



Goal:

- To help the counsellee in seeing reality and be pulled towards making responsible choices The following steps preceded the session using the meaning-action triangle:

Step 1 : Introduction to the principles and philosophy of Logotherapy

Step 2 : Identification of three basic assumptions that would help understand the background of life

Step 3 : Discussion on the transition from ‘why?’ to ‘how?’ with regard to unavoidable suffering
 Step 4 : Discovering the authentic self using meaning pyramid and meaning triangle

Step 5 : Description of focus in life on the doing and the being aspects

Step 6: Multi-dimensional aspects of human beings: exploration of personal struggles and limitations in each dimension

Step 7 : Check-in for a healthy balance in life

Zee was cooperative during the counselling process. The language used during the conversation was predominantly the mother tongue though a bilingual approach was applied.

Phase B : Process of exploring the existential triangle

Figure 2 The Existential Triangle

faced difficulty in shifting from the question of why she was suffering to exploring how she could cope with unavoidable suffering. The challenge of this transition stemmed from her early experiences of emotional neglect and abuse, making the “why” question deeply ingrained.

4. **Discovering the Authentic Self Using the Meaning Pyramid and Meaning Triangle**
During the exploration of her authentic self, Zee shared intense suppressed emotions, including anger and aggression toward those who caused her harm. She also expressed gratitude toward individuals who offered genuine support. Zee reflected on both positive and negative life events (with a ratio of approximately 1:9, positive to negative), spanning from childhood to her late 20s.
5. **Focus on ‘Doing’ and ‘Being’ in Life** Zee engaged in a discussion about the themes of doing (active engagement) and being (existential state) in life. The conversation highlighted the impact of identity crises within her family, which had ripple effects across generations.
6. **Exploration of the Multi-Dimensional Aspects of Human Experience** Zee identified areas in her life where there was no choice, some choice, and free choice. It was observed that the “no choice” zone was more pronounced for family caregivers, compared to professional caregivers.
7. **Creative Expression and Check-In for Life Balance** Through creative exercises, including journaling, Zee was able to reflect on her life and assess areas of imbalance. She identified values of gratitude and faith as central to her healing process, describing them as “precious jewels” in her life.

Phase B: Self-Connection, Self-Acceptance, and Self-Transcendence

1. **Description of the Experience of Inner Pain** Zee was able to face, feel, and acknowledge the deep emotional pain she experienced. This allowed for a meaningful process of emotional validation and expression.
2. **Identification with Components of**

the Tragic and Neurotic Triad Zee identified guilt as the primary component of the tragic triad and aggression as the main element of the neurotic triad.

Additionally, unavoidable suffering and depression were recognized as secondary components in these triads. The death of Zee’s grandparents also had a significant emotional impact on her.

3. **Exploring the Behavioural Impact of Inner Pain**

Zee's sharing of her inner pain was a significant breakthrough, offering her a chance to ventilate suppressed emotions. Her inner pain manifested in social withdrawal, a blunted affect, irritability, and outbursts of anger. Observations also noted physical signs of distress, such as squeezing and twisting objects, which symbolized the depth of her unresolved pain.

4. **Impact on the Spiritual Dimension** Zee expressed a strong belief in the nurturing and sustenance provided by a higher power. Her traumatic experiences had increased her reliance on this spiritual connection.
5. **Identification of Subjective Tools to Access the Meaning Triangle** Zee identified **courage** and **faith** as subjective tools that helped her break through barriers in the spiritual dimension, addressing the existential vacuum and enabling access to the Meaning Triangle.
6. **Differentiation of Experiences in the Upper and Lower Half of the Existential Triangle(ET)** Zee reported a shift in perspective, learning to find meaning in her suffering. There was also a significant decrease in compassion fatigue, as measured by the Compassion Fatigue and Satisfaction Test.
7. **Journaling Possibilities and Opportunities Gained through the Exercise** The journaling exercises provided Zee with a meaningful opportunity to reflect on her life, become more aware of her current reality, and connect with her true self. Through this process, she was able to transcend her circumstances and find meaning in her experiences.

Overall Outcomes

Attitudinal healing and reframing of identity were significant outcomes of the counseling sessions. During follow-up, it was evident that

Zee had sought support from extended family members, made positive strides toward her career goals, and expanded her "some choice" and "more choice" zones.

