DM

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Escrita terapêutica nos Cuidados Paliativos: Uma revisão sistemática

DISSERTAÇÃO DE MESTRADO

Tatiana Vieira Leal

MESTRADO EM PSICOLOGIA CLÍNICA, DA SAÚDE E BEM-ESTAR

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This article was written according to APA standards – 7th edition and has been submitted to peer review by a scientific journal and is awaiting feedback.

Therapeutic writing in Palliative Care: A systematic review - A death free of tubes with narrative communication skills

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Resumo

Esta revisão pretende contribuir cientificamente para melhorar a intervenção psicológica em Cuidados Paliativos, promovendo o bem-estar e a qualidade de vida dos pacientes, através da Terapia Narrativa e da escrita terapêutica como ferramenta de comunicação. A Organização Mundial de Saúde define os Cuidados Paliativos como a unidade de cuidados integrados que procura prevenir e aliviar o sofrimento dos doentes terminais e das suas famílias. As intervenções narrativas são relevantes no contexto paliativo, ajudando pacientes e familiares a construir a experiência da doença através da ressignificação dos sintomas. Esta revisão sistemática foi orientada pelas diretrizes PRISMA, um conjunto de bases de dados para a realização da pesquisa bibliográfica. Foram analisados 349 artigos, dos quais 42 apresentaram resultados relevantes. Os resultados demonstram a relevância da Terapia Narrativa e do uso da escrita terapêutica como forma de promover o bem-estar e a qualidade de vida dos pacientes em Cuidados Paliativos, dos profissionais de saúde e da população em geral. O foco na reflexão, no significado da experiência e da expressão emocional traduziu-se na redução da ansiedade e depressão. O estudo destaca a necessidade de refletir e desenvolver investigação psicológica sobre a intervenção paliativa e sobre a identificação do valor expressivo e comunicacional da Terapia Narrativa em Cuidados Paliativos.

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Palavras-chave: Terapia Narrativa; Psicologia; Bem-estar; Cuidados paliativos; Comunicação; Qualidade de vida.

Abstract

This review aims to contribute scientifically to improve psychological intervention in Palliative Care, promoting the well-being and quality of life of patients, through Narrative Therapy and therapeutic writing as a communication tool. The World Health Organization defines Palliative Care as the integrated care unit that seeks to prevent and alleviate the suffering of terminally ill patients and their families. Narrative interventions are relevant in the palliative context by helping patients and families to construct the experience of the disease through the re-signification of symptoms. This systematic review was guided by the PRISMA guidelines, a set of databases to carry out the bibliographic search. A total of 349 articles were analyzed, of which 42 showed insightful results. The results demonstrate the relevance of Narrative Therapy and the use of therapeutic writing as a way to promote the well-being and quality of life of patients in Palliative Care, health professionals, and the general population. The focus on reflection, on the meaning of the experience, and of emotional expression translated into the reduction of anxiety and depression. The study highlights the need to reflect and develop psychological research on palliative intervention and on the identification of expressive and communicational value of Narrative Therapy in Palliative Care.

Keywords: Narrative therapy; Psychology; Well-being; Palliative care; Communication; Quality of life.

Introduction

1. Objective and research problem

The current rare existence of studies that connect Narrative Therapy and therapeutic writing in Palliative Care rest in three study variables: well-being, quality of life, and communication between patients, family, and professionals. This is the problem that motivates the present systematic review of the literature. It aims to analyze the existing literature in the various realities regarding: (i) Narrative Therapy and therapeutic writing applied in Palliative Care; (ii) their association with the promotion of well-being and quality of life on Palliative Care patients and (iii) Narrative Therapy and therapeutic writing as a promoter of better communication.

We intend to help the professional community that deals with these patients daily, with data that scientifically support a reflection and improvement of a palliative intervention, namely: (a) promotion of quality of life and well-being of patients and families, (b) identification of expressive and communicational value of Narrative Therapy in Palliative Care and, (c) contribute to a more humanized and patient-centered care in an end-of-life stage. We expected to answer three research questions: (i) does Narrative Therapy favor the self-knowledge and expressiveness of individuals in Palliative Care?; (ii) does Narrative Therapy improve communication between patients, family members, and health professionals in Palliative Care and (iii) can Palliative Care patients have better levels of well-being and quality of life through Narrative Therapy?

2. What is Palliative Care?

Through the philosophy of hospice movements, Palliative Care emerges to provide a treatment centered on individuals who are in an end-of life phase, through a holistic understanding that goes beyond conventional medicine (Cobb et al., 2012). The World Health Organization (WHO, 2021) defines Palliative Care as the integrated care unit that seeks to prevent and alleviate the suffering of terminally ill patients and their families, through intervention in (a) physical, (b) social, (c) psychological and (d) spiritual dimensions (Morrison et al., 2011; World Health Organization -WHO, 2021). It is care provided by a multidisciplinary team guided by common objectives: (a) to ensure greater quality of life and well-being; (b) encourage informed treatment; (c) promote a sense of autonomy, control, and dignity and, (e) value the patient's wishes to ensure their comfort (Fan et al., 2017; Mattai & Hui, 2021; National Consensus Project for Quality Palliative Care - NPC, 2018).

Communication is one of the pillars of Palliative Care and aims to assist the patient and family in integrating information and promoting their involvement in care together with the team. It is essential to establish effective communication between all those involved so that patients' needs are heard and respected, strengthening the relationship between professionals-family-patient. When this pillar is respected, all solutions are considered as a team and the results obtained translate into the improvement of the patient's quality of life and symptomatic control (Ordem dos Psicólogos Portugueses -OPP, 2019). Communication must fulfill specific goals: (a) to engage, (b) to facilitate understanding, (c) to educate, (d) to connect with emotions, and (e) to establish collaboration (see *Table 1,* Leonard & Frankel, 2011).

Table 1. *Specific objectives of communication in Palliative Care* (Leonard & Frankel, 2011)

Specific objectives	
Involve	Implies the establishment of a lasting relationship of trust between the parts involved in the care process.
Comprehension	The patient is assisted in understanding the information and exploring their expectations. It is also helpful to recall information of a complex nature whenever necessary.
Educate	It aims to transmit information that allows to understand the diagnosis. Intends to reduce anxiety and maintain hope by eliminating uncertainties in order to articulate a plan and promote patient perceived control.
Emotions	It aims to manage emotional reactions and impact of the disease, mitigating isolation between the parts and promoting understanding.
Collaboration	It identifies the role of each part in the therapeutic plan, through the development of a team relationship between all and in the decision-making.

In the terminal phase of the disease, individuals need their suffering to be understood, which goes beyond the physical dimension and covers the internal domain, to which conventional pharmacological treatment can no longer respond (Andrade et al., 2013; Cicogna et al., 2010). The end-of-life stage is often experienced with psychological and emotional distress. The psychological and social support provided within the scope of Palliative Care aims to achieve a better quality of life and well-being and for this, it seeks to promote: (a) adaptation to the progress of the disease, (b) self-esteem, (c) interpersonal relationships and, (d) symptomatology management.

Psychological intervention takes place in an empathetic context that favors openness and sharing, in which individuals feel comfortable expressing themselves (Fan et al., 2017; Zabora et al., 2001). Working in Palliative Care requires psychologists to perform some essential competencies, such as (a) active listening, (b) empathy, (c) unconditional positive consideration, and (d) congruence (*Table 2*).

Table 2. *Definitions of some of the main competencies of psychologists in Palliative Care.*

Competence	Definition
Active listening	Higher and more effective level of listening, based on mindfulness and total interest in the interlocutor's speech, ensuring a space with minimal interruptions (Malta & Carmo, 2020).
Empathy	The ability to accurately understand and recognize the feelings of the other, and being able to put oneself in the other's shoes (Sinclair et al., 2016).
Unconditional Positive Consideration	Consideration/acceptance of the other "as he is, at the moment, allowing him to express any feelings, appreciating him, in his totality, without establishing comparisons, and esteeming him in a non-possessive way" (Almeida, 2009, p.189).
Congruence	Authenticity regarding feelings, thoughts, and actions towards the person seeking help (Deuner et al., 2022).

The results of the psychological clinical reflections contribute to a holistic understanding of the patient's situation, allowing the psychologist and the Palliative Care team to establish appropriate therapeutic plans for each situation. In addition, these formal and informal evaluation data are useful material for scientific research and medical education, since little research has been done in this area of Palliative Care (Jünger et al., 2010).

