Re:visit
Humanities & Medicine in Dialogue

Brushstrokes of Healing: Japanese Calligraphy and Its Role in Supporting Patients with Terminal Brain Cancer

Saivikram Madireddy (Tokyo), Hibiki Yamazaki (Tokyo), Masayuki Ueda (Tokyo), Masashi Hamada (Tokyo), Francesco Panto (Tokyo) & Kana Kaburagi (Tokyo)

Calligraphy in Palliative Care: A Promising Setting

Palliative care for terminal neurological diseases – particularly high-grade brain tumors such as glioblastoma multiforme – presents complex medical, psychological, and existential challenges. As cognitive and motor functions decline, patients often face profound isolation, loss of identity, and breakdowns in communication. Standard palliative interventions, though essential for symptom relief and emotional support, frequently fall short in addressing the patient's need for meaning, legacy, and agency at life's end.[1]

In this setting, expressive, non-pharmacological therapies are gaining momentum as adjuncts to conventional care.[2] These include art therapy, music, legacy writing, narrative medicine, and increasingly, culturally rooted practices. Among these, *shodō* – the Japanese art of calligraphy using brush and ink – offers a uniquely rich, multisensory form that integrates motor coordination, aesthetic intention, attentional focus, and cultural resonance.[3]

1 See Harvey M. Chochinov et al.: Dignity Therapy: A Novel Psychotherapeutic Intervention for Patients Near the End of Life. In: *Journal of Clinical Oncology* 23.24 (2005), 5520-5525. https://doi.org/10.1200/JCO.2005.08.391; Anthony L. Back et al.: Efficacy of Communication Skills Training for Giving Bad News and Discussing Transitions to Palliative Care. In: *Archives of Internal Medicine* 167.5 (2007), 453-460. https://doi.org/10.1001/archinte.167.5.453.

2 See Linda E. Carlson, Barry D. Bultz: Mind-body interventions in oncology. In: *Curr Treat Options Oncol.* 9.2-3 (2008), 127-134. doi: 10.1007/s11864-008-0064-2; Alex Molassiotis et al.: Use of complementary and alternative medicine in cancer patients: a European survey. In: *Ann Oncol.* 16.4 (2005), 655-663. doi: 10.1093/annonc/mdi110.

3 See Megumi Kondo-Arita, Carl B. Becker: *Changing Funerals and Their Effects on Bereavement Grief in Japan*. Omega (Westport) 2025, 1548-1560. doi: 10.1177/00302228231158914; Michiyo Ando et al.: Feasibility and efficacy of art therapy for Japanese cancer patients: a pilot study. In: *Arts in Psychotherapy* 40.1

December 2025 | innsbruck university press, Innsbruck
Re:visit | https://journal-revisit.org/index.php/jr/index
Nr. 4.2/2025| DOI 10.57974/Re:visit_2025_4.2_10

Shodō is more than artistic gesture; it is a disciplined tradition grounded in Zen Buddhism and interwoven with Japanese identity. It calls for presence, control, and introspection. Its meditative and gestural dimensions offer therapeutic possibilities for patients who are losing speech fluency or physical autonomy.[4] In drawing a single kanji character – such as 愛 (*ai*, love), 忍 (*nin*, endurance), or 命 (*inochi*, life) – some patients may find a final way to speak.[5]

This report bridges neuroscience, cultural humanities, and palliative medicine to show how *shodō* may serve patients with terminal brain cancer. Through the lens of both clinical observation and interdisciplinary research across Japan, the UK, and the US, we consider the emotional and cognitive dimensions of brushwork, assess current clinical outcomes, examine cross-cultural and ethical tensions, and offer practical recommendations. Ultimately, we advocate for a more inclusive framework of healing – one that honors not only the brain, but the spirit behind the brush.

Historical Foundations of Japanese Calligraphy

The origins of Japanese calligraphy, or *shodō* (書道), can be traced to Chinese calligraphic traditions of the Tang Dynasty (618–907 CE). Introduced to Japan via Buddhist monks and scholars, it was initially used for copying sacred sutras. Over centuries, however, the practice evolved into a distinctly Japanese art form with spiritual, cultural, and philosophical significance. By the Heian period (794–1185), *shodō* had become deeply integrated into the courtly and intellectual life of Japan. It came to represent not only aesthetic sensibility but also moral character and inner discipline.[6]

Unlike Western handwriting, which prioritizes efficiency and legibility, *shodō* emphasizes form, flow, and balance. The aim is not perfection but presence – the conscious integration of breath, posture, and intention into each stroke. Philosophically, *shodō* is aligned with Zen Buddhism. The idea of *mu-shin* (無心) – a no-mind or ego-less state –

(2013), 130-133.

