

A Qualitative Study: The Impact of Massage on Mental Health within the Context of  
Recovery

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Author Note

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### **Abstract**

The study aims to describe the experience of receiving massage therapy whilst living with and recovering from mental illness. Using the Descriptive Phenomenological Method, the study gives voice to the lived experience of the individual. A purposive sample of four participants was recruited. The data analysis findings are written as a Descriptive Statement included in this paper in full. The outcomes deepen our understanding of how touch and the person of the therapist come together to provide a treatment for mental illness that centres on connection, safety and being of value and worth. Questions arise as to the degree in which massage may be regarded as a treatment and may be perceived as positively impacting mood. The implications of the study are relevant to massage therapists and open up discussion around accessibility and the provision of massage therapy within mainstream mental health services.

*Keywords:* massage, mental health, recovery, Descriptive Phenomenological Method, Descriptive Statement.

## A Qualitative Study: The Impact of Massage on Mental Health within the Context of Recovery

### Introduction

Whilst training as a massage therapist, and with a background in mental health nursing, I became interested in the effects of massage on emotional and mental health. Currently in the UK massage therapy is increasing in popularity, its' therapeutic uses are broadening and research studies are providing some evidence base for this growth (Cavaye, 2012). Across numerous quantitative studies looking at massage treatment for various clinical conditions, findings indicate that a course of massage decreases anxiety, depression and the stress hormone cortisol (Moyer, Rounds and Hannum, 2004). Reports that massage may be 'perceived as a physical or a psychological therapy' (Cavaye, 2012:47) and massage 'has an effect on trait anxiety and depression that is similar in magnitude to what would be expected to result from psychotherapy' (Moyer, Rounds and Hannum, 2004:15) provide an innovative perspective. However, there is a lack of qualitative research that looks at this phenomenon from the perspective of both client and therapist (Cavaye, 2012; Moyer, Rounds and Hannum, 2004).<sup>1</sup> This proposed association of massage therapy with psychotherapy is of interest to me and underpins my present study; however it is beyond the scope of this study to compare and contrast the two modalities.

With experience myself as both a recipient and provider of massage, I have questions regarding the interplay of touch and a therapeutic relationship, and what impact this combined intervention has. I wanted to find out more about other people's experience of these two factors and what meaning others make. For the purposes, and due to the limitations, of this project, I looked at this only from the client's viewpoint.<sup>2</sup>

This personal interest in the topic is balanced by my choice of research methodology. Descriptive Phenomenology emphasises a process called 'bracketing' in which researchers examine their own beliefs about the subject and consciously set them aside (Reiners, 2012).<sup>3</sup> This allowed me to pursue the topic without compromising the rigour of the study.

As a novice researcher, I was also looking for a clear framework to follow in order to make sense of the complexity of qualitative research methodology. Phenomenology, as founded by German philosopher Edmund Husserl (1859 – 1938), is the philosophical study of consciousness or 'Being', as experienced from the first person point of view. It attempts to create conditions for the objective study of topics that are usually regarded as subjective, and aims to make known the essential properties and structures of lived experience (Broome, 2011). Amedeo Giorgi is an American psychologist who developed Descriptive

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<sup>1</sup> A full literature review is not possible because I am not a member of an academic institution. I therefore rely on an internet search engine.

<sup>2</sup> For details of the limitations of the study see under the heading of **Discussion**.

<sup>3</sup> For details of bracketing see under the subheading of **Data Analysis Plan**; see also Appendix 3.

Phenomenology in the early 1970s based on the thoughts of Husserl and his successor Merleau-Ponty. He provides a method for research, with five steps to data analysis, which is accessible to the novice researcher (Whiting, 2013).

The impact of massage is looked at from within the context of mental health 'recovery'. Recovery principles are well established conceptually and practically within the field of mental health, but may not be widely known nor correspond to individual ideas. This led to a desire to find out how recovery is defined and what it means for each participant; thus the question became incorporated into the interview and data analysis. This contextualisation of experience is an important feature of the phenomenological approach (Bevan, 2014).