3. Palliative Care and Narrative Therapy

Throughout psychological intervention in this context, patients are encouraged to construct meanings of life, especially through narratives and their life histories (Reischer &

Beverley, 2019; Romanoff & Thompson, 2006). In the 1990s, White and Epston developed the Narrative Therapy seeking to help individuals express their personal story narratives, where they identify important elements and meanings about individual events that allow them to achieve levels of well-being and quality of life in different life contexts (Hutto et al., 2017; Noble & Jones, 2005; Roikjær et al., 2021). Considering the subject as an innate storyteller, narratives constitute stories created by them as organizing configurations of (a) information, (b) thoughts, (c) experiences, and (d) actions that can later be externalized (Gray, 2009; Kirmayer et al., 2023). Through oral or written language, they create narratives that were previously internalized and, through this process, attribute meaning to them, recreating and re-signifying such experiences (Gray, 2009; Mattingly & Garro, 2000). Narrative Therapy uses narrative as a communication strategy that allows patients to receive information about their health status, construct meanings of life, and recount situations and events that are meaningful to them. In addition to a psychological intervention strategy, a narrative can also be translated as a teaching tool and an information-gathering tool (Charon, 2006; Gray, 2009).

In the face of a terminal illness, narrative strategies reflect their relevance in the construction of the disease experience through the re-signification of symptoms, to guide them to cope with the disease and consequently contribute to the reduction of anxious responses and promotion of resilience. Thus, patients-caregivers-professionals can use narrative communication (oral or written) to understand behavior in the face of the disease and consequent clinical outcomes (Kirmayer et al., 2023; Stanley & Hurst, 2011). The naming of the problem and its externalization enables the patient to explore and externalize the problem. This process is encouraged by the psychologist throughout the narrative intervention, recognizing that the patient has enough personal skills and knowledge to solve their problems and preventing patients from feeling incapacitated by the disease (Besley, 2002). Narrative Therapy allows to see beyond the disease, overcome the characteristic anguish of death, and find meaning in the life that is yet to be lived (Noble & Jones, 2005).

In the 1980s, James Pennebaker and collegues presented the potential of therapeutic writing to promote positive effects in the lives of individuals through the transcription of thoughts and feelings associated with stressful situations for a predetermined period. They concluded that emotional expression through writing promotes insight, self-reflection, and organization of life events because the patient can recognize the feelings and emotions that he had blocked internally and, when expressing himself, constructs a story, attributing meaning to it (Figueiras & Marcelino, 2008; Ruini & Mortara, 2021). Writing represents an opportunity to reformulate a life story meaning, as the transcription of negative feelings into words opens up to the search for alternatives and solutions to problems. In a resilient way, therapeutic writing can lead the patient to face challenges positively (Ruini & Mortara, 2021). In Palliative Care, guiding patients towards emotional revelation through writing is a flexible and cost-effective therapeutic strategy capable of adapting to the individuality of each patient and as an alternative to verbal emotional expression (McInnerney et al., 2019).

For patients and families to have higher levels of well-being and quality of life, teamwork is necessary between psychologists, nurses, doctors, and assistants. As an alternative to the conventional model of biomedical care, Rita Charon presented in 2006 a proposal for patient-centered care recognized as Narrative Medicine, which brought the medical community closer to the patient and their family, respecting the concept of "Total Pain" proposed by Cicely Saunders (Rudnik & Sobczak, 2021). Based on the assumption that each patient has a story to tell, according to the narrative model, professionals seek to listen to their narratives in an empathetic, judgment-free, and collaborative way and help them construct meanings based on the experience of the disease (Collie & Long, 2005; Romanoff & Thompson, 2006). In the process of listening and dialogue, the necessary context is created for the patient to construct personal stories, through which they seek to signify their condition and organize their thoughts, while at the same time, the team can understand how the patients deal with the situation and adjust to it (De Benedetto et al., 2007; Rudnik & Sobczak, 2021).

Methodology

The methodology used consisted on a systematic review of the literature according to the recommendations of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) model, distributed over twenty-seven items that constitute a *checklist* (Page et al., 2022). This study design brings together a set of sources of a similar nature, selected in a planned way and following strict criteria, on which a critical analysis of the content of each article included in the selection was carried out. Reviews of this nature are rich sources of information on a topic, allowing the identification of problems that may constitute research priorities in the future and also to review existing theories and approaches. It is considered useful scientific material for (a) professionals, (b) researchers, (c) students, (d) patients, and (e) the general population. Guidelines developed according to the PRISMA model aim to help authors ensure that their reviews are made according to a rigorous scientific methodology that guarantees real results with scientific value (Page et al., 2022).

The systematic search of the pre-existing literature followed the databases: (a) *Science Direct*, (b) *Taylor & Francis*, (c) *Google Scholar*, (d) *Springer Link*, (and) *B-on*, (f) *Pub Med* and (f) *Scielo*, through the replication of the combinations of the research key in Portuguese and English: "Narrative Therapy" OR "therapeutic writing" OR "Narrative Medicine" OR "psychology" AND "Palliative Care" OR "end-of-life care" AND "well-being" OR "quality of life" OR "stories" OR "communication", with the help of filters associated with the publication period between 2000 and 2023 and the area of study to refine the results obtained. Given the rare results obtained from the initial search key, in the first round of search, the need arose to add the terms "*Journaling*" and "Art Therapy". The search in the databases was carried out in September 2023. Externally to these databases, a search of the contents of the social network was also used *LinkedIn* and also to the relevant literature referenced in the articles analyzed.

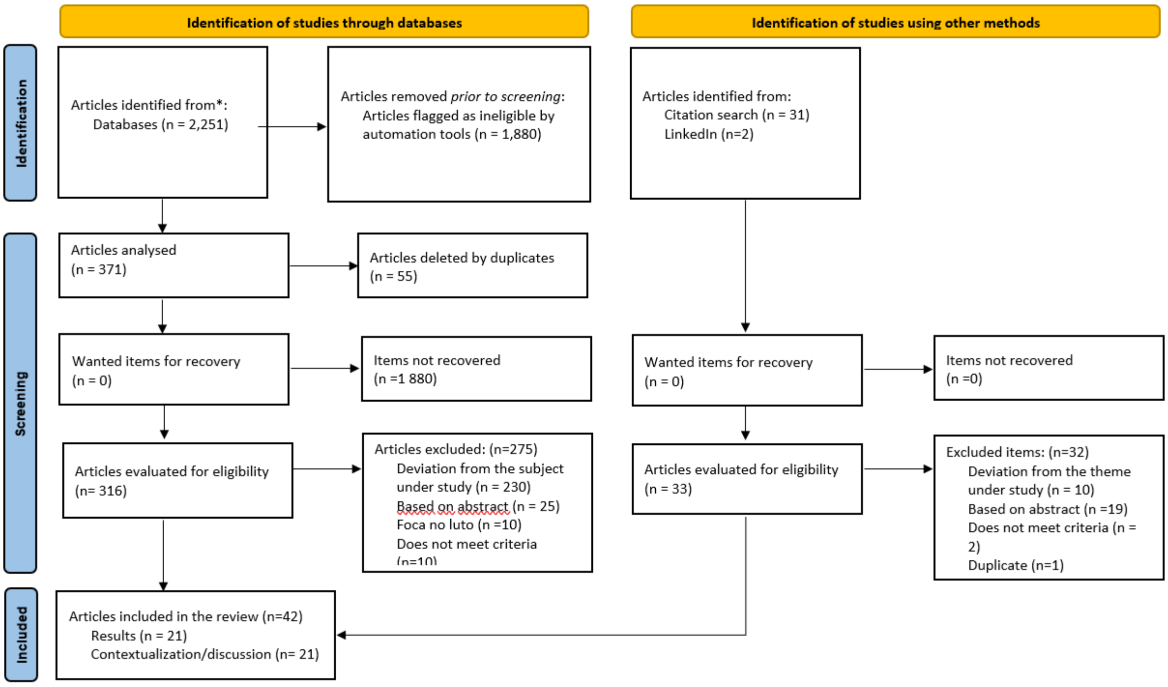
The selection of articles took into account the following eligibility criteria: (a) empirical studies, literature reviews, review studies or master's/doctoral dissertations; (b) articles with a theme associated with Palliative Care and narrative or artistic psychotherapeutic approaches in this context; (c) open access; (d) published in Portuguese, English or Spanish, (e) their title or abstract, included one or more of the key concepts indicated above, and (f) peer-reviewed articles. As this is a relatively recent research topic, it was also defined as a selection criterion that the literature was published between 2000 and 2023. In addition, articles referring to Portuguese and international panorama were accepted. Regarding the criteria that justified the exclusion of the articles, it is pointed out that they (a) deviate from the theme under study, or because they do not include information about Narrative Therapy or Palliative Care, (b) because psychological intervention focuses on grief processes and (c) because the text was incomplete. The verification of the inclusion of the literature was carried out by an independent reviewer and, in cases of doubt, with the opinion of the project supervisor.