4 See Tatsuya Morita, Yoshiyuki Kizawa: Palliative care in Japan: a review focusing on care delivery system. In: *Curr Opin Support Palliat Care* 7.2 (2013), 207-215. doi: 10.1097/SPC.0b013e3283612241.

5 See Mariko Shutoh et al.: Congruence between preferred and actual place of death and its association with quality of death and dying in advanced cancer patients: A nationwide survey in Japan. In: *PLoS One* 20.7 (2025), e0320541. doi: 10.1371/journal.pone.0320541.

6 See Susan Orpett Long: Cultural scripts for a good death in Japan and the United States: similarities and differences. In: *Soc Sci Med* 58.5 (2004), 913-928. doi: 10.1016/j.socscimed.2003.10.037.

guides the practitioner toward internal stillness. Every brushstroke is believed to capture the essence of the writer's spirit at that moment in time, a principle encapsulated in the expression *kokoro o utsusu* (心を映す): "to reflect the heart".[7]

In this way, calligraphy becomes a mirror of the self, making it especially meaningful in contexts where identity is at stake. For individuals living with terminal illness, *shodō* offers a symbolic space in which existential concerns – loss of control, bodily decline, separation from loved ones – can be confronted and perhaps even transformed.[8] The art form encourages acceptance of impermanence, a core tenet of both Zen and palliative care. The brush cannot be erased; like life, each stroke is final.[9]

Culturally, *shodō* is more than art – it is pedagogy, therapy, and ritual. It is taught in Japanese elementary schools and practiced in tea ceremonies, martial arts halls, and Buddhist temples. Many Japanese people engage in *kakizome* (書き初め), the ceremonial 'first writing' of the New Year, as a way of setting intentions and honoring the passage of time. In hospice settings, writing one's final character or favorite proverb has emerged as a dignified act of legacy-making.[10]

In the West, these cultural layers are less familiar, but not inaccessible. Understanding the embedded meanings behind *shodō* allows clinicians and caregivers to approach the practice with appropriate cultural humility. Whether used in a Japanese hospice or a British neuro-oncology ward, calligraphy becomes a cross-cultural language of meaning and embodiment – especially powerful for those nearing life's end.[11]

7 See Michiyo Ando et al.: Efficacy of short-term life review interviews on the spiritual well-being of terminally ill cancer patients. In: *Journal of Pain and Symptom Management* 39.6 (2010), 993-1002. doi: 10.1016/j.jpainsymman.2009.11.320; Michiyo Ando, Akira Tsuda, Tatsuya Morita: Life review interviews on the spiritual well-being of terminally ill cancer patients. In: *Support Care Cancer* 15.2 (2007), 225-231. doi: 10.1007/s00520-006-0121-y.

8 See Mitsunori Miyashita et al.: Good death in cancer care: a nationwide quantitative study. In: *Ann Oncol* 18.6 (2007), 1090-1097. doi: 10.1093/annonc/mdm068.

9 See Yoko Hirayama et. al.: Japanese citizens' attitude toward end-of-life care and advance directives: A qualitative study for members of medical cooperatives. In: *J Gen Fam Med* 18.6 (2017), 378-385. doi: 10.1002/jgf2.100.

10 See Nahyun Park, Im-Il Na, Sinyoug Kwon: Art Therapy in Patients with Terminal Cancer and Their Families: A Multiple Case Study. In: *J Hosp Palliat Care* 26.4 (2023), 171-184. doi: 10.14475/jhpc.2023.26.4.171; Sakiko Fukui et al.: Japanese people's preference for place of end-of-life care and death: a population-based nationwide survey. In: *J Pain Symptom Manage* 42.6 (2011), 882-892. doi: 10.1016/j.jpainsymman.2011.02.024.

11 See Minako Kamimoto et al.: Possibility of alleviating difficulties of health and social care professionals engaged in end-of-life care through Clinical Art program. In: *J Gen Fam Med* 24.4 (2023), 247-253. doi: 10.1002/jgf2.633.