Massage therapy itself is a broad heading for a range of manual methods in which the soft tissues of the body are manipulated with the aim of improving health and well being (Moyer, Rounds and Hannum, 2004). In the present study the term 'massage' refers to modern therapeutic massage (otherwise known as Swedish) derived from the traditional techniques developed by Per Henrik Ling (1776-1839).

## **Method**

### **Participants**

The sample size for the study is four participants, and was chosen with consideration for the qualitative method used and available resources.

Participants were recruited via a poster that was sent out to local mental health, NHS and community organisations; these were publicly displayed, forwarded by email to mailing lists or promoted on social media.

The poster asked potential participants if they would like to take part in a study to see if massage therapy is helpful in recovery from mental illness. They were offered four free massages over a two month period from a qualified massage therapist, with each hour-long appointment taking place in a city centre complementary therapy clinic. Applicants were eligible if diagnosed with a mental health condition and currently receiving treatment in the form of medication and/or psychological therapy; they must also be 18 years or over and speak fluent English. Applicants were advised that they would need to fill in a brief diary sheet after each massage and take part in a (maximum 1 hour) interview.

In total forty people responded to the poster and the first four who, having received a detailed information sheet, then contacted me to proceed, were those selected for the study. The first four met with me in person to discuss and sign a consent form, and all four proceeded to participate in the study through to completion.

Three of the participants are female and one male. All females are in the age bracket of 50 – 60 years old and report a dual diagnosis of depression and anxiety. The male participant is aged between 30 and 40 years old and reports a diagnosis of depression. All participants

report receiving treatment in the form of antidepressant medication and one female participant reports treatment with anti-anxiety medication in addition. None of the participants are currently receiving psychological therapy; all have previously taken part in research projects at Exeter University's Mood Disorders Centre, and were recruited via their mailing list. This proved to be the fastest method of disseminating the poster and may account for the similarities in diagnosis of all participants.

### **Materials and Procedure**

Various treatment rooms within an established natural health centre were used for: the initial meeting, the four massage treatments, the subsequent interview. I jointly led the project with another qualified and registered massage therapist and we each gave the course of treatments to two of the four participants. To distinguish between the role of massage therapist and interviewer/researcher we swapped roles at the interview stage i.e. I interviewed those participants whom I had not massaged.

Massage took place on a professional massage table, partially clothed and covered with towels, using unscented oil, without background music. Appointments lasted approximately one hour, with part of that time used for consultation - the amount of time spent in talking with each participant varied and therefore the length of time spent in massage also varied between participants and between appointments. Participants themselves decided what area of the body would be massaged, and the areas chosen were predominantly back, neck and shoulders.

Appointments were made directly with the massage therapist to fit the participant's schedule and the therapist's availability within an approximate one to two month period. A diary sheet (see Appendix 1 for template) was given to be filled in at home following the massage and any time in the interim between massages.

The informal interview followed a semi-structured format and was recorded using an audio recorder (see Appendix 2 for interview structure). Recordings were manually transcribed by myself using free manual transcription software and all information was held securely.

### **Data Analysis Plan**

I followed Giorgi's five step method for data analysis as described by Broome (2011). This consisted of:

1. 'Bracketing' - reflexive examination of a researcher's own beliefs about the topic under study and temporarily suspending these beliefs.  
My beliefs about the impact of massage on mental health were written down prior to the interview stage and were referred to throughout the data analysis process to aid self-awareness – see Appendix 3.
2. Reading of transcripts to 'get a sense of the whole' (Broome, 2011:12).

Each transcript was read through several times before moving on to the next stage.

