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Psychodynamic pain management for cancer patients

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Abstract

The use of psychodynamic-oriented techniques has successfully been used to manage pain in 75 cancer patients by the use of psychodynamic principles. Pain is a subjective phenomenon that varies much from patient to patient with the same type and stage of cancer. This well-known variance is from a depth-psychological perspective explained by pain being a negative interpretation of inner reality caused by the patients' sub-conscious conflicts. Therefore much pain can be relieved, when these conflicts are resolved in the therapy, which happens when the patient bonds to the therapist and in an intimate therapeutic relationship regain deeper insight in self and life, and a positive and relaxed attitude. The intimacy with the patient was reached by selective therapeutic touch, i.e. hugs, in a holistic philosophical framework, making the intervention a type of clinical holistic medicine. The basic principle was that of "clinical medicine" and healing by supported self-exploration. Patients in acute or chronic states appeared to be able to utilize the intervention for existential healing (what Antonovsky called "salutogenesis") only when the therapeutic relationship was close and positive. Their resistance to a positive transference was a defense that could be resolved with reflective techniques thereby facilitating the use of these interventions. The hierarchy of degree of pain relief seemed to be 1) chemical side effects of medication being coupled with a positive suggestions of pain relief (placebo), 2) Counterfocus of irritations and pain within the soma to reduce the intensity of the actual pain site (integration of inner conflicts), 3) Directed aggressive imagery to have the patient angry at his or her pain (self-expression) and 4) Relaxation and escape imagery (letting go of tensions and negative ideas and attitudes). Estimated from the case stories one in two was helped (NNT=2 for cancer pains).

Keywords: Pain, cancer, psychodynamic psychotherapy, holistic medicine, mind-body medicine, integrative medicine, clinical holistic medicine, CAM, quality of life, salutogenesis.

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Introduction

Psychodynamic pain management for these authors began with a realization that like beauty, pain is in the eye of the beholder. Pain can be viewed as a result of differentials of individual processing of irritation. One person's agony may be another's slight discomfort. In work with cancer patients for over thirty-five years, the first authors have witnessed many failed attempts at psychologically reducing pain (1). The superficiality of "think happy thoughts" does not serve this purpose well.

Certain techniques, which are almost always transference-based seem to achieve far better results. We will explore what has worked and what has not worked to ameliorate pain for patients suffering from allopathic medicine interventions and more rarely from the effects of neoplastic pressures. The subjects were 75 patients treated by the first author during the past 35 years.

What is pain?

From an existential perspective pain is caused by what is going against our will (2), or more philosophically put against our *purpose of life* (3-7). As our life mission is often repressed, most of us are not aware of the dynamics inside our self that causes pain. We therefore project the pain on physical organs or other structures in the material world. Pain comes in many qualities and degrees, as a consequence of the degree of responsibility the patient is able to assume, and the level of consciousness present. In principle, complete self-understanding leads to complete extinction of all pain and suffering, as already Lao Tse, Gautama Buddha and other wise men realized millennia ago. Psychodynamic psychotherapy is one road to self-exploration (8) and pain-relief now being used by many patients with chronic pain, often in combination with therapeutic touch. Pain relief in this way is highly efficient and in clinical holistic medicine (9-11) even severe pain can often be relieved in 10 or 20 sessions (12,13). In this paper we address the tools for relieving pain in psychodynamic psychotherapy without the use of therapeutic touch.

Counterfocus

The counterfocus technique began for the first author back in the 1960s. As a military recruit, he and his platoon were standing formation at rigid attention. Not even a blink was permitted. This unfortunate young man had a female of the Tabanus nigrovittatus persuasion (greenhead fly) alight to his right upper thigh. The lovely lady then proceeded to use her razor sharp mouth parts to bite through the tight fitted trousers and subsequent skin of the young recruit's leg. Reflexes overwhelmed reason and the right hand smacked the beast into insect heaven. Two rather large sergeants then smacked the young recruit just short of recruit heaven. "You are a rock; you feel nothing. Doing what you did in combat will get you and your comrades killed." The lesson was embedded forever even after the bruises healed.

The next time Tabanus nigrovittatus started munching on the first author's leg, arm, or back he picked another part of his anatomy that was in pain to focus upon. The next assault of the greenhead fly was met with a distraction to a painful canker sore on his lower front lip. The fly had her fill and the recruit avoided the wrath of his drill instructors. Previously he pictured pleasant thoughts, but this had little effect upon the pain of the bite. The Spanish moss hanging from the Magnolia tree was very pleasing to his eyes, but did nothing to adequately sooth the pain. Pleasant, soothing relaxation did little or nothing. Substitution of one lesser pain for another intense pain seemed to do the trick.

With cancer patients this author has instructed them to relax as thoroughly as possible and then move the pain to another area of the body. A left knee could be excruciating, but when pain was psychically created in the right knee a shift occurred. Pain in both seemed to abate. Willing pain away does not seem to work for most cancer patients. Relaxation seems inadequate. Shifting it to the healthy tissue merely by intense focusing on these tissues seems to have great value. The reader can experiment on oneself by focusing on one's left foot until it is uncomfortable or at least experiencing intense sensation – no need for an actual canker sore.

