

Evaluating the Jing stress and chronic pain protocol for wellbeing in women aged 40-60.

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A dissertation submitted in partial fulfilment of the requirements of the Jing Institute of Massage & Complementary Medicine for the Professional Diploma in Advanced Clinical Massage and Sports Massage.

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“I certify that this work has not been accepted in substance for any degree, and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at the Jing Institute of Massage & Complementary Medicine. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others.”

Frances Birch:

A handwritten signature in black ink, appearing to read 'FBirch', is written over a light blue rectangular background.

Date: 30 March 2024

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ABSTRACT

Background: In mid-life women can face a combination of challenges – financial and work-related, new and changing carer roles, illness, menopause and other physical, mental and emotional issues – all of which can have a negative impact on overall wellbeing, with increased anxiety, low-mood and long-term stress. This study evaluates the Jing Method for wellbeing in women aged 40-60.

Method: Eight women were recruited and five completed a 16-week study comprising six control weeks, six intervention weeks, and follow-up at week 16. Participants were living with self-reported stress (S), anxiety (A) and/or depression/low mood (D). Participants completed the DASS-42 (Depression, Anxiety and Stress Scale 42) questionnaire weekly during weeks 1-12 and once again at week 16. The intervention alternated online zoom sessions and 55-minute hands-on treatments based on the Jing stress protocol.

Results: The study showed an improvement in total scores and in each of the three traits (D, A, S) from control through to week 12. The average scores across the control weeks were Total=42.63, D=10.94, A=10.83, S=20.85. By week 12 these had reduced to Total=16.6, D=4.4, A=3.6, S=8.6. At week 16 the scores had continued to reduce for depression, anxiety and overall total (D=3, A=3.4, Total=15.2). Stress had increased incrementally by 0.2 to 8.8.

Conclusion: The overall downward trajectory of the DASS-42 scores shows the positive impact on wellbeing of a combination of online and hands-on clinical massage for women aged 40-60, and the results at week 16 suggest continued benefits after the treatment sessions finished.

Verbal feedback from the participants suggests that the skills learned during the online sessions both increased the benefit of hands-on sessions and empowered the participants to influence and positively impact their own wellbeing, beyond the confines of the study.

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ABBREVIATIONS

BPS	biopsychosocial
CAM	complementary and alternative medicine
CBT	cognitive behavioural therapy
DASS-42	depression (D), anxiety (A) and stress (S) scale with 42 statements
HFMAST	Jing Method mnemonic: heat, fascia, muscles, acupuncture, stretching, teaching
IBS	irritable bowel syndrome
MFR	myofascial release
RCT	randomised control trial
ROM	range of motion
WHO	World Health Organisation

LITERATURE REVIEW

At its simplest, wellbeing encompasses how we feel and function. It is affected by our physical, mental and emotional health, and by external factors such as finance, housing, work, family and other relationships, and care issues (HM Government, 2011; WHO, 2022). Several studies undertaken during the Covid pandemic showed an increase in anxiety and depressive disorders, and significant negative impacts on mental health (Fancourt et al., 2021; Zaninotto et al., 2021).

In mid-life, many women face a combination of challenges – care of children and/or aging parents; coping with illness; changing relationships; balancing work and home lives; primary dysmenorrhea, or the many and various physical and mental changes that come with perimenopause and menopause (Hamoda & Moger, 2022; Wallbank et al., 2022). These can result in long-term feelings of stress or heightened anxiety, reducing overall sense of wellbeing, in turn affecting physical health through heart disease, hypertension, diabetes, and unhealthy behaviours (Aboualsoltani et al., 2020; British Heart Foundation, 2019; Darling et al., 2012; Department of Health & Social Care, 2018).

This study seeks to evaluate the use of the Jing Method on feelings of anxiety, stress and depression/low-mood, and provide women with skills to help support and boost their wellbeing.

