

# Managing Total Pain: The Crucial Role of Psychologists in Palliative Care

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## Abstract:

Palliative care emphasises holistic well-being and the alleviation of suffering in patients with life-limiting illnesses. The concept of “total pain,” introduced by Dame Cicely Saunders, underscores that pain is not merely physical but also psychological, social, and spiritual. This paper explores the indispensable role of psychologists in addressing these dimensions of suffering. Through psychological assessment, therapeutic interventions, and existential counselling, psychologists contribute significantly to improving patient comfort, emotional resilience, and quality of life. The integration of psychological care into palliative settings remains limited in India, necessitating urgent advocacy for a multidisciplinary model that treats total pain with equal attention to the mind and body.

**Key words:** Palliative Care, Total Pain, Psycho-Oncology, Psychological Intervention, Existential Distress, Cognitive Behavioural Therapy, Quality of Life, End-of-Life Care.

## Introduction

Palliative care, by its very nature, is designed to provide relief from the symptoms and stress of life-limiting illnesses. While much attention is often given to the medical management of pain, there is a growing recognition that pain in such contexts is seldom just physical. It encompasses emotional, psychological, social, and spiritual suffering — a concept widely known as “total pain”, first articulated by Dame Cicely Saunders, the founder of modern hospice care.

In India, where cultural, familial, and existential concerns often intertwine with end-of-life experiences, addressing total pain requires a comprehensive, multidisciplinary approach. Among the key professionals in this effort are clinical psychologists, whose role, though often underemphasised, is fundamental.<sup>1</sup>

## Understanding the Multidimensional Nature of Pain

Patients facing terminal illnesses often report pain that persists despite optimal medical treatment. This is not due to inadequate medication but rather because the pain is compounded by psychological distress — fear of death, unresolved conflicts, anxiety about the future of loved ones, and a deep sense of loss or meaninglessness. These psychological and existential burdens not only intensify the perception of pain but may also render pharmacological interventions less effective. For many patients, untreated emotional suffering translates into physical discomfort, and vice versa.<sup>2</sup>

## Psychologists as Pillars in the Palliative Care Team

Psychologists bring to the palliative setting a skillset focused on understanding, assessing, and alleviating emotional and mental distress. Their contributions are varied and vital:

**Psychological assessment:** Identifying clinical depression, anxiety disorders, and cognitive changes that may go unnoticed in purely medical evaluations.

**Therapeutic interventions:** Providing counselling and evidence-based therapies such as cognitive behavioural therapy (CBT), which help patients reframe negative thought patterns that exacerbate suffering.

**Pain coping strategies:** Teaching relaxation techniques, mindfulness, and imagery to help patients manage pain perception and regain a sense of control.

**Supporting families:** Addressing the emotional toll on caregivers and facilitating open, meaningful conversations between patients and their loved ones.

**Existential counselling:** Assisting patients in finding peace, purpose, and dignity in their final days, often bridging the gap between psychological and spiritual care.

## A Public Health Imperative

Despite the documented benefits of psychological support in palliative care, mental health professionals remain scarce in Indian hospices and cancer centres. The stigma surrounding mental illness, coupled with limited training in psycho-oncology, further limits access.

Yet, data from global palliative care models show that patients who receive integrated psychological care report reduced pain levels, improved mood, and better quality of life, even when facing terminal diagnoses. Their families, too, experience fewer complications during the grieving process<sup>3</sup>

### Conclusion

As India moves towards a more inclusive and patient-centred healthcare model, psychological care must be recognised as an integral part of pain management in palliative care. Addressing "total pain" is not just a matter of clinical responsibility, but of human compassion.

In the final stretch of life, every effort must be made not only to extend life, but to enhance its dignity and meaning. It is here that the presence of a psychologist can make a world of difference.<sup>4</sup>

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