

RUNNING HEAD: THE TAO AND MASSAGE

The Tao and Massage

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### Abstract

The formal study of massage first appears in the early writings of Chinese medicine, which evolve from the Tao. This thesis draws upon both my experiences as a massage therapist, and the current research that examines the therapeutic benefits of massage. While considerable evidence for the efficacy of massage has been gathered using the research techniques of Western science, I also will demonstrate how understanding massage in terms of the Tao can help to create a comprehensive appreciate for the benefits of massage.

## The Tao and Massage

### Introduction

‘Therapeutic massage is at once one of the oldest of the healing modalities, and simultaneously one of the least studied.’ (Kahn, 2002, p. xv) Massage first appears in the early writings of Chinese medicine, and its practice originate from a naturalistic interpretation of the universe, which is represented by the Tao. In the *Huang Ti Nei Ching Su Wen*,--*The Yellow Emperor’s Classic of Internal Medicine* disease and treatments are seen as arising from distinct regions of the universe, and ‘‘Everything that is created by the Universe meets in the center and is absorbed by the Earth. . . treatment with breathing exercises, massage, and exercise of the limbs has its origin in the center.’’ (Veith, 2002, p. 148) The Tao recommends a holistic approach to massage and the treatment of disease generally.

The Tao’s recognition of the therapeutic value of touch is at odds with the advice offered to parents by psychologist John Watson, the founder of behaviorism: ‘Never hug and kiss them, never let them sit on your lap. If you must, kiss them once on the forehead when they say goodnight. Shake hands with them in the morning.’ (John Watson, quoted in Rich, 2002, p. 1) Fortunately, I believe psychology has come far from the clutches of Watson’s simple behaviorism to describe human behavior and interaction. Touch is an important factor in proper mammalian development, and the importance of touch has become increasingly visible within the last century. (Montagu, 1989) One has only to look at the poignant evidence gathered from observations of orphanages both in the United States at the turn of the 20<sup>th</sup> century and in Romania at the turn of the 21<sup>st</sup>

century to recognize how misguided—how “out of touch”--Watson’s advice was. (Field, 2001.)

Massage therapy was projected by the American Massage Therapy Association (AMTA) to be a 6 to 11 billion dollar a year industry in 2005. (AMTA, 2005). Rising medical costs and the requirement of insurance companies to have “evidence-based” research for the treatment of disease supports the need for research regarding the effectiveness of massage treatments. (Rich, 2005)

I will draw upon my experiences as a Registered Massage Therapist, RMT, and current research findings to examine the therapeutic benefits of massage. Evidence for the efficacy of touch therapy has been shown using the research techniques of Western science, but there are many inconsistencies regarding the validity and application of touch therapy for symptomatic needs. I propose that the effectiveness of a massage treatment is a subjective experience and is dependent upon both the knowledge and awareness of the individual, and the therapist’s knowledge and experience. I hope to demonstrate that, while we can learn much about touch therapy from Western science, understanding massage in terms of the Tao can create a fuller appreciation of the subjective benefits that are available from the massage.

By doing this, I hope to show that if touch therapy is going to be studied accurately, then massage therapy must be understood. It has been noted that, “Quality research in massage therapy is in its infancy and there are many variables which theoretically may play vital roles in the massage experience but which have not yet been systematically studied” (Rich, 2002, p.6). Within the following sections these variables that have not been accounted for will be exposed, and possible solutions to these issues

will be discussed. Along with this, I would like to note that this thesis is only a preliminary expression of the study at hand.

Massage therapy is an ancient practice of healing the body through the manual manipulation of the soft tissues--rubbing, stretching and moving energy through the body--and has been practice for thousands of years (Beck, 1999). Currently massage modalities are separated and classified using various terms. The terminology used to represent the nature, applicability, and efficacy of a specific modality will depend upon the environment in which the practice was developed and where the practice is used. Representations of specific modalities will be seen in the following sections, and distinctions will emerge between those that developed from Chinese medicine and those of Western anatomy. The present understanding of massage in the United States varies depending upon the training of the practitioner and the theoretical framework under which the practice is constructed. An understanding of the distinctions that arise between Eastern and Western modalities of bodywork will assist the reader in understanding what massage is and how it can be researched.

“Eastern theories of body health center around the belief in the healing power of your body’s electromagnetic energy currents.” Eastern bodywork focuses on balancing our life energy” (Kent Rush, 2000, p. 25). These energy currents are represented by “Qi,” and flow throughout the twelve meridians, which represent the physiology of the human body within Chinese medicine (Howard, 2003). “Western bodywork looks on your body as a machine in need of repair and manipulation” (Kent Rush, 2000, p.133). Muscles, bones, veins, arteries and other aspects of Western anatomy serve to define the parts within the human “machine.”