Discussion

Early research emphasizes that the health of caregivers—especially their psychological well-being—needs more attention and acknowledgment to help them cope with the caregiving process. Logotherapy, as a therapeutic approach focused on healing through meaning, underscores the value of kindness in the healing process (Frankl, 1996). The therapeutic process, which involved in-depth discussions, was conducted in an environment that ensured the comfort and ease of the counselee. A **Socratic Dialogue** was used as the primary logotherapeutic technique to interpret the Meaning-Action Triangle (MAT). Throughout both phases of the therapy, the following logotherapeutic skills were applied, with kindness playing a significant role in helping the counselee feel comfortable sharing her life experiences. During these sessions, existential questions such as “What is the purpose of my life?” and “How can I make meaning out of it?” arose and were central to the therapeutic dialogue.

a. Validation and Affirmation of Unconditional Worth

An effective logotherapeutic skill was the validation and affirmation of Zee’s unconditional worth. This skill is rooted in the basic assumptions of Logotherapy, which Zee intuitively aligned with her own experiences, particularly with aggression and guilt. In Phase A, Step 1, Zee’s narrative highlighted her struggle with societal pressures, including gender-based discrimination, caste issues, and socio-economic constraints. These external factors contributed to the emotional numbness experienced by family caregivers, who often long for their loved one’s well-being but are left struggling in the process. The need for the empowerment of women was a recurring theme, especially in situations demanding interdependence amid vulnerabilities and disappointments.

b. Exploration of Logo-Hints and Meaning-Crises

Logo-hints, or intuitive insights into meaning, were explored as a means of overcoming

aggression and guilt. Zee identified a strong desire to prove her abilities to those who had previously dismissed her pain, particularly due to societal harshness and insensitivity. The process of transforming inner aggression into compassion was an essential aspect of her meaning-crisis. Caregiving, being an inherently altruistic task, often requires a deep sense of determination and grit. However, caregivers frequently face crushing daily demands that may lead to self-limiting beliefs. This area requires further research to understand the underlying factors that sustain caregivers’ resolve, despite these challenges.

c. Empathizing Skills and Clarification of Personal Values

Empathic listening, combined with clarification of personal values, enhanced Zee’s self-awareness and reflection. This approach helped her explore her worldviews and attitudes, as well as her search for spiritual sources of meaning. Living amidst existential crises and frustrations undeniably involves the spiritual dimension of being. By validating her spiritual beliefs, Zee could begin to appreciate her life’s meaning and understand how her caregiving responsibilities intersected with her deeper sense of purpose.

d. Reflection on Life’s Expectancies and Strengths

Reflecting on Zee’s unique life circumstances and strengths, the therapeutic process encouraged her to explore areas of freedom and responsibility. Zee expressed a deep passion for helping others, which aligns with the concept of self-transcendence outlined by Wong (2021). Wong highlights three key aspects of self-transcendence: (1) a lifestyle of being "set on fire" by a meaningful purpose, (2) the heart of effective therapeutic modalities, and (3) a pathway to flourishing through self-transcendence. These dimensions resonated with Zee’s growing realization of her own potential for self-transcendence.

e. Reframing Life’s Story and Finding Opportunity in Suffering

Reframing Zee’s life story from a meaning-focused perspective and exploring the opportunities that suffering could bring were crucial steps in her attitudinal healing. Creative endeavors were encouraged as part of this reframing process. In line with Viktor Frankl’s

(1996) findings, Wong (2021) quoted Frankl’s view that, "Only to the extent that someone is living out this self-transcendence of human existence, is he truly human or does he become his true self. He becomes so, not by concerning himself with his self’s actualization, but by forgetting himself and giving himself, overlooking himself and focusing outward." These insights helped Zee move toward a meaningful existence, overcoming internal and external obstacles.

Impact of Logotherapeutic Skills

The application of Logotherapeutic skills was instrumental in helping Zee reduce compassion fatigue. The Meaning-Action Triangle (MAT),

developed by Dezelic and Ghaoum (2021), helped Zee confront the inner pain caused by early childhood and adolescent suffering. This existential pain manifested as both inner aggression and meaninglessness. The inability to access the spiritual dimension led to an existential vacuum, which was only filled through the introduction of spiritual tenets such as forgiveness and compassion. These tools facilitated Zee’s transition from meaninglessness to a meaningful existence. A measurable decrease in compassion fatigue was observed during the seven sessions of the intervention, as depicted in Figure 3.