To identify the duplicates, the titles were listed in a *Word* document, indicating the number assigned to each extracted document and the corresponding title. The word search tool identified repeated titles and mark them as duplicates for later deletion. After this clearance, three other *Word* documents were created to assist the reading and organization process. Document A aimed to collect basic information (i.e. title, authors, date of publication, journal, country, and comments). In document B, the excluded documents were recorded by database and the reasons for exclusion and, in document C, the results obtained in each article were analyzed, naming (a) theme, (b) methodology, (c) results, (d) main conclusions and (e) possible limitations, when applicable. The entire process of reading and collecting results took place from September to December 2023.

Results

Figure 1 shows the results of the various phases of the systematic review. After the initial analysis and organization of the databases, 2251 articles were identified. A total of 1880 articles were eliminated, after sorting from the automation tools, where the established filters were applied regarding the design and area of the studies and the period. In a screening phase, of the 371 articles analyzed, 55 were eliminated after being identified as duplicates. In the final phase, 316 articles from the databases were analyzed for eligibility, of which 275 were excluded based on (a) the abstract (n=25); (b) deviating from the theme under study (n=230, i.e., psychological interventions outside the palliative context or different from the narrative approach, and even if motivated by other areas of intervention); (c) focus on a grief intervention (n=10) or (d) not meeting inclusion criteria (n=10, i.e. type of article, incomplete text; not peer-reviewed). In addition, 33 studies were identified through citation search and LinkedIn. When their eligibility was assessed, 32 articles were removed, (a) based on the abstract (n=19), (b) for deviating from the topic under study (n=10); (c) did not meet the criteria (n=2), and (d) because it was duplicated (n=1). Thus, 42 articles were included in this review, of which 21 were used to present results and 21 to assist in the contextualization and discussion of the results.

Figure 1. *PRISMA 2020 flowchart for systematic review (searches in databases, registries, and other sources).*



Note: *The flowchart presents the phases of study identification, screening, and inclusion of articles from databases and other methods used in this systematic review of the literature. Source: Page et al., 2022.*

From all the 21 articles included in the results, (a) three are qualitative studies (Andrade et al., 2013; Lackey, 2023; Leonard et al., 2017;); (b) three randomized controlled trials (Cepeda et al., 2008; Lloyd-Williams et al., 2017; Warth et al., 2015), (c) a projective and descriptive study (Collette et al., 2021); (d) an integrative systematic review (Roikjær et al., 2019); (e) three mixed-methods studies (Fan et al., 2017; Finucane et al., 2021; Zdun-Ryzewska et al., 2019); (f) a cross-sectional study (Morita et al., 2015); (g) a quantitative, prospective and quasi-experimental study (Tonarelli et al., 2018); (h) three review articles (Figueiras & Marcelino, 2008; Goman, 2017; Rudnik & Sobczak, 2021); (i) one narrative review (Gilmour et al., 2019) and (j) four scoping reviews (Laskow et al., 2019; McInnerney et al., 2019; Rieger et al., 2023; Roikjær et al., 2021) (*see Tabel 3*).

Table 3. *Study design of the included results.*

Study design	Results
Qualitative Studies	Andrade et al., 2013; Lackey, 2023; Leonard et al., 2017
Randomized Controlled Trials	Cepeda et al., 2008; Lloyd-Williams et al., 2017; Warth et al., 2015
Projective and Descriptive Study	Collette et al., 2021
Integrative Systematic Review	Roikjær et al., 2019
Mixed-methods Studies	Fan et al., 2017; Finucane et al., 2021; Zdun-Ryzewska et al., 2019
Cross-sectional Study	Morita et al., 2015
Quantitative, Prospective and Quasi-experimental Study	Tonarelli et al., 2018
Review Articles	Figueiras & Marcelino, 2008; Goman, 2017; Rudnik & Sobczak, 2021)
Narrative Review	Gilmour et al., 2019
Scoping Reviews	Laskow et al., 2019; McInnerney et al., 2019; Rieger et al., 2023; Roikjær et al., 2021

In the study by Andrade and colleagues (2013), 28 clinical nurses from Palliative Care answered the questionnaire about the importance of communication in Palliative Care practice and how it should be used in the care of these patients. The study showed that effective communication translates into one of the pillars of Palliative Care practice, capable of supporting the patient's expression and allowing the feeling of support. The authors indicate that, if conveyed comprehensively, communication promotes awareness of dignity and autonomy in patients' decision-making. The study also suggests that the communication between the patient-professionals-family triad favors therapeutic care and promotes a bond between the parts, which is essential for an end-of-life stage.

Leonard and colleagues (2017), sought to highlight the role of the psychologist in Palliative Care intervention using narrative approaches focused on identities and life histories. Through a qualitative analysis of semi-structured interviews conducted with 215 participants, distributed among groups of caregivers and health professionals, and individual interviews with caregivers and community members in Australia, the authors concluded that, in an end-of-life stage, identity can be maintained through the preservation of interpersonal relationships, objects, and previous places. They suggest new evidence for this theme, revealing the benefit of psychological intervention in Palliative Care, with psychologists contributing through knowledge and skills to the performance of emotional work and provision of support attentive to all the elements characteristic of the end-of-life stage and also considering it as a transition stage that requires a work of identity maintenance. Thus, these results demonstrate that psychological intervention in Palliative Care is not limited to adaptation to death and grief, encompassing attention to anxious or depressive symptoms and considering the focus on other themes.

In turn, Lackey (2023) focused their study on a pediatric age group, with the participation of five children between 9 and 17 years old. They sought to understand the experiences and perceptions of pain by drawing their feelings using a body map. The intervention was based on the principles of Art-Therapy, over sessions of 20 to 60 minutes in each participant's rooms, in which three guidelines were explored: "How I feel today", "Draw your feelings" and "Draw a day when you feel good". In the first, using the "*Body Feeling”* map*,* the participant chooses a color and an emotion to which he associates it and represents the part of the body where he feels it. In the second, the participant is given a piece of paper on which on one side he would draw himself on a sad/angry/afraid day, and on the other side, his image on a day when he felt love/happiness. In the third, they are asked to draw a day in which they feel good and to verbally project the drawing throughout the activity. The results showed that an intervention based on Art-Therapy, with this population, and working on themes associated with emotional self-awareness, identity, and the expression of intense feelings, showed that it is possible to lead the pediatric population to connect with their feelings and emotions, establishing a bridge between the design and the validation of emotional needs. The results showed a prevalence of intense emotions associated with fear, anger, love, and happiness, useful material to understand the coping strategies used and to establish appropriate intervention plans.

Table 4. *The main conclusions of the qualitative studies are included in the results of the systematic review.*

Authors	Title	Key findings
Andrade et al., 2013	Palliative care: communication as a care strategy for terminally ill patients	• Communication is a pillar of Palliative Care practice; offers support for the patient to express their desires, if transmitted with care, comfort, and understanding; • If it is comprehensive, it contributes to the awareness of dignity and provides autonomy in decision-making; • Dialogue can promote the creation of a necessary link for end-of-life.
Lackey, 2023	Art Therapy in Pediatric Palliative Care: Promoting the Visual Voice by Identifying Feelings, Emotions, and Pain Perception through Drawing	• The use of a body map feelings and a drawing of a happy day allows children, in Palliative Care, to connect to their emotions and feelings; • Participants showed emotional self-awareness, expression of intense feelings, and sense of self; • The expression of intense emotions is connected with fear, anger, love, and happiness; intervention allowed the transmission of emotions and feelings both visually and verbally; • The guidelines make room for self-awareness through self-expression, as they establish a bridge between the design and validation of emotional needs, identifying *coping* strategies, and developing an intervention plan.

Leonard et al., 2017	Identity and the End-of-Life Story: A Role for Psychologists	• The transition to end-of-life is achieved without loss of identity when the relationships with people, places, and objects that held the identity are maintained; • Caregivers require knowledge, skills, and adjustments that psychologists are competent in, such as (a) emotional labor, (b) support networks, (c) resistance to pressure from medical staff, and (d) adaptation to death; • Psychologists can play a valuable role in recognizing end-of-life as a major transition and help maintain identity during this time.