WELLBEING

Wellbeing is a hot topic, used by educators and policymakers across a broad spectrum of fields. No single definition exists, its meaning changing according to the purpose of its user (Jarden & Roache, 2023), although the consensus is that it involves several factors (Carter et al., 2023). As a quality-of-life measure, wellbeing is a sense of feeling good and functioning well – an ability to live life to full potential – and for the purposes of this study wellbeing is being measured in terms of mental health.

The World Health Organisation (WHO) describes mental health as “an integral component of health and wellbeing and is more than the absence of mental disorder” (WHO, 2022, p. 8).

Stress, depression and anxiety disorders are the most common forms of mental ill-health, which has been the single largest cause of disability in the UK for many years (HM Government, 2011; The Mental Health Taskforce, 2016). It is estimated that the covid pandemic saw a rise of more than 25% (WHO, 2022), with people increasingly seeking support for their mental health (Bu et al., 2021). Post-pandemic, positive mental health and wellbeing are drivers towards better health and ill-health prevention (NHS, 2021).

While mental health and wellbeing are not synonymous, they do, along with physical health and lifestyle factors, impact on each other (WHO, 2022, p. 13). If wellbeing is accepted as “a holistic, balanced life experience” (Carter & Andersen, 2019, p. 11), it follows that individuals should be treated as a whole, rather than focussing on single issues or symptoms (Bergström, 2023; Mental Health Foundation, 2015).

The idea of holistic treatment is encompassed in Engel’s biopsychosocial (BPS) model (Engel, 1977), which suggests that biological, psychological and social factors all combine to impact on an individual’s experience of pain, illness and health. Wade & Halligan (2017) state that “... it is now generally accepted that illness and health are the result of an interaction between biological, psychological, and social factors”. Some studies suggest weaknesses in the BPS model (Roberts, 2023) or that its implementation may be incomplete (Smart, 2023). Others maintain its current relevance (Bolton, 2022; Lugg, 2022), and Thurner & Stengel’s study (2023) exemplifies the benefits of this whole-person view.

WOMEN AND WELLBEING

Across their lifetime, women are more likely to experience anxiety and depression than men (Department of Health & Social Care, 2018; WHO, 2022). The covid pandemic had a negative impact on mental health and wellbeing, and a greater impact on women than men (Fancourt et al., 2021; HM Government, 2021, p. 27; Zaninotto et al., 2021).

Women are more likely to be carers, from motherhood to the informal (unpaid) care of partners and aging parents (Department of Health & Social Care, 2018; Lorenz-Dant & Comas-Herrera, 2021), with the majority of unpaid carers in midlife (Carers UK, 2022). The 2022 Carers UK survey found that 1 in 3 carers reported their mental health as ‘bad’ or ‘very bad’, with 60% feeling stressed or anxious (Carers UK, 2022, p. 33). ‘Sandwich carers’ (people who have dependent children and care for another adult) are more likely to experience anxiety and depression (Office for National Statistics, 2019). Reid & Hardy (1999) note that for some an increased number of roles can have a negative impact, while others, who find their roles rewarding, experience enhanced wellbeing.

Women may experience increasing stress and anxiety at midlife due to a combination of physiological and external factors (Allahverdipour et al., 2021; Lee & Lee, 2022). Perimenopause and menopause can occur at any time, the average ages between 40 and 58. Its wide variety of symptoms can negatively impact on quality of life and wellbeing (Enggune et al., 2019; Hamoda & Moger, 2022; Karimi et al., 2022), although a 1994 study found that wellbeing in women was related more to a combination of physical, psychosocial and lifestyle factors than specifically menopause-related (Dennerstein et al., 1994).

STRESS, ANXIETY, DEPRESSION AND TREATMENT OPTIONS

Stress is a natural biological response to perceived dangers, but prolonged exposure to stressful stimuli and/or a dysfunctional stress response system can lead to depression, anxiety disorders and

many other conditions from hypertension and stroke to fibromyalgia and irritable bowel syndrome (IBS) (Lalchhuanawma & Sanghi, 2019). A common factor in the physical symptoms of stress, anxiety and depression is central sensitisation: the central nervous system becomes hyper-responsive to stimuli, and pain is felt in the absence of tissue damage or injury, pain signals elicit a stronger pain experience, or a stimulus which would normally not feel painful creates a pain response (Woolf, 2007).

