

# Exploring the Role of Creative Arts in Palliative Care: Enhancing Quality of Life

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## ABSTRACT

This paper examines the integration of creative arts therapies into palliative care settings and their impact on enhancing the quality of life for patients with life-limiting illnesses. Palliative care emphasizes holistic, patient-centered approaches that address the physical, emotional, and spiritual needs of patients and their families. Creative arts therapies, including music, dance, and visual arts, have been shown to alleviate pain, anxiety, and depression while fostering emotional expression and enhancing patient well-being. Through a review of existing literature and case studies, this study demonstrates the evidence-based benefits of incorporating creative arts into palliative care. It also discusses the challenges of implementing creative arts programs, strategies for overcoming barriers, and the importance of training staff and volunteers. The findings highlight that creative arts can significantly improve patients' emotional resilience, communication, and overall quality of life, suggesting that creative therapies should be a standard in palliative care practice.

**Keywords:** Palliative care, creative arts therapies, quality of life, emotional resilience, patient-centered care.

## INTRODUCTION

Palliative care aims to provide those living with a serious health-related illness, not just at the end of life but at the time of diagnosis, relief from the associated pain, symptoms, and stress of the illness treatments. One of the key aspects of palliative care is its holistic approach and multidisciplinary nature, providing emotional, physical, and spiritual care to the patient, as well as their family and loved ones during, and where possible after the illness. The focus of treatment within palliative care is on the quality of life for both the patient and the carer [1, 2]. The multidisciplinary team involves healthcare professionals such as doctors, nurses, social workers, chaplains, volunteers, pharmacists, occupational therapists, and physiotherapists all collaborating to offer a comprehensive and optimal personalized care plan for both patients and their families. Palliative care can be provided alongside a cure, as well as being helpful when it is just the care that is needed. Working in the public domain has shown that partnerships are essential, and interdepartmental teams can work together to support these patients dealing with multiple, complex health issues [3, 4]. Treating a patient with dignity and respect is key to providing palliative care. Respect will extend to allow discussions and supportive care plans to maximize patient independence as they journey with their complex medical issues. Providing a holistic approach, support, and care is vital to enable those in palliative care to live a life of their choosing. It is often thought that once a patient reaches a palliative care or end-of-life stage, there will be no more curative treatment. This is not necessarily true; a patient may require symptom relief for an illness, but this does not preclude treatment or cure for a different illness. The key driver in palliative care is often to enable the patient to live as pain-free and comfortably as possible for as long as possible. These days, palliative care is not just about the physical treatment but also encompasses care of the emotional, spiritual, and psychological health of both the patient and the family. Communication towards care is also a key element in palliative care, as the united trust is otherwise difficult to secure, further compounding distress. Patient-centered

care and individualized treatment plans are an integral part of palliative care and should be treated with respect and dignity [5, 6].

### **Definition and Scope**

Palliative care is an area of medicine that focuses primarily on symptom management, rather than cure, for individuals living with life-limiting illnesses. It is a client-centered service that provides care for the individual diagnosed with a life-limiting condition. Palliative care is loosely referenced to the last year of life, which is the period in which there is a decrease in life expectancy, but others suggest it is the phase between diagnosis and end of life or time of death. Palliative care aims to assist individuals in living their life to the fullest and to die peacefully. Palliative care approaches support both the individual living with the disease as well as their caregivers. Pain and symptom control is a key component of palliative care approaches; therefore, it is the specialty where repair and maintenance are a component of care [7, 8]. Palliative care is a component of primary health care approaches, along with holistic treatments. Often, once diagnosed, disease and illness trajectory are difficult to define, but palliative care is often offered to those with limited life expectancy, such as a year or less in some countries, or those that are considered close to or at the end-of-life phase. There is a shift in the paradigm of palliative care to earlier integration throughout the illness trajectory as it focuses on quality of life and offers the dying individual the best opportunity for control and dignity as they live their final hours. Palliative care offers general services as well as specialized services and can be delivered in any setting, such as in a hospital, at home, or in a free-standing facility [9, 1].