Note: *For each qualitative study included in this review, this table presents the main findings. Each synthesis is associated with the authors of the article whose title is mentioned.*

Cepeda and colleagues (2008), demonstrated the value of using narrative writing in Palliative Care through an 8-week clinical trial with 234 participants with oncological diseases and moderate levels of pain, divided into two intervention groups – one for narrative writing and the other with the application of the *McGill Pain Questionnaire* – and a control group. Using a 7-point Likert scale, the feeling of well-being was assessed, and, on a scale of 0 to 10, the intensity of pain. The emotional content of the narratives was independently assessed by two investigators. Considering a 95% confidence interval, the results show that in the evaluation of pain intensity, the group that received narrative intervention had pain levels 0.1 units higher (0.7) than the control group (0.6). Concerning well-being, similar results were obtained between groups, but it should be noted that, while the control group presented 0.02 units, less feeling of well-being and the narrative intervention group presented 0.08 units of greater well-being. The authors observed that in the follow-up, patients with great emotional sharing in the narratives also had higher levels of well-being. Some considerations of this study deserve to be retained: (a) when the intervention is mediated by psychotherapists, there is a greater probability of obtaining results associated with the reduction of physical symptoms and promotion of well-being, (b) the use of narrative writing with Palliative Care patients allows a greater degree of emotional revelation and (c) the writing of narratives tend to lead to greater well-being and a decrease in pain intensity in cancer patients.

Lloyd-Williams and colleagues (2017) complement the results of previous authors with the results of a pilot study of narrative intervention focused on depression with patients in Palliative Care. The participation of 57 patients was divided into two groups, an intervention group who received complementary to usual care, the focused narrative intervention, and a control group who received only usual care (i.e. antidepressants, complementary therapies, and counseling). A pre-test assessment of depression and symptomatological levels was performed using the *Patient Health Questionnaire-9* (PHQ-9) and the *Edmonton Symptom Assessment* (ESAS). Depressive levels were assessed over 2, 4, and 6 weeks. The results were analyzed considering a significance level of 95% and PHQ-9 scores through analysis of covariance (ANCOVA) to observe significant changes between groups. The intervention group started the study with a mean PHQ-9 score higher than the control group (17.6 vs 14.6). To obtain a clinically meaningful response to depression, a five-point reduction in PHQ-9 had to be achieved. Given this, the authors indicated that after 2 weeks, 50% of the intervention group obtained better results than control group (28.6%) in this instrument (p=0.21). After 4 weeks, 50% of the intervention group versus 25% of the control group achieved clinically significant results (p=0.19) and, at 6 weeks, 61.1% of the intervention group achieved better results than 20% of the control group (p=0.04). Even so, although it was verified that the intervention group was able to obtain greater reductions in PHQ-9 scores, these were not statistically significant (p=0.25). Given these results, the authors demonstrate that in addition to the usual care in Palliative Care, narrative interventions tend to lead to favorable results in reducing the levels of depression, through the promotion of the sharing of patients' thoughts and experiences and the identification of coping strategies. They also point out that these results are supported with a 6-week intervention.

Associated with the reduction of symptoms, the study carried out by Warth and colleagues (2015), demonstrates the effectiveness of music therapy in obtaining better results in relaxation, well-being and in reducing physiological symptoms. The 84 participants in Palliative Care, with diagnoses mostly linked to oncological diseases, were randomly distributed into intervention group that received music therapy and into control group. However, both groups performed relaxation exercises and underwent an initial assessment of quality of life and previous experience with relaxation exercises. The intervention took place in two 30-minute sessions, with an interval of 2 days. The involvement with the intervention group pointed to voice activities and live music, using a monochord for approximately 15 minutes. Subsequently, the participants had 5 minutes to reflect on their experience, and the rest of the time, the researcher proceeded to the post-intervention evaluation. The control group was submitted to a similar intervention, replacing music therapy with the *Mindfulness-Based Stress Reduction Program* (MBSR) through headphones. The evaluations used the *Visual Analogue Scale* (VAS) to assess relaxation, well-being, and pain. Considering a significance level of 95%, the data were analyzed using the paired sample t-test and analysis of covariance (ANCOVA). There were no significant results between the two sessions ($p>0.05$) or significant differences in pain perception ($p=0.53$), but when self-rated scores regarding well-being and relaxation were analyzed, there were significant increases in intervention group ($p<0.001$) compared to control group ($p=0.013$). In addition, the answers to the quality of life questionnaire reveal a significant improvement in this variable in both groups, although there was a greater improvement in the intervention group. The results suggest that intervention with music therapy with Palliative Care patients is associated with higher levels of well-being and quality of life, when associated with relaxation exercises. Although the study did not reveal statistically significant results in pain reduction, Warth et al. (2015, *Table 5*) suggest that there is a trend toward improvement in physical symptomatology.

Table 5. *Main conclusions of the randomized controlled trials.*

Authors	Title	Key findings
Cepeda et al., 2008	Emotional Disclosure Through Patient Narrative	• Previous studies did not find significant results that demonstrated that narrative writing would produce a decrease in pain or an increase in well-being in

	May Improve Pain and Well-Being: Results of a Randomized Controlled Trial in Patients with Cancer Pain	individuals, hypothesizing that the absence of psychotherapists was responsible for these results; • The greater the degree of emotion in the narratives, the lower the intensity of pain and the greater the feeling of well-being; • Narrative medicine and writing contribute to emotional disclosure and contribute to health outcomes for cancer patients.
Lloyd-Williams et al., 2017	Pilot randomized controlled trial of focused narrative intervention for moderate to severe depression in palliative care patients: DISCERN trial	• Depression is common in Palliative Care patients; • Throughout semi-structured interviews (between 25 and 60 minutes) perspectives on the meaning of suffering/depression and physical, psychological, and spiritual well-being were discussed; • Patients shared their thoughts and experiences, identifying the main factor that contributed to their distress and what coping resources they used; • A 5-point reduction in PHQ-9 represented a clinically meaningful response to depression. At each intervention moment, a higher proportion of intervention group patients obtained significant responses; • After 4 weeks, intervention group participants reported improvements in depression compared to control group; • Palliative Care patients with depression may benefit from a focused narrative intervention, with a 6-week follow-up considered appropriate.
Warth et al., 2015	Music Therapy in Palliative Care	• Between the beginning and the end of the study, there were improvements in the quality of life scale in both groups, with a greater increase in the intervention group. However, the difference was not significant ($p=0.14$); • Music therapy improved the subjective assessment of patients' relaxation and well-being in Palliative Care; • The hypothesis that music therapy contributes to pain reduction has not been confirmed.

Note: *This table presents the main findings for each randomized controlled trial included in this review. Each synthesis is associated with the authors of the article whose title is mentioned.*

Collette and colleagues (2021, *Table 6*) conducted a study with 85 participants with oncological diagnosis, hospitalized in Palliative Care, who received intervention on Art-Therapy. Variables such as pain intensity, anxiety, well-being, and depression were evaluated before and after the first, third, and fifth sessions using the *Edmonton Symptom*

Assessment Scale. The usefulness of the intervention was also assessed through a questionnaire created for this purpose and a checklist after the third and fifth sessions. To analyze the narrative, three categories were created: (a) generally useful, (b) usefulness related to didactic relationship, and (c) usefulness related to triadic relationship. The results demonstrate a significant reduction in symptoms such as anxiety, depression, and pain that translated into the promotion of individual well-being. The percentage level of 98% of the participant's considered Art-Therapy useful, 54.8%, considered generally useful and 32.9% useful to the didactic relationship and 12.3% to the triadic relationship. Similar results were obtained by family members who considered that the intervention was useful in an indirect way. They felt calmer, were able to express themselves and communicate their emotions, and were entertained. The conclusions reveal a positive evaluation by the participants who obtained positive experiences throughout the sessions, allowing the promotion of relaxation, learning, and the notion of control. Through emotional, sensory, cognitive, and spiritual resources, the intervention contributes to the holistic perspective of the patient in Palliative Care and a significant reduction in psychosomatic and physical symptomatology. Even so, the authors identify that the absence of a control group and the fact that the intervention is limited to the inpatient space may be limitated, so it is recommended that future research seek to take this aspect into account.

Table 6. *Main conclusions of the projective and descriptive study.*

Authors	Title	Key findings
Collette et al., 2021	Art Therapy in a Palliative Care Unit: Symptom Relief and Perceived Helpfulness in Patients and Their Relatives	• In the checklist of benefits of intervention, patients valued: (a) the stimulation of imagination; (b) distraction, (c) relaxation, (d) expression of emotions, (e) amusement, and (f) talking about emotions and feelings; • Art-Therapy reduced the intensity of pain, anxiety, and depression and increased well-being after sessions; • The process uses emotional, sensory, cognitive, and spiritual resources, contributing to the holistic perspective of the patient in Palliative Care.

