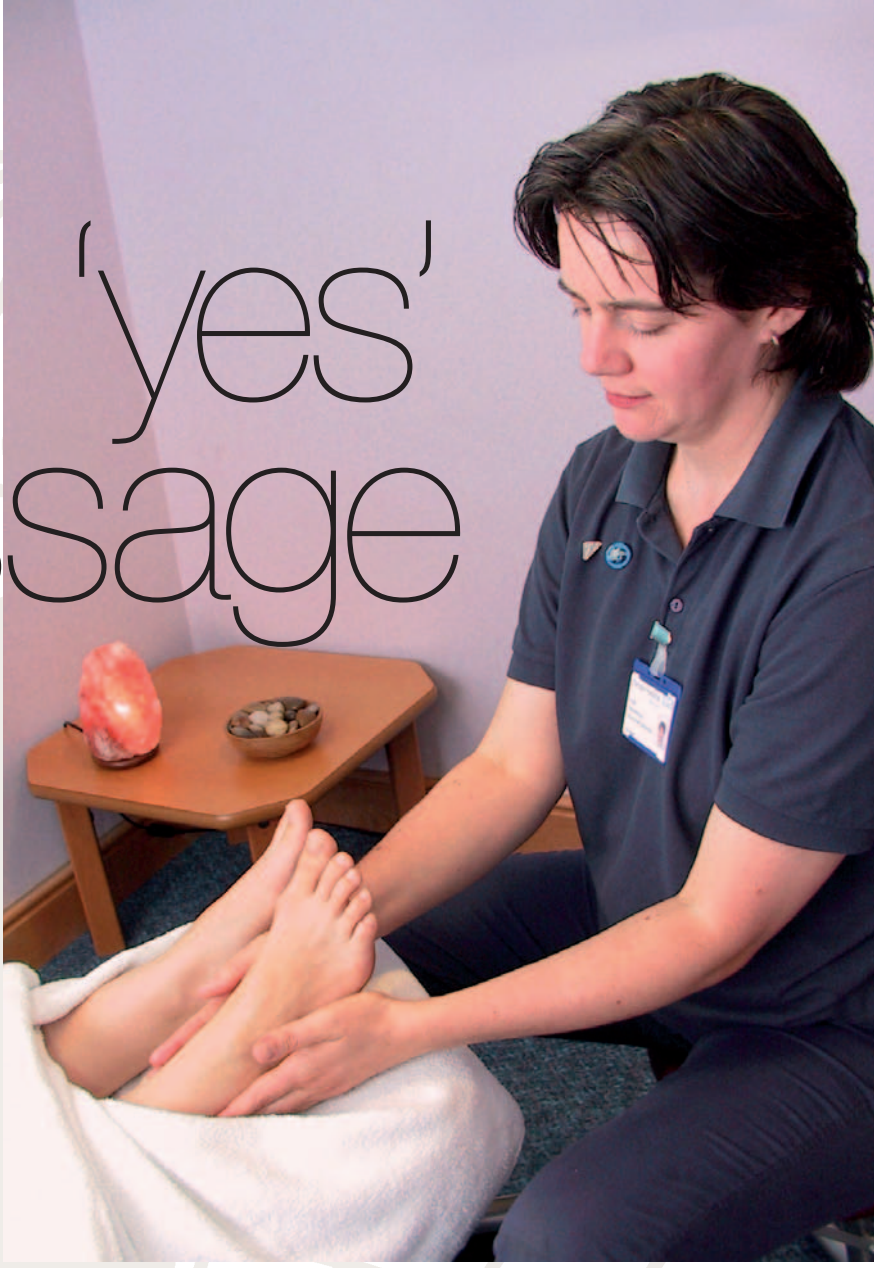
Saying 'yes' to massage



Dr Peter Mackereth, Anita Mehrez and Ann Carter from Christie Hospital look at some of the myths surrounding massage and cancer, and how people affected by this condition can benefit from treatment

Over the years we have noticed that a number of massage therapists want to help people with cancer, but are afraid they may cause harm. For this reason, it is important that we dispel the myths surrounding the use of massage for people with cancer and focus on the treatment benefits that have been supported by research.