### **The Importance of Quality of Life in Palliative Care**

Defined by the World Health Organization, palliative care aims to prevent and relieve suffering while improving the quality of life of patients with life-threatening illnesses. Quality of life can differ greatly between individuals, but for many, it represents more than physical well-being, encompassing emotional, social, and spiritual health. Helping patients maintain their quality of life, alongside coping with stress and anxiety, is integral to palliative care. Physical well-being and psychological state are interconnected, and there is a growing body of evidence suggesting that creative arts can improve physical well-being, mood, and overall quality of life in palliative care. A better understanding of each patient's perceived quality of life is vital in order to make informed decisions about care [10, 11]. Quality of life can mean different things to different people and can change over time. It is determined by the patient's values, their experiences, physical and emotional condition, financial status, support networks, reflection on their achievements and regrets, hope, and meaningful activity. A more holistic view of quality of life extends beyond the individual to consider the impact of illness on the family. Equally important as maintaining quality of life, according to family members of those receiving palliative care, is supporting the patient to die with dignity and integrity. The care of patients will often be influenced by an assessment of their quality of life. Family doctors also place the patient's comfort and quality of life at the heart of their practice, utilizing prognostic tools as evidence of how the patient's condition might evolve. In a society in which cure rather than care is often stressed, there is an increasing desire for guidelines to structure decisions about care and to improve communication about the end of life. It is important to find out what matters most to a person at the end of their life, allowing care to become increasingly patient-centered. There are tools available, which, through adapting them, could become part of the routine care of those with a serious illness. We strive to provide a definition of quality of life within this complex context and suggest how an understanding of perceived quality can be used to improve day-to-day patient care [12, 13].

### **Understanding Creative Arts Therapies**

A vital part of any comprehensive palliative care program is the creative arts therapies, through which the expressive art therapies — art, dance and movement therapy, music therapy, and psychodrama — engage the person in self-expression and participation toward a sense of personal meaning and wholeness. While within the context of creative arts therapy, one is working with that dyad of empowerment and skill development, the more fundamental aspect at play is the facilitation of emotional release and healing that is so necessary for these patients and families [14, 15]. Creative arts therapies, also known as expressive arts or somatic therapies, refer to several related fields, among them art and dance/movement therapies, music therapy, and psychodrama. These therapies in particular, among others, are based on the principle that sensory integration is salutary for effecting self-healing and are grounded in the belief that the ability to express oneself can facilitate relationships, personal development, and communication, especially for those who may find it difficult to express themselves verbally due to illness, trauma, or other profound personal struggles. For patients facing life-limiting or life-threatening illnesses, the creative arts process may also serve to help individuals express deep, perhaps unconscious or pre-verbal existential or somatic experiences. In addition, the impact of the creative process is felt directly by patients and families, who

find these doors for expression, communication, and support open to them, facilitated by professional therapists trained in the field. The philosophy is that internal thoughts and feelings are externalized and can then be processed through discussion or, in Western psychology, via the use of symbols and metaphors. These therapies support people in a non-threatening way that is right for each individual [16, 17].

