The value of poetry therapy for people in palliative and end of life care.

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Abstract

Background

People in palliative and end of life care often experience issues relating to feelings of loneliness and feeling unable to connect with and express their emotions. This can lead to poorer outcomes for people, and inhibits person centred experiences.
**Aim**

To understand the benefits of poetry therapy for people in palliative and end of life care.

**Methods**

A narrative review of literature pertinent to the use of poetry with people in palliative and end of life care produced 13 relevant papers, which are presented within this paper.

**Results**

Within the literature, 4 key themes emerged: (1) The impact of poetry on the wellbeing of people in palliative and end of life care, (2) the impact of poetry on the wellbeing and confidence of health care professionals, (3) the value of poetry for family members preparing for and coping with bereavement, and (4) The value of poetry in facilitating person centred practices in palliative care.

**Conclusions**

Poetry therapy can enable a person-centred culture by promoting feelings of well being for people in palliative care, and is also beneficial for health care professionals and family members.

**Key words:** Poetry, end of life care, palliative care

**Introduction**

People who are approaching the end stage of life may experience feelings of fear triggered by uncertainties relating to their condition and life expectancy (1, 2). It is also common for people in palliative care to feel that they are a burden to others, which can inhibit their ability to discuss their concerns with their significant others and health care professionals (3, 4). People in palliative care can subsequently experience feelings of loneliness and social
isolation, which impacts on quality of life and is associated with a negative death experience (3, 5, 6, 7).

Poetry reading and discussing in palliative care could provide an opportunity for people in palliative care to discuss their experiences with others and explore relevant themes (8). Saunders’ hospice vision (1967-85) was for patients to feel able to speak about their illness and be with loved ones and professional staff. Saunders acknowledged the journey to death as a natural stage of life and envisioned the hospice as an integral part of communities. Saunders regarded people as individuals, listening to and respecting their narratives.

In harmony with this, there is a current shift towards person-centredness in healthcare. The person has an active role in their treatment and practitioners facilitate informed decision making in a supporting and enabling role (9). Saunders vision and principles of person centredness endorse that all people within the hospice community should feel respected, valued and listened to, to enable a therapeutic culture with equal power relations between professionals and patients.

It is widely acknowledged that arts therapies and creativity can have a positive impact on people’s experience of palliative care (10). Such practices could support holistic and person centred palliative care, and better outcomes for services users (11, 12).

It is with this background that the authors conducted a literature review to explore the benefits of reading and discussing poetry for people in palliative and end of life care.

**Methodology**

This narrative review of literature followed a systematic process to obtain a broad understanding of the topic (13). A comprehensive search of the following databased was undertaken: CINAHL, Medline, PsycINFO. Search terms included combinations of: Poetry,
Creative Writing, Prose, Narratives, Palliative Care, Grief, Dying, Life Limiting Illnesses, Degenerative Illnesses, Medical Humanities.

The initial search generated 95 results, and 84 remained when duplicated has been removed. Inclusion and exclusions criteria was applied. Studies included are in English language and are peer reviewed. No date limiters were set due to the limited evidence base. Studies with participants not approaching end of life and did not practice poetry therapy were excluded.

There are 13 studies included in this review.

**Appraisal of the literature**

The literature sources included in the review were evaluated using CASP critical appraisal tools (14). The appraised literature is presented in Table 1.

**Results**

Within the literature, 4 key themes emerged: (1) The impact of poetry on the wellbeing of people in palliative and end of life care, (2) the impact of poetry on the wellbeing and confidence of health care professionals, (3) the value of poetry for family members preparing for and coping with bereavement, and (4) The value of poetry in facilitating person centred practices in palliative care.

**The impact of poetry on the wellbeing of people in palliative and end of life care.**

Within the literature, researchers and people in palliative care reported the benefits of poetry based therapies on their wellbeing.

McLoughlin (15), a self-employed writer, facilitated weekly creative writing sessions for people attending day hospice. The day hospice separated a quiet space within the day room for the sessions with the aim of creating a transitional space for people to explore their
illness. The facilitator read self-selected poems or poems requested by participants. Participants were encouraged to discuss the poems and produce their own poetry. The author reported that participants valued having ‘time out’ from their illness, and found comfort and joy in the literature. The people who participated in the session used poetry to document memories, narratives of their illness, and explored grief and changes in their life. Participants connected with others and the author documented that the workshop space underpinned the values of the hospice for being welcoming and valuing individuals.