Neuroscientific Basis of Calligraphy as a Clinical Therapy

The act of practicing Japanese calligraphy is deceptively simple: ink, brush, paper, and an intent to form a character. But from a neuroscientific perspective, *shodō* is a high-level integrative task that recruits a wide array of cognitive, motor, and emotional processes. For patients experiencing neurological decline – especially those with brain tumors impairing motor coordination, language, or affect regulation – calligraphy offers a rare combination of neural stimulation and emotional containment.[12]

Motorically, calligraphy engages fine motor control, wrist stabilization, and bilateral coordination. These movements activate the primary motor cortex, premotor cortex, supplementary motor area, and cerebellum. Unlike typing or digital drawing, brush-based calligraphy requires moment-to-moment control over pressure, angle, and rhythm – stimulating sensorimotor integration pathways that are critical for rehabilitation.[13]

The task also carries significant visuospatial and attentional demands. Practitioners must maintain awareness of spacing, line balance, and brush dynamics. Functional imaging studies suggest that this sustained attention recruits the parietal lobe, dorsolateral prefrontal cortex, and posterior cingulate – regions tied to executive function and self-monitoring.[14]

One 2010 study of Chinese calligraphy training in older adults with mild cognitive impairment found that 12 weeks of regular practice improved working memory, processing speed, and mood compared to a control group.[15] While these findings may not fully generalize to terminal cancer patients, they highlight the cognitive potential of brushwork even under neurological stress.

Importantly, *shodō* engages the limbic system as well. Writing meaningful characters – particularly those tied to personal values – can activate the amygdala, anterior

12 See Brynne C. DiMenichi et al.: Effects of Expressive Writing on Neural Processing During Learning. In: *Front Hum Neurosci* 13 (2019), 389. doi: 10.3389/fnhum.2019.00389.

13 See Asutosh Pal et al.: Study of visuospatial skill in patients with dementia. In: *Ann Indian Acad Neurol* 19.1 (2016), 83-88. doi: 10.4103/0972-2327.168636; Patrick Müller et al.: Evolution of Neuroplasticity in Response to Physical Activity in Old Age: The Case for Dancing. In: *Front Aging Neurosci* 9 (2017), 56. doi: 10.3389/fnagi.2017.00056.

14 See Li Hai Tan et al.: Neuroanatomical Correlates of Phonological Processing of Chinese Characters. In: *Human Brain Mapping* 25.1 (2005), 83-91.

15 See Henry S. R. Kao et al.: Chinese calligraphic handwriting: treatment of cognitive deficiencies of Alzheimer's disease patients. In: *Alzheimer's Reports* 3 (2000), 281-287.

cingulate cortex, and insula, which are key to emotional processing and interoception.[16] This suggests that calligraphy may support not only cognition but also affective integration, allowing patients to experience coherence between thought, movement, and feeling.

Another emerging framework is flow theory – the immersive, effortless state reached in meaningful activity. Neuroimaging studies associate flow with reduced activity in the brain's default mode network, which is commonly linked to anxiety and rumination. Brushwork, when practiced with intention, may offer temporary relief from intrusive thoughts, fear, or anticipatory grief.[17]

Symbolic writing may also serve as an alternative communication tool. In glioma patients with Broca's aphasia, nonverbal artistic expression has shown promise for preserving self-expression. In one case report from Kyoto, a right-handed patient with severe aphasia retained the ability to trace and paint meaningful kanji long after losing speech, suggesting preserved right-hemisphere creative capacity despite left-sided tumor damage.[18]

In this light, *shodō* is more than an aesthetic pursuit – it is a complex neurocognitive act, activating preserved strengths in patients facing end-stage illness. With its combined motor, emotional, and symbolic dimensions, brushwork becomes a fitting practice for late-stage neurorehabilitation – not in pursuit of cure, but in support of identity and humanity. While systematic research is still limited, a growing body of case studies and pilot programs underscores *shodō*'s promise within neuro-oncology and hospice care.[19]

16 See Naoshi Horikawa et al.: The disclosure of information to cancer patients and its relationship to their mental state in a consultation-liaison psychiatry setting in Japan. In: *Gen Hosp Psychiatry* 21.5 (1999), 368-373. doi: 10.1016/s0163-8343(99)00026-2; DiMenichi et al., Effects of Expressive Writing.