3. Marking out 'meaning units' (Broome, 2011:12), where there are changes in flow to the script – marked with a forward slash at beginning and end, and numbered.
4. Representing each meaning unit in the third person and transforming these using 'imaginative variation' (Husserl, 2008/1931 cited by Broome, 2011:14). Imaginative variation is a method of determining the essential qualities of an experience (Husserl, 2008/1931 cited by Broome, 2011). It is described in a 'psychologically focused re-expression' (Broome, 2011:14) without any interpretation. See Appendix 4 for an extract of my own process at this stage.
5. Taking all these transformations and distinguishing that which is essential, known as 'constituents' (Broome, 2011:15), giving these a title and bringing them together in a descriptive paragraph – the Descriptive Statement.

Constituents were determined by considering: what is it that is interdependent and necessary to describe the 'whole' structure of the experience of the impact of massage on mental health recovery? (Broome, 2011:15).

## Results

**Table 1: The Descriptive Statement**

Recovery is **self-acceptance** of mental illness and its enduring nature. It is **hope** of a life lived as happily and healthily as possible. It is having access to **support** that is individualised and self-directed, with a range of different resources to access at different times. It is **resilience** in the face of societal pressures and inadequate support.

Massage is experienced as a **treatment for mental illness** and, if ongoing, provides an alternative and effective support, reducing the need for other interventions. Massage takes on new relevance for individuals as an important resource for recovery, one of many within the recovery 'toolbox'. For some individuals, massage remains a 'luxury' and too limited in its impact to regard as treatment. The effects of massage share commonalities with mindfulness, notably the effect of deep mental relaxation. Massage contrasts with mainstream treatments, particularly in relation to the **absence of negative impact** – massage is viewed as a wholly positive experience.

Massage has a **positive impact on mood** and this varies in extent and duration. There is an experience of feeling “open to the world”, an increase in confidence and decrease in negative thinking, which leads to positive social interactions and the creation of a positive feedback loop. The act of ‘looking forward’ to the appointment also impacts positively on mood.

Physical and mental tensions are connected, and a **body and mind link** identified. Massage allows for an awareness of, and connection with, the body where the mind and its worries no longer predominate.

Massage provides an experience of **safety**, within the body and the mind. The experience of safety - in the environment, in touch and in the person of the therapist - provides a foundation for change and impact upon mental health. Touch is experienced as **‘soothing’**. Experiencing touch in massage enables the development of a sense of trust in people and in humanity. Massage may be a safe, gentle and effective treatment for those who have experienced abuse and neglect, providing a **corrective experience**. The therapist’s ability to communicate acceptance and value towards the client, with professional boundaries, creates safety.

Massage is an interpersonal process, in which the client experiences being of **value and worth**. Self-worth increases. The act of going to a massage appointment is an act of self-care and a personal statement of self-worth.

Massage therapy is both physical and relational, which together have a powerful impact. **Connection** is experienced through therapeutic touch and a therapeutic relationship. The experience of connection with another human being positively impacts mental health. The therapeutic relationship is experienced by the client as having someone present in their life who cares, and from whom they receive care.

## Discussion

The present study provided challenges in the form of limited resources, a lack of opportunity to conduct a literature review or use peer validation of data analysis; these limitations could be improved if further investment was given to the project. In common with most qualitative research, this study does not claim generalisability of outcomes; rather it aims to enrich our understanding of a specific phenomenon (Leung, 2015). Using a methodology framework and engaging in reflexive practices have been of great importance to the rigour of the study however. ‘Bracketing’ may have its own limitations according to Interpretative Phenomenology, which values the shared experience of researcher and participant and suggests that as researchers we are never free of our own bias (Reiners, 2012).

All four participants had experienced some form of massage prior to the study. During the interview we left it to participants to decide whether to include or exclude this prior experience in their descriptions; however it arguably influences their feelings towards the impact of massage whether acknowledged or not.

Massage has a positive impact on all participants and all note the absence of negative impact (in contrast to mainstream mental health treatments). However there are differences in the descriptions of the impact that massage has on mental health recovery; these correspond to differences in the perceptions and expectations of recovery. For one participant, recovery is an unhelpful term and defined as getting rid of symptoms, which is seen as unattainable. Although three of the four participants shared the view that recovery is a goal to be worked towards and not possible for everyone, the other participants in addition regarded recovery as a journey, attainable for all. The participant for whom 'recovery' is discordant also describes massage as 'nice' but having no lasting impact on mood or mental health, in contrast to the other participants. We may conclude from this that massage will vary in its' impact on the mental health of recipients and is not an effective treatment for everyone.