Note: *This table presents the main conclusions for the projective and descriptive study included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

Roikjær and colleagues (2019, *Table 7*), conducted an integrative systematic review of narrative interventions in Palliative Care. Based on the analysis of the 24 studies, the authors found that these interventions sought to work on social and existential suffering, helping patients to reflect on their life legacy and their current situation to construct meaning for their history. Additionally, the research describes interventions based on Dignity Therapy, in which participants reflect on a set of issues and create a narrative focused on their life story. These were brief life review psychotherapies where patients reflected on (a) psycho-existential suffering, and loss (b) interpersonal relationships, (c) autonomy, and (d) future. All narratives could be facilitated by the process of life review, legacy, or forgiveness and had a positive impact on the quality of life and suffering of patients, supporting their application with the terminal population. Although the underlying belief of personal narratives affects the meaning of "I", only Dignity Therapy presented evidence. Thus, the personal narratives constructed within the scope of Dignity Therapy fulfilled functions for the "I", namely associated with (a) contentment, (b) repentance, (c) meaning of life, (d) insight, (e) resignation and (d) identification of their role. They also fulfilled functions of (a) affirmation, (b) gratitude, (c) reconciliation, (d) disillusionment, (e) remembrance, and (f) enlightenment, for others. Personal storytelling is considered therapeutic for promoting the meaning, continuity, and purpose of the self and the exercise of re-evaluation of life events. The recommendations left by the authors are to reduce the focus on the construction of a legacy document and to invest in facilitating the personal narrative, as well as to consider the specific culture of the patient.

Table 7. *Findings of the integrative systematic review.*

Authors	Title	Key findings
Roikjær et al., 2019	The use of personal narratives in hospital-based palliative care interventions: An	• Personal narratives are considered therapeutic, facilitating the meaning, purpose, and continuity of the self by reevaluating significant life events; • The study examined both Dignity Therapy and life review and found the focus on a positive narrative, leaving no room to discuss or reflect on unhappy memories;

	integrative literature review	• The intervention should be flexible enough to adjust to the practices of the environment and the patient's life.

Note: *This table presents the main conclusions for the integrative systematic review included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

Mixed-methods studies show results associated with the care provided in Palliative Care (Fan et al., 2017) and their needs (Finucane et al., 2021; Zdun-Ryżewska et al., 2019).

Fan and colleagues (2017) had the participation of 16 in Palliative Care physicians and nurses, to whom semi-structured interviews were conducted - for qualitative analysis - and an online questionnaire was applied - for quantitative analysis of three parameters: contents of psychosocial support, difficulties in providing this care and support needs of professionals. The main qualitative results are associated with contents of psychosocial care, highlighting (a) events related to disease (i.e. transmission of diagnoses and decision-making) combined with the need for psychoeducation and transmission of information, (b) emotional and psychological aspects, revealing the need to help patients and families to adjust to end-of-life and to deal with negative emotions, as well as with depressive and anxious symptomatology and fear of death. Results related to family aspects were recorded, since professionals translate as communication bridges between families and patients, facilitating communication and reducing conflicts. Psychosocial support is a dynamic process of evaluation and intervention as well as attitudes and skills of professionals associated with empathy and support. The quantitative data reveal that the most common psychosocial care was discussing about the progress of the disease and the planning of future care, concluding that difficulty lay in the long-term problems in families. The results also indicated that the professionals who most needed attention were social workers and psychologists.

Finucane and colleagues (2021), identify the needs of Palliative Care associated with referrals to this context, through a focus group with healthcare professionals from hospices in the United Kingdom and the review of case notes. In total, 22 health professionals were distributed among four focus groups, and 239 cases of referrals to Palliative Care were analyzed. The results obtained from the analysis of the referrals revealed that (a) in 62% of the patients, two or more domains (i.e. physical, spiritual, psychological, or social) were included in the same, (b) physical needs were always reported, with pain (60%) and fatigue (36%) prevailing. Meanwhile, psychological needs were reported in 59% of referrals, but rarely detailed. About 25% of the referrals, social needs were mentioned. Spiritual needs, on the other hand, were noted in only 8% of the references. Qualitatively, it was found that physical needs were prioritized given the greater perception and it was considered that the referral process had limitations, which the participants associated with pressur inherent to the provision of care, but also with the lack of knowledge about the care provided in the palliative context. There is a need for greater clarity and rigor regarding the criteria of who can be referred, at what time, and for what purpose, and it is essential to invest in medical training and education on Palliative Care to minimize these constraints.

Zdun-Ryżewska and colleagues (2019, *Table 8*), present equally relevant results on this topic, carried out in Poland with 74 cancer patients in advanced stages, treated inpatient (n=53) and at home (n=21). To collect the data, the questionnaires *The Illness Perception Questionnaire*, *The Hospital Anxiety and Depression Scale*, the *Brief Pain Inventory-Short Form,* and the *Karnofsky Performance Status* were used, and the significant differences between the groups were analyzed using the Student's t-test for continuous variables and linear regression to assess the effect of variables on disease perception. There were no significant differences between the groups in terms of depression and anxiety levels, as well as pain intensity. However, they found significant differences associated with beliefs about pain justified by the perception of the greater efficacy of pain therapy in patients in-home care, but greater suffering associated with it. In addition, they found that younger patients in home care reported lower pain intensity and a higher perception of the efficacy of pain treatment. So, age, pain intensity, and location of receiving care are predictors of beliefs associated with pain control. Future studies should be carried out to understand the cause of greater distress felt by patients in home care and the lower perception of the efficacy of pain treatment in the context of hospitalization.

Table 8. *Main findings of the mixed methods studies.*

Authors	Title	Key findings
Fan et al., 2017	Psychosocial Care Provided by Physicians and Nurses in Palliative Care: A Mixed Methods Study	• Qualitative results revealed three themes: 1) the contents of psychosocial care included not only events related to the disease, but also emotional and family support, 2) the provision of psychosocial care was a dynamic process that included assessment and intervention, and 3) there were difficulties of the participants themselves, patients and family members, and of the system; • Quantitative results showed that the most common psychosocial care was the discussion about the progress of the disease and the future care plan; the difficulty lay in the long-term problems in the families; The most needy psychosocial care professionals were social workers and psychologists.
Finucane et al., 2021	What makes palliative care needs "complex"? A multisite sequential explanatory mixed methods study of patients referred for specialist palliative care	• Identified needs: (a) pain (60%), (b) fatigue (36%), (c) complex pain (24%), (d) psychological needs (59%), (e) social needs (21%) included caregiving responsibilities (n=20), social isolation (n=15) and housing concern (n=8); (f) spiritual needs (8%) and (g) other needs: rapid change (67%), family or caregiver support (52%) and functional care needs (44%) • There should be greater clarity in the referrals to the Palliative Care, defining who, when, and for what purpose. • Palliative Care education and training for nurses primary care physicians and hospital clinicians could reduce the need for referrals and help ensure that hospices are available to those who need them most.
Zdun-Ryżewska et al., 2019	Cognitive and emotional representations of pain in cancer patients at an inpatient unit and home palliative care	• Patients in Palliative Care at home have greater distress about pain; • Age (p=0.027), pain intensity (p=0.003), and treatment site (p=0.0102) are predictors of pain control beliefs since it was young people in home care who had less pain intensity and greater satisfaction with pain treatment; • There is a need to better understand patients necessities.

Note: *This table presents the main findings of the mixed-methods studies included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

In a cross-sectional study, Morita and colleagues (2015, *Table 9*), sought to understand the attitudes of Palliative Care physicians regarding the importance of autonomy and the idea of what a "*good death*" is for patients in Japan, Taiwan, and Korea. The study had 505 participants from Japan, 207 from Taiwan, and 211 from Korea who answered a questionnaire using a Likert scale. Statistical analysis of the data considered significant outcomes if $P < 0.05$. The results regarding patient autonomy indicate that more than 70% of physicians consider patients should be the first to know about their condition, prioritizing their autonomy. Only 7.4% of Japanese doctors believe that family should obtain knowledge before the patient, while 40% of Korean and Taiwanese doctors agreed with this. Japanese physicians favored the autonomy of their palliatice care patients, considering that regardless of everything, they should be the first to know about their health status. Regarding the "*good death"* variable, the Japanese participants considered comfort and autonomy to be the most significant components, considering an effect size of 0.22 for Korea and 0.29 for Taiwan. Taiwan considered that a "*good death"* should include the absence of tubes and a feeling of complete life more important, while Korea valued the maintenance of good cognitive functioning. There is an increasing tendency, especially in these three countries, to value the patient's autonomy, respect their voice, and a death free of tubes and machines, with Japan being the country that most valued these factors.