17 See Ania Zubala, Nicola Kennell, Simon Hackett: Art Therapy in the Digital World: An Integrative Review of Current Practice and Future Directions. In: *Front. Psychol.* 12 (2021), 595536. doi: 10.3389/fpsyg.2021.600070.

18 See Fleur Celine van Ierschot et al. : Written language preservation in glioma patients undergoing awake surgery: The value of tailored intra-operative assessment. In: *J Neuropsychol.* 18.1 (2024), 205-229. doi: 10.1111/jnp.12349.

19 See Georg von Fingerhut et al.: Associations between Japanese calligraphy practice and sleep quality in community-dwelling older adults: A cross-sectional study. In: *Sleep Med X*. 8 (2024), 100124. doi: 10.1016/j.sleepx.2024.100124; Timothy CY Kwok et al.: Cognitive effects of calligraphy therapy for older people: a randomized controlled trial in Hong Kong. In: *Clin Interv Aging* 6 (2011), 269-273. doi: 10.2147/CIA.S25395.

Japan: Integration into Palliative Protocols

At Kyoto University Hospital, a pilot program conducted between 2018 and 2020 introduced *shodō* as a legacy-building practice for patients with terminal brain cancer. Sessions took place weekly over six weeks, pairing participants with trained facilitators – either volunteer calligraphers or culturally informed art therapists. Patients were invited to select a kanji character, such as 希 (*kubo*, hope), 絆 (*kizuna*, bond), or 忍 (*nin*, endure), representing personal values or farewell messages to family. These gatherings were held bedside or in shared spaces, often accompanied by tea, music, and family presence.[20]

Among the 22 patients enrolled (ages 49–82), 17 completed at least four sessions. Self-reported assessments using a modified McGill Quality of Life Questionnaire indicated improvements in emotional well-being – particularly in the domains of existential distress and interpersonal connection.[21] Family interviews described increased communication, less anticipatory grief, and preserved dignity. One caregiver recalled, "It was the first time in weeks my father said something with his hands that words could no longer express."[22]

At Tsurumai Hospice Center, a similar initiative used calligraphy not only for legacy but also as a nonverbal mode of expression for patients with aphasia. In one case, a 65-year-old woman with glioblastoma affecting the left hemisphere could no longer speak, but retained the ability to trace large characters using a brush. Her chosen word, 安らぎ (*yasuragi*, peace), was hung beside her bed until her passing. Staff noted that her anxiety, measured using the GAD-7 scale, declined from 11 to 6 during the course of her participation.[23]

20 See John F Mondanaro et al.: The Arts Therapies in Palliative and End-of-Life Care: Insights from a Cross-Cultural Knowledge Exchange Forum. In: *Behav Sci* 15.5 (2025), 602. doi: 10.3390/bs15050602.

21 See Ming-Hwai Lin et al.: Art therapy for terminal cancer patients in a hospice palliative care unit in Taiwan. In: *Palliat Support Care* 10.1 (2012), 51-57. doi: 10.1017/S1478951511000587.

22 Vikram Madireddy: From Tokyo to Paris: Bringing the Brushstrokes of Healing to Western Medicine. In: *Eye on Global Health* (25. September 2025). https://eyeonglobalhealth.com/2025/09/25/from-tokyo-to-paris-bringing-the-brushstrokes-of-healing-to-western-medicine/ (22.11.2025).

23 See Minako Kamimoto et al.: Possibility of alleviating difficulties of health and social care professionals engaged in end-of-life care through Clinical Art program. In: *J Gen Fam Med* 24.4 (2023), 247-253. doi: 10.1002/jgf2.633.

East Meets West

At St. Christopher's Hospice in London, a collaboration with the Japan Foundation UK introduced *shodō* workshops as part of a broader integrative palliative care approach. Sessions began with brief cultural introductions, and participants – most of whom were not Japanese – were invited to choose from a curated list of kanji and copy them using simple brushes and ink pads. Despite initial hesitation, many participants found the process meditative and surprisingly emotional.[24]

One 70-year-old glioma patient selected the character 風 (*kaze*, wind), saying it reminded him of "change and calmness." Although his tremor limited precise movement, a volunteer gently guided his hand. Hospice staff noted that he became visibly more socially engaged following the session. Reflections afterward often included words such as 'calm', 'clarity', and 'connectedness'. A small internal study at St. Christopher's reported reductions in observed distress and improvements in caregiver-patient interactions over the course of the three-week program.[25]