Conventional treatments for stress, anxiety and depression include psychotropic medicines and/or therapeutic interventions including cognitive behavioural therapy (CBT) and other talk therapies (Haynes et al., 2022; WHO, 2022). Complementary and alternative medicine (CAM) therapies can have a similar effect on depression as medication (He et al., 2013), and there are many studies which illustrate the benefits of massage (Donald & Knowles, 2017; Mackereth et al., 2017), with several specifying reduced stress, anxiety and depression (Castro-Sánchez et al., 2011; Cates et al., 2022; Kiebgis et al., 2018; Mehrnoush et al., 2021; Sharpe et al., 2007), although Coelho et al. (2008) found that randomised control trials (RCTs) with participants selected for depression lacked conclusive evidence.

Massage therapy has been repeatedly found to be a safe, non-invasive intervention with a positive impact on a variety of symptoms including wellbeing (Cavaye, 2012; Corpora et al., 2021; Enrico et al., 2020; Hall et al., 2020), and which can be used alongside, rather than in opposition to, conventional healthcare (Andac-Jones et al., 2023; Family et al., 2018).

CAM therapies can be easily self-administered, shown to reduce anxiety and enhance emotional and physical wellbeing in patients with long-term diseases (Borm et al., 2020) and to reduce anxiety and depression in pregnant women (Boryri et al., 2020).

THE JING METHOD

Clinical massage combines a range of techniques to achieve specific outcomes – reduce pain, increase range of motion (ROM), decrease stress, anxiety and depression and boost wellbeing. In *Massage Fusion* (2015), Fairweather and Mari outline the Jing Method, an evidence-based, multi-modal approach to clinical massage which uses a blend of assessment and bodywork tools to address chronic pain.

The Jing Method is encapsulated in the mnemonic HFMAST, which outlines the elements that make up the method:

H – heat / cold	Combining heat and massage is shown to relax the autonomic system (Lee et al., 2011).
F – fascia	Direct and indirect fascial techniques, e.g. myofascial release (MFR), are particularly effective in reducing pain and stress where light touch is required (Castro-Sánchez et al., 2011; Duymaz, 2018; Sharpe et al., 2007; Yuan et al., 2015).
M – muscle	Deeper, more focussed work on trigger points and surrounding muscles is shown to improve relaxation, increase parasympathetic activity, and reduce pain (Delaney et al., 2002; Moraska et al., 2017).
A – acupressure	Work on acupressure points is effective in reducing pain, depression and anxiety (Ghanbari et al., 2022; Lin et al., 2022).
S – stretching	Stretching exercises can help increase ROM, reduce pain and build strength. They are also shown to have a positive impact on depressive symptoms (Buttagat et al., 2020; Kai et al., 2016).
T – teaching selfcare	Teaching the client techniques to practice between sessions extends treatment benefits, and empowers the client, putting them in control of their recovery, building resilience and managing their own wellbeing (Bernstein, 2019; Green,

	2020; Kafaie-Atrian et al., 2022; McManus, 2021; Tomlinson, 2017; Yuen et al., 2020).
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While each individual element of HFMAST is effective, a combination can achieve more, as Trampas et al. (2015) found, pairing trigger point therapy with strengthening exercises. With a multi-modal approach, the therapist chooses from a toolbox of therapeutic techniques and works with the client to employ those most effective. This therapeutic alliance is key – in presenting his process approach for manual and physical therapists, Lederman (2015) emphasises its importance in recovery from chronic pain issues, where the therapist’s compassion, empathy and sharing of knowledge (teaching self-care) play as much of a role as any manual skills.

