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Meyskens, Frank L Shapiro, Johanna F Lupton, Julia Reinhart

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Coping with end-of-life stress (EOLS): Poetry as a therapeutic communication intervention.

Frank L. Meyskens, Johanna F Shapiro, Julia Reinhart Lupton

Department of Medicine, School of Medicine, University of California at Irvine, Irvine, CA; Department of Family Medicine, School of Medicine, UNIrvine, Irvine, CA; Humanities Program, UCIrvine, Irvine, CA

Abstract: e23172

Background: Attempts to alleviate EOLS via system changes have been variably successful. Manualized psychotherapeutic interventions have been of some usefulness. Participation in narrative communication has been widely adopted to address stress produced by life threatening events, whether by trauma or acute illness. More recently narrative form of communication has been extended to the EOL time period with some early evidence of limited benefit. Poetry involves a different realm of mental involvement and should impact on existential stressors. However, its use in improving the quality of life during the EOL period has not been explored. Methods: Two open symposia entitled "Healing and Hope: An Evening of Poetry by Patients, Family Members, and Health Professionals" were held at the University of California-Irvine on February 22, 2018 and January 10, 2019. There were 155 attendees (80, 2018; 75, 2019). 20 attendees at the 2019 event also participated in a workshop directed toward writing poetry. Results: Event reports from all 11 Medical Humanities students registered for the Symposia as a required collogium event were very positive as were essays from 3 medical students in the Art of Doctoring class in attendance. The results and impact of the Symposia were eloquently summarized by another one of the medical students who attended: "The poetry tellers read poems that were very powerful and I was able to hear their pains, joys, and regrets. I enjoyed the discussions held after each panel was finished, which allowed me to hear some of the thoughts of the audience and connect with them. The whole experience was amazing: It really felt like we were all connected via poetry and I think that produced an environment where we could cope with emotions brought by illnesses and medicine." Conclusions: Poetry reading, writing, and speaking should be explored as a novel educational approach and possible therapeutic tool to address existential stressors produced during and by the EOL time period in an increasingly aging patient population that and results in the well-known diminishment or destruction of their quality of life.

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Johanna F Shapiro No Relationships to Disclose

Julia Reinhart Lupton No Relationships to Disclose