First, it is important to understand the nature of the condition. Cancer is an illness where the mechanism that controls cell division breaks down and cells multiply in an uncontrolled manner.

If detected early, it is unlikely that the cancer cells have spread to other parts of the body. In this instance, the affected area would be referred to as a primary site.

Where the cancer is more advanced, cancer cells have broken away from the primary site and spread to other parts of the body where they then start to grow. When this happens we call the sites of the spread secondaries or metastasis.

Cancer can be treated by surgery, chemotherapy – which uses chemicals to prevent the growth and spread of cancers – or radiotherapy, where ionising radiation is used to destroy or inactivate cancer cells.

Dispelling the myths

Many of the myths surrounding the use of massage for people with cancer come from misunderstandings about the nature of the illness and the medical treatments commonly given. These misunderstandings include:

- Massage will spread the cancer, cause bruising or promote the development of lymphoedema (swelling that occurs post-surgery, often in the limbs);
- The therapist will be contaminated by cytotoxic drugs secreted through the patient's sweat glands if the patient is undergoing chemotherapy (some therapists have even been concerned that their own hair may fall out as a result);
- The therapist will be exposed to radiation if treating a patient who is undergoing radiotherapy;
- Massage is contraindicated when the patient is having strong medication, as massage helps to detoxify the body and thus may reduce the effects of the drug;
- Massage will flush medication from the body.

These concerns are not valid and much of the fear and misunderstanding that has perpetuated such myths can be dispelled using evidence-based practice.

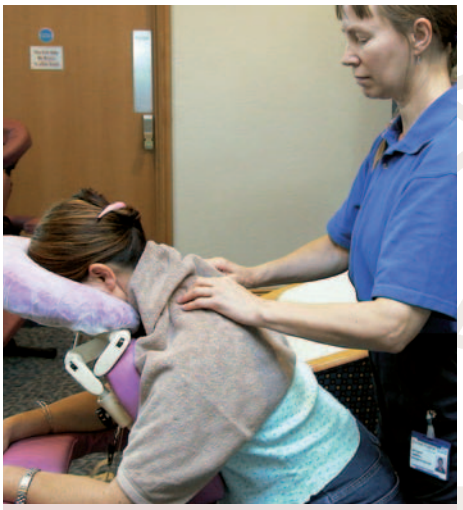
There is no evidence that massage might contribute to the progression of cancer or cause contamination of the therapist with chemotherapy or radiation. If patients are receiving strong medication, such as opiates and/or have lymphoedema, care must be taken with the pressure, techniques and length of treatment so as not to over-tax the patient or damage tissue that has a poor lymphatic drainage system.

Qualified complementary therapists wishing to work with patients are strongly advised to complete specialist training – see 'Useful addresses'. Further information and guidance on how to modify treatments is also given in 'Massage and bodywork: adapting therapies for cancer care', edited by Peter and Ann – see Members' reviews on page 44.

The benefits of treatment

So what are the benefits of massage for people with cancer? Research studies that have been published within the past 12 years demonstrate some of the benefits of massage and aromatherapy massage. These include:

- Reducing pain intensity (Byass, 1999; Field, 1998);
- Helping to improve altered body image following mastectomy (Bredin, 1999);



About Christie Hospital

The Christie Hospital NHS Trust is an acute cancer treatment centre and the largest of its kind in Europe. As early as 1997, patients with leukaemia were receiving massage and aromatherapy as part of a project to evaluate benefits as well as safety issues. The centre provides a range of therapies, including massage, reflexology, hypnotherapy and aromatherapy. In 2003 the Complementary Therapy Service at Christie Hospital won the prestigious Prince of Wales's Good Practice Award. The team won the Department of Health's Manchester and Regional Innovations Awards in long-term care.

