Mindfulness-Based Interventions for Hematology and Oncology Patients with Pain

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KEYWORDS

• Mindfulness • Mindfulness-based interventions • Pain • Cancer pain
• Pain catastrophizing

KEY POINTS

- Pain is a reality for approximately 40% of patients with cancer after treatment, for 55% during treatment, and for 66% of patients with terminal disease. Opioids are the treatment of choice for cancer-related pain.
- Pain is a constellation of physical sensations that can negatively impact cognitive and emotional states. The whole person experience of pain has been called "total pain."
- Total pain may not respond to pharmacologic interventions and may pave the way for the onset of suffering whereby suffering is defined as physical pain accompanied by negative cognitive interpretations.
- Mindfulness-based interventions provide an alternate interpretive framework for pain and suffering and may lessen a patient's experience of pain.
- Mindfulness-based interventions have potential to modify a patient's relationship to pain, reducing pain catastrophizing, and enhancing patient reported overall well-being.

INTRODUCTION

In a systematic review and meta-analysis of 122 research articles on cancer pain prevalence, pain was found to be a reality for 39.3% of patients with cancer after curative treatment, 55.0% during anticancer treatment, 66.4% in advanced, metastatic, or terminal disease, and 50.7% in all cancer stages.[1] Fifty-two of the 122 studies that measured pain intensity found that 38% of patients with cancer report moderate to severe pain.[1] In addition, patients with cancer report that pain is an intolerable aspect of their cancer that profoundly affects their quality of life.[2,3]

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Since the seminal work of Dame Cicely Saunders and her introduction of the "total pain" concept, cancer pain has been conceptualized and treated as a multidimensional, individual experience encompassing body, mind, and spirit.[4] Following this logic, research on cancer pain commonly uses validated self-report pain measurement tools that assess a person's physical and affective experience of pain.[5,6] Nevertheless, cancer pain is regularly treated with opioids alone presumably under the assumption that if the physical pain is ameliorated, the emotional and behavioral symptoms will also resolve.

Clinical experience, however, often proves the above assumption false. As palliative care physician Michael Kearney has noted, there are types of pain not amenable to pharmacologic intervention.[7] Grief is one such example. Grieving people often report physical symptoms that may not respond to pharmacologic or nonpharmacologic interventions and instead yield only to the salve of time. For clinicians used to exercising their skills to provide symptom relief, complex types of pain like grief can become an exercise in clinical humility in the face of suffering that persists (**Fig. 1**).[8]

Considering grief as a type of pain raises the question about the difference between pain and suffering. In both the research literature and common parlance, the terms are often conflated or used interchangeably. Pain and suffering are assumed to be synonyms for identical subjective experiences.

However, as Cassell has carefully articulated, pain and suffering are two distinct entities:

> *Suffering occurs when an impending destruction of the person is perceived; it continues until the threat of disintegration has passed or until the integrity of the person can be restored in some other manner. It follows, then, that although suffering often occurs in the presence of acute pain, shortness of breath, or other bodily symptoms, suffering extends beyond the physical. Most generally, suffering can be defined as the state of severe distress associated with events that threaten the intactness of the person.*[9]

This distinction is key to uncoupling the corresponding value judgments often placed on pain and suffering. Pain and suffering are most often portrayed as unambiguously negative experiences that must be assessed, addressed, and eliminated. However, what if pain, or more specifically the suffering that may arise from pain, is agnostic? Contrast the pain of a woman in childbirth versus the pain of a woman waiting for a kidney stone to pass. Both are experiencing intense physical sensations in response to a foreign body's attempted exit. It can be imagined although both women

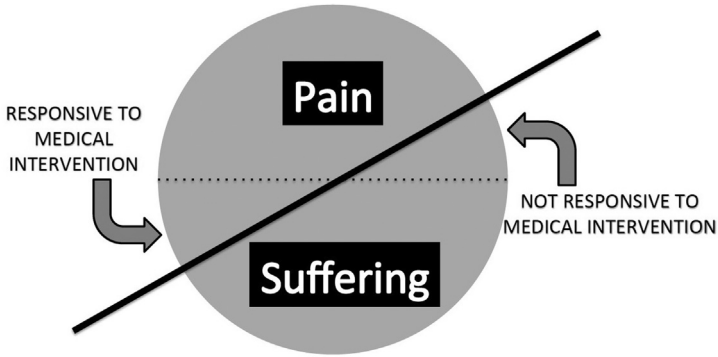

Fig. 1. Pain that is not responsive to medical intervention.