Recent small-scale studies into the Jing Method have identified that this multi-modal approach can decrease stress, anxiety and depression in men (Martinez-Perez, 2023; Quayle, 2023), and is effective for women in reducing menopause symptoms (Hurworth, 2023; Mitchell, 2023).

ONLINE TREATMENT

Telehealth (online or remote healthcare) is not new, but since the start of the pandemic, increased numbers of health practitioners have adapted their way of working, using online methods for consultation and treatment (Garfan et al., 2021). Massage therapists found the transition to online working difficult but possible, and beneficial to the client (Der-Martirosian et al., 2023; Kintzle et al., 2022).

Participants can find online sessions easier to attend – they feel safe remaining at home, it is easier for childcare; conversely there can be difficulties with technology, and challenges finding private space at home (Tiedt et al., 2021).

Self-massage programmes have proven to be effective in reducing fatigue, pain and depression, and improving quality of life (Buttagat et al., 2020; Ceca et al., 2017), while the SingStrong study (Cahalan et al., 2022) used online mindfulness techniques and breathing exercises to reduce Long Covid symptoms and improve general wellbeing. Ceca et al. (2017) emphasise that regular structured routine is key.

Small-scale research studies by clinical massage therapists show that online treatment – and adapting the Jing Method in particular – is successful, for women suffering a variety of menopausal symptoms (Hurworth, 2023; Mitchell, 2023), and improving wellbeing by decreasing depression, anxiety and stress (Aherin, 2023).

SUMMARY

Mental and physical health are big influencers on wellbeing. Women in midlife can experience a vast number of negative stimuli, physical, psychological and external influences, all combining to increase levels of stress, anxiety and depression, and impact on their wellbeing. Education and selfcare skills enable learners to take control of their own wellbeing.

This study employs each of the elements discussed in online and hands-on treatments to examine the effectiveness of the Jing Method in boosting the wellbeing of women during midlife.

METHOD

Ethical approval was received from the Jing Institute of Massage & Complementary Medicine (see Appendix A).

Research was conducted using Google Scholar, Mendeley, Open University Research and PubMed, and small-scale studies published by students at the Jing Institute.

Participants were recruited via social media (Facebook and Instagram posts, see example in Appendix G). Women aged 40-60, able to commit to the 12-week study, and experiencing stress, anxiety and/or low mood/depression for at least two months were invited to take part. No specific conditions or diagnoses were excluded, but participants were asked to avoid starting new medications or significantly changing medications in the six weeks before the start of the study.

This study measures the impact on wellbeing using the Depression, Anxiety and Stress Scale (DASS-42) questionnaire (Appendix D) created by Lovibond & Lovibond (1995). This is a self-reporting instrument which has been validated as a measure of depression, anxiety and stress (Crawford & Henry, 2003), and has been used successfully in previous small-scale studies (Quayle, 2023; Winchester, 2023).

Each potential participant was sent an information sheet (Appendix B) and invited for a full consultation. The DASS-42 was completed during the consultation to ensure minimum baseline scores for participation in the study (Depression = 10, Anxiety = 8, Stress = 15, and/or a combined total score exceeding 20). Fifteen women expressed interest, eight met the inclusion criteria and completed consent forms (Appendix C). The eight recruits exceeded the baseline in at least one area, and all had a total score exceeding 20.

The study was a within-subjects design, using a single group of participants to form their own control group: six weeks completing the DASS-42 once a week with no intervention, followed by six weeks

completing the DASS-42 with intervention. Three participants dropped out during weeks 6 and 7, and five completed the whole study.

The intervention comprised alternating weeks of online group sessions and hands-on treatment. The basis of the online and hands-on treatments was the Jing stress and chronic pain protocol outlined in Chapter 19 of *Massage Fusion* (Fairweather & Mari, 2015).

30-minute zoom sessions were held during weeks 7, 9 and 11, using elements of the Jing stress protocol and focussing each session on a different area (see outlines in Appendix E) – wk7: head and shoulders, wk9: core, belly and sides, wk11: lower body. During week 7 the sessions were individual, and during weeks 9 and 11 the zooms were group sessions. The final part of each session involved learning a simple self-care technique to be practiced each day, and notes were sent out after each session reminding participants of the five techniques covered. These were compiled into a single booklet at the end of week 12 (see Appendix I).

