Massage in Supportive Cancer Care

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Objective: *To review recent findings on the utilization of massage by cancer patients, including evidence of effects in supportive and palliative cancer care, current understanding of safety considerations and adaptations needed, education of professional and family caregivers to provide this form of support, and guidelines for oncology nurses in referring patients.*

Data Sources: *Journal articles, government and special health reports, book chapters, and web-based resources.*

Conclusion: *The massage profession and the disciplines of clinical oncology have experienced a* rapprochement *in recent decades over questions of safety and efficacy. However, there is now significant recognition of the potential contributions of massage in supportive care, as well as greater understanding of the modifications needed in offering massage to cancer patients.*

Implications for Nursing Practice: *Massage offers significant potential for benefiting quality of life when applied with proper understanding of the adaptations needed to accommodate the needs and vulnerabilities of cancer patients.*

Key Words: *Massage, palliative care, supportive care, integrative oncology, informal caregiving, spouse caregiving, family caregiver education*

One of the most primal and spontaneous ways in which humans offer support to another who is ill or suffering has been through touch. Florence Nightingale, founder of the modern nursing profession, recognized this and regarded caring touch as an essential ingredient of good nursing care.[1] Indeed, touch as a simple expression of interpersonal caring – without technique or manipulation of tissue – is now known to evoke powerful salutogenic responses in the body and mind of the recipient.

Beyond simple caring touch, there are several modalities that use touch as a deliberate intervention in supportive cancer care. The diverse modalities are grounded in different theoretical systems with little uniformity in use of language. As a result, there is often imprecise use of the term "massage," blurring boundaries between it and other touch-based methods. The National Cancer

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Institute's Office of Cancer Complementary and Alternative Medicine has offered a classification system in which some methods commonly referred to as variants of massage – methods that are used by some massage therapists – are classified separately.[2] For example, Reiki, Therapeutic Touch (TT), and Healing Touch (HT) are classed as "Energy Therapies," reflexology is separated from massage in "Manipulative and Body-Based Methods," and aromatherapy is listed as a "Mind-body Intervention." This ambiguity makes it important in clinical communications and research to clarify how the term "massage" is being used in a given context. In this article, "massage" refers to direct manipulation of soft tissue.

While various forms of therapeutic manipulation of soft tissue have been practiced across cultures for thousands of years, Swedish (also referred to as "classical") massage is the most common form in the West and is the core of most massage training programs. Swedish massage was developed in the 19th century by Per Henrik Ling and introduced as a health care modality in the United States (US) in the 1850s by George and Charles Taylor, two physicians who had studied in Sweden.

Medical interest in massage diminished by the 1930s and 1940s with advances in pharmaceutical and surgical medicine, although it remained part of the training for the nursing profession, including the nightly back rub much-revered by hospital patients. The establishment of a distinct profession of massage therapy in the US was advanced in 1943 when the graduating class of the College of Swedish Massage in Chicago formed an association, which eventually became the American Massage Therapy Association. In the 1970s, interest began to surge with popularity of the concepts of holistic health and complementary and alternative therapies.

Important to the history of massage in cancer has been the evolution of beliefs regarding whether massage could contribute to metastasis. Such concerns were based on the concept that increased blood and lymph circulation might encourage the spread of cancer. This fear was widely propagated through the massage profession and reinforced through oral tradition, classroom teaching, and apprenticeship.[3]

In the last two decades, however, a heightened emphasis on evidence-based practices has led to critical examination of this issue. Now the speed of circulation is no longer thought to influence cancer spread. As explained by Pfeifer, "Site predilection does not depend on the anatomy of the circulation as previously believed. Tumor cells flow through the circulatory system based on venous drainage from the primary tumor. However, the site and survival of the disseminated tumor cells depend on the *qualities and properties unique to the tumor cell itself*. Certain tumor cells possess an affinity for specific organs. The metastatic process is not random."[4] If circulation did influence cancer spread, many other normal and accepted activities would also contribute to metastasis, including hot showers, exercise, sexual activity, and other aspects of daily life, but patients are almost always encouraged to exercise and remain as active as possible.[5]

The concern about metastasis is increasingly regarded as myth in the massage profession.[3,5-8] Massage is now recognized as an intervention for quality of life in both palliative and end-of-life care. The term *oncology massage* – referring to the adaptation of massage techniques to accommodate the special considerations of people experiencing cancer or its treatments – is relatively recent, with the first organized trainings being developed in the 1990s.

Use of Massage by Cancer Patients

According to an American Hospital Association survey, the number of hospitals offering complementary therapies grew from 7.7% in 1998 to 37.3% in 2007, with about 71% of those offering massage. Reasons most cited by hospitals offering massage include stress reduction (71%), pain management (66%), cancer patient support (57%), and palliative care (41%), among others.[9]

Massage is among the more popular modalities of complementary therapy among cancer patients. Surveys indicate that 63% to 91% have used some form of complementary therapy, with one study reporting an average of 4.8 different complementary modalities used,[10] and reports on use of massage range from 11% to 53% of cancer patients.[11-17] The National Comprehensive Cancer Network (NCCN), a nonprofit alliance of 21 of the world's leading cancer centers, now recommends massage in its "Guidelines for Supportive Care," based on the growing body of evidence of its safety and benefits for quality of life.[18]