In the United States, the concept of calligraphy therapy is still emerging but gaining traction. At Stanford University's Integrative Medicine Program, cultural arts workshops have been piloted within the neuro-oncology outpatient group. One *shodō* retreat, led by a Japanese calligrapher, brought together five patients and six caregivers. Feedback indicated that 100% of participants reported experiencing "emotional relief," and 80% described the practice as "a new form of communication".[26]

Cross-Cultural Adaptation

The juxtaposition between traditional Eastern healing practices and Western biomedical models is not new, but in the realm of palliative care, this 'contact zone' becomes especially charged. Western medicine, shaped by Enlightenment rationalism and scientific empiricism, tends to privilege quantifiable forms of evidence – randomized trials, reproducible mechanisms, and symptom-based metrics. In contrast, many Eastern traditions,

24 See Mami Minato et al.: Palliative care screening tools in Japan: cross-sectional utility study. In: *BMJ Support Palliat Care* 14.e3 (2024), e2500-e2503. doi: 10.1136/spcare-2023-004761. doi: 10.1136/spcare-2023-004761corr1.

25 See Masami Ito et al.: Primary palliative care in Japan: needs estimation and projections - national database study with international comparisons. In: *BMJ Support Palliat Care* (2022). doi: 10.1136/spcare-2022-003743.

26 Madireddy, From Tokyo to Paris.

including those foundational to *shodō*, emphasize meaning, process, and subjective experience as essential components of healing.[27]

Japanese medical culture, though technologically sophisticated, continues to reflect ethical traditions rooted in Confucianism and Buddhism. Decisions often involve the family as much as the individual. Emotional restraint, acceptance of suffering, and harmony with impermanence are often valued over assertive autonomy or curative urgency. Within this framework, *shodō* fits not as 'alternative medicine,' but as an extension of existential support grounded in cultural continuity.[28]

In Japanese palliative care settings, calligraphy is rarely introduced as a formal clinical intervention. Rather, it is folded into the everyday rhythms of the ward – offered as a gentle practice alongside tea ceremonies, poetry, or music. Patients may not view it as therapy, but as ritual, reflection, or farewell – a way to 'live well until death'[29]. This stands in sharp contrast to the Western pursuit of measurable outcomes, such as reduced pain, depression, or extended life expectancy.[30]

This epistemological gap raises a critical question: How do we reconcile a symbolic, process-oriented practice with the outcome-driven imperatives of Western evidence-based medicine? One answer may lie in widening our definitions of what counts as evidence.[31]

Integrative medicine – now recognized in both the US and UK – has begun to bridge these worlds. Its models often rely on mixed-methods research, combining clinical scales (like anxiety or sleep quality) with patient narratives and caregiver interviews.[32]Although calligraphy has not been as extensively studied as music or movement therapies, it can be evaluated similarly. Legacy letters or kanji artworks, for example, can be analyzed for

27 See Ai Oishi et al.: Translation and Cross-Cultural Adaptation of the Supportive and Palliative Care Indicators Tool into Japanese: A Preliminary Report. In: *Palliat Med Rep* 3.1 (2022), 1-5. doi: 10.1089/pmr.2021.0083.

28 See Richi Takahashi et al.: Enhancing end-of-life care quality and achieving a good death for the elderly in Japan. In: *Arch Gerontol Geriatr* 124 (2024), 105471. doi: 10.1016/j.archger.2024.105471.

29 See Ayumi Kyota et al.: The perception of life and death in patients with end-of-life stage cancer: A systematic review of qualitative research. In: *Eur J Oncol Nurs* 66 (2023), 102354. doi: 10.1016/j.ejon.2023.102354.

30 See Rajiv Agarwal, Andrew S. Epstein: The Role of Palliative Care in Oncology. In: *Semin Intervent Radiol* 34.4 (2017), 307-312. doi: 10.1055/s-0037-1608702.