The outcomes of the study do not distinguish between immediate and long term impact on mental health, though both were described by participants in diary sheets that were filled in over the one to two month period and in interviews that took place at least one week after completion of massage treatment. This is a suggested limitation of the study.

Gender differences in experience of massage and its impact would be an interesting topic for further research.

The outcomes show that safety, connection and being of value and worth are experienced during massage therapy, and the posited congruence with the experience of psychotherapy is supported. The physical and relational aspects of massage therapy provide a distinctive therapeutic experience and participants named both as integral to its impact. Central to this is the experience of being cared for.

The study is relevant to massage therapists who knowingly or unknowingly are treating clients with mental health problems. Due to the stigma surrounding mental health, clients may not disclose their illness to a massage therapist. The outcomes are also relevant to clients or potential clients considering an alternative to mainstream treatment. It is important to consider that regular massage therapy is expensive if paid for privately and usually inaccessible to those on a low income. Mental illness is known to be more prevalent in the lower socio-economic groups of society (Mental Health Foundation, 2015). Is there a way forward that would see evidence based massage therapy provided within mainstream NHS services, as is the case with evidence based psychological therapy?

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## Appendices

### Appendix 1



## Massage and Mental Health Study

### Diary Sheet

Name:

Date:

Following your massage appointment, please write below about any aspect of your experience as it relates to your mental health recovery.

You may want to think about things like:

- What did the experience mean to you?
- What was important about the massage appointment for you?
- In what ways did it affect you?
- How did you feel – physically, mentally, emotionally?
- Is there any way in which you feel that the treatment has an impact on your mental health recovery?

## Appendix 2

### Interview Structure

**(General Prompts:** What words come to mind?

What feelings do you associate with...?

You mentioned that... Can you describe what you mean by...?

What happens when...?

Could you tell me more about that?)

### Context

- The aim of the study is to find out if massage therapy has impacted your recovery in mental health. It seems important that I understand what the term “recovery” means to you. **Would you be able to give me an idea or definition of what recovery means to you?**

**(Prompts:** ...at this time in your life? What coping strategies do you use? What words come to mind? As above)

‘Apprehending the phenomenon’

(n.b. phenomenon = the experience of massage therapy as it relates to mental health)

- **Tell me about your experience of massage therapy.**
- How did you feel during the massage treatment?  
**(Prompts:** physically, emotionally, mentally)
- Describe how you felt after the massage treatment?  
**(Prompts:** physically, emotionally, mentally)
- In what ways did it affect you?
- What was important about the massage appointment for you?
- What was your experience of **relating to the massage therapist and of the massage therapist relating to you?** Did this impact you/ your mental health?
- Did the experience of **touch** impact you/ your mental health? Describe your experience of touch in massage therapy.
- Did you find anything challenging or difficult about receiving massage therapy?
- What would you say that the experience has meant to you?

**'Imaginative variation'**

- If there had been...would that change your experience/ the meaning you make of your experience?

**Appendix 3****'BRACKETING'****What am I expecting/wanting interviewees to say?**

- That massage therapy does have an impact on mental health, and the impact is both positive and negative.
- That the experience of relating to the massage therapist is one of being cared for, listened to and seen as a person of value; and this is as important as the physiological effect of the massage itself.
- That massage involves intimacy within safe, professional boundaries; therapeutic touch stimulates the release of the 'bonding' hormone oxytocin in both therapist and client, which promotes closeness and connection. This is what makes massage therapy unique and effective in promoting mental health.
- That it is wonderful to receive positive touch and experience a positive relationship – this improves self-worth and increases the desire to find these things in everyday life. However it is also challenging and painful to become more aware of where there is a lack of these things in everyday life and of a longing to find them or an anxiety that they will not be found – "it is not real".

