LAST HOUR EXPERIENCE
WHAT MATTERS REMAINS

RESEARCH

Dignity Therapy

Background note on the research into the idea behind the Last Hour Experience.

What dignity therapy is

Dignity therapy is a brief, individualised psychotherapeutic intervention developed by the Canadian psychiatrist Harvey Max Chochinov and colleagues for people who are terminally ill or approaching the end of life. It is grounded in a model of dignity in the terminally ill, and draws on the concepts of generativity, legacy and meaning-making.

In a typical session, a trained interviewer guides the patient through a semi-structured conversation about the things that matter most to them, for example:

- Important moments and accomplishments in their life
- The roles that have been most meaningful to them
- Things they want their loved ones to know or remember
- Hopes, wishes and words they want to leave behind

The conversation is audio-recorded, transcribed and edited into a written "generativity document". With the patient's consent, this document is given to them to share with family or friends, leaving a tangible legacy.

The question protocol

Dignity therapy follows a published, semi-structured question framework (Chochinov et al., 2005; Chochinov, 2012). The interviewer works through prompts such as:

- Tell me about your life, particularly the parts you remember most or think are most important.
- When did you feel most alive?
- Are there things you want your family to know or remember about you?
- What were the most important roles you played in life (family, work, community), and why did they matter to you?

- What are your most important accomplishments, and what are you most proud of?
- Are there things you still want to say to your loved ones, or say once more?
- What are your hopes and dreams for them?
- What have you learned about life that you would want to pass on?
- What advice or words of wisdom would you give to those important to you?
- Are there words or instructions you would like to leave your family to prepare them for the future?
- Are there other things you would like included in this lasting document?

What the evidence shows

Dignity therapy has been studied in feasibility studies, randomised controlled trials, and systematic reviews, including a multicentre randomised controlled trial across Canada, the United States and Australia (Chochinov et al., 2011).

The main findings:

- In that randomised trial, dignity therapy did not produce a statistically significant reduction in psychological distress, the primary outcomes, compared with its two comparison groups: standard palliative care and client-centred care.
- It scored significantly higher on patient-reported secondary outcomes. Patients found it more helpful, and more often reported that it improved their quality of life, their sense of dignity, and their relationship with family (Chochinov et al., 2011).
- An earlier feasibility study reported high satisfaction and self-reported gains in sense of dignity, purpose and meaning, though it had no control group (Chochinov et al., 2005).
- A systematic review concluded that dignity therapy is feasible and well-received, while noting that evidence for effects on hard psychological outcomes remains mixed (Martínez et al., 2017).
- A more recent randomised controlled study (n=68) again found no statistically significant effect on its primary outcome (psychological distress, measured as anxiety and depression) when the two dignity-therapy arms were each compared individually to standard care. Only when those two arms were pooled did a secondary analysis show a protective effect on anxiety and depression, alongside improvements in quality of life and reduced suffering on secondary measures (Seiler et al., 2024).
- A 2025 scoping review of 82 studies confirmed dignity therapy is an actively researched field with reported benefits for patients, and noted that some effectiveness findings remain inconclusive and that it should be delivered as a culturally sensitive intervention (Velasco Yáñez et al., 2025).

In short: dignity therapy is a well-described, patient-valued intervention with a growing research base. The evidence is strongest for the meaning patients attach to it. For symptom reduction it is mixed.

The link to the Last Hour Experience

The Last Hour Experience is not dignity therapy and not a clinical or therapeutic intervention. Where they differ:

- **Audience.** Dignity therapy is for people who are terminally ill or in their final phase of life. The Last Hour Experience is for healthy adults who want to reflect now, long before the end.
- **Setting.** Dignity therapy is delivered by a trained clinician (nurse, psychologist or chaplain) within palliative care. The Last Hour Experience is a self-guided audio experience with no therapist in the loop.
- **Format and output.** Dignity therapy is a recorded interview that becomes an edited legacy document handed to the patient and family. The Last Hour Experience is a guided personal reflection, not a clinical transcript or care record.

The connection is conceptual: both work with the idea that consciously engaging with the end of life, reflecting on what mattered, and giving it shape and words can produce a felt sense of meaning, perspective and a "well-rounded" close. Dignity therapy is one line of clinical research into this idea. A separate strand of research on the psychology of endings points in the same direction (Schwörer, Krott & Oettingen, 2020): people who experience an ending as well-rounded report more positive emotion, less regret, and an easier transition into the next phase of life.

The Last Hour Experience translates this insight into a guided audio experience for a general audience.

References

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