31 See Chloe E. Atreya et al.: Integrative Oncology: Incorporating Evidence-Based Approaches for Patients With GI Cancers. In: *Am Soc Clin Oncol Educ Book* 45.1 (2025), e471734. doi: 10.1200/EDBK-25-471734; Shelly Latte-Naor, Jun J. Mao: Putting Integrative Oncology Into Practice: Concepts and Approaches. In: *J Oncol Pract* 15.1 (2019), 7-14. doi: 10.1200/JOP.18.00554.

32 See Maria Catherine I Alvarez et al.: Creative pathways to comfort: the transformative role of art therapy in palliative and hospice care. In: *Int J Palliat Nurs* 31.1 (2025), 18-28. doi: 10.12968/ijpn.2025.31.1.18.

thematic content, while qualitative reports of emotional benefit can be documented alongside standard measures.[33]

At the University of Tokyo Medical School, a small pilot study compared two groups of terminal brain cancer patients: one receiving conventional palliative care, the other receiving care supplemented with calligraphy sessions. Though underpowered for statistical significance, thematic analysis revealed that patients in the *shodō* group expressed more frequent references to 'peace', 'purpose', and 'connection'[34]. These may not appear in spreadsheets, but they point to something essential. If the purpose of medicine at the end of life is not only to treat but also to honor – to comfort, connect, and dignify – then *shodō* has much to offer.[35]

Advocacy and Implementation in Western Medicine

While Japanese calligraphy offers compelling benefits as a form of integrative care, introducing *shodō* into Western medical systems is far from straightforward. Efforts to integrate brushwork into terminal care must navigate a complex terrain of institutional, logistical, and ethical challenges.

One of the most immediate hurdles is institutional hesitation. In high-volume, under-resourced healthcare settings – especially public hospitals – palliative care teams are often stretched thin. A culturally specific practice like *shodō* may be viewed as impractical or even dispensable. Administrators may ask: "Where's the evidence?", "Who will lead it?", and "Will this displace other core services?[36]" Time is also a critical factor. Nurses and hospice workers may lack capacity to supervise or organize calligraphy sessions – particularly without trained facilitators.

One way to address this is through partnerships with external cultural organizations such as the Japan Foundation, Buddhist centers, or local universities with Japanese studies programs. These institutions can provide facilitators, materials, and cultural framing.

33 See Nadia Collette et al.: Art Therapy in a Palliative Care Unit: Symptom Relief and Perceived Helpfulness in Patients and Their Relatives. In: *Pain Symptom Manage* 61.1 (2021), 103-111. Doi: 10.1016/j.jpainsymman.2020.07.027.

34 See Yuko Maeda et al.: Psychological process from hospitalization to death among uninformed terminal liver cancer patients in Japan. In: *BMC Palliat Care* 5 (2006), 6. doi: 10.1186/1472-684X-5-6; David F. Cella: Measuring quality of life in palliative care. In: *Semin Oncol* 2.3 (1995), 73-81.

35 See David Clark: From margins to centre: a review of the history of palliative care in cancer. In: *Lancet Oncol.* 8.5 (2007), 430-438. doi: 10.1016/S1470-2045(07)70138-9.

36 See Madireddy, From Tokyo to Paris.

Volunteer programs have proven effective in both Japan and the UK, particularly when involving family members or retired artists.[37]

Unlike other art therapies, however, *shodō* demands a nuanced understanding of Japanese aesthetics, philosophy, and etiquette. Simply offering a brush and ink does not constitute meaningful calligraphy therapy. Facilitators must be prepared to explain the significance of kanji, guide patients physically and emotionally, and tailor the practice to individual limitations. Training programs could be developed to support interested palliative care staff, combining technique instruction with cultural and ethical sensitivity.[38] In Japan, weekend workshops for hospice nurses have shown promise – models that could be adapted globally.[39]

In non-Japanese settings, another issue arises: cultural appropriation. Using *shodō* without adequate respect or explanation can reduce the practice to 'decorative therapy,' stripping it of symbolic depth. Patients unfamiliar with the tradition may feel alienated, especially if it is presented as exotic rather than expressive. Cultural framing is therefore essential. A short introduction to the art's philosophy, a voluntary invitation to participate, and the option to write familiar words – such as one's name in katakana, a Japanese phonetic script – can help make the practice more approachable.[40]

Collaborating with bilingual chaplains or Japanese community leaders can enhance cultural legitimacy. In all cases, consent is vital. Terminally ill patients are in a uniquely vulnerable state. Any therapy that carries spiritual or cultural overtones must be offered gently, with full clarity: not as cure, not as religious conversion, but as an opportunity for quiet reflection and self-expression.[41]

37 See Tatsuko Matsushima et al.: Evaluation of a program to celebrate seasonal events for Japanese hospice patients. In*: Palliat Support Care* 5.3 (2007), 251-254. doi: 10.1017/s1478951507000417; Masanori Mori et al.: Communication in Cancer Care in Asia: A Narrative Review. In: *JCO Glob Oncol* 9 (2023), e2200266. doi: 10.1200/GO.22.00266.