### **Evidence-Based Benefits of Creative Arts in Palliative Care**

There is an increasing body of empirical support for integrating creative arts therapies into palliative care practice. A growing number of studies attest to the psychological, emotional, and spiritual benefits of creative arts therapies for patients and families in palliative care settings across illness diagnoses. Anxiety, depression, pain, and illness-related psychological distress have emerged from numerous studies as symptoms that can be alleviated through creative arts therapy interventions, resulting in enhanced quality of life. In both individual and group therapy forms, including visual arts, dance/movement, music, and/or transpersonal source painting, living and dying are facilitated with a deepened connection to oneself and others. Qualitative evidence reveals that palliative care patients consistently report increased engagement, enjoyment, and decreased boredom as a result of participating in creative arts interventions, citing satisfaction in the learning of a new skill, process-oriented project creations, feelings of hope, empowerment, fun, and new attitudes towards illness and the course of treatment. Research has also indicated measurably increased use of positive coping strategies such as problem-solving, increased social support efforts, emotional-based conflict resolution, cognitive restructuring, and active disengagement alongside decreased use of denial and self-blame in individuals with conditions such as cancer, heart failure, and spinal cord injury when engaged in creative arts therapies. Finally, a growing body of research has noted the benefits of creative arts therapies for facilitating grief expression, connection among family members coping with illness, and emotional resilience. Study findings continue to accumulate support for the use of creative arts in palliative care settings, reinforcing the prospect that creative arts should be a standard of care in hospice and palliative care practice. These findings provide support for the use of an arts-based approach in meeting a range of patient psychosocial and spiritual needs holistically [14, 18].

### **Implementing Creative Arts Programs in Palliative Care Settings**

Planning an arts program in a palliative care setting to develop an effective arts program at your institution, the first thing to consider is why you want to implement a creative program and, most importantly, why you want to do so at a palliative care institute. This is an important point to consider, as in palliative care, patient-centered care is now being increasingly emphasized by healthcare delivery systems and professional organizations. To meet these patient-centered goals, it is important to ensure that your program meets the needs of your patients. This means that you should spend time getting to know your patient population and determining which programs will most likely benefit them. You should also consider what volunteers are available and what programs they are best suited to running. You should also select programs based on whether there is staff available to provide in-service training to support the patient program [19, 20].

1. **Potential barriers** Limited resources are often found in hospital settings. Avoid barriers to implementation by choosing programs that do not require expensive materials and setup. As a possible solution to resource limitations, consider partnering with local arts organizations to bring artists or works of art into your institution. If material costs are a concern, look for local businesses or organizations that might be willing to donate materials. Your activities should also be flexible; some activities can be done by patients who may be bedbound. Most importantly, patient and staff buy-in must be obtained to build successful programs; this may be the part that takes the longest in a new program.
2. **Identification of patients** Consultation with the patients, family, and/or interdisciplinary team can increase patient follow-through as well as potentially modify the negative effects of the activity. **8. Program Delivery** There are two main program delivery models of arts programs. Group interaction or activity is most appropriate for those settings where arts activities can be organized and run regularly and where space for activities can be easily facilitated. One-to-one interaction is used in settings where keeping patients in groups every day is not possible or where patients do not want to join in group activities.
3. **Staff and Volunteer Training** Your arts program will only be as good as the staff or volunteers delivering it. They must receive a good level of training. This is also necessary for insurance purposes. Volunteers can be trained through standardization, where training is given on a one-to-one basis, matching an experienced volunteer with a new volunteer. Volunteers are asked to use role-play to rehearse scenarios, with the experienced volunteer giving feedback. Volunteers

should be provided training on a range of topics. The opportunity to offer input on the content of training and their views of the program is sought. Staff should receive training from art and music therapists or, if this is not feasible, from the arts coordinator [21, 22].

### CONCLUSION

The integration of creative arts therapies into palliative care settings offers a valuable approach to improving the quality of life for patients with life-limiting illnesses. These therapies not only alleviate physical and emotional symptoms but also provide a non-verbal outlet for patients to express their thoughts and feelings. Creative arts facilitate deeper connections between patients, their families, and care teams, contributing to emotional healing and a sense of empowerment. As research continues to affirm their benefits, creative arts should be embraced as a core component of palliative care, helping individuals live their remaining time with dignity and improved well-being.

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**CITE AS: Nimco Hani Zainab (2024). Exploring the Role of Creative Arts in Palliative Care: Enhancing Quality of Life. EURASIAN EXPERIMENT JOURNAL OF HUMANITIES AND SOCIAL SCIENCES, 5(3):29-33**