

■ CNE Article

# Biofield Therapies and Cancer Pain

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The public and healthcare professionals have become increasingly aware and accepting of the benefit in physical, psychological, social, and spiritual support for patients with cancer. Patients with cancer often seek nonpharmacologic interventions to complement conventional care and decrease the pain associated with cancer and its treatment. Most often referred to as complementary and alternative medicine (CAM), these supportive therapies consist of a heterogeneous group of modalities used as adjuncts to allopathic health care. Biofield therapies are CAM modalities that involve the direction of healing energy through the hands to facilitate well-being by modifying the energy field of the body. This critical review of studies of biofield therapies emphasizes research using these modalities to decrease pain in patients with cancer. Although the therapies have demonstrated clinical efficacy, additional research is warranted. Oncology nurses should familiarize themselves with biofield therapies so they can offer informed recommendations to patients with cancer experiencing pain.

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Patients can experience substantial levels of distress in response to many common treatment-related procedures, particularly when provided in the context of a potentially life-threatening diagnosis such as cancer (Seskevich, Crater, Lane, & Krucoff, 2004). A diagnosis of cancer elicits a variety of emotional reactions, leading to a potentially negative impact on psychological and physiologic outcomes involved in health-related quality of life (HRQOL) (Jackson et al., 2008; Kemper, Fletcher, Hamilton, & McLean, 2009; Seskevich et al., 2004). Conventional allopathic medical care often does not take a holistic approach to disease and symptom management (Burr, 2005). Randomized, controlled trials evaluating symptom management have found that patients with cancer undergoing chemotherapy experience significant levels of anxiety and pain during treatment that may not be recognized or adequately addressed by the healthcare team (Jackson et al., 2008). Although cancer treatment focuses on the three major domains of cure, extending survival, and improving HRQOL (Lowe, Ferrell, & Leong, 2007; Rossman, 2002), conventional care has focused primarily on cure and survival until recently. However, most patients with cancer prefer a holistic approach to treatment that helps not only to fight the disease, but also to alleviate emotional distress, improving treatment-related symptoms and HRQOL (Jackson et al., 2008). Subsequently, an integrated approach to support well-being is emerging to address the treatment- and disease-related adverse effects that patients with cancer continue to experience,

despite advances in the pharmacologic management of the disease (Post-White et al., 2003).

## Cancer Pain

Cancer, chemotherapy, radiation therapy, and surgery produce a variety of symptoms, which often are co-occurring as a symptom cluster (Aktas, Walsh, & Rybicki, 2010). Of those symptoms, patients with cancer often fear pain the most (DeSandre & Quest, 2010). *Pain* is defined by the International Association for the Study of Pain as “an unpleasant sensory and emotional experience arising from actual or potential tissue damage, or described in terms of such damage” (Monroe, 2009, p. 86). Originating from a physiologic source, pain is subjective and modifiable by psychological factors, such as negative affect. In the case of cancer, pain may be both acute and chronic, and can result from the disease itself, treatment, or unrelated causes (DeSandre & Quest, 2010).

Cancer pain can be described physiologically as nociceptive or neuropathic (DeSandre & Quest, 2010). Nociceptive pain results from damage to tissue and may be further classified as either somatic (sharp or aching localized pain) or visceral (dull or cramping diffuse pain). Neuropathic pain is caused primarily by nerve injury, which may be mechanical, metabolic, inflammatory, or toxic. Neuropathic pain typically is persistent and sometimes shock-like. A normal stimulus may elicit an abnormal pain response, whereas a light touch might cause searing pain.