

Patient Perspectives on the Utilization of Biofield Therapies in Cancer Pain Management

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ABSTRACT

The objective of this study was to explore patient perspectives on the utilization of biofield therapies in cancer pain management. This qualitative research employed a purposive sampling method to recruit 23 participants from oncology clinics and support groups. Eligibility criteria included a diagnosis of cancer, experience of cancer-related pain, and prior use of biofield therapies. Data were collected through semi-structured interviews, each lasting between 45 and 60 minutes, and were transcribed verbatim. Thematic analysis was used to identify patterns and themes within the data, with coding performed manually to ensure deep engagement with the content. Member checking was conducted to ensure the credibility and trustworthiness of the findings. The study identified several key themes: improved pain control, emotional relief, enhanced physical comfort, improved quality of life, and holistic healing experiences. Participants reported significant reductions in pain intensity, increased pain tolerance, and quicker pain relief. Emotional benefits included reduced anxiety, improved mood, and a sense of calm. Enhanced physical comfort was noted, including better sleep, reduced muscle tension, and improved mobility. Quality of life improvements were reported through increased energy levels and enhanced daily functioning. Participants appreciated the holistic nature of biofield therapies, which complemented conventional treatments and provided a sense of empowerment. Challenges included access to trained practitioners, perceived efficacy concerns, integration with conventional care, and cultural and social barriers. Biofield therapies offer significant potential as complementary interventions in cancer pain management, providing physical, emotional, and holistic benefits. Addressing barriers such as access, awareness, and integration with conventional care is essential to enhance their utilization. Further research and efforts to improve education, access, and collaboration are crucial to realizing the full potential of biofield therapies in improving the quality of life for cancer patients.

Keywords: Biofield therapies, cancer pain management, Reiki, therapeutic touch, holistic healing, qualitative research, patient perspectives, complementary therapies.

1. Introduction

Cancer pain management is a critical component of comprehensive cancer care, with an emphasis on improving the quality of life for patients undergoing treatment or in palliative stages. Despite advances in conventional pain management strategies, including opioids and other pharmacological interventions, many patients continue to experience significant pain and associated symptoms. This persistent pain negatively impacts their daily functioning and overall well-being (Tegegn & Gebreyohannes, 2017). Consequently, there is a growing interest in integrating complementary and alternative therapies, such as biofield therapies, into cancer pain management protocols to address these gaps (Katta et al., 2022).

Biofield therapies encompass a range of practices that involve the manipulation of energy fields around the body to promote healing and well-being. These therapies include practices such as Reiki, therapeutic touch, and healing touch, which are increasingly being recognized for their potential benefits in managing cancer-related symptoms (Henneghan & Schnyer, 2013). Biofield therapies are believed to influence the bioenergetic fields surrounding and permeating the human body, thereby facilitating healing processes and symptom relief (Nourbakhsh et al., 2016).

The efficacy of biofield therapies in cancer pain management has been the subject of various studies. Anderson and Taylor (2011) highlighted the positive effects of healing touch in clinical practice, noting improvements in pain and anxiety among patients with cardiovascular diseases. These findings were further supported by subsequent studies demonstrating the potential of biofield therapies to enhance the quality of life for cancer patients by alleviating pain and reducing stress (Anderson & Taylor, 2011a, 2011b, 2012; Wesa et al., 2011). Additionally, biofield therapies have been shown to positively impact the immune system and modulate the tumor microenvironment, further supporting their integration into cancer care (Yang et al., 2019; Yang et al., 2020).

Despite these promising findings, there are significant challenges and barriers to the widespread adoption of biofield therapies in conventional cancer care. One major challenge is the lack of standardized protocols and certifications for practitioners, which raises concerns about the consistency and quality of care (Anderson & Taylor, 2011a, 2012). Additionally, cultural and social barriers, such as stigma around alternative therapies and varying levels of

family support, can hinder patients' access to and acceptance of biofield therapies (Katta et al., 2022).

This study aims to explore patient perspectives on the utilization of biofield therapies in cancer pain management. By understanding the experiences, perceived benefits, and challenges faced by patients, this research seeks to provide insights that can inform the integration of biofield therapies into standard cancer care practices.