Relaxation and meditation as pain reducers seemed to be a logical intervention. Lamaze type breathing works for pain during childbirth so logically

why not while battling cancer? The trouble is that childbirth is a miraculous moment that does not induce battle scenarios in most women. The caring, soothing intervention of the coach seems to transferentially replicate a maternal-infant bonding experience (14-18). These interventions do not place one in a psychic battleground; as a matter of fact it is just the opposite. The breathing puts the mother at a new focal point much like the canker sore for the fly bite. But does it really accomplish this as labor proceeds? For many women this counterfocus works. For many others it seems to have little or no effect on pain reduction. For a significant group, all the prior practice goes out the window as soon as labor gets intense.

For cancer patients, breathing exercises to control pain do not seem to have great efficacy. For many cancer patients breathing itself is very painful or labored at times. Letting one's mind float to a better place once breathing takes affect is, at times, impossible. Leaving the pain behind is easy for the non-sufferer to imagine, but close to impossible for the patient. It is almost comparable to telling a depressed patient to cheer up. Nonetheless, this author followed what others had reported as effective in this regard with little or no results with patients in extreme pain.

Directed anger

Helping the patient direct rage at the cancer enhances the ability to utilize a military visualization mode. The patient introjects the therapist into visualization by picturing their immune system as attacking soldiers or Marines who have some physical trait of the analyst. "All my Marines have green eyes and dark hair and they kill the cancer cells with no mercy." Patients introject the analyst on a cellular level (17,18).

Many combat veterans will report that they did heroic acts while seriously injured and felt no pain until it was over and the enemy was destroyed. Their wounds might have been devastating, but they felt no pain. This phenomenon can be harnessed by an enthusiastic analyst to help the patient. From the first author's experience the benefits, however, seem far less enduring than other techniques. To conjure up battle scenarios is not available to many patients' psyches. Getting angry at one's pain is short-term. Adreneric reactions seem to lack endurance and require impractical, frequent encouragement in combating pain. Maintaining a schedule of such aggressive imagery will help with visualization and should not ever be discouraged on the grounds that pain relief is temporary.

Medication

Perhaps the most effective pain management technique the first author has witnessed came with his first cancer patient's horrible suffering. She was a 28 year old woman suffering from a terrible metastatic breast carcinoma. Her body was riddled with cancer. The first author was called in by an oncologist to help her manage pain medication. He was fearful it would stop working, when she needed it. The risk then would be overdose. The question was never asked as to why an overdose would be bad considering her extremely negative prognosis.

After the first week of treatment, where she was obviously looking forward to contact with the therapist, the therapist asked the oncologist to switch the patient from Thorazine (used, in those days, to enhance pain medication) to Mellaril. The oncologist was asked to say that this was the therapist's idea. He cooperated. The patient was told that the new medication would tremendously relieve the pain once she experienced a metallic taste in her mouth. After two days of taking the Mellaril the metallic taste was reported. The pain almost totally disappeared. It never returned. The patient was in a positive transference and was positively suggestible (14-16).

Subsequent use of this technique showed it could be done, if the patient was in a positive transference (15,16). Even if the patient was only marginally suggestible it worked. Other drugs that induce a metallic taste were also utilized by other oncologists and this analyst. They all worked, when transferential conditions were right.

For patients who were immersed in a transference resistance or an obvious negative transference this intervention had to wait, until these dynamics were resolved (18). Even overtly skeptical patients were helped, if the therapeutic relationship was right. Medications were prescribed sometimes just for their

side effect. The dosages were almost always sub-clinical, but the telltale metallic taste consistently showed up.

Taste and smell are chemically based. The physical senses of vision, audition, and the tactile sense are less primitive in theory. The chemical connects the infant to the mother. The chemical is thus the more powerful realm for the therapist to utilize for transferential purposes.

Discussion

The use of psychodynamic-oriented techniques has successfully been used to manage pain in 75 cancer patients treated by the first author over the past 35 years by the use of psychodynamic principles. Pain is a subjective phenomenon that varies much from patient to patient with the same type and stage of cancer. This well-known variance is from a depth-psychological perspective explained by pain being a negative interpretation of inner reality caused by the patient's sub-conscious conflicts. Therefore much pain can be relieved when these conflicts are resolved in the therapy, which happens when the patient bonds to the therapist and in an intimate therapeutic relationship regain deeper insight in self and life, and a positive and relaxed attitude. The intimacy with the patient was reached by selective therapeutic touch, i.e. hugs, in a holistic philosophical framework, making the intervention a type of clinical holistic medicine. The basic principle was that of "clinical medicine"and healing by supported self-exploration. Patients in acute or chronic states appear to be able to utilize the intervention for existential healing (what Antonovsky called "salutogenesis") (19,20) only when the therapeutic relationship is close and positive. Estimated from the case stories one in two was helped (NNT=2 for cancer pains).

Pain management has been shown to be successfully enhanced by the use of psychodynamic principles. Patients in acute or chronic states appeared to be able to utilize interventions, when the therapeutic relationship was positive. Their resistance to a positive transference was a defense that could be resolved with reflective techniques thereby facilitating the use of these interventions. The hierarchy of degree of pain relief seems to be 1) chemical side effects of medication being coupled with a positive suggestions (placebo) (14-16) of pain relief, 2) Counterfocus of irritations and pain within the soma to reduce the intensity of the actual pain site (integration of inner conflicts), 3) Directed aggressive imagery to have the patient angry at his or her pain (self-expression) (18) and 4) Relaxation and escape imagery (letting go of tensions and negative ideas and attitudes).

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