A Day Hospice service invited service users as well as staff to attend poetry reading and writing sessions, facilitated by two poets (16). Of the 12 session, 25 people attended one or more, and on completion, participants provided insights and evaluations of the sessions. The research team themed the comments and the results are as follows: positive occupation, memories, sharing of stories, fostering dialogue. The sessions reportedly promoted a space for connections and interactions that may have otherwise not occurred.

Santarpia et al. (17) developed a unique haiku based practice for people in palliative care. The authors present a case study of a person in psycho-oncological treatment who participated in their 4-phase approach of: an initial semi-structured interview, a poetry-reading workshop, a haiku-writing workshop, and a final semi-structured interview. The researchers analysed the data using discourse analysis. Prior to the workshops, the participant reported feeling unable to express his feelings. Following the poetry based therapy; the participant described his feelings and experience in more depth, and created a metaphor to support this.

*The impact of poetry on the wellbeing and confidence of health care professionals*
The literature also indicated that poetry based sessions can enhance the well being of healthcare professionals and their self-perceived ability to support people in end of life care. Radway et al. (18) invited healthcare professionals working in palliative and end of life care to attend poetry sessions as a means of self-care. The intention of the research team was to provide time for reflections and evaluations of practice and for staff to have time to honour the people that they are supporting at end of life. One participant explained that poetry provided a construct that enabled them to explore and make sense of their own experiences and feelings. The authors also credited the poetry sessions for developing skills that enhanced communication, and created an increased awareness and appreciation of words. They argued that this could enhance the confidence of health care professional’s in using narratives from patients to understand and facilitate their end of life needs.

Reflecting on the practice of the practice of using poetry in end of life care, Coulehan and Clary (19) discuss similar benefits of poetry for healthcare professionals. The researchers indicate that poetry can be useful supporting reflective practice, increased creativity and a greater imagination. This can facilitate a more compassionate approach to practice and professionals can be supported to recognise the patients as individual and be present with them.

Carroll (20) discussed his experience of using poetry writing in his practice of family psychiatry and the value that this one to one practice can have for people in palliative care. Carroll believes that poetry can be useful in supporting creative approaches to initiating challenging conversations with people in palliative care.

*The value of poetry for family members preparing for and coping with bereavement*
The literature indicated that families could also benefit from accessing poetry.

Furman (21) reflected on his experience of exploring death metaphorically through poetry. The author depicts that this practice could be useful as self-therapy for people who are grieving and could support people to explore the prospect of losing a parent. The author also suggests that it could be beneficial for professionals to access these poems to enhance their understanding of the experiences of the family members of people approaching end of life. Similarly, Cunningham (22) advocates for the importance of poetry in supporting grief and the loss of a family member. Cunningham suggests that family members could create poetry together to reminisce and honour a person that has died.

**The value of poetry in facilitating person centred practices in palliative care**

Robinson (23), a community nurse, published a personal reflection of the use of poetry with people in palliative care. Robinson reports that embedding poetry reciting into practice transformed unpleasant procedures into a meaningful and valuable experience for both. Through this practice, Robinson could support physical, spiritual and psychological wellbeing simultaneously.

Isherwood (24) conducted research into poetry as a support for people in hospice care. The author, a poet, created poems based on conversations with service users and describes the ‘numinous’ experience of supporting people to share and explore their experience of approaching end of life from another perspective.

A Japanese health care professional also used poetry in practice and created personalised Haiku style poems with people approaching end of life. This practice enabled deeper connections and relationships to develop, and a greater appreciation of individuals and increased feelings of empathy (25).
Another researcher reports that the symbolic language and metaphors in poetry can aid expression and have a therapeutic effect. A nurse detailed the impact of weekly psychotherapy sessions in which she explored poetry with a woman with inoperable cervical cancer. The nurse attended clinical supervision to plan for and make sense of the therapy sessions. The author described how the sessions promoted a therapeutic relationship by supporting the pair to explore feelings and prepare for death (26).

A specialist community palliative care team used a unique study design to research appetite loss in people with palliative cancer. The team analysed the data from seven semi-structured interviews and presented their findings in poetic transcriptions. The poems were created using exact words and phrases from the interviews and the interviewees had opportunities to provide feedback on meaning and correct use/context of wording. Poetic presentation of data was successful in enabling health care professionals to engage with patients’ words and supporting them to express their experiences effectively (27).