In weeks 8, 10 and 12, participants received individual 55-minute hands-on treatments based on the Jing stress protocol (see Appendix F).

On completion of the intervention weeks, participants were invited to provide feedback (Appendix H), to discover which elements were most and least useful to them. The participants were also asked to complete one further questionnaire in week 16, to gauge the long-term effects of the interventions.

RESULTS

Eight participants were recruited to take part in the study, although due to personal reasons two left the study before completing the week 6 questionnaire, and one before the week 7 intervention. The scores from all returned questionnaires have been included in these results.

The DASS-42 questionnaire includes 42 statements which participants give a numerical value (0-3) to calculate levels of stress (S), anxiety (A) and depression (D). On initial recruitment, all participants had a total score ranging from 21 to 92 (average 49.5). Average scores were D=14.25 (range 4-39), A=11.13 (range 1-24) and S=24.13 (range 12-42).

Scores fluctuated during the control weeks with an overall decrease, falling from an average of 48.3 (week 1) to 35 (week 6), with an average score across the six weeks of 42.63 (D=10.94, A=10.83, S=20.85) – see Figures 1-4 on pages 17-18.

During the intervention period, participants were asked to complete the DASS-42 six days after their treatment or the day before next treatment (whichever was sooner). The study shows improvement from 39.6 in week 7 to 16.6 in week 12, with an average score across the intervention weeks of 27.2 (D=8.03, A=5.97, S=13.2).

Scores during the intervention period fluctuated, but the overall trajectory for all participants was downward. The average scores for depression reduced from 11.6 in week 7 (range 23-0) to 4.4 in week 12 (range 9-0). For anxiety, the average scores reduced from 9 in week 7 (range 16-4) to 3.6 in week 12 (range 9-0). Stress average scores reduced from 19 in week 7 (range 37-6) to 8.6 in week 12 (range 12-0).

Scores at week 16 continued to be lower for depression, anxiety and overall total compared to the week 12 scores (3, 3.4 and 15.2 respectively). At 8.8, the average for stress increased by only 0.2,

and Figures 1-4 show a continued downward trajectory for all (dotted) trendlines, suggesting a positive long-term benefit of clinical massage on wellbeing.

