

## Editorial

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With the publication of Volume 17, issue 1, we are celebrating the start of our 17th year of continuous publication of *Palliative & Supportive Care*. From its inception, *Palliative & Supportive Care* was meant to be unique among the field of palliative care journals; an international palliative care journal that focused on the psychosocial, existential, spiritual, and psychiatric aspects of palliative and supportive care. A journal that would serve as an academic home for all the clinicians and researchers whose work focuses on the human dimension and experience of illness, suffering, and palliative care. Such an academic home was essential, 17 years ago, to nurture a field some call psychosocial or psychiatric palliative medicine.

Like all early fields, there is an evolution of academic inquiry and research. Initially, research in a new field is descriptive, epidemiologic, correlational. Then, the field matures and research starts to focus on optimal methods of training and care delivery. Ultimately, the field reaches the point at which there is a vibrant and enthusiastic wave of intervention research and the accumulation of an evidence base on which to rely when developing treatment guidelines. This is often accompanied by a flurry of activity in the development and validation of outcome measures and cultural and linguistic adaptations of the measures that have now become so essential to the assessment of the efficacy of intervention trials. Over the past decade, we have seen the emergence of novel psychosocial interventions aimed at existential concerns, caregiver burden, bereavement, and end-of-life care planning. This special issue of *Palliative & Supportive Care* presents the latest wave in psychosocial palliative care intervention trial research. We are finally fulfilling the promise to provide palliative care clinicians and mental health clinicians involved in palliative care with the tools needed to intervene effectively in the psychosocial, existential, and spiritual domains of palliative care.

An examination of the Table of Contents of Volume 17, Issue 1, demonstrates the breadth and innovation that is emerging in psychosocial supportive care research. Our lead article is the pilot trial of “Meaning-Centered Grief Therapy” by Wendy Lichtenthal, Ph.D., of the Memorial Sloan Kettering Department of Psychiatry and Behavioral Sciences Psychotherapy Laboratory, which developed meaning-centered psychotherapy (MCP). This pilot trial shows initial feasibility and efficacy of a novel adaptation of meaning-centered psychotherapy (Breitbart et al., 2010, 2012, 2015, 2018). The subsequent two papers, by Carrie Lethborg and David Kissane and their colleagues in Melbourne, Australia, report on the progress of their work in the arena of meaning focused interventions (MAP therapy). Interventions using virtual reality, written prayer, group stress management, and those focusing on pediatric delirium prevention, spiritual pain, and doctor communication are highlighted as well. This special issue marks a milestone in the life of this journal and in the evolution of intervention research in our field, and we hope our readers find it useful and inspiring.

## References

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