

## **Hospice Massage: Easing the Pain of a Life-Limiting Illness, Part 1**

By Ann Catlin, LMT, NCTMB, OTR

A couple of years ago, I had the privilege of spending a few days at a residential hospice in Washington, D.C. called Joseph's House; I was there to conduct a workshop for the staff. While I was there to *teach*, in the process I *learned* so much about dying with dignity. You see, Joseph's House takes in and cares for homeless men and women with terminal illness. Witnessing the impact of touch on the lives of these men and women was profound and has stayed with me ever since. Anxiety was eased, relationships were deepened and spirits were lifted for those receiving the touch and those giving it. I recall gently massaging the legs and arms of a young man who, it was believed, was only days away from dying. As I watched him fully receive my touch with a look of peace, I felt blessed to be doing this humble work. Those who entered the doors of Joseph's House were given the gift of living well with dignity in their final days.

I believe that is the essence of hospice care to help the dying person live well and to support quality of life. A paramount concern in hospice care is alleviating pain. As massage practitioners, we have much to contribute to easing pain and suffering on many levels. The complex nature of pain is holistic, meaning it is related to the whole person: the body mind and spirit. By acknowledging only the physical component of pain, we are disregarding a significant part of the pain experience that may have as much impact on the quality of life as the physical discomfort. The dimensions of pain obviously include the physical, however the psychological, emotional, social and spiritual dimensions equally impact the quality of life as well.

### **Dimensions of Pain**

The dimensions of pain include:<sup>1</sup>

- *Physiological* dimension focuses on the physical sensation in the body along with accompanying physiological responses such as heart rate or shortness of breath.
- *Behavioral* dimension is related to how pain affects the activity level and function such as mobility and daily activities.
- *Emotional* dimension is how the individual's feeling and mood is affected.
- *Cognitive* dimension deals with the person's belief system about pain and his or her past experiences. It is related to the thoughts one has about the circumstances.
- *Social* dimension is centered on how pain changes relationships with family, friends or caregivers.
- *Spiritual well-being* dimension arises from a sense of meaning and purpose in one's life; hope; feelings and thoughts about a higher being.

### **Massage: Why it Works**

The American Massage Therapy Association (AMTA) defines massage as "a manual soft tissue manipulation, and includes holding, causing movement, and/or applying pressure to the body." The intention of applying massage is, according to the AMTA to positively affect the health and well-being of the client.

A hands-on complementary approach for those in eldercare, hospice and palliative care enhances quality of life. Combining sensitive massage techniques, focused touch, one-on-one attention and specialized communication skills can be highly effective for those in later life stages. The concepts and techniques of this hands-on approach are effective as a non-pharmacological tool in alleviating discomfort associated with the dimensions of pain. What follows is an exploration of the effects of massage along with some of the rationale for why massage may be important tools in alleviating pain for individuals with life-limiting illness.

**Physiological Effect:** Physical sensation of pain is reduced. Massage has been shown to affect the nervous system through stimulation of sensory receptors. The gate control theory refers to the idea that pain impulses pass through a "gate" to reach the nerve fibers leading from the spinal cord to the thalamus in the brain. Pain impulses are transmitted by large and small diameter nerve fibers. Massage stimulates the large-diameter fibers, preventing the small diameter fibers from transmitting signals, suppressing the sensation of pain.<sup>2</sup>

Massage stimulates production of endorphins. Endorphins are opiate-like compounds produced by the body that relieve pain and produce feelings of euphoria.<sup>2</sup> Massage decreases cortisol levels. Cortisol is a

stress hormone that is produced by the adrenal glands during prolonged stress. When cortisol levels are lowered it enhances sleep quality and the immune system.<sup>2</sup>

**Behavioral Effect:** Physical tasks are performed with greater comfort (i.e. transfers, dressing, ambulating). When the burden of pain is eased the individual may increase his or her involvement in self-care and participate more actively in daily life and level of function is improved.