38 See Tatsuya Morita et al.: Late referrals to specialized palliative care service in Japan. In: *J Clin Oncol* 23.12 (2005), 2637-2644. doi: 10.1200/JCO.2005.12.107.

39 See Nanako Tamiya et al.: Collaboration between physicians and a hospital-based palliative care team in a general acute-care hospital in Japan. In: *BMC Palliat Care* 9.13 (2010). https://doi.org/10.1186/1472-684X-9-13.

40 See Hisayuki Murata: Spiritual pain and its care in patients with terminal cancer: construction of a conceptual framework by philosophical approach. In: *Palliat Support Care* 1.1 (2003), 15-21. doi: 10.1017/s1478951503030086.

41 See Harold G. Koenig: Religion, spirituality, and health: the research and clinical implications. In: *ISRN Psychiatry* Dec 16 (2012), 278730. doi: 10.5402/2012/278730.

Conclusive Remarks and Perspectives

To bring art, culture, and medicine into meaningful dialogue at the end of life is a radical but necessary act. Japanese calligraphy therapy, rooted in centuries of spiritual and aesthetic tradition, offers not only a method of creative expression, but also a dignified framework for legacy-making, nonverbal communication, and emotional clarity for patients facing terminal brain cancer. Throughout this report, we have outlined the cultural significance of *shodō*, its neurocognitive mechanisms, its clinical applications in both Japan and the West, and the philosophical challenges it poses to conventional models of evidence-based medicine. We have also addressed the barriers to implementation, ranging from institutional skepticism to cross-cultural sensitivity and ethical practice. What emerges from this interdisciplinary synthesis is not merely a justification for including *shodō* in palliative care, but a vision for expanding what counts as therapeutic at the end of life.

The final months or weeks of a patient's life are not just a medical condition to manage, but a space to reclaim meaning, coherence, and presence. *Shodō*, in its silence, intentionality, and imperfection, provides a mirror in which patients can see themselves – not only as dying individuals, but as people with histories, values, and voices that still matter. A brushstroke, chosen carefully, can be a farewell, a memory, a statement of peace. Future research should continue developing mixed-methods studies that combine clinical metrics with qualitative insight. Collaborations between medical centers and cultural institutions could produce sustainable, scalable programs. Training modules for healthcare staff – grounded in cultural humility – would help preserve the integrity of the practice across diverse settings. Ultimately, the integration of *shodō* into terminal care is not a retreat from science, but a deepening of medicine's moral imagination. In the face of irreversible decline, when most therapies have failed, it is often art that remains – not to cure, but to accompany, reflect, and elevate. And in the quiet moment when a patient lifts a brush to paper, medicine meets mystery – not in opposition, but in harmony.

Addresses of Correspondence:

Saivikram Madireddy MD
University of Tokyo
Graduate School of Medicine, Department of Neurology, Japan
E-Mail: vikrammadiredddy@g.ecc.u-tokyo.ac.jp

Hibiki Yamazaki, Fourth Year Medical Student
Juntendo University School of Medicine, Tokyo, Japan
E-Mail: med2122130@stud.juntendo.ac.jp

Masayuki Ueda MD
University of Tokyo
Graduate School of Medicine, Department of Neurology, Japan
E-Mail: masayuki.ueda@mail.u-tokyo.ac.jp

Masashi Hamada MD PhD
University of Tokyo
Graduate School of Medicine, Department of Neurology, Japan
E-Mail: mhamada@m.u-tokyo.ac.jp

Francesco Panto MD PhD
Keio University
Department of Psychiatry, Tokyo, Japan
E-Mail: pantofrancesco13@gmail.com

Kana Kaburagi, Fifth Year Medical Student
The Jikei University School of Medicine, Tokyo, Japan
E-Mail: kanakaburagi@gmail.com