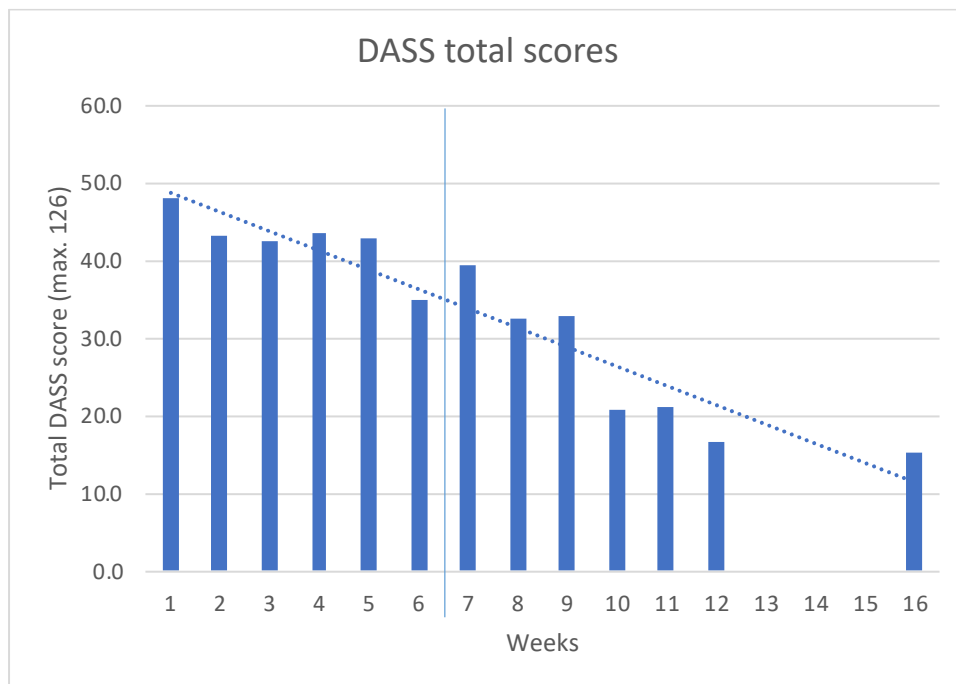


Figure 1: Averages of total DASS scores, higher scores indicate worse symptoms.

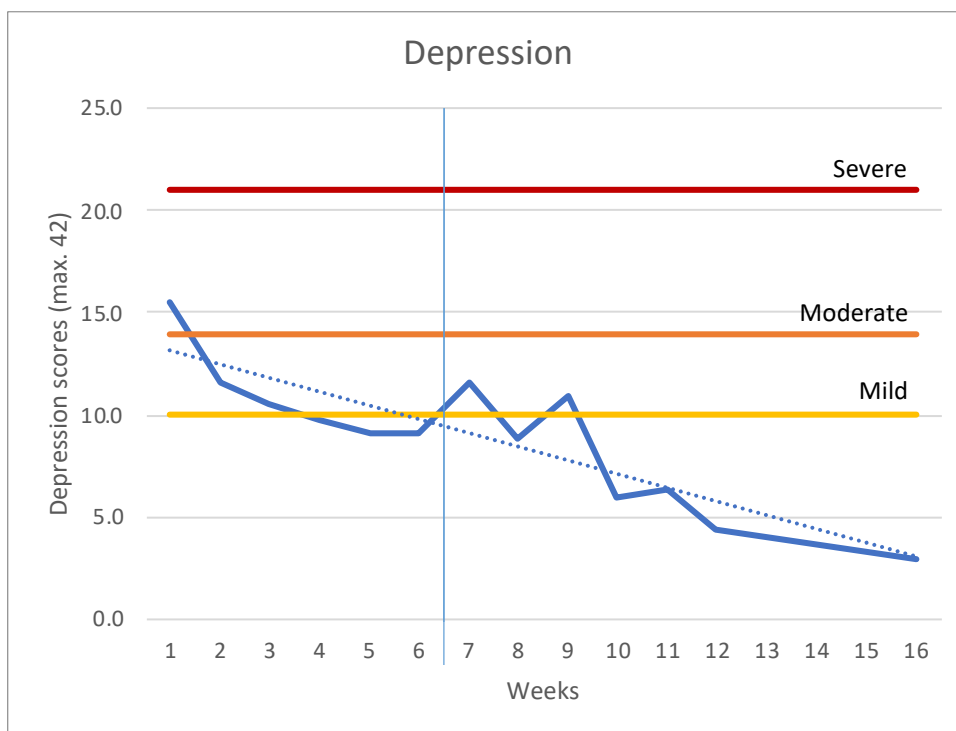


Figure 2: Average scores for depression.