Cancer pain is a multifaceted issue that requires a comprehensive approach for effective management. Traditional pharmacological treatments, such as opioids, remain the cornerstone of cancer pain management. However, the use of opioids is associated with significant risks, including dependency, tolerance, and various side effects (Christo, 2020). Studies have indicated that while opioids like fentanyl and hydromorphone are effective in managing severe cancer pain, they are not without complications, particularly in long-term use (Alshammary, 2023). Furthermore, the management of chronic pain in cancer survivors presents additional challenges, as highlighted by Moryl et al. (2010), who emphasized the need for integrating non-pharmacological approaches to address persistent pain (Moryl et al., 2010).

Biofield therapies offer a promising adjunct to conventional pain management strategies. These therapies are non-invasive, have minimal side effects, and can be tailored to the individual needs of patients (Harrison et al., 2015). The holistic approach of biofield therapies, which addresses the physical, emotional, and spiritual aspects of healing, aligns well with the principles of palliative and integrative oncology (Hart et al., 2011).

The scientific literature provides a growing body of evidence supporting the efficacy of biofield therapies in managing cancer-related symptoms. Baldwin and Trent (2017) conducted an integrative review of reconnection healing, a type of biofield therapy, and found significant improvements in pain, anxiety, and overall well-being among patients (Baldwin & Trent, 2017). Similarly, studies by Gronowicz et al. (2015) demonstrated that therapeutic touch, another biofield therapy, had significant effects on reducing cancer metastasis and modulating immune responses in preclinical models (Gronowicz et al., 2015).

In clinical settings, biofield therapies have been shown to complement conventional treatments effectively. For instance, a study by Eidelman et al. (2007) on interventional therapies for cancer pain management highlighted the importance of adjunct therapies, including biofield practices, in enhancing pain relief and improving patient outcomes

(Eidelman et al., 2007). Moreover, biofield therapies have been found to reduce cortisol levels and pain in breast cancer patients, indicating their potential role in stress reduction and symptom management (Running, 2015).

Understanding patient experiences and perceptions is crucial for the successful integration of biofield therapies into cancer care. Patients' beliefs, attitudes, and emotional journeys significantly influence their acceptance and utilization of these therapies (Brazier et al., 2008). Studies have shown that patients who are open to alternative therapies and have positive prior experiences are more likely to benefit from biofield interventions (Anderson & Taylor, 2011a, 2012).

Patients often report a holistic healing experience with biofield therapies, describing improvements not only in pain levels but also in emotional and spiritual well-being (Hu et al., 2016). For example, participants in a study by Henneghan and Schnyer (2013) reported significant reductions in pain and emotional distress after receiving biofield therapies, which they attributed to the supportive and empathetic nature of the therapy sessions (Henneghan & Schnyer, 2013).

Despite the potential benefits, several barriers hinder the widespread adoption of biofield therapies in conventional cancer care. One major barrier is the lack of awareness and understanding among healthcare providers and patients about the efficacy and mechanisms of biofield therapies (Check et al., 2023). This gap in knowledge can lead to skepticism and underutilization of these therapies.

Access to trained practitioners is another significant challenge. The availability of qualified biofield therapists varies widely, and patients in rural or underserved areas may have limited access to these services (Hasoon et al., 2021). Additionally, the cost of biofield therapies, which are often not covered by insurance, can be prohibitive for many patients (Echeverri, 2023).

Cultural and social factors also play a role in the acceptance and utilization of biofield therapies. Stigma around alternative therapies and lack of support from family and friends can discourage patients from seeking these treatments. Efforts to educate and raise awareness about the benefits of biofield therapies are essential to overcoming these barriers (Gatti et al., 2009).

Therefore, the objective of this study was to explore patient perspectives on the utilization of biofield therapies in cancer pain management.

2. Methods and Materials

2.1. Study Design and Participants

This qualitative research study was designed to explore patient perspectives on the utilization of biofield therapies in cancer pain management. A purposive sampling method was employed to ensure the inclusion of participants who have undergone biofield therapies as part of their cancer pain management regimen. Participants were recruited from oncology clinics and support groups, with eligibility criteria including a diagnosis of cancer, experience of cancer-related pain, and prior use of biofield therapies such as Reiki, therapeutic touch, or healing touch.