**Appendix 4****Extract from step four data analysis:****Third Person**

1. Recovery means to get rid of symptoms.
2. Antidepressants don't work for this participant.
3. Recovery means escaping from never ending exhaustion and being able to do all one wants to do.
4. This participant believes in recovery and that it happens over time.
5. It is difficult to find a GP that understands mental health.
6. Complementary therapies have helped this participant.
7. Secondary mental health services are difficult to access, standardised, impersonal and disappointing.
8. This participant had to find her own path to recovery.
9. This participant's thoughts race and she doesn't relax.
10. Complementary therapies are expensive. This participant did not continue with hypnotherapy when it was not helping.
11. NHS waiting lists for talking therapy are too long and professionals were inadequately trained/ inexperienced.

**Transformation**

1. Recovery means health.
2. Treatment in primary care is not individualised.
3. Recovery means energy and vitality.
4. There is hope.
5. Recovery is not possible without support.
6. Recovery can be sought in alternative ways.
7. Recovery requires empathy from professionals.
8. Recovery requires being assertive and knowing oneself.
9. Not all complementary therapy is helpful.
10. There is trial and error when it comes to finding complementary therapy that works for each individual.
11. Recovery requires resilience in the face of inadequate support.

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| 12. Beauty and spa massage was relaxing.   | 12. This massage therapy differed from massage experienced previously.  |
| 13. Massage was expensive in the past.   | 13. Massage was a luxury in the past.   |
| 14. This participant was aware of physical tension in past massages.   | 14. It was difficult to relax in past massages.   |
| 15. This participant was motivated to take part in the study because of physical tension.  | 15. The expectation is that massage will help physical tension, and perhaps that is all massage will help.  |
| 16. When the participant met the massage therapist and began treatment, she found that she relaxed mentally also, which is a rare thing. It has worked in a way that other things haven't. | 16. Massage therapy exceeded expectations – it resulted in physical and mental relaxation. It was experienced as supportive by the participant, both physically and mentally. |
| 17. Constant pressure and anxiety arises from the requirements of the DWP and the job application process, and there is no switching off.  | 17. There are increased pressures on people with mental illness who are out of work.  |
| 18. The participant was able to completely 'switch off' during treatment and afterwards she felt relaxed and sleepy, which is "amazingly rare".  | 18. Massage was a rare opportunity to mentally relax when nothing else works.   |
| 19. Chronic physical pain negatively affects mental health and feels as if it will never end. Massage relieved chronic physical pain and therefore positively impacted mental health.      | 19. Relief of chronic physical pain impacts positively on mental health. There is a 'break' from it and a sense of hope that it can improve.                                  |
| 20. The participant gradually felt able to shut her eyes through the four sessions. Shutting her eyes is associated with racing thoughts.  | 20. Relaxation increased over the course of treatments.   |
| 21. The participant was able to focus  | 21. Massage enabled the participant   |

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| on bodily sensations to the exclusion of everything else.   | to be present in her body, which shut off other thoughts. Massage is an embodied experience.   |
| 22. The participant relaxed to the extent that she nearly fell asleep, which had never happened before during previous massage. | 22. The extent of relaxation during massage depends upon some quality which is not the therapist themselves or the technique employed. It is related to a gradual feeling of safety within the body. |
| 23. Thoughts and sounds were more distant and unobtrusive.  | 23. During massage a state of being detached from unwanted thoughts and sounds is experienced.   |
| 24. The participant chose to close her eyes because she felt confident that her mind would not race if she did so.              | 24. Massage can over time provide a safe context in which to try out new ways of being in the mind.  |
| 25. The course of four treatments was not enough.   | 25. Massage needs to be ongoing. Massage is healing, the effects are cumulative, and it needs to be in the context of a longer term treatment plan.  |
| 26. Both the massage, and relating to the therapist, helped the participant to feel better; and the effect was cumulative.      | 26. The experience of massage is both physical and relational, both being beneficial.  |