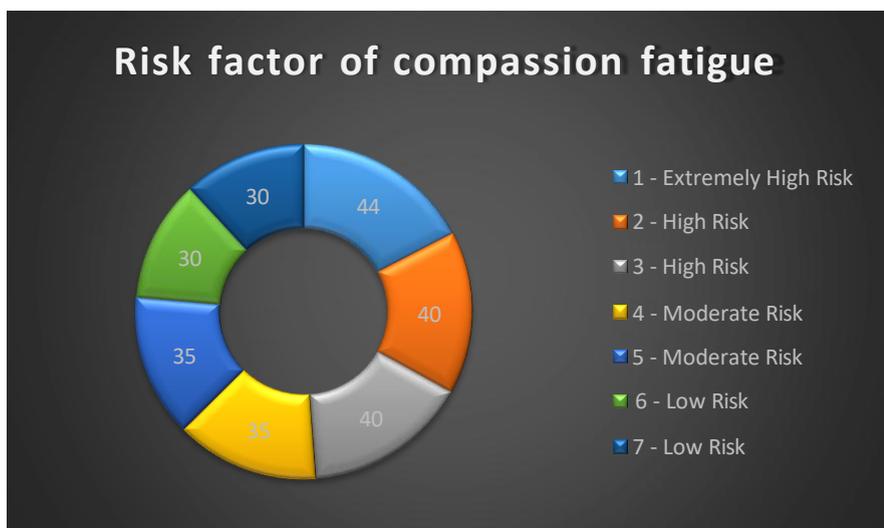
Figure 3 Compassion Fatigue measured during the counselling sessions



Figure 4 demonstrates the risk factor associated with the compassion fatigue experienced by the caregiver. Over the seven sessions, reduction in

Figure 4 Risk factor(s) of compassion fatigue

the risk factor of the compassion fatigue is observed and presented.



Discussion

During the first session, the counselee's compassion fatigue was identified as being in the high-risk zone, and she exhibited signs of burnout and mental exhaustion. Intense feelings of helplessness, grief, and despair were also observed. These emotional states are common among caregivers, especially those who face prolonged stress without adequate psychological support. In sessions 2 and 3, the therapeutic process facilitated deeper reflection on her childhood experiences, particularly in the context of exploring existential questions such as "Why?" These sessions provided a space for the counselee to process repressed memories, and suppressed emotions were ventilated, leading to improved emotional regulation.

Session 4 was particularly encouraging as it focused on the inner resources of individuals, a concept that proved essential in shifting the counselee's perspective. Cultural and societal norms often dictate that a person's value is determined by their tangible assets, which can contribute to feelings of despair and aggression, particularly for family caregivers. This session sought to explore the counselee's internal resources, which laid the foundation for a more optimistic outlook moving forward. By acknowledging and discussing these resources, the session helped the counselee recognize her own capacity for resilience.

In session 5, the exploration of the Meaning-Action Triangle (MAT) and the Existential Triangle facilitated a more profound understanding of the counselee's internal experience. This session proved to be an insightful turning point, and the counselee reported feeling a significant sense of relief. The discussion enabled her to engage in logo journaling, which allowed her to shift from a sense of meaninglessness to one of meaningful living. The process of journaling served as a valuable tool for the counselee to articulate her experiences and begin navigating her path toward a more purposeful existence.

Session 6 focused on the phenomenon of tragic optimism, a concept introduced by Viktor Frankl (1963). This principle encourages individuals to maintain hope and optimism despite experiencing suffering. The counselee shared that embracing tragic optimism allowed her to reframe her difficult circumstances. She realized that, when life presents challenges that make her uncomfortable, she has the power to

respond with courage and responsibility. The session also highlighted the idea that the spirit is the core of an individual's well-being, and the spiritual resources within each person are inexhaustible, further reinforcing the counselee's sense of empowerment.

The final session focused on the concept of self-transcendence, a key tenet of Logotherapy. During this session, the counselee shared her personal aspirations and goals, marking a significant shift toward a more hopeful and future-oriented perspective. Over the course of seven weeks, the counselling process facilitated a transition for the counselee: from confusion to clarity, despair to hope, meaninglessness to meaning-seeking, passivity to responsibility, and vulnerability to resilience. This transformation was largely due to the reflective process, which helped build courage and enhance self-awareness in the caregiver.

One of the most valuable techniques used throughout the process was Socratic Dialogue. This method enabled the counselee to engage in meaningful self-reflection and provided a safe space for expressing thoughts, emotions, and perceptions that had previously been suppressed. The Socratic method is particularly effective in helping individuals challenge their assumptions and explore alternative perspectives, which is essential in addressing the existential crises often experienced by caregivers.

The counselling process proved beneficial by encouraging the real and creative expression of the counselee's emotions and experiences. Caregivers often suffer in silence, unable to share the burdens they carry. By providing an outlet for these suppressed emotions, the counselling sessions offered a path to healing and emotional relief.