**Discussion**

With regards the studies pertinent to the benefits of poetry therapy on the wellbeing of people in palliative care, the evidence does appear to complement Saunders’ hospice vision and the principles of person-centredness.

Interestingly, the evidence indicates that poetry workshops could enable the fostering of relationships and connections, and, importantly, this may reduce feelings of isolation for people in palliative care. A number of current policies advise that staff working in palliative care should have knowledge of the indicators social isolation and an awareness of the impact of social isolation on health and wellbeing (28, 29). Professional staff could offer poetry workshops to support people in palliative and end of life care who are experiencing feelings of loneliness or social isolation.
The authors and participants of the included studies propose that discussing and reading poetry can facilitate self-expression, giving voice to feelings and experiences; which could cultivate feelings of well being and involvement in care (9). In one of the studies staff were presents at the workshops, however, the impact of this for the person is not clear.

Practicing self-reflection in end of life can enable people to identify their feelings (30). Poetry reading and discussing may support feelings of inner peace, wellbeing, comfort and joy, which can facilitate a ‘good death’ (31). However, it is unclear if participating in the writing of poetry increased depth of feelings or an enhanced experience, in comparison with reading poetry.

Affording health care staff the opportunity to explore poetry as a means of self-care and reflection is valuable and can enhance their ability to practice in a palliative care setting. Saunders recognised the need for professionals to have feelings of wellbeing in palliative care, and it is essential in reducing emotional burnout (32).

Poetry could enable staff to reflect on their practice and consider the needs of the people that they are supporting. This could facilitate a greater awareness of their own beliefs and values, and consider the influence of these on their practice (33). Self-awareness is necessary for the personal and professional development of nurses (34, 35)

Lack of knowledge and confidence can inhibit nurse’s ability to have an active role in supporting people in palliative care, and healthcare professionals can experience challenges with initiating conversations relating to death (36, 37). The literature suggests that poetry based workshops could support healthcare professionals to develop the skills and confidence to initiate challenging conversations using creative approaches.
The evidence presented in this review indicates that poetry could be a useful process for staff supporting staff wellbeing and confidence, however, more studies with evidence from the perspective of the professional participants is necessary.

The evidence for the value of poetry for family members is limited and studies with larger sample sizes are be required to draw any conclusions. The literature does however propose that people who have a family member in the end stages of life may find it useful to read and/or write poetry to process their grief and cope with bereavement.

Marie Curie services advocate for the use of poetry to support grief, and it is common for people to use poetry to honour people who have died, for example, at a funeral service (38).

Communication with health care professionals could lessen the burden that family members of people in end of life care experience (39). Some literature suggests that HCPs could access poetry created by family members to understand their needs and experiences. It is essential that healthcare professionals work collaboratively with families to promote person centredness and encourage families to be involved with supporting the person in palliative care (40).

The evidence demonstrates that the use of reading and discussing poetry can transform care experiences and support staff to consider the person and their support needs from another perspective. Poetry can facilitate shared experiences that are valuable and meaningful to both the person and HCPs, and such person centred interactions encourage a therapeutic relationship (41).

The research also indicates that poetry can support HCPs to support all aspects of the person’s wellbeing simultaneously, which is essential in palliative care (29).

Poetry therapy may also provide a space for HCPs to ‘be with’ the person in palliative care empathetically and listen to their narratives.
Conclusion