Table 9. *Main conclusions of the cross-sectional study.*

Authors	Title	Key findings
Morita et al., 2015	Palliative Care Physicians' Attitudes Toward Patient Autonomy and a Good Death in East Asian Countries	• Physicians' attitudes toward patient autonomy were significantly correlated with country (Japan), male gender, medical specialties of surgery and oncology, greater clinical experience, and physicians with no religion but with a specific philosophy; • Japanese physicians regarded physical comfort and autonomy as significantly more important;

		• Taiwanese physicians regarded the completion of life free of tubes and machines as significantly more important; • Korean physicians consider to be significantly more important for patients to be cognitively stable; • Compared to historical data, patient autonomy is increasingly considered important in Japan, Taiwan, and Korea.

Note: *This table presents the main conclusions of the cross-sectional study included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

Tonarelli and colleagues (2018, *Table 10*), explored the use of expressive writing as a tool in Palliative Care. The quantitative, prospective, and quasi-experimental study used intervention group with expressive writing and a control group, with a pre and post-test, with intervals between 1 and 3 days. The participants were 26 health professionals working in Italian Paliative Care. The intervention in both groups was based on writing exercises, with the intervention group focusing on expressive writing and the control group on neutral writing. Regarding the evaluation and perception of the effectiveness of expressive writing, 53.3% of the sample considered it "very useful", 33.3% "very useful" and only 13.3% "not very useful". In addition, 40% of the sample found comfort in the use of expressive writing. Interventions based on expressive writing contribute to the reduction of avoidance strategies and promote greater job satisfaction. In addition, expressive writing proves to be an efficient, economical, and easy-to-apply tool.

Table 10. *Main conclusions of the quantitative, prospective, and quasi-experimental study.*

Authors	Title	Key findings
Tonarelli et al., 2018	Expressive writing: A tool to help health workers of palliative care	• Avoidance strategies decrease between the pre-intervention phase with expressive writing and the post-intervention phase; • It is an efficient, inexpensive, easy-to-apply intervention; • Expressive writing is useful for (a) reducing maladaptive strategies; (b) improving self-understanding, (c) recognizing past experiences, (d) promoting the ability to cope with difficulties, (e) improving the quality of care and work, (f) reduce the risk of burnout, (g) promote coping strategies, (h) improve job satisfaction.

Note: *This table presents the main conclusions for the quantitative, prospective, and quasi-experimental study included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

In their review, Figueiras and Marcelino (2008), concluded that therapeutic writing promotes the expression of thoughts and emotions, especially if associated with stressful and traumatic situations. Based on Pennebacker's Writing Paradigm, the authors explored other studies that recreated the author's experience with other writing themes, verifying that The emotional expression resulting from this exercise fostered insight, and self-reflection, and organized the individuals' perspective on the event. The authors suggest that emotional expression facilitates adjustment, as the individual finds meaning in their experience and seeks solutions to it, allowing adaptive coping. However, this review presents the possibility that therapeutic writing contributes negatively to the well-being of individuals to the extent that, for some, it may lead to the rumination of thoughts and the adoption of maladaptive strategies. The evidence found by the authors reveals the efficiency of therapeutic writing in situations of difficult expression, addressing various experiences, including illness, grief and loss, and different target populations. Associated with health, therapeutic writing allowed the understanding of events and reduction of negative affect and rumination, as well as emotional sharing contributes to physical and psychological well-being. The authors emphasize that words allow the expression of the mental, physical, and social state and therapeutic writing has a great potential in the context of intervention in the health area.

Goman's (2017), study contributed to the understanding of narrative methodology in the context of health. The author demonstrates that personal narratives are valid means to obtain information that is not easily accessed through observation and constitute forms of meaning of natural existential suffering in the face of illness and the approach of death. In addition, the narrative methodology facilitates communication and the relationship between professionals and patients, favoring authenticity and understanding between the parts and promoting the expression of those who hide behind the silence. Nonetheless, through stories and narratives, patients can understand the difference between having a disease and being sick and express themselves about it.

Rudnik and Sobczak (2021, *Table 11*) emphasized the importance of narrative medicine in Palliative Care. They describe narrative medicine as a way to promote a good doctor-patient relationship, as it leads to the development of professional skills. Emerges as the practice directed towards individual-centered care that is effective above all to face the difficulties of Palliative Care, linked to the disease and finitude of life. Professionals allow patients to tell and retell their stories, engaging creatively and promoting cognitive functioning. Through personal narratives, patients can understand their situation and give them meaning. Writing about experiences of disease enables verbalization and systematization of doctors and patients from the chaos associated with the disease, as well as highlighting that poetry improves team skills and supports patients, given the emotional expression and the promotion of thoughts. Narrative intervention in Palliative Care aims to promote patients' well-being and quality of life, as well as to foster understanding among all those involved in this process.

Table 11. *Main conclusions of the review articles.*

Authors	Title	Key findings
Figueiras & Marcelino, 2008	Therapeutic Writing in a Health Context: A Brief Review	• Therapeutic writing contributes to emotional expression by promoting insight, self-reflection, and organizing perspective on the event; • Results verified less positive effects in the use of therapeutic writing, namely by promoting the rumination of thoughts and the adoption of maladaptive strategies in some of the participants; • It is more effective in topics related to traumatic or stressful events that individuals usually have greater difficulty talking about; • Writing proves to be useful for the expression of emotions and feelings in case of illness, loss, and grief in various people (children, adults, patients, etc.); • In the context of health, emotional expression allows to understand an event, reducing negative affect and ruminative thoughts; • Words make it possible to express the mental, physical, and social state of the individual;

		• Therapeutic writing contributes socially through the sharing of feelings and emotions that contribute to physical and psychological well-being. From the emotional expression, experiences are communicated and meanings are sought for the event, as well as information is provided to others; • Writing facilitates cognitive and affective processing.
Goman, 2017	A narrative framework for forgiveness at the end of life: suggestions for future research in health communication	• Narrative methodology translates into a valid means to obtain information about what is not directly observable; • Through narratives, it is possible to provide meaning to natural existential suffering in the face of illness and death; • The attention to the patients' narratives allows authenticity in the relationship; • In the face of life-threatening health crises, storytelling is useful for accessing the suffering hidden behind silence.
Rudnik & Sobczak, 2021	The importance of narrative medicine in palliative care	• Writing about the experiences of the disease allows doctors and patients to verbalize and systematize the chaos associated with it; • Narrative interventions improve patients' mutual understanding, well-being, and quality of life; • Poetry improves team skills and supports patients by expressing emotions and promoting thoughts.

Note: *This table presents the main conclusions for the review articles included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

Throughout a narrative review, Gilmour and colleagues (2019, *Table 12*), reveal how poetry, writing and reading contribute to the expression of feelings and experiences and promote well-being and involvement of professionals and patients in Palliative Care. The authors understood that poetry-based therapy allowed patients to describe, in a deep way, the feelings associated with the experiences, especially using metaphors. As a result of this exercise of writing and expression, higher levels of well-being and confidence in the care provided by both professionals and patients were observed. The results indicated that the using poetry could be a useful creative approach to initiate challenging conversations. The incentives for self-reflection combined with reading poetry led to feelings of peace and comfort for patients and professionals, allowing the former a "*good death*" and the latter, greater awareness and professional competence.

Table 12. *Main conclusions of the narrative review.*

Authors	Title	Key findings
Gilmour et al., 2019	The value of poetry therapy for people in palliative and end-of-life care	• Writing and poetry favor a deep description of the feelings and experiences of the disease, using metaphors; • Poetry has a positive impact on the well-being and confidence of health professionals, assuming that it is beneficial for both patients and them; • It is useful in reflective practice, an increase of creativity and imagination, facilitating a more compassionate approach and recognition of the patient as a whole; • Poetry is conducive to initiating challenging conversations with individuals in Palliative Care.