From the counselee's perspective, among the most significant motivating factors in her journey toward meaning were her faith in a higher power and the support from key individuals in her life, including teachers and friends. This aligns with the research of Gruenberg and Barry (2021), who highlight the importance of psychosocial support in the well-being of caregivers. The counselee emphasized the importance of external support in helping individuals maintain their resolve and navigate the challenges of caregiving.

The counselling process, particularly through the Meaning-Centered Counselling approach, also fostered attitudinal healing, which

contributed to a reduction in stigma and the development of the counselee's ability to manage despair and aggression. The meaning-seeking process was described as both informative and encouraging, and the counselee expressed that it offered her a sense of direction in building a meaningful legacy. Exploring meaning is an ongoing process, and for the counselee, this journey marked the beginning of a deeper connection to herself and her life's purpose.

In summary, the counselling process facilitated the counselee's transformation from a state of emotional turmoil to one of resilience, self-awareness, and meaningful engagement with life. The integration of logotherapeutic principles, such as tragic optimism, self-transcendence, and the exploration of meaning, played a central role in this shift. This case study underscores the importance of addressing the psychological needs of family caregivers, providing them with the tools to manage their emotional well-being and find meaning in their caregiving roles.

Conclusion

Apathy, hostility, and the suppression of emotions such as anger and fear, along with both reactive and proactive aggression toward circumstances and individuals who express negative strokes during communication, have been identified as significant factors contributing to compassion fatigue in primary caregivers. Prolonged exposure to inner pain, coupled with unavoidable suffering and various dimensions of vulnerability, underpins the development of compassion fatigue in this population. In the psychological realm, caregivers are encouraged to identify, broaden, and cultivate positive emotions to counterbalance these negative experiences. According to Fredrickson's Broaden-and-Build Theory of Positive Emotions (1998), negative emotions can narrow a person's thought-action repertoire, making it harder to respond effectively to challenges. Positive emotions, such as hope, anticipation, and confidence, on the other hand, expand these cognitive and behavioral reserves, providing individuals with a broader array of potential responses to emotional stimuli.

However, when caregivers experience an existential vacuum—a sense of meaninglessness often associated with

prolonged suffering—the activation of the spiritual dimension becomes crucial in promoting psychological well-being. As demonstrated in the Existential Triangle, the activation of spiritual resources helps caregivers address existential frustration, thereby minimizing the existential vacuum that often accompanies an existential crisis. Engaging with spiritual resources can help caregivers reconnect with a sense of purpose and meaning in their lives, which is essential for their emotional healing and resilience.

Reflection on the phenomenological responses of individuals to existential questions raised during therapy, combined with the use of logotherapeutic techniques such as Socratic Dialogue and the Meaning-Action Triangle, provides caregivers with potent tools for enhancing self-compassion and familial compassion. These techniques encourage caregivers to explore and confront existential questions, fostering a deeper sense of meaning and purpose. This process helps caregivers to move beyond mere cognitive understanding toward a more profound spiritual and emotional healing, demonstrating that meaning extends beyond logic and explanation.

The therapeutic process, particularly through the lens of logotherapy, promotes healing within both the spiritual and psychological dimensions of the individual. This dual approach makes it especially well-suited for helping caregivers of individuals with chronic ailments, who often experience significant emotional and psychological strain. When caregivers elevate the search for meaning as the primary motivator in their lives, even in the face of adversity, there is a greater possibility of healing the wounded ego and mending broken-heartedness. This healing process enables caregivers to evolve into compassionate change agents, empowered to offer care without succumbing to the emotional burnout that is all too common in their role.

Based on the findings of this study, it is also suggested that future research explore the potential benefits of group therapy sessions for family caregivers. A structured manualized approach, tailored to caregivers with varying literacy levels, beliefs, values, and practices, would likely offer valuable insights. Such an approach could provide caregivers with the

support and guidance needed to enhance their coping strategies and overall well-being. Group therapy could foster a sense of community and shared experience, helping caregivers to connect with others who understand the challenges they face, thus promoting collective healing and resilience.

In conclusion, the integration of meaning-centered therapy, logotherapeutic techniques, and a focus on both spiritual and psychological dimensions of healing offers a promising framework for supporting primary caregivers. By facilitating the process of meaning-making and emphasizing the importance of self-compassion, caregivers can navigate their roles with greater emotional resilience, ultimately leading to more effective caregiving and personal well-being.

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