This review indicates that reading and discussing poetry can support a person centred hospice culture and has a positive impact on the wellbeing of the person in palliative care. Saunders hospice vision was for people in palliative care to identify with and discuss their fears about dying to find peace in their end stages of life. The use of poetry in palliative care goes some way in facilitating this vision, however, more research is required. There is limited evidence of the impact on the wellbeing of healthcare professionals and family members, and this could be explored further.
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<tr>
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<tr>
<td>Carroll R (2005) Finding the words to say it: the healing power of poetry.</td>
<td>For readers to experience the healing power of poetry</td>
<td>Discussion of evidence relating to expressive writing and the development of poetry as a therapy. Discusses the author’s experiences of using poetry as a therapy in family psychiatry.</td>
<td>The author is a family psychiatrist and uses poetry and expressive writing and reading in his practice as a therapy.</td>
<td>Poetry reading and writing can be valuable and is feasible for people in palliative care. Not research evidence. Only from the perspective of the author</td>
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<tr>
<td>Coulehan J, Clary P (2005) Healing the healer: poetry in palliative care.</td>
<td>Reflection of healing power of poetry</td>
<td>Discursive paper on the use of poetry for people working in end of life practice.</td>
<td>Relational Effectiveness of practitioner</td>
<td>Reading poetry can be beneficial for practitioners working with people at end of life- more reflective, creative and compassionate. No empirical evidence</td>
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<tr>
<td>Cunningham N (2009) Taking care of grieving through poetry: Memories of palliative care’s presence or absence.</td>
<td>Case study / expert opinion. Reflective account on using poetry as mean of</td>
<td>Responding to poems written by husband to people who had died (friends and family)</td>
<td></td>
<td>Could support grieving for the family. No real offering of the usefulness of poetry as a way of process death and loss</td>
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<tr>
<td>Furman R (2004) Using poetry and narrative as qualitative data:</td>
<td>For professionals to explore the themes within the poems that were written for self therapy</td>
<td>Poems written for self-therapy. read 10 years after initially written and reflected upon</td>
<td>Self therapy to explore perceptions. Hypothesises that it could be useful and of value to health care</td>
<td>Could be useful for families. It was useful for the author the process was</td>
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<td>Exploring a father's cancer through poetry.</td>
<td>that people may experiences when coping with the prospect of a parent dying as a result of having cancer</td>
<td>professionals to access the data within the poems as a means of understanding some of the feelings that people could experiences while coping with the prospect of the death of a parent.</td>
<td>therapeutic. Sharing the poems with health care professionals along with the reflective accounts could support understanding of feelings and experiences. The retrospective nature decreases the validity of the reflective accounts accuracy and recall could be reduced.</td>
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<tr>
<td>Haraldsottir E (2011) Poetry and creative writing in palliative care: an alternative approach to communication.</td>
<td>Explore participation in poetry writing and its impact for people attending day hospice.</td>
<td>2 poets. 5 reading sessions and 7 writing sessions Variety of themes and poems with requests from people in attendance. Discussion and time for reflection was facilitated. Writing had prompts and structure to support people and there were specific themes/ focuses for the sessions.</td>
<td>Social interaction and alternative communication. Connecting- Therapeutic relationship</td>
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<tr>
<td>Isherwood P (2015) Numinous connections: poetry in the hospice</td>
<td>the use of poetry writing to support people who are in end of life care at a hospice.</td>
<td>poetry writing by the author based on conversations with hospice patients.</td>
<td>Therapeutic relationship. Poets supported people to share and explore their experience from another perspective. From the perspective of the poet/author. In line with other research conclusions that poetry can facilitate conversations and people</td>
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Research facilitated a space to engage in conversations with people and support people within the hospice setting. People can express themselves in another form.