Note: *This table presents the main conclusions for the narrative review included in this review. The synthesis is associated with the authors of the article whose title is mentioned.*

Laskow and colleagues (2019,*Table 13*), conducted a scoping review of 34 articles seeking to answer the question "What observational or randomized clinical trials have been conducted to evaluate narrative interventions in the context of Palliative Care?". The results indicate that the vast majority of studies directed the narrative intervention to the exercise of reflection with physicians and trainees and rarely as a communication tool. In addition, they reveal the potential role of this intervention in promoting self-care and reducing stress and burnout levels, evidenced in a study in which nurses recounted stories of grief from their experience in pediatric oncology. Additional results demonstrate the use of narrative approach directed to medical students and interns to foster a humanistic and meaningful practice with Palliative Care patients. In excellent communication, the authors present the results of studies that used the narrative approach associated with the COMFORT framework (Communication, Orientation & Opportunity, Mindful presence, Family, Openings, Relating, and Team) that sought to facilitate the process of professional-patient-family communication. Other results associate narrative intervention with creative activity linked to patients' legacies, especially through writing and oral narratives. Given these results, the authors reveal the scarce existence of publications in which narrative interventions are used for communicative purposes in Palliative Care, and the existing one is mainly directed to reflective exercises. One of the conclusions is related to the need to establish a common language in research and invest in interventions focused on the training of narrative communication skills, narrative reflection by professionals, and narrative processing.

In turn, McInnerney and colleagues (2019), conducted a scoping review of the existing literature on emotional disclosure interventions in Palliative Care. The results indicate that emotional sharing can occur through expressive writing, which is a methodology that is adjustable to the characteristics of Palliative Care patients and their pathologies. According to the authors, expressive writing has been described in the literature as a useful tool to promote emotional expression related to traumatic experiences or illnesses, being related in the palliative context to mechanisms associated with the attribution of meaning and control. Additional results showed that emotional revelation is considered fundamental in music therapy and Art-Therapy. The authors point out that the results associated with expressive writing are mixed, with meta-analyses found that did not consider the significant effects of expressive writing with the palliative population, while other studies declared promising results in this aspect, especially when positive emotions were involved. The positive results indicated an increase in well-being. The authors also address music therapy in their review, indicating that favorable results are observed in the reduction of depressive and anxious symptoms, as well as physical symptoms (i.e., pain and fatigue), increasing the emotional expression and quality of life.

Rieger and colleagues (2023), explored the use of Art-Therapy for spiritual care in health contexts. Of the 30 articles analyzed, the authors highlight that Art-Therapy was used predominantly with Palliative Care patients with dementia or mental health problems, contributing to an internal exercise of the patient in which they worked on self-acceptance and acceptance of their situation, namely through the reestablishment of their identity. The results highlight that to achieve spiritual well-being, patients have needs associated with self-awareness, recognition, and validation of their individuality. Through the arts, patients retell their narratives in a way that is more adaptive to their situation, which promotes catharsis and a better mood. With more positive moods the symptomatology tends to decrease. The resulting benefits included transcendent encounters, inner work, and connections. This modality of intervention responded to the diversity of care, but presented some challenges, so the authors indicate that it would be beneficial to carry out further research.

Finally, Roikjær and colleagues (2021, *Table 13*), explored the use of narratives in Scandinavian Palliative Care. Their review included the analysis of 42 articles that revealed the use of (a) a complex psychosocial intervention, (b) creative writing, (c) patient diaries, (d) individual-centered telephone support, and (e) socratic questioning. According to the results, all interventions intended, through the narrative approach, to foster psychosocial well-being and quality of life, using reflection, significance, strengthening of identity, and understanding of their situation. Studies that applied Dignity Therapy focused on the patient finding personal meaning and dignity in their lives, while interventions that used socratic questioning and therapeutic writing promoted insight and understanding. Additional results reveal that recapitulation, family conversations, and family health interventions promoted communication between patient and family. In turn, expressive writing played a role in promoting internal reflection, in a sense of self-efficacy and self-determination. The authors highlight that Narrative Therapy allows patients to find a new meaning for their experience and to reflect on the way it is socially constructed. Dignity Therapy in turn, favors the sharing of positive life stories that help patients recognize and increase the dignity of their lives to achieve spiritual well-being, and its studies reported the presence of psychologists in this process. Most of the studies analyzed valued oral and written narratives in the construction of life histories. The authors highlight (a) two narrative methods: recapitulation and expressive writing given their structural and reflective nature that can be facilitated by the patient himself, and (b) that creative writing enhances the communication skills related to the disease, (c) from the diary the patients can reconstruct the narrative of the disease and respond to it, as well as how your family can understand and adjust to it and (d) the recapitulation processes require the presence of facilitators, who assist in the process of constructing personal histories, so psychologists will be the specialists.

Table 13. *Key findings of the scoping reviews*.

Authors	Title	Key Findings
Laskow et al., 2019	Narrative Interventions in the Palliative Care Setting: A Scoping Review	• There is a scarce existence of publications in which narrative interventions are used for communicative purposes in Palliative Care, and the existing one is directed to their reflection; • It reveals the need to establish a common language in research and invest in interventions focused on the training of narrative communication skills, narrative reflection by practitioners, and narrative processing.
McInnerney et al., 2019	Emotional disclosure as a therapeutic intervention in palliative care: a scoping review protocol	• Emotional sharing can occur through expressive writing; • It is a flexible therapy that is adaptable to patients and their diseases in Palliative Care; • Expressive writing is recognized as a fundamental part of psychotherapy, such as music therapy and Art-Therapy; • Expressive writing in Palliative Care is mediated by mechanisms related to meanings and control; • Music therapy helps to reduce depressive symptoms and anxiety and contributes to increasing the expression of feelings and quality of life of those who are in Palliative Care.
Rieger et al., 2023	Arts-based spiritual care in healthcare: A participatory, scoping review	• They address the needs of self-awareness, recognition, individuality, and spiritual well-being. In addition, art promotes acceptance of the current situation of illness; • Art facilitates expression and helps with adjustment, improving quality of life in the context of the disease. • They offer moving spiritual language and act beneficially in inner work and connection-making.
Roikjær et al., 2021	Use of narrative methods in rehabilitation and palliative care in Scandinavian	• Narrative Therapy contributes to the creation of a new meaning to the experience of the disease and the exploration of how this meaning was socially constructed;

	countries: A scoping review	• Dignity Therapy allows for the sharing of a positive life story that helps to increase the dignity and spiritual well-being of patients; • Current studies value narrative in its written or oral format; • In the recapitulation method, the presence of a facilitator is essential to help in the construction of stories; • Dignity Therapy mentions the use of a psychologist as a facilitator of the whole process; • Two methods are highlighted: recapitulation and expressive writing, since the narratives are structured through reflective questions and facilitated by the participant himself.

Note: *This table presents the key findings for each scoping review included in this review. Each synthesis is associated with the authors of the article whose title is mentioned.*

Discussion of results

Does Narrative Therapy favor the self-knowledge and expressiveness of individuals in Palliative Care? The evidence shows that it does. The results describe that the narrative methodology promotes the expression of needs, emotions, thoughts, and fears, through exercises related mainly to therapeutic writing, expressive writing, and poetry reading (Cepeda et al., 2008; Figueiras & Marcelino, 2008; Gilmour et al., 2019; Lloyd-Williams et al., 2017; McInnerney et al., 2019). Writing and poetry are used throughout research as tools that foster expression, especially emotional, when individuals have illnesses or traumatic experiences, and Palliative Care, mainly promotes the attribution of meanings and individual control. Based on Pennebacker's contributions, therapeutic writing exercises foster insight and self-reflection that lead patients to organize their perspectives on the experience, translating into greater self-efficacy and self-determination (Figueiras & Marcelino, 2008; Gilmour et al., 2019; McInnerney et al., 2019; Roikjær et al., 2021). In addition, like writing, poetry - especially through metaphors - fosters the expression of feelings and reflection, not only for patients but also for professionals who work in this context (Rudnik & Sobczak, 2021).

The stories and personal narratives told by the patients constitute useful material for the provision of care and, through the exercise of retelling them, the expression of this care is promoted (Goman, 2017; Rudnik & Sobczak, 2021). McInnerney and collegues (2019) indicate that these approaches are accessible and flexible intervention modalities to the specificities of patients in Palliative Care. Narrative Therapy is assumed to favor self-knowledge through internal reflection, meaning, and the strengthening of patients' identity, because, by promoting insight and understanding of the *self* and the situation, psychologists aim to foster the self-efficacy and self-determination of patients (Roikjær et al., 2021).

