

# Dignity Talk Question Cards

## A Tactile and Visual Conversation Tool as an Independent Intervention to Support Dignity Talk

### Context

**Dignity Talk**<sup>1</sup> is a development of the psychotherapeutic intervention known as **Dignity Therapy**<sup>2</sup>. At the heart of both approaches is an invitation to people approaching the end of life to engage in meaningful conversations guided by a structured set of reflective questions.

### Therapeutic Value

- No psychotherapeutic training is required for those participating in the conversation.
- Facilitates meaning-affirming conversations between patients and those closest to them during the final stage of life.<sup>2,3</sup>
- Fosters a shared awareness of the significance of a life that is drawing to its close.<sup>4</sup>
- Supports healthier anticipatory grief and bereavement by encouraging conversations about memories, gratitude, forgiveness, wishes, and hopes.<sup>5</sup>

### Refinements Based on the Findings of the Dignity Talk Study<sup>1</sup>

#### Introducing the Dignity Talk

The conversation is offered by trained **facilitators**—such as everyday companions, hospice volunteers, spiritual care practitioners, chaplains, or other appropriately prepared individuals—who personally introduce the process using a closed, yet partially revealing card box that symbolically offers *a glimpse into a life that has been lived*.

#### Facilitation

The anticipated value of each life story is emphasised through the presentation of an aesthetically designed companion booklet and by giving the speaker one's complete and undivided attention throughout the conversation.

#### Avoiding a Suggestive Sequence

The cards display only individual key concepts in a randomly varying arrangement. This prevents participants from consciously selecting—or unconsciously avoiding—particular questions, a limitation inherent in the original graphic presentation of the Dignity Talk question framework.

#### Wording of the Questions

Each question is phrased from the perspective of the person responding, thereby affirming their personal significance and dignity. Family members and loved ones remain recipients of the stories being shared rather than co-authors of the narrative.

#### Additional Conversation Card: "A Secret"

An additional conversation prompt extends the original questions **"Other Topics"** and **"Anything Else You Would Like to Say?"** It offers an opportunity for a final disclosure, a deeply personal confession, or a conversation that may bring peace and emotional relief both to the individual and to those who remain.

### Conclusion

The refinements introduced through the **Dignity Talk Question Cards** facilitate reflection on personal meaning and generativity

- during an individual's own life review,
- together with family members, friends, professionals, or volunteers,
- without pressure or unintended sequencing of the questions,
- while supporting healthier experiences of anticipatory grief and bereavement,
- and while achieving the same therapeutic benefits demonstrated for **Dignity Therapy**.

### References

- [1] Guo Q, Chochinov HM, McClement S, et al. Development and evaluation of the Dignity Talk question framework for palliative patients and their families: A mixed-methods study. *Palliative Medicine* 2018; Vol. 32(1): 195–205. DOI: 10.1177/0269216317734696
- [2] Harvey M, Chochinov HM, Thomas Hack u. a.: Dignity therapy: A novel psychotherapeutic intervention for patients near the end of life. In: *J Clinical Oncology*. 23, 2005, S. 5520–5525. DOI: 10.1200/JCO.2005.08.391
- [3] Laura E. Berk: *Entwicklungspsychologie*. 3. Auflage. Pearson, München 2005, ISBN 3-86894-049, S. 725 und 890
- [4] Duke S. An exploration of anticipatory grief: the lived experience of people during their spouses' terminal illness and in bereavement. *J Adv Nurs* 1998; 28: 829–839. DOI: 10.1046/j.1365-2648.1998.00742.x
- [5] Dumont I, Dumont S and Mongeau S. End-of-life care and the grieving process: family caregivers who have experienced the loss of a terminal-phase cancer patient. *Qual Health Res* 2008; 18: 1049–1061. DOI: 10.1177/1049732308320110

