

Analysis and function of silence in the discourse of patients at the end of life

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Introduction :

The non verbal behaviour is to be taken into account when accompanying the patient.

Silence has a lot of significations.

At the end of life occupies a predominant place both in the patients' discourse and in the therapeutical alliance.

Method:

Inclusion criteria:

- Patient in a symptomatic palliative care
- Patient hospitalised

- Semi structured interview to collect their end of life experiences
- Transcription of the interviews
- Extraction of extract with silences
- Analysis based on the work of Levitt (2001):

Productive silence:

- Emotional
- Expressive
- Reflective

Non productive silence:

- Disengaged
- Interactionnel

Neutral silence:

- Mnemonic
- Associational

20 eligible patients and 9 included:

Sample description:

- Women only
- Mean aged 71 y.o. [60-90]
- With cancer (gynecological, dermatological, digestive)

Références:

- Levitt, H. M. (2001). Sounds of silences in psychotherapy : The categorization of clients' pauses. *Psychotherapy Research*, 11(3), 295-309.

Results:

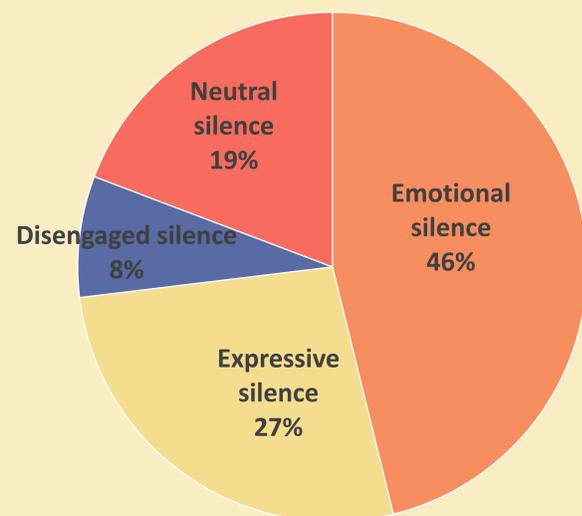


Figure 1: Distribution of different types of silence

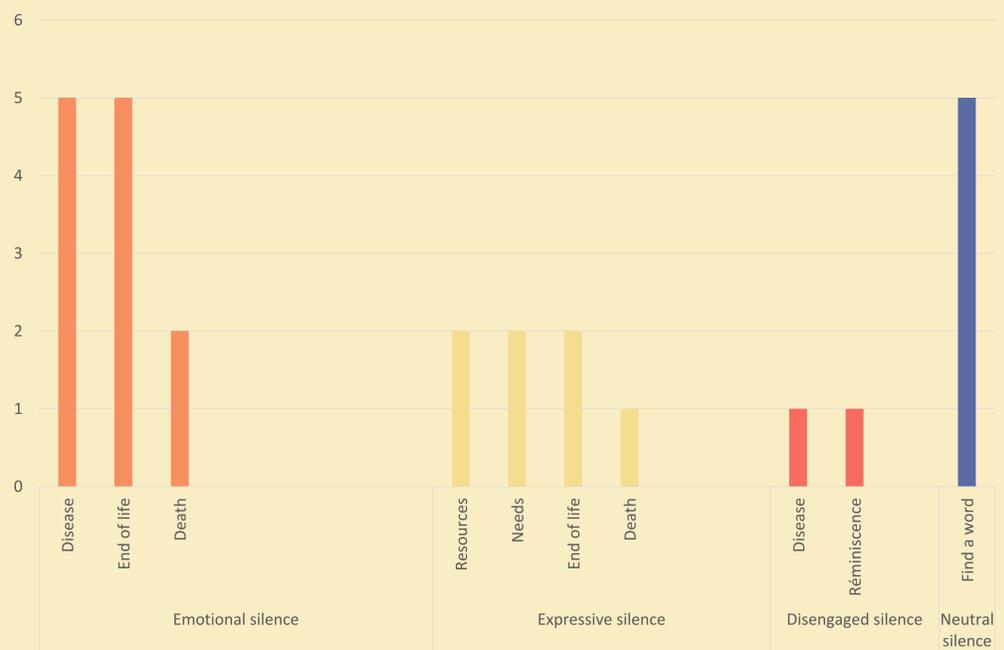


Figure 2: Distribution of the different themes discussed according to the types of silences

Discussion:

- Various functions of silence found.
- Dominant presence of emotional silence, especially when the patient discusses his or her illness or end of life.
- Presence of expressive silence when patients discuss their needs and expectations around their end of life.

Clinical applications:

- Knowing how to recognize and make room for the different types of silence could be "a plus" in the accompaniment of people at the end of life