**Emotional Effect:** Positive feelings and mood is enhanced. Massage has a generalized effect on the autonomic nervous system, resulting in changes in mood and an induced relaxation response.<sup>2</sup> Massage seems to increase serotonin levels. Serotonin is a neurochemical that regulates mood; feelings of calm; and subdues anxiety and irritability.<sup>3</sup>

**Cognitive Effect:** The cycle of pain and fear may be interrupted, resulting in more positive thought patterns. One hypothesis<sup>4</sup> states that pain has three phases: the anticipation phase; the sensation phase; and the aftermath phase. The person suffering from chronic or intermittent pain may experience fear in the anticipation phase stemming from unpleasant past painful experiences. When the pain experience is eased with massage and one-on-one focused attention, those associations may lose their grip on the belief system of the person.

**Social Effect:** Touch and massage is a medium that enhances the relationship between the ill person and caregivers.

Bush<sup>5</sup> reports that substantial evidence points to the fact that the experiences of touch are laden with psychosocial as well as physiologic implications. It is a viable means of improving both verbal and non-verbal communication. Human touch creates a way for the dying person to interact and connect with others, decreasing feelings of isolation and loneliness.

**Spiritual Effect:** Human touch enhances spiritual well-being. Nelson<sup>6</sup> reports that when individual felt cared for by staff during and after receiving complementary approaches, the burden of disease (i.e. physical, emotional) seemed less and allowed them to feel like they had more of a desire to participate in life.

The unconditional gift of touch acknowledges the individual's worth regardless of the condition of the body or mind easing suffering on all levels. Hospice organizations are offering massage therapy as a complementary service more than ever before. We truly hold within our hands the means to make a meaningful difference in the quality of life at life's end.

Hospice is:<sup>7</sup>

- A professional holistic service to patients with terminal illness and their families. Hospice service can be given at home or in a dedicated hospice program within a hospital or nursing home or in a free standing hospice facility.
- Care that is based on an attitude of acceptance of death as a part of life.
- Care that is guided by the patient and his or her goals rather than by others' rules or prescriptions.
- Care that preserves dignity and is given with respect and compassion. It is the outcome of warm human relationships between the care provider and the patient and family.
- A caring, dedicated effort to encourage the patient and his family to recognize and express their feelings about dying, both before and after death.
- Care that uses a creative flexible approach to control of distressing symptoms (especially pain) and whatever other problems the patients and family may encounter.

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## Hospice Massage: What is Our Role at Life's End? Part 2

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In [part one of this series](#) on hospice massage, I explored how massage eases the many dimensions of pain for the person suffering from a life-limiting illness. The value of massage therapy in pain management is an easy association to make. We feel confident in our role of easing pain and can point to concrete reasons why we know massage is beneficial. But what is our role in serving those who have entered the final stages of life? It's important to gain a broader perspective of the role of massage therapy in hospice care. We can start by understanding a few basics about the process and to recognize that the later stages of life are part of a continuum.

Life-limiting illness means the person has been diagnosed with a progressive condition that affects quality of life and death is eminent within a more or less predictable period of time. When a person enters hospice care, he agrees that the focus of medical care will be comfort and quality of life--not curative. An individual may enter hospice care at any point along the continuum. Some are referred to hospice services at the time diagnosis of a life-limiting illness and receive hospice care for weeks or months. Others don't seek out hospice care until entering the final stages, referred to as actively dying. Active dying is the term used when death is eminent and the body systems begin to shut down leading up to the individual's transition. Certainly our role is going to be very different in serving the person who is actively dying.

When visiting an inpatient hospice unit affiliated with a hospice in the Chicago area, I asked the nurse what the average length of stay is. She told me that it is three days and that many of their patients are actively dying upon admission. This hospice unit offers massage therapy services to patients and their families. So again, I ask, "What is our role?" I'd like to offer a frame of reference that has served me well as a foundation from which to act. These are simple ideas that I have gathered along my own path of service.