In addition, there is evidence of the contribution of dignity and Art-Therapy to the promotion of expressiveness and self-knowledge. Throughout the Dignity Therapy-based intervention, personal narratives are facilitated by life and legacy review processes affecting the meaning of the patients' *self*. Roikjær and collegues (2019) highlight that such a methodology allows the recognition of functions linked to patient's "I" such as (a) contentment, (b) repentance, (c) the meanings of life, (d) insight, (e) resignation and (f) its identification. Through personal narratives, Dignity Therapy contributes to self-knowledge by considering the meaning, continuity, and purpose of the *self* throughout exercises of reassessment of life events (Roikjær et al., 2019). Art-Therapy also contributes to expression and self-knowledge, using drawings, writing, and music therapy, for example, to promote the expression of feelings, thoughts, and emotions in patients (Gilmour et al., 2019; Lackey, 2023; McInnerney et al., 2019). It is a creative way to lead patients to accept their diseases, as well as to re-establish their identity fostering their self-knowledge (Rieger et al., 2023). Even so, it should be noted that for certain patients with a tendency to ruminate, therapeutic writing may lead to increase it (Figueiras & Marcelino, 2008).

Regarding the question "Does Narrative Therapy improve communication between patients, family members, and health professionals in Palliative Care?" the research demonstrates that it does (Gilmour et al., 2019; Goman, 2017; Laskow et al., 2019; Roikjær et al., 2021; Rudnik & Sobczak, 2021). From Narrative Therapy onwards, personal narratives are valid means to obtain information that is not normally observable, breaking down a barrier created by silence and favoring authenticity and understanding between the doctor, family, and patient. Thus, expression through narrative represents ways of meaning suffering in the face of disease (Goman, 2017). In addition, Narrative Therapy promotes a good relationship between the parts, directing professionals to develop their skills. By making space for patients to tell and retell their stories, they also foster their engagement and cognitive functioning (Rudnik & Sobczak, 2021).

Research on the role of poetry and writing as useful tools for communication reveals that therapeutic writing exercises are indicated to promote confidence in the care provided, as all parts express themselves and systematize their experience (Gilmour et al., 2019; Rudnik & Sobczak, 2021). Poetry, for example, has been described as a creative and useful approach to initiating difficult conversations between doctors and patients, as it encourages self-reflection and the promotion of feelings of comfort and peace among all involved. The results point to greate awareness, professional competence, and feeling of a *“good death”* for patients (Gilmour et al., 2019). Roikjær and collegues (2021) reveal that interventions that use therapeutic writing foster insight and comprehension in Palliative Care, concluding that writing enhances communication skills related to the disease. In addition, through disease diaries, patients share information with their families and doctors and can find a way to respond to it, which allows them to be involved and adjust to it.

However, research on Narrative Therapy for communicative purposes is scarce, focusing on those that exist for reflective purposes (Laskow et al., 2019). Thus, the need for investment in this area is highlighted. Although there are few articles presented that clearly report results associated with communication, it is possible to infer that communication between patients, families, and professionals improves with emotional expression, with the stories and with the results of interventions.

Finally, considering the last research question, (can the Palliative Care patient have better levels of well-being and quality of life through Narrative Therapy?) it was possible to conclude that Palliative Care patients can obtain better levels of well-being and quality of life through Narrative Therapy. The use of Narrative Therapy has shown positive effects on these variables when associated mainly with high emotional disclosure and reduced physical symptoms, as demonstrated by Cepeda and colleagues (2008) the intervention, especially over 6 weeks, mediated by psychotherapists and using narrative writing, tends to lead Palliative Care patients to achieve higher levels of well-being given the tendency for emotional disclosure resulting from this exercise, which, consequently, leads to a reduction in the intensity of pain felt by patients, especially cancer patients (Cepeda et al., 2008). The justification for this tendency is presented by Figueiras and Marcelino (2008), when it is stated that through therapeutic writing patients assimilate and understand events, which leads to the reduction of negative affect and the tendency to rumination, replacing them with emotional sharing and obtaining greater physical and psychological well-being.

Additional contributions were presented by Gilmour and collegues (2019), which, in addition to emotional expression, present writing and poetry as tools for meaningful experiences that promote well-being, but also trust and involvement in the care provided to both professionals and patients. The patient's quality of life is ensured in Palliative Care when psychologists and other professionals use the patient's narratives as a tool that gives them a voice, creating a free space for them to tell and retell their story and progressively feel involved in their care while promoting the cognitive functioning of these individuals. Through this openness, Narrative Therapy ensures that the patient assigns meaning to their situation and thus understands it (Rudnik & Sobczak, 2021). It is also important to highlight that expressive writing also plays a significant role for professionals, allowing them to dedicate time to reflective exercise and promoting a sense of greater job satisfaction by reducing avoidance strategies (Tonarelli et al., 2018).

This review also understood the role of Art-Therapy in promoting well-being and quality of life of patients in Palliative Care. Warth and collegues (2015) revealed the significance of music therapy for better results in relaxation and well-being of patients, especially if this intervention is associated with relaxation exercises. Patients revealed higher levels of well-being, quality of life, and decreased physiological symptoms.

Guidelines that emmerge from this systematic review:

Based on this systematic review, it is possible to organize the results into six final categories, which might serve up as guidelines for future research:

(1) **The need to clarify criteria for referral to Palliative Care** (Fan et al., 2017);

(2) **Identify health care recommendations in pain control** (Zdun-Ryzewska et al., 2019);

(3) **Recognize what a "*good death*" is in Palliative Care for each patient** (Morita et al., 2015);

(4) **Introduce routines of therapeutic writing exercises to promote well-being in Palliative Care** (Cepeda et al., 2008; Figueiras & Marcelino, 2008; McInnerney et al., 2019; Roikjær et al., 2021; Rudnik & Sobczak, 2021; Tonarelli et al., 2018);

(5) **Develop a new approach on medicine with narrative and poetry** (Gilmour et al., 2019; Goman, 2017; Laskow et al., 2019; Rudnik & Sobczak, 2021);

(6) **Therapeutic writing facilitators in Palliative Care** (Roikjær et al., 2021).

Conclusion

The results point to the relevance of the use of therapeutic writing as a tool to promote the well-being and quality of life of patients in Palliative Care, but also for health professionals. Through Narrative Therapy, namely narratives and therapeutic writing, but also with Art-Therapy and Dignity Therapy, psychologists can lead their patients to reflect on their condition, giving it meaning and consequently a better understanding. By cognitively representing their experiences and telling and retelling their stories, patients find in these approaches psychological spaces speak up to what they hide behind the silence. The systematic review also demonstrated that Dignity Therapy, by facilitating the processes of life review, legacy, and even forgiveness, presents the positive role of narratives in patients' quality of life, namely by reducing their suffering (Roikjær et al., 2019).

Considering the overall results obtained, it is possible to affirm that Narrative Therapy contributes to the promotion of the well-being and quality of life of Palliative Care patients, as well as promotes communication between patient-families-professionals, whether through oral narratives or therapeutic writing. Nevertheless, approaches such as Art-Therapy and Dignity Therapy present equally interesting results that are favorable to the objectives of this review.

Some limitations of this review should also be pointed out. Firstly, the scarcity of research on the topic became clear, and this limitation motivated the opening of the research keys and the focus of the research to cover the largest number of contributions on Narrative Therapy within the scope of Palliative Care, associated with the variables of well-being, quality of life, and communication. Associated with this limitation, the absence of a national panorama of portuguese portrayed in this review is also pointed out. Taking this into account, it is recommended that future research seek to explore Palliative Care and broaden the terms of research to other psychological approaches such as Cognitive Behavioral Therapy, for example, Dignitiy Therapy, which are highly indicated in the current literature. It would also be beneficial to carry out investigations or descriptions of the intervention carried out in Portugal, considering these three variables presented and paying special attention to communication, as well as to validate psychometric instruments such as the *Karnofsky Performance Status*.

We intend to provide useful scientific material to Palliative Care teams, to direct care towards a service more focused on the individual and their psychosocial needs. Also, the very traditional medical and nursing training, focused only on cure, is becoming outdated and the need for investment in the training of these areas is identified, considering the beneficial narrative model (Narrative Medicine) for professional practice in this context. In addition, we encourage professionals, family members, and patients to adopt therapeutic writing and Art-Therapy as a way to promote their well-being and quality of life, confidence in services, and job satisfaction. We hope these results expose the fact that these psychological approaches are ways for patients to leave a legacy and give meaning to their lives and for their families to remember them in the future. These contents can be very useful for awareness-raising actions and intervention plans in these healthcare contexts.

Declaration of interests

It is stated that the present review did not require ethics approval since it involves only the analysis of secondary sources already published. The authors declare that there are no conflicts of interest.

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