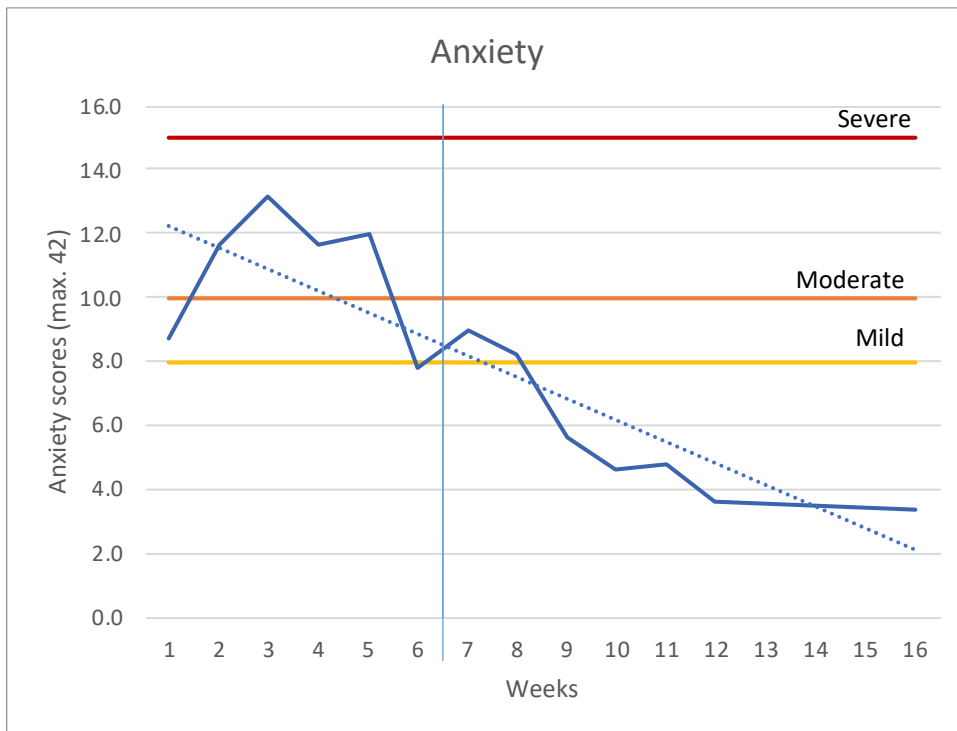


Figure 3: Average scores for anxiety.

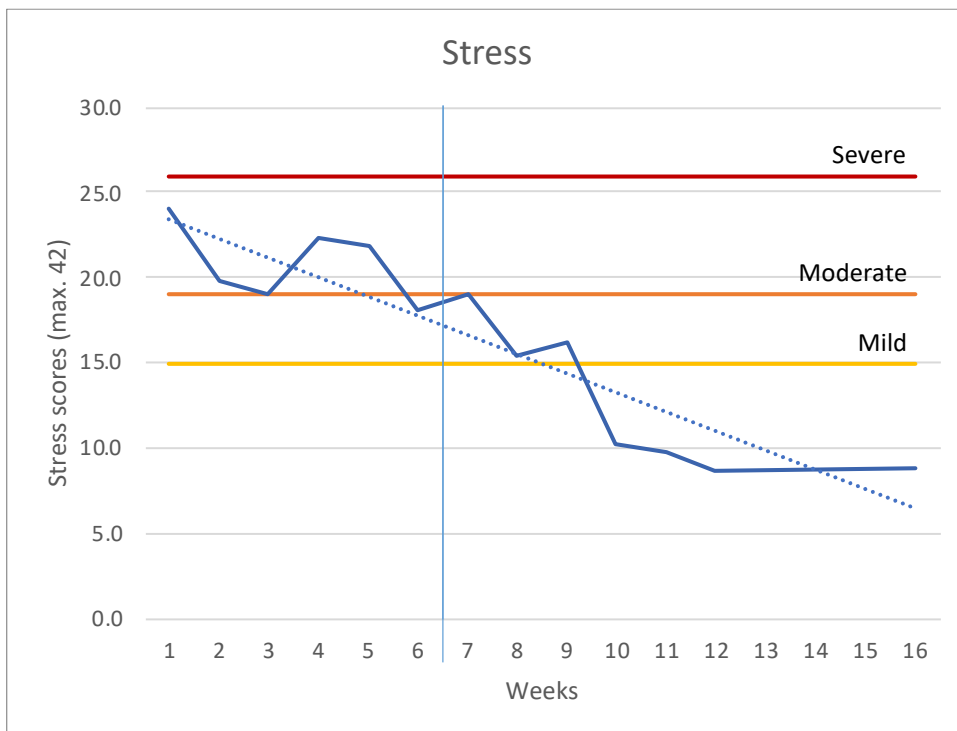


Figure 4: Average scores for stress.