My understanding of massage and my belief in its efficacy has been generated by experience as a massage practitioner—through direct engagement with massage practices and with clients who have benefited from massage sessions. This experiential evidence has been supplemented by an examination of the literature concerning touch therapy, the use of massage within the framework of Western medicine with the intent to give patients symptomatic relief. I will review the development of massage from Chinese medicine and then examine the development and study of massage practices in the Western world. This will provide a framework for discussion of massage in various settings and it will employ the reader with the ability to explore the many situational factors that may affect the efficacy of a massage treatment.

### **The Tao and the Development of Chinese Medicine**

The Tao is a monistic origin story for the universe, which is comprised of a dual exchange or complementary interaction between two opposing forces Yin and Yang. These dual characteristics work in tandem with one another, and are present in all aspects of life. From the smallest organism to the greatest reaches of space, qualities of yin and yang can be used to extrapolate meaning and order within the universe (Ohsawa, 1991). To understand the meanings given to yin and yang, a historical context is useful to clarify the interpretation of each component, and it is important to note that these properties are present when describing the constitution of the energy of a living being, which is represented by “Qi,” in Chinese Medicine. (Veith, 2002)

Huang Ti, The Yellow Emperor, is credited with the compilation of the first writings concerning Chinese medicine. Though some scholars doubt his existence, he is estimated to have lived from 2697 to 2596 B.C., and is noted for providing the first

documentation of Chinese medicine. These writings were compiled into the *Huang Ti Nei Ching Su Wen*, - *The Yellow Emperors Classic of Internal Medicine* (Veith, 2002). This text serves as the foundation for Chinese medicine, and is based on the concept of the Tao, or “The Way”. “What the Four Books are to the Confucianist, the Nei Ching is to the native doctor...three thousands years after it was written, it is still regarded as the greatest authority” (Veith, 2002, p.7).

Chinese medicine provides tools for individuals to maintain their health by retaining a balance between yin and yang and thus following the Tao (Veith, 2002). This is done through the manipulation of: foods and herbal medications, acupuncture, massage, and exercise (Ohsawa, 1991). These four components are used to redefine and direct the constitution and flow of Qi, vital energy, or “life force” throughout the body. Treatments require patients and practitioners of traditional Chinese medicine to be aware of the subjective nature of symptoms and their meanings as they represent disease. Qi is found in all living things and represents the driving force of life, which is depicted as the Tao (Lau & Ames, 1998; Ohsawa, 1991; Veith, 2002).

Qi is established by two components, Yin and Yang and is represented, “...in this physical and relative world of shapes, colors, and weights...” (Ohsawa, 1991, p.11 ) “In short, yin and yang are always relative. There exists no one thing absolutely yin or absolutely yang in this world. “A” may be yin toward “B” but yang toward “C”” (Ohsawa, 1991, p.22 ). This scenario simplistically and semantically displays the element of change, and the importance of the relative viewpoint of the experience. For if you are yin to one and yang to another, then you cannot have the same experience with either. The culmination of yin and yang represent Qi. Disease is recognized through the

interpretation of symptoms which are assessed by the doctor and the patient using the Four Examinations and then are interpreted for their subjective meaning as they relate to the individual (Howard, 2003).

The four examinations: Looking, Listening / Smelling, Asking, and Palpating. These four methods are used to determine a subjective course of treatment based upon the symptoms and information acquired from the doctor and patient. (Howard, 2003) As noted earlier, treatments within the Canon of Chinese medicine aim to alter the flow of Qi, by interpreting yin and yang and then giving treatments in the form of food or herbal supplements, acupuncture, massage, and exercise (Ohsawa,1991; Veith, 2002).

The Tao is represented through the naturalistic observation of change. The Tao is apparent in all life and has been described as the "...immutable course which became manifest through the change of night to day, through growth and decay, man in his utter dependence upon the universe could not do better than follow a way which was conceived after nature" (Veith, 2002, p.11). From this it was established that change must be "the Way" the Tao and for man to remain in harmony he must do so by, "...emulating the course of the universe and complete adjustment to it." (Veith, 2002, p.11) The Chinese system of medicine sees man as following the changing elements within nature.