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<th>Reference</th>
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<tr>
<td>Jones AA (1997)</td>
<td>Case study narrative by a nurse psychotherapist exploring the therapeutic relationship with a woman who has inoperable cervical cancer.</td>
<td>Weekly psychotherapy sessions in the person's home and at a hospital using poetry and arts. Clinical supervision facilitated opportunity for author to discuss and try to make sense of the sessions and plan for the next.</td>
<td>The professional had to connect with the person and engage in the therapeutic relationship to explore connect with feelings and events in preparation for death.</td>
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<tr>
<td>McLoughlin D (2000)</td>
<td>Reading and writing for people attending day hospice. Author- self employed writer- complementary/art therapy.</td>
<td>Weekly creative writing session. To create a transitional space for people to explore their illness. Made use of a quiet corner in the day room. Selecting poems- some requested by group members and some chosen by writer. Some time at the end where people could write.</td>
<td>The theme of not knowing explored through poetry. The group valued having ‘time-out’ form their illness and found comfort and joy in the literature. People connected during the sessions and there was laughter and chatting. The author believes that this therapy aligned with the concept of hospice care being welcoming and valuing people as individuals. Grief, changes in role, markers throughout illness- people experiences. All explore.</td>
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<tr>
<td>Authors</td>
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<td>Summary</td>
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<td>Radwany S, Hassler D, Robinson N, et al (2012)</td>
<td>Poetry as self-care and palliative care.</td>
<td>For health care professionals to use poetry as a means of self care when supporting people who are in palliative care for process and pause i.e reflection and evaluation. And to honour the people that they have been supporting. Reflective narratives written regarding people and their experiences in workshops. One participant valued this process and explained that poems supported them in exploring an feeling or experience with a structure from which to develop. The author places value on poetry as a means of communication- placing value and having increased consciousness of words could in turn facilitate a greater appreciations by healthcare professionals of the words that are spoken by the people that they are supporting in end of life and palliative care. Benefits for professional as self therapy. Beneficial for the therapeutic relationship? ie that heightened awareness and value of words could increase curiosity of health care professionals to explore the meaning behind the words that people are using. Opinion piece of case study.</td>
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<tr>
<td>Robinson A (2004)</td>
<td>A personal exploration of the power of poetry in palliative care, loss and bereavement.</td>
<td>Personal reflection and exploration of poetry in palliative care. Personal experiences as a community nurse, views of patients, professional colleagues and discussion of literature. Poetry reading could transform an ‘act of care’ into a meaningful experience for both- focus on psychological and spiritual well being. Poetry can have a healing effect and is feasible for professional and people to engage in the act. Poetry can be skilfully used within every day practices to transform care experiences. Benefits for the person. Beneficial for the therapeutic relationship.</td>
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<tr>
<td>Santarpia A, Dudoit E, Paul M (2015) The discursive effects of the haiku-based SADUPA poetry technique in palliative care.</td>
<td>Case study of the use of SADUPA- a poetry technique based on haiku for Mr A in psycho-oncological treatment.</td>
<td>Discursive piece on the process of using this technique, created to be used in palliative care. The research team created designed a four-phase approach to the procedure. Initial interview semi structured. 15 written haikus presented that explore specific themes and discussion and creativity encouraged based on these. Then a workshop for Mr A to created poems based on the SADUPA haiku. Finally, semi-structured interview Trained psychologist facilitated the workshops. Unclear if/ who else was present at the workshops. Discourse analysis software was used to examine Mr A’s narratives about his illness and cancer. Data from his interviews and poems were analysed.</td>
<td>Expressive effect. Prior to the poetry workshops, Mr A felt that he was unable to express his feelings. In his final interview he explored a metaphor of the ‘hundred year old olive tree’ it was helpful to have this metaphoric symbolisation. In Mr A’s initial interview when Mr A was speaking about his illness or death, he made 12 uses of nonverbal distractions e.g to laugh. This reduced to 6 in the final interview. In his intimal interview, MR A spoke about his ‘body’(10) ‘life’ (10) ‘shipwreck(3)’ ‘alone’ (6) but did not use these words in the final interview. Final interview- cat (9), dog (8), Nature (4), passion (4), spring and used less pronouns. After the workshop, he spoke less about himself and more about nature, time and senses.</td>
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<tr>
<td>Souter J (2005) Loss of appetite: a poetic exploration of cancer</td>
<td>Aim: to explore loss of appetite for people with palliative cancer and their carers</td>
<td>support by a specialist community palliative care team. 7 semi structured interviews with people</td>
<td>Poetic presentation of data was successful in support people in palliative care to A unique way of presenting data and creating a conversation to discuss people feelings on a topic.</td>
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patients’ and their carers’ experiences. with palliative cancer and carers. Poetic transcriptions of the interviews created to communicate their experiences and interviews data was themed. The poems were created using exact words and phrases expressed in the interviews and the interviewees were involved in the creation, having opportunity to provide feedback on meaning and correct use/context of wording. express their words effectively. The research stayed true to the philosophy of palliative care that healthcare professionals will support people holistically and work with them to understand and support their needs and concerns. Implications: Therapeutic relationship- another way to present data and opportunity for discussion and checking out meaning of peoples interviews. Health care staff engaging with peoples words and experiences/ feelings. Benefits for the person-speaking with staff and carers. Giving feedback on the meaning of their words and having another creative space to explore their feelings. Facilitating conversations with carers. Benefits for the carers: Facilitating opportunity for them to engage with professionals and the person. Poetry enabling person-centred interactions.

| Discussion of the use of personalized poems. | Discussion of use of poetry with people with advanced malignancy and the usefulness of poetry. | Personalized poems could be useful to connect with people and be with-beneficial for therapeutic relationship. The person in palliative care could benefit from the personalised, individual nature. Benefits for the professional who has to connect and find meaning-empathy. Author recognises that this therapy would not be of value to all people and that there is a skill to writing poems that is in a therapeutic way. | Personalised Haikus enabled deeper connections and feelings of empathy. |
References

35. Severinsson EI. Confirmation, meaning and self-awareness as core concepts of the nursing supervision model. Nurs ethics. 2001;8:36-44.