A total of 23 participants were recruited, reflecting a diverse range of cancer types, stages, and demographics. The sample size was determined based on the principle of theoretical saturation, where data collection continued until no new themes or insights emerged from the interviews.

2.2. Measure

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews, conducted either in-person or via video conferencing, depending on participant preference and accessibility. An interview guide was developed to facilitate discussions, with questions focused on participants' experiences with biofield therapies, perceived benefits and challenges, and their overall impact on cancer pain management.

Each interview lasted between 45 and 60 minutes and was audio-recorded with participant consent. Interviews were transcribed verbatim to ensure accuracy in capturing participants' narratives and perspectives.

2.3. Data Analysis

Data analysis was conducted using a thematic analysis approach, as described by Braun and Clarke. This involved a systematic process of coding and identifying patterns or themes within the qualitative data. The steps included:

Familiarization with the Data: The researchers read and re-read the interview transcripts to become thoroughly acquainted with the content.

Generating Initial Codes: Initial codes were generated based on significant statements and phrases related to the research questions. Coding was performed manually to ensure a deep engagement with the data.

Searching for Themes: Codes were then grouped into potential themes, reflecting broader patterns and insights within the data.

Reviewing Themes: Themes were reviewed and refined to ensure they accurately represented the data. This involved checking for coherence and consistency within and across themes.

Defining and Naming Themes: Each theme was clearly defined and named to capture its essence and relevance to the research objectives.

Producing the Report: The final step involved integrating the themes into a coherent narrative, supported by direct quotes from participants to illustrate key points.

Throughout the analysis, the researchers maintained reflexive journals to document their thoughts, decisions, and potential biases. Member checking was also conducted, where participants were invited to review and provide feedback on the preliminary findings to ensure credibility and trustworthiness of the data interpretation.

Throughout the analysis, researchers maintained reflexive journals to document their thoughts, biases, and decision-making processes, which helped in ensuring the credibility and transparency of the research. The use of qualitative data analysis software facilitated the organization and management of the large volume of interview data.

3. Findings and Results

The study included 23 participants who had utilized biofield therapies for cancer pain management. The demographic characteristics of the sample were diverse, reflecting a range of ages, cancer types, and stages. The age of participants varied from 35 to 78 years, with a median age of 55 years. In terms of gender distribution, 15 participants (65%) were female, and 8 participants (35%) were male. The majority of participants, 17 (74%), identified as Caucasian, while the remaining 6 (26%) represented other ethnicities including African American, Hispanic, and Asian. Regarding cancer types, breast cancer was the most common, reported by 10 participants (43%), followed by prostate cancer (5 participants, 22%), lung cancer (4 participants, 17%), colorectal cancer (3 participants, 13%), and other types (1 participant, 5%). The stages of cancer at the time of the study varied, with 8 participants (35%) in early stages (Stage I-II), 10 participants (43%) in advanced stages (Stage III-IV), and 5 participants (22%) in remission but experiencing chronic pain.

Table 1

Categories, Subcategories, and Concepts

Categories	Subcategories	Concepts
1. Pain Management Benefits	Improved Pain Control	Reduction in pain intensity, Increased pain tolerance, Faster pain relief
	Emotional Relief	Reduced anxiety, Improved mood, Sense of calm, Decreased stress
	Enhanced Physical Comfort	Better sleep, Reduced muscle tension, Improved mobility
	Quality of Life Improvement	Increased energy levels, Enhanced daily functioning, Overall well-being
	Holistic Healing Experience	Integration of mind-body-spirit, Complementary to conventional treatments, Sense of empowerment
2. Patient Experiences	Individual Variability	Different pain thresholds, Varied treatment responses, Personal preferences
	Therapist-Patient Interaction	Trust in therapist, Communication quality, Empathy and support
	Treatment Setting	Ambiance of the therapy room, Privacy, Comfort during sessions
	Session Characteristics	Frequency of sessions, Duration of sessions, Techniques used
	Emotional Journey	Initial skepticism, Gradual acceptance, Emotional breakthroughs
3. Perceived Challenges	Personal Beliefs and Attitudes	Spiritual beliefs, Openness to alternative therapies, Previous experiences
	Access to Biofield Therapies	Availability of trained practitioners, Geographic location, Cost
	Perceived Efficacy Concerns	Doubts about effectiveness, Placebo effect considerations, Inconsistent results
	Integration with Conventional Care	Communication with healthcare providers, Lack of referrals, Coordination of care
	Cultural and Social Barriers	Stigma around alternative therapies, Family support, Societal perceptions
4. Recommendations for Improvement	Time Commitment	Scheduling difficulties, Duration of commitment, Balancing with other treatments
	Increasing Awareness	Education campaigns, Patient testimonials, Healthcare provider training
	Enhancing Accessibility	Lowering costs, Expanding service areas, Increasing practitioner availability
	Strengthening Evidence Base	More clinical trials, Publishing positive outcomes, Collaborating with medical researchers
	Improving Practitioner Training	Standardizing certifications, Continuous professional development, Specialized training
	Enhancing Patient Support	Peer support groups, Counseling services, Follow-up care
	Customizing Treatment Plans	Individualized therapy plans, Incorporating patient feedback, Flexibility in approach