Case study

Sonia, 47, had undergone extensive surgery to her head and neck for oral cancer. This had left her with numerous scars and difficulty talking. By massaging her face, neck and chest the therapist was intentionally communicating her acceptance of Sonia's altered body image, and the massage was also helping Sonia to adjust to this altered image.

The therapist sensed that Sonia was in need of touch as she 'soaked up' the rhythmic strokes in a way that a dry leaf soaks up moisture. The amount of touch Sonia had received had been limited as her husband had recently died and her children were being cared for in another country. Sonia reported needing the touch to help her feel safe and secure.

- Adapted from *Working with the denied body,* by Anne Cawthorn. *Massage and bodywork: adapting therapies for cancer care (2006).*

- Inducing relaxation (Corner et al, 1995; Diego et al, 1998; Hadfield, 2001);
- Reducing anxiety (Corner et al, 1995; Shulman & Jones, 1996; Wilkinson et al, 1999);
- Improving well-being and quality of life (Wilkinson, 1995; Livingstone & Mehrez, 2006).

Good practice for therapists

We all have our own comfort zone; if a therapist is not comfortable working with a patient who has cancer, that is okay – but it is important to make every effort not to make the patient feel that they are to blame.

On many occasions, patients have been told they can't receive massage. It is not the cancer that is the problem – it's usually that the therapist does not feel confident to work with an individual for various reasons:

- A lack of understanding, experience or specialist training;
- Misguided or misconstrued 'advice' given during initial training;
- Not being comfortable in how to adapt the treatments;
- Having a close relative or friend with cancer.

If a therapist chooses not to treat a patient, it's important to explain the reasons for this with sensitivity and, if possible, suggest an alternative source of accessing massage.

If going ahead with a treatment, it is important the therapist is able to gather relevant information from the client. This will help them to carry out a safe treatment and adapt the massage appropriately. Tavares (2003) set out guidelines for safe practice for complementary therapists. These include:

- Avoiding areas of recent surgery;
- Avoiding techniques that involve applying any pressure directly on the cancer site(s);
- Avoiding pressure work with patients who are taking anti-coagulants or who have a low blood count.

When treating a patient with cancer, key considerations in terms of professional accountability include:

- Obtaining the patient's doctor's/consultant's permission;
- Working in collaboration with the wider healthcare team;
- Adapting treatments confidently, both in terms of time and approach;
- An awareness of personal and professional boundaries, and;
- Accessing supervision and support.

However, specialist training is strongly advised before therapists work with patients with cancer, and more information and guidance is given in 'Massage and bodywork: adapting therapies for cancer care'.

Knowledge is the key

We hope we've dispelled some of the myths surrounding massage for people living and recovering from cancer. It is important to recognise that as a more robust evidence base for massage develops, sharing that information and professional accountability is key to safe practice. We must acknowledge that it is not massage that is problematic, but the need for skills and experience in adapting therapies so patients can enjoy and gain the benefits of touch therapies. Therapists working in cancer care can help by sharing their knowledge, skills and understanding so the profession can engage more helpfully with patients seeking massage and aromatherapy.

Useful addresses

- Christie Hospital NHS Foundation Trust, Wilmslow Road, Withington, Manchester, M20 4BX.
- Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol, BS20 0HH.

Dr Peter Mackereth is the clinical lead for complementary therapies, based at Christie Hospital NHS Foundation Trust, and senior lecturer at the University of Derby (Buxton campus). Anita Mehrez (left) is a senior therapist at Christie Hospital, and co-author of a chapter on aromatherapy and breast cancer in the book 'Massage and Bodywork'. Ann Carter (centre) is a senior therapist at the Christie. For more information, contact Dr Mackereth on 0161 446 8236 or email Peter.Mackereth@christie.nhs.uk

References and further reading

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