"The most ancient of the Asian languages were void of the concepts of sex, number, and time." (Ohsawa, 1991, p.5) Modifying semantic constructs influences the thinking of its users, and produces a contrary philosophy than that of the Western world. "For classical China, is neither dualistic like Greece nor pluralistic like India, there is dao or ziran; "world-as-such"...without the demonstrative pronouns "this" or "that" to objectify it. The Chinese "world-as-such" is unique, processional, and boundless, and the



viewer is always resolutely and inextricably embedded within it (Lau & Ames, 1998, p.20).” This monistic philosophy was derived from the use of a non-demonstrative language and an awareness of the continuous physical changes within nature.

“Within the Taoist search for an explanation of origins, there is the assumption that the world is “self-so-ing (ziran),” and autogenerative, with the energy of transformation residing within the process itself. There is no external efficient cause. Hence, there is no positing of initial beginnings...”(Lau & Ames, 1998, p.15). The idea that the world is “self-so-ing” or autogenerative represents the concept of the Tao, “The Way,” and places the individual within the context as a discrete part of a continuous whole represented through personal experience. In addition, the idea that there is, “...no positing of initial beginnings,” serves to imbed the viewer within the physical nature of life. Eliminating the concept of initial cause leaves no need for a creator and thus metaphysical distinctions are unneeded. These naturalistic assumptions create a personal need for an awareness of the subjective situational factors experienced by the imbedded viewer. The positioning of the observer from within the situation, rather than from outside, has impacted the ways in which Chinese philosophy and medicine have developed, and an understanding of this is needed to assess the efficacy of massage practices.

Furthermore, “the energy of transformation,” represents the fluidity of change between yin and yang, which are the components of Qi, “life force”, “...for change was viewed as an expression of duality, as an emergence of a second out of a first state. The two components of the dual power were designated as yin and yang” (Veith, 2002, p.13). Through the use of Chinese medicine the individual can manipulate yin and yang and in

so doing the individual will follow the “self-so-ing” autogenerative qualities representative of the natural order in the world.

Within the *Nei Ching*, massage treatments are recommended, “When the body is frequently startled and frightened,” or when, “...evil influences are within the arteries.” (Veith, 2002, p.211). The first description can be interpreted as an application of treatment when the body is under high levels of stress, and “evil influences” can be assessed for the need to improve circulation within the body. (Veith, 2002). These are descriptions of states to which the body is frequently subjected, and the treatment of massage is recommended for these general conditions. This recommendation considers the general abilities of massage to ameliorate the functioning of the body from daily stressors, observed by the individual. People experience these states from time to time, although no two persons would receive an identical massage treatment. (Veith, 2002)

Assessments for massage treatments are made on an individual basis and the appropriate course of treatment should result from both the evaluation of the massage therapist and the client. This way of treating disease accounts for multiple variables, and takes into account the entirety of the body and the multiple sources of disorder that are possible. This type of treatment is contrary to that of analytic techniques which have been describe as, “...center[ing] on the dissected periphery, instead of evaluating on general appearances or performance. The truth is whole, wholistic...”(Ohsawa, 1991, p. 16)

## **Development and Current use of Western Massage Practices**

Massage practices as defined by contemporary Western science are far removed from their Chinese roots, and rather they are based upon a concrete view of the anatomical structures of the human body which can be objectively studied for disease. “Western medicine as it is practiced today is based on the premise that your bodily problems are cured by external means...” (Kent Rush, 2002, p.4). The foundation for Western modalities of bodywork, and for the practice of massage currently in the United States are based upon Per Henrik Ling’s theory of Medical Gymnastics. Ling developed a systemized method to relieve the body from disease by means of manipulating body movements. These movements are classified as Active, Duplicative and Passive (Beck, 1999).

Dr. Johann Mezger is credited with building upon Ling’s work and providing the modern terminology for the movements of Swedish massage. “The Swedish system is based on the Western concepts of anatomy and physiology and employs the traditional manipulative techniques of effleurage, petrissage, vibration, friction, and tapotment. The Swedish system also employs movements that can be slow and gentle, vigorous or bracing, according to the results the practitioner wishes to achieve.”(Beck, 1999, p.15) These movements build upon one another to provide the client with a general relaxation massage, to combat stress, and to increase circulation throughout the body. Effleurage techniques are used to; introduce the therapist to the client, to apply oil, cream or lotion, which serves to reduce friction between the therapist’s hands and the client’s skin, and to warm the tissues of the body for deeper work within the muscular structure.