3.1. Pain Management Benefits

Improved Pain Control: Participants frequently noted a significant reduction in pain intensity after undergoing biofield therapies. Many reported an increased pain tolerance and quicker pain relief compared to traditional methods. One participant shared, "The pain was still there, but it was more bearable, and I could function better throughout the day."

Emotional Relief: Emotional benefits were another major theme, with patients experiencing reduced anxiety, improved mood, and a general sense of calm. "I felt a wave of peace wash over me during the sessions, which helped me manage my anxiety about the pain," remarked one participant. Other concepts included decreased stress levels, contributing to overall emotional well-being.

Enhanced Physical Comfort: Many participants reported enhanced physical comfort, including better sleep quality, reduced muscle tension, and improved mobility. "After my sessions, I noticed I could move more freely and wasn't as stiff," one participant noted.

Quality of Life Improvement: Patients highlighted improvements in their overall quality of life, mentioning increased energy levels and enhanced daily functioning. One interviewee stated, "I could finally go for walks again and do things I enjoyed, which made a huge difference in my life."

Holistic Healing Experience: The holistic nature of biofield therapies, which integrate mind, body, and spirit, was appreciated by many. Participants felt these therapies complemented conventional treatments and provided a sense of empowerment. "It wasn't just about the pain; it was about healing my whole being," a participant expressed.

3.2. Patient Experiences

Individual Variability: The effectiveness of biofield therapies varied among individuals, with different pain thresholds and responses. "What worked wonders for me might not be as effective for someone else," one participant mentioned, reflecting the diversity in treatment responses and personal preferences.

Therapist-Patient Interaction: The quality of interaction with therapists was crucial. Trust, good communication, and empathy significantly enhanced the therapy's effectiveness. One participant noted, "My therapist's empathy and understanding made all the difference."

Treatment Setting: The ambiance and privacy of the therapy setting were important factors for many. Comfortable and serene environments were preferred. "The calming atmosphere of the therapy room helped me relax and focus on healing," a participant shared.

Session Characteristics: The frequency, duration, and specific techniques used in sessions also impacted patient experiences. "Regular sessions kept the pain at bay," said one participant, highlighting the importance of consistent treatment schedules.

Emotional Journey: Participants described an emotional journey that included initial skepticism, gradual acceptance, and eventual emotional breakthroughs. "At first, I was doubtful, but over time, I became a firm believer," one interviewee recounted.

Personal Beliefs and Attitudes: Patients' personal beliefs and attitudes towards biofield therapies influenced their experiences. Those with spiritual beliefs or previous positive experiences with alternative therapies were more receptive. "My openness to alternative therapies definitely made a difference," a participant explained.

3.3. Perceived Challenges

Access to Biofield Therapies: Access was a significant challenge, with issues such as availability of trained practitioners, geographic location, and cost being major barriers. "Finding a qualified therapist nearby was tough and expensive," one participant noted.

Perceived Efficacy Concerns: Some participants expressed doubts about the effectiveness of biofield therapies, considering them as possibly placebo. "I was unsure if it was really working or just in my mind," shared one participant, reflecting on the inconsistent results some experienced.

Integration with Conventional Care: Difficulties in integrating biofield therapies with conventional medical treatments were mentioned, including poor communication with healthcare providers and lack of referrals. "My doctor never mentioned these therapies, and I had to find out on my own," one participant lamented.