### **Frame of Reference for Serving the Dying Person**

1. Living with a terminal illness and dying are unique aspects of a continuum.
2. Dying is not just a medical event.
3. Dying is a part of living.
4. Dying is a deeply personal experience.
5. The opportunity for personal growth does not stop with a diagnosis.
6. The benefit and responsibility of caregiving flows two ways.
7. Human suffering has many dimensions. Human joy has many dimensions.
8. Caring for the dying is a simple, ordinary and profound human experience.
9. It is possible to "die well."
10. Touch is a universal language of the heart.

### **Our Purpose**

*To be a healing presence.* There comes a point when massage as we know it is no longer called for. Instead we are called upon to bring forth something that comes from deep within--our ability to simply be present. Rather than cling to prescribed techniques, we must trust the simplicity of human compassion and our capacity to offer it to another. Our best resources when serving the dying person don't come from the techniques we've studied but from within our own hearts. We become the space-holder, allowing the dying person his/her own process and experience, and sometimes serve as an anchor for family members and other caregivers.

*To enhance the quality of life.* Doing what is called for in the moment to ease any form of discomfort is the best approach to take. One minute you might be offering a gentle foot massage or holding a hand and the next, moistening dry lips or helping to turn someone on their side to make breathing easier. One of my favorite quotes is from Mother Teresa: "Let us touch the dying, the poor, the lonely and the unwanted according to the graces we have received and let us not be ashamed or slow to do the humble work." Hospice service is about doing the humble work of each moment as it unfolds.

"But what am I supposed to DO?" you may ask. "If I'm there as a massage therapist, aren't I supposed to be doing bodywork?" These are questions I've heard from my students over and over again. The answer is two-fold: First, we must be willing to let go of our idea of what a session looks like. A session with a dying person may include gentle massage, focused touch or no touch at all. The length of a session varies according to what is called for at the time. The key is sound clinical judgment but also letting the rules go to truly serve the person. Confidence in our skills allows us to listen to our inner guidance and respond accordingly. Sometimes we really have to stop doing and simply BE.

Secondly, it is essential to have a repertoire of skilled touch approaches that are appropriate when the situation calls for them. I understand the need and desire to know some techniques that are safe and beneficial. The following are some hands-on approaches that may be useful in serving the dying person.

### **Focused Touch/Holding**

Sometimes the most compassionate thing you can offer is holding a hand or the feet while you focus your attention on the inner wholeness of the one you are touching. It is important to center yourself prior to making any physical contact.

*Lifting and Shifting.*<sup>1</sup> This technique involves moving a part of the body for positional change and to ease pressure. Change the adjustment of the bed or add support of pillows under the arms or legs. Mindfully adjust the pillows under the head. Lifting a part of the body and holding it up for a moment relieves pressure.

*Synchronized Breathing.*<sup>2</sup> This technique is effective to help ease difficult breathing. It involves synchronizing your own breath with simple massage strokes. First synchronize the rhythm of your own breath with slow effleurage strokes; breathing in as your hands move distally (toward your own body). Then breathe out as your hands move away from you. Let the sound of your breath be audible. This is a silent interaction. No words are necessary to encourage a natural synchronization with the rhythms of your breath and touch. If the person cannot tolerate physical contact you may remove the touch and focus only on the breath.

### **Support for the Bereaved**

Hospice services must provide bereavement support or counseling for the family of the dying person. Bereavement means the extended period of grief preceding the death and following (usually for one year) the death of a loved one, during which individuals experience, respond and adjust to the loss. Supporting those suffering the loss of a loved one is a way to extend the gift of your touch and ease the impact of bereavement. Other caregivers in the hospice organization may also benefit from your services to alleviate the effects of caregiver fatigue and prevent burnout.

The National Hospice and Palliative Care Organization recognizes massage therapy as a valuable contribution to end-of-life care, stating: "Therapeutic massage is becoming a significant modality in end-of-life care because of its effectiveness in relieving anxiety, pain, and discomfort."<sup>3</sup> Serving those in hospice care can be profoundly rewarding as we contribute to the quality of life at a very personal and sacred time of another's life. And, just as importantly, we will influence the nature of end-of-life care.

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