Petrissage is used to lift and separate the muscle fibers to reduce adhesions in the tissues which result from built up amounts of metabolic waste within the body. (Beck, 1999) These are the conditions which massage is suggested for in the *Nei Ching*, but the assumptions for treatment and the language used to discuss the practice are distanced from the Chinese foundation of massage. Vibration, friction, and tapotment movements assist in the waste removal process, and all may be applied in varying speeds and durations which can be either invigorating or sedating. Currently Swedish massage is used most frequently by therapist in the United States, although it is by no means the only treatment method that is used by most massage therapist (AMTA, 2006)

In my experience Swedish massage movements are applied in differing ways based upon the subjective needs of the client. For example, two clients with general lower back pain may have differing levels of pain sensitivity, and this will invariably lead to differing applications of massage movements. When a technique is applied with the same level of pressure the intensity of the sensation can be moderated by the speed of the movement. A slower action produces greater amounts of pressure, while increasing speed will serve to decrease pressure. This is important because what may be relaxing to one client may be jarring to another. This makes communication a necessary aspect of any massage treatment.

As a therapist I am responsible for meeting the needs of the individual client and it would be inappropriate to disregard this subjective aspect of the massage experience. Determining the goals of the treatment is an interactive process between both therapist and client, and both the client's knowledge of their own bodily condition and the

therapist's expertise in massage practices will facilitate the goals of both participants within the massage experience.

Prior to 1940's massage was possibly accepted as valid treatment for disease by medical professional based upon its past use, but with prescription drug development, the treatment must now be scrutinized and "evidence-based" results must be gained in order to prove its validity for use in the treatment of disease (Rich, 2002). Along with this, regulating institutes have been developing within the United States since the 1980's (Beck, 1999). It will be helpful to review the ways in which massage therapy is defined by these licensing bodies. This knowledge will be of use in understanding what a standardized symptomatic treatment based on Western massage looks like, and it will also assist in assessing the validity of touch therapy research.

### **Current Regulations for the Practice of Massage in the United States**

There is not a uniform curriculum for the training of a massage therapist within the United States, and the regulation of massage as a profession varies from state to state. At present there are 36 states along with the District of Columbia that regulate the practice of massage (2005 Massage Therapy Industry Fact Sheet). Although many states call for at least 500 hours of massage school training, Texas requires only 250 hours of massage school training, coupled with a 50-hour internship. Additionally, there are many states which recognize credentials from the National Certification Board for Therapeutic Massage and Bodywork, NCBTMB (Rich, 2002). The NCBTMB, requires 550-hours of training and is making an attempt to integrate knowledge from both Eastern and Western modalities of treatment. I will focus the following discussion upon the regulations of the NCBTMB and the state of Texas.

The training needed to practice massage in the state of Texas is regulated by the Department of State Health Services, and persons who complete the required training are given the title of Registered Massage Therapist, RMT. Course work within the 250-hour training includes: methods of Swedish massage practice, Western anatomy and physiology, health and hygiene practices, hydrotherapy, business practices, and ethics. Along with this, a prospective RMT is required to pass a state board examination which is administered by the Texas Department of State Health Services. Furthermore, to retain proper credentials, the RMT must pay a yearly fee to the Department of Health and complete 6 hours of Continuing Education units, CE, per year, and these hours must be obtained through education in Western based modalities of treatment. Eastern modalities of body work based upon energetic work and the meridians of the body are not accepted for CE units in the state of Texas.

The NCBTMB certification consists of 550 hours of course training with a strong emphasis on Western theories of anatomy and physiology, Swedish massage techniques, and Eastern energetic practices. The definition of practice for The NCBTMB is:

One who employs a conceptual and philosophical framework, and uses knowledge of various systems of anatomy, physiology, and contraindications to facilitate the optimal functioning of individual human beings through the manual application of various modalities. The practitioner assesses the client in order to develop a session strategy, applies relevant techniques to support optimal functioning of the human body, establishes a relationship with the client that is conducive to healing, and adheres to professional standards of practice and a code of ethics (NCBTMB, 1997) (Brown Menard, 2002)

Facts provided by AMTA illustrate the typical massage therapist to be a 40-year-old female who is using the practice as a second income and working about 15 hours a week with hands on techniques. Additionally the average therapists is reported to practice for 7 to 8 years, and 78% of therapists provide Swedish massage. Therapists in the United

States are also reported to value education and support the need to continue their training through the use of CE units, and most therapists tend to take course in specific modalities of massage treatment. (2006)

In what follows I will give an overview of my own education regarding various modalities of massage practices and of my studies in psychology. I will also survey and critically assess research findings in the area of touch therapy. From this I hope to demonstrate that an integrated understanding of current Eastern and Western practices of bodywork is needed in addition to the philosophical understanding of the treatment of disease, if touch therapy is to be properly tested for its efficacy.