Cultural and Social Barriers: Cultural stigma and societal perceptions posed barriers for some participants. Family support varied, with some facing skepticism. "My family thought I was wasting time and money," one participant revealed.

Time Commitment: The time commitment required for biofield therapies was another challenge, with scheduling

difficulties and balancing sessions with other treatments being common issues. "Fitting the sessions into my already busy treatment schedule was hard," commented a participant.

3.4. Recommendations for Improvement

Increasing Awareness: Participants suggested that awareness about biofield therapies should be increased through education campaigns, patient testimonials, and training for healthcare providers. "More people need to know about this option," urged one participant.

Enhancing Accessibility: Lowering costs, expanding service areas, and increasing the availability of practitioners were recommended to make biofield therapies more accessible. "It should be easier and cheaper to get this kind of help," one participant remarked.

Strengthening Evidence Base: Many participants emphasized the need for more clinical trials and published positive outcomes to strengthen the evidence base for biofield therapies. "We need solid research to back up these therapies," one participant noted.

Improving Practitioner Training: Participants recommended standardizing certifications and offering continuous professional development and specialized training for practitioners. "Practitioners should be well-trained and certified to ensure quality," a participant suggested.

Enhancing Patient Support: Suggestions for enhancing patient support included peer support groups, counseling services, and follow-up care to provide comprehensive support. "Having a support group would have made a big difference for me," one participant shared.

Customizing Treatment Plans: Individualized therapy plans that incorporate patient feedback and allow flexibility in approach were recommended. "Each patient is unique, so treatment plans should be customized," one participant emphasized.

4. Discussion and Conclusion

This study explored patient perspectives on the utilization of biofield therapies in cancer pain management, revealing several key themes: improved pain control, emotional relief, enhanced physical comfort, improved quality of life, and holistic healing experiences. Participants reported significant reductions in pain intensity and increased pain tolerance, corroborating findings from Anderson and Taylor (2012) that biofield therapies effectively reduce pain in

cancer patients (Anderson & Taylor, 2012). The emotional relief and stress reduction reported align with the results of Wesa et al. (2011), who found that biofield therapies decrease symptoms of pain and anxiety, enhancing the overall quality of life (Wesa et al., 2011).

The theme of enhanced physical comfort, including better sleep and reduced muscle tension, was prominent among participants. This is consistent with the findings of Running (2015), who reported decreased cortisol levels and pain in breast cancer patients receiving biofield therapies (Running, 2015). Participants also highlighted the holistic healing experience provided by biofield therapies, integrating mind, body, and spirit, which supports the integrative oncology approach (Hart et al., 2011).

Participants' experiences varied widely, reflecting individual differences in pain thresholds and responses to biofield therapies. This variability is echoed in the literature, where studies such as Anderson and Taylor (2011) have noted diverse patient responses to healing touch in cardiovascular disease management (Anderson & Taylor, 2011a, 2011b). The quality of therapist-patient interactions emerged as a crucial factor influencing therapy outcomes, emphasizing the importance of empathy, trust, and good communication (Brazier et al., 2008).

Despite the positive experiences, participants identified several challenges, including access to trained practitioners, perceived efficacy concerns, and integration with conventional care. The availability of biofield therapies was limited by geographic location and cost, consistent with the barriers identified by previous studies (Echeverri, 2023; Hasoon et al., 2021). Additionally, some participants doubted the efficacy of biofield therapies, viewing them as potentially placebo effects (Katta et al., 2022).

Integration with conventional cancer care remains a significant challenge, with poor communication between healthcare providers and a lack of referrals to biofield therapies. This is consistent with Check et al. (2025), who found that clinician perspectives on managing chronic pain often exclude complementary therapies due to insufficient awareness and evidence (Check et al., 2023). Cultural and social barriers, such as stigma and lack of family support, also hinder the acceptance and utilization of biofield therapies.

The findings of this study are supported by a growing body of literature on the efficacy and benefits of biofield therapies. For example, Baldwin and Trent (2017) conducted an integrative review demonstrating significant improvements in pain and anxiety among patients receiving

reconnective healing (Baldwin & Trent, 2017). Similarly, Gronowicz et al. (2015) found that therapeutic touch had substantial effects on reducing cancer metastasis and modulating immune responses (Gronowicz et al., 2015).