### **Personal Development of Bodywork Knowledge**

I began studying massage in January of 2004, when I was 20 years old and in my third year of college attending Texas State University-San Marcos. I was enrolled as an undergraduate student pursuing a Bachelors of Arts degree in psychology with a minor in philosophy. Up to this point I had worked as a waitress to help support my education, but there came a day when I knew I had to stop serving chicken fried steak and ice tea. I began investigating alternate means of income, and I began to see graduate school as a necessary step in completing my scholarly education. That is at least, if I actually wanted to work in the area of psychology.

I first entertained the idea of massage therapy when I recognized the significant earning potential that was available to a massage therapist. Also, it was a skill that I could gain, a means to make money with the knowledge of a trade school. I thought this handy skill would allow me the ability to pursue academia without the imminent threat of being a poor-college student who hated her job at the local diner.

While these initial interests remain a part of why I practice massage, they are no longer the only reasons why massage appeals to me. In the beginning, I did not anticipate much crossover between my life as a massage therapist and my life as a student at Texas State. Obviously, I was wrong. When I began classes for massage school, I believed I would be able to learn the movements and perform a massage, I thought of it in terms of a mechanical act. Throughout my training and everyday since, I realize that it is not a mechanical act, which can be executed on command at any given time. Massage is a practice and things that can be practiced are never finished, there is always new information that can help your practice, or at times there may be things present which serve to hinder the practice. It is constant and ever changing much like the Tao.

Currently I hold an RMT's license within the state of Texas, and in addition to the basic state required training I have also taken courses in various Eastern modalities including: acupressure, which aims to alter the energetic flow through the meridians by means of finger pressure, shiatsu, which is a Japanese organization of acupressure, and reiki, which attempts to manipulate energy by the placement of hands above various regions of the body. Continuation of my Western training has included: advanced neuromuscular techniques, myofascial release, and trigger point therapy. These modalities are all based upon Western anatomy and physiology.

I have acquired additional education regarding massage through my psychology and philosophy courses at Texas State. Specifically, I began looking for the benefits of massage in a psychology course entitled Brain and Behavior. This course began to make me aware of the scientific research associated with the use of massage. Here I focused my studies on the use of massage in relation to the reduction of anxiety and increased



immune function. During my research I discovered the Touch Research Institute, TRI.

The Touch Research Institute is located in Miami, Florida, and is funded by a grant from Johnson & Johnson. TRI is housed within the Jackson Memorial Hospital and works in conjunction with the Miami medical school. TRI is dedicated to the pursuit of researching touch therapies, and the benefits that may be associated. Each month a two-day intensive workshop is offered at TRI, I attended this workshop on January 23-24, 2006, and I was exposed to the methods and procedures by which their touch therapy studies are conducted. This experience provided me with a general framework for how massage is tested for validity within Western science.

In addition I have also gathered information regarding the various teaching practices related to massage training within the state of Texas. My first knowledge came from my experience as a student when I was acquiring the 300-hours to qualify as an RMT. Upon finishing my training I felt that I was provided with the basic skills to provide a Westernized practice of massage, but nothing more. The general response to questions regarding any alternative to what was being taught was that it was wrong or unimportant to the present concern. I think this reaction was given in order to prepare me for what would be on the state examination. Obtaining proper credentials to practice is an important aspect to a student of massage, but I do not think that the Texas regulating board has provided a proper curriculum for the complete understanding of massage. I believe the definition of a massage therapist given by the NCBTMB is a more adequate description of what is needed to practice massage to the fullest extent. Texas practicing requirements are limited to Western bodywork, where as the NCBTMB promotes an integrative understanding of massage and a subjective experience with a client.

My experience with massage training—especially my sense of its limitations—led me to investigate the extent to which schools vary regarding their teaching philosophies. I knew from my CE training that varying philosophical assumptions were used with regards to practices of training RMTs, but I thought it was important to search out other schools in order to broaden my understanding of this. Through this search, I found the Lauterstien-Conway School of Massage, TLC, and I found my initial experience with the director of the school, David Lauterstien, to be of great importance. At this school, massage is not limited to simple musculature movements of the West, or specific energetic techniques of Eastern modalities, rather there is a synthesis between the two which serves the therapist to have multidimensional understanding of bodywork.