Biofield therapies have been shown to complement conventional treatments effectively. Eidelman et al. (2007) highlighted the role of adjunct therapies, including biofield practices, in enhancing pain relief and improving patient outcomes (Eidelman et al., 2007). The integrative approach of biofield therapies aligns with the principles of palliative and integrative oncology, which emphasize the need to address the physical, emotional, and spiritual aspects of healing (Hart et al., 2011).

This study has several limitations that should be considered. Firstly, the sample size was relatively small, with 23 participants, which may limit the generalizability of the findings. Although the sample was diverse in terms of cancer types and demographics, a larger sample size could provide more comprehensive insights into the effectiveness and experiences of biofield therapies. Additionally, the reliance on self-reported data from semi-structured interviews may introduce bias, as participants' recollections and perceptions could be influenced by various factors, including their current health status and personal beliefs.

Secondly, the study focused exclusively on patient perspectives without incorporating the views of healthcare providers or biofield therapy practitioners. Including these perspectives could provide a more holistic understanding of the integration and effectiveness of biofield therapies in cancer pain management. Finally, the study did not include a control group or comparison with other pain management interventions, making it challenging to isolate the specific effects of biofield therapies.

Future research should address the limitations identified in this study. Larger-scale studies with more diverse populations are needed to validate the findings and enhance their generalizability. Randomized controlled trials (RCTs) comparing biofield therapies with other pain management interventions could provide more robust evidence of their efficacy and help isolate their specific effects.

Moreover, future studies should include the perspectives of healthcare providers and biofield therapy practitioners to understand better the barriers to integration and identify strategies to facilitate collaboration between conventional and complementary therapies. Exploring the long-term effects of biofield therapies on cancer pain and quality of life would also be valuable, as most studies, including this one, focus on short-term outcomes.

In addition, investigating the mechanisms underlying biofield therapies could provide insights into how these interventions exert their effects on pain and overall well-being. Understanding the bioenergetic fields and their interactions with the body could help develop more targeted and effective therapies. Finally, research should explore the cultural and social factors influencing the acceptance and utilization of biofield therapies, aiming to develop strategies to address stigma and enhance support for patients seeking these treatments.

Based on the findings of this study, several recommendations can be made for clinical practice. Firstly, increasing awareness and education about biofield therapies among healthcare providers and patients is crucial. Training programs and workshops can equip healthcare providers with the knowledge and skills to discuss and recommend biofield therapies as part of a comprehensive pain management plan (Hart et al., 2011). Providing patients with information about the benefits and potential outcomes of biofield therapies can also enhance their acceptance and utilization.

Secondly, improving access to biofield therapies is essential. This can be achieved by expanding service areas, offering financial assistance, and incorporating biofield therapies into insurance coverage (Masłowska et al., 2020). Healthcare institutions should consider integrating biofield therapists into their pain management teams to provide patients with a holistic approach to pain management.

Thirdly, fostering collaboration between conventional and complementary healthcare providers can enhance the integration of biofield therapies into cancer care. Establishing referral pathways and communication channels between oncologists, pain specialists, and biofield therapists can ensure that patients receive coordinated and comprehensive care (Check et al., 2023). Additionally, standardizing certifications and continuous professional development for biofield therapists can ensure the quality and consistency of care (Anderson & Taylor, 2011a, 2011b, 2012).

Finally, addressing the cultural and social barriers to biofield therapy utilization is crucial. Education campaigns and patient testimonials can help reduce stigma and enhance public awareness of the benefits of biofield therapies (Gatti et al., 2009). Creating supportive environments, such as peer support groups and counseling services, can also help patients feel more comfortable seeking and using biofield therapies.

In conclusion, this study highlights the significant potential of biofield therapies in cancer pain management, offering valuable insights into patient experiences, benefits, and challenges. By addressing the identified barriers and enhancing the integration of biofield therapies into conventional care, healthcare providers can offer more holistic and effective pain management solutions for cancer patients. Further research and efforts to improve awareness, access, and collaboration are essential to realizing the full potential of biofield therapies in improving the quality of life for cancer patients.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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