In addition to the state mandated 300-hour training program, TLC offers additional education program that allow the RMT to expand their personal knowledge base. The training session are divided into three semester increments. The first being the state mandated training, follow by a 250-hour second semester. Within this program, RMT receive the means to qualify for the NCBTMB certification, and there is a focus on method of Eastern modalities along with those of the West. The third semester of training exposes the RMT to the multiple dimensions of bodywork. Within this semester sections include a cadaver class, which provides the student with an in-depth at the anatomy of the human body. Additionally a section entitled psychology of bodywork is taught, which recognizes the emotive and psychological factors that may emerge during a massage experience. By combining aspects of Eastern and Western bodywork, TLC is attempting to create a comprehensive understanding of the massage experience, through the proper education of massage therapist.

Personal experience has shown that massage is generally sought after for general relief of pain or stress. These factors may be due to acute or chronic conditions. People are typically healthy individuals, free of imminent distress or disease, although they are in search of varying sorts of therapies that are applicable to specific bodily concerns. I also believe these to be the typical reasons massage is sought out by Americans, and this is supported by the AMTA report, which states that 32% of persons who received a massage within the last five years did so for relief of muscle soreness and spasm, injury recovery or pain relief. Additionally 26% of people used massage for stress relief, while an equal number of people went simply because it was a gift (AMTA, 2006). From these statistics it can be inferred that the remaining 16% use massage on a regular bases.

For sake of argument, I will classify those who receive massage treatments from me, into two general categories: regulars and special occasion visitors. “Regulars” are those who strive to incorporate massage into their lives and use it as a tool to facilitate in the maintenance of their overall health and wellbeing. While “special occasion visitors” are those who use massage treatments, as a one-time event in response to specific need be it injury or celebration. The statistics above can be correlated with the populations of people whom I provide massage to, and I generally find “regulars” to be the smallest percentage of my business, which is consistent with the national results.

In general, chronic pain, stress, indigestion and insomnia are all common dysfunctions experienced by many who receive massage. These conditions may eventually debilitate a person, but most of the time such things are cyclical and do not serve to burden the person severely: most often they are simply a nuisance. Along with being supported by the AMTA, these are conditions to which the *Nei Ching* suggests the

use of massage as a treatment method. Within the *Nei Ching*, massage treatments are recommended, “When the body is frequently startled and frightened,” or when, “...evil influences are within the arteries.” (Veith, 2002, p. 148).

### **Research designs from the Touch Research Institute**

When I visited TRI there were two studies being conducted. The first was a study reviewing the effectiveness of touch therapy to facilitate weight gain in preterm infants. The infants in the study were between 45 and 60 days old with a current weight between 2.25 and 3.3 lbs. The gestation period of the infants in the study was no less than 28 weeks and no more than 32 weeks, and the birth weight of the infants was between 1.75 and 2.86 lbs. None of the infants showed any signs of abnormality, which were not related to being premature. (TRI, 2006)

The massage that is given to these babies consists of simple stroking movements that can be performed by anyone and is not limited to the talents of massage therapist. Treatments are administered in 15-minute intervals three times a day for five days. This study has proven that touch therapy promotes weight gain in premature infants by up to 47%, in relation to control groups. Furthermore, infants who were massaged were also released from the hospital an average of six days earlier than their control group counterparts were. Weight gain is thought to increase due to the proliferation of growth hormone, and the increase in growth hormone is thought to be due to an increase in vagal nerve activity. Stimulation of the vagus nerve produces greater amounts of insulin and other food-absorption hormones that promote weight gain. (Field, 2001).

The second study examined the effect of massage therapy on pregnant women, and both trained massage therapist and the partner of the mother provide massage

treatments. The consent form which is given to each participant states that, "...the purpose of this research study is to examine the effects of massage therapy on reducing cortisol levels in depressed pregnant women and the incidence of having a preterm birth." ( TRI, 2006 Research Subject Information, p.2) Four groups were used to test the effects of massage and each received a different treatment. Two of these groups were given massage for 8 weeks; they received two professional massages over the course of the entire study, and each week they received two massages from their partners. The control groups included a depressed and a non-depressed group who did not receive massage (Research Subject).

The specific results of this study are not important to the present discussion and what I would like to look at from these two studies is the structure of the research design. The first study, looking at infant massage, requires no training for the massage, and the researcher is able to know if all of the treatments are received by the participant. This is unlike the second study, which use the partner of the mother as an additional therapist, in this situation it is difficult to determine if and at what quality the massage treatments were given.

The participants in each study play a major role in determining the design of the research experiment. I would argue that pre-term infants are more similar to one another than pregnant women. This is important when interpreting the massage protocol for an experiment. If the subjects are similar, it will be easier to create a standardized treatment for the individual, but the more variability between subjects will create difficulty when implementing a standardized treatment method.

Each research participant brings with them the culmination of all their life experiences. One participant may relax with a leg massage, and may feel uncomfortable while the back is being massaged, or they may relax with one massage therapist, but feel anxious with another. I can see this sort of variability within my own practice and I also know from experiential work that pregnancy can result in additional inconsistencies between clients. Overall I think it would be counterproductive to use a standardized treatment for the relief of stress. If the procedure was uncomfortable to the individual due to a personal dislike for the protocol, it may increase stress rather than reduce. This outcome would not reflect the typical outcome of a massage experience and this should be considered when determining an appropriate treatment method.

It would make more sense to incorporate the participant's personal concerns regarding treatment and to create a subjective protocol for any participant who can verbalize any wants they may have regarding the treatment. I believe babies to be receptive to touch therapy because the method of massage is easily administered by the research assistants, and movements do not tend to require training. Additionally, there is less variability regarding life experience between subjects, and these factors together create a beneficial environment for the use of touch therapy.

### **Assessing the Validity of Touch Therapy Designs**

As noted by Grant Jewel Rich, "Quality research in massage therapy is in its infancy and there are many variables which theoretically may play vital roles in the massage experience but which have not yet been systematically studied. Specifically, very few studies have examined the therapist effects in detail" (Rich, 2002, p.6). I would like to assess the validity of the Western scientific model to study the efficacy of

massage, which I believe is a subjective experience between two individuals. I will examine the therapist interaction within the establishment of the research design, and also the interactions between the therapist and client. This will serve to establish why incorporating the concept of the Tao can create a fuller understanding of the practice of massage.

A Western observational view creates an understanding of the body which is based upon objectively defined mechanisms that work within the body like parts of a machine. Treatment of disease is generalized and based upon a distinct set of symptoms, which are diagnosed in a similar fashion and then treated in a uniform way. Methods of surgery are used to remove disease and to modify the functioning of the body from the outside (Kent Rush, 2000). "Positivist approaches aim to create scientific descriptions of reality by producing objective generalizations. Because researchers have widely differing values, experiences, and emotions, genuine science is thought to be unattainable unless all human characteristics except rationality are eliminated from the research process." (Hill Collins, 1991, p.205)

Many research studies of massage are thought to be flawed because they fail to define the practice of massage within the testing methods. From the varying interpretation and definitions of what massage is this is easily seen as a problem. (Menard Brown, 2002) TRI has taken this into consideration and obtains massage protocols from a massage school in Florida. Additionally, trained massage therapist in the area volunteer their abilities to perform massages which require skilled training, but I am still unconvinced that a standardized protocol can properly test the effects of massage. Additionally, touch therapy research has been criticized for the lack of involvement of a

trained massage therapist within the design of the research study. (Menard Brown, 2002)  
If a drug is being researched, then the researcher is aware of the chemical composition of the substance and can relate this to the knowledge of the body. If this is needed to objectively study the effectiveness of an independent variable, then it would follow that it is necessary for the researcher to know the composition of the independent variable.

From this it seems apparent that it would benefit the study of touch therapy if those who were trained as massage therapists were also conducting scientific research. This would be helpful in diminishing the confounding variables that are presently associated with touch therapy research. If a massage therapist helps to design a study then there will be a greater understanding of the independent variable, and from this I believe that the subjective nature of a massage experience can be further explored. Confounding variable associated with touch therapy may include the interaction between client and therapist. If I were conducting an experiment on massage I might first consider what role does gender play in a massage experience. In the past two years, I have learned that massage is a subjective experience and I think it would be extremely difficult to design a proper study of touch therapy without a member of the team who has proper knowledge of what it is like to give a massage.

I would also like to address the therapist-client dyad and discuss what it is like to participate in a massage. "Receiving is an art in itself. It's possible to have a Bodywork Session and miss a lot of the relaxation and pleasure if you are uncomfortable or nervous." (Kent Rush, 2000) I find this statement to support the subjective nature of massage. There is an interaction that occurs during a massage session which can not be duplicated. I can honestly say that I have never given the same massage twice; while I



might repetitively provide the same modalities of treatment to the same client, I can never replicate the experience.

When a client arrives at my office for a massage the treatment always begins with a client intake form. This form asks general questions regarding the overall health and wellbeing of the individual. Additionally any medications that are being taken or surgeries that have occurred are revealed at this stage, and if this is a recurrent visit the form is simply updated to reflect changes from the previous visit. With this information I can assess any contraindications for the specific modalities which I practice. For instance, if a client has unregulated blood pressure or varicose veins then Swedish massage would not be a proper form of treatment. This is because the increase in blood circulation may cause blood pressure to rise higher, or it may cause the stagnate blood within a varicose vein to dislodge causing increased toxicity within the cardiovascular system. (Beck, 1999) This part of the intake can be termed a “Western assessment,” and it is an important factor in determining what health risk may be present to a client. It is crucial to the reputation of the practice for massage professionals to continue their education and to be aware of the possible contraindications associated with differing modalities of treatment.

The intake form also asks general health status and lifestyle questions for example, do you frequently suffer from stress? what is your profession? And have you ever had a massage before and if so what is their favorite part of the session? Relaxation and pain relief are not standardized events, and massage therapy is an interactive practice in which communication must be involved. Information is gathered about the person’s overall wellbeing, and a relationship is formed between the therapist and client. I know I

am not the right massage therapist for every client, but I do not know who I am right for at all until we communicate with one another.

Following the intake procedure the client always retains the ability to modify the treatment as they see fit. It would be inappropriate to continue a step within a standardized protocol if the client felt anxious or uncomfortable with regard to the movement. Massage is an experience not simply a treatment, and without individual consideration for a client the therapy will certainly fall short of its goals, and this is emphasized by David Lauterstein, “Modalities have zero power. The healing power in bodywork belongs to who gives it and who receives it.” (1996, pp. 285)

For a treatment to be effective I believe it must incorporate both, subjective and objective evaluations. A subjective evaluation can be generated through the use of general question which aim to gather information about lifestyle patterns and subjective events, and this is similar to the practice of the four examinations used for evaluation within Chinese medicine. An objective evaluation is created through the use of a “western assessment,” and application of massage modalities which are focused upon the anatomical and physiological structures of the body.

“In the beginning, over four thousand years ago, the sky, or infinite space, was considered the supreme yin symbol, and the earth, the supreme yang symbol.”(Ohsawa, 1991, p.6) If this physical interpretation of yin and yang is applied to the practice of massage, then Eastern modalities of bodywork, which are developed from the energetic movements, can be viewed as yin because of the indefinable infinite nature of Qi. Western modalities of assessment and treatment of the body can be interpreted as yang because the methods of diagnosis and treatment are limited to the finite constructs that

create the anatomical and physiological structures of the body. When a therapist brings together knowledge from both fields of study there massage treatments are invariably more successful, and by interpreting the subjective yin, and the objective yang, a therapist will follow the Tao.

Overall massage and bodywork are interactive and subjective experiences which were developed from Chinese medicine. Massage is a treatment method for the maintenance of health and under the dictation of Chinese medicine is meant to be used in conjunction with dietary change, exercise and acupuncture for the treatment of disease. With this foundation it is difficult to apply the benefits of the practice to symptomatic needs which can then be studied under the confines of the Western, positivist model. The origins of the practice recommend massage as a regular treatment that can ameliorate the health of an individual.

### **Concluding remarks**

Massage is a practice which developed out of the philosophy of the Tao and the canon of Chinese medicine. Through its evolution many modalities have been created which fall under the heading of bodywork. The effectiveness of such practices within Western science is unclear in many respects, and methods of study must be modified to address these concerns.

Integration between Eastern and Western modalities of bodywork, along with an education in the area of psychology can serve to further an understanding of how to study massage. Methodological knowledge of how a research study is designed will also serve to further the understanding of the efficacy of touch therapy. The Western field of thought views disease as something that attacks the body and is separate from the

individual and can therefore be treated by external means. Chinese medicine views disease as the opposite and complementary characteristic of health, yin and yang respectively. Creating a distinction between the individual and the individual's symptoms produces a healthcare system which is designed to address disease through the treatment of symptoms. Treating symptoms alone will ultimately lead one in to great despair because symptoms are simply an outward display of an internal dysfunction. (Ohsawa, 1991)

Furthermore the restriction placed upon the acceptability of CE units in the state of Texas is displeasing and seems to be an uninformed approach to the education and regulation of massage practices. The ways in which the Texas regulating board sets the stage for persons to practice massage discourages the learning of Eastern modalities and this undermines the ability of massage to be effective in the treatment of disease. In addition, I have personally found that this restriction has been a challenge when determining what CE units to choose.

While Western modalities of treatment are important they are not the only writings related to the practice of massage. I have found that Eastern modalities can serve to expand an RMT's knowledge of massage and can help to answer subjective questions about experiences which arise during massage sessions. I have shown that massage therapy is a practice, and therefore the education should never be complete, and with this said I will strive to further my education related to the above mentioned areas in an attempt to evolve the understanding of massage.

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