DISCUSSION

KEY FINDINGS

The aim of this study was to gauge the effectiveness of combined online and hands-on clinical massage in improving wellbeing in women aged 40-60. The results show a reduction in all measures of the DASS-42 scoring (depression, anxiety, stress and total scores), suggesting that a multi-modal blended treatment approach is effective in improving wellbeing. Results four weeks after the intervention period remained low, suggesting a continued beneficial effect.

OBSERVATIONS AND LEARNING

As with other small-scale studies by Jing practitioners (Martinez-Perez, 2023; Quayle, 2023; Winchester, 2023), the Jing stress protocol was found to be effective in improving mental health. A blended approach of online and hands-on treatments was adopted. This combined method had a positive impact, similar to the success in other recent studies where a combined approach was utilised for asthma (Miller, 2023), mastalgia in perimenopausal women (Day, 2023) and Temporomandibular Disorder (Schaay, 2023).

Participants were all working mothers with young or school-age children, several with additional needs, some also managing care of elderly relatives. Busy and unpredictable lives can lead to problems finding time to commit to self-care activities, even when they are known to be beneficial (Wallbank et al., 2022). Several participants had to be chased to return questionnaires during the control weeks, but once interventions started, return of questionnaires improved, as this became more linked to the treatment sessions.

There was some improvement in scores over the control period, and several factors may have impacted this:

1. The control weeks were during summer holidays. Carers of neurodivergent children are more likely to experience mental health issues (Gillespie-Smith et al., 2023; Toseeb & Asbury, 2023). While for some, care is easier without school pressures, studies during the pandemic showed that parental stress and depression can increase when children are at home, particularly when combined with other (care or work) responsibilities (Skripkauskaite et al., 2023).

2. Bu et al. (2021) state that ‘people can play an active role in managing their mental health’, and Brown et al. (2016) found that self-compassion can have a positive effect on wellbeing in midlife women. At recruitment, most participants expressed a desire to engage in daily self-care and acquire new skills to help manage their stress and anxiety levels. Taking the proactive step of joining the study and starting to record their weekly scores may have had a positive impact on their wellbeing.

3. Engel (1997) suggests that the initial contact of consultation is the beginning of treatment. The full consultation for this study was conducted before the control weeks, to gauge participant suitability, and to enable participants to give informed consent prior to the control weeks. However, the act of being heard by the therapist during the consultation could be experienced as the start of intervention.

One difficulty in quantifying the success of a multi-modal approach is that several elements work simultaneously, and it is not possible to assign success to any one element. However, the combined effect can be seen as positive, and Tomlinson (2017) suggests that using a toolbox of techniques and working with the client helps to build resilience – in effect, empowering the client to engage in their own recovery/improvement. In this study, the improvement during and following the intervention weeks was marked: individual scores for depression, anxiety and stress all reduced from week 7 through to week 12, and the overall total averages reduced from 39.6 at week 7 to 15.2 at week 16.

The range of scores is worth noting, as several participant scores were in the Severe range for one or more traits (depression, anxiety, stress) at consultation, during the control weeks and the first week

of intervention. From week 10 onwards, all participant scores had reduced to within the Mild or Normal range for all traits, with three of the five participants returning a score of 0 in one or more traits during weeks 10-12. At week 16, four of the five participants still recorded scores in the Normal range for all three traits.

Verbal feedback regarding the blended approach suggested that while the online sessions were effective, useful, and convenient, some anxiety issues could be better dealt with face-to-face, as the therapist can develop a closer connection with the client in-person. The importance of the therapeutic alliance has been touched upon in several studies, including a 2017 study into musculoskeletal rehab which found that an effective therapeutic alliance improved adherence to exercise (Babatunde et al., 2017). Cavaye (2012) suggests that better research is needed into the impact of the therapeutic alliance, particularly in research relating to massage and other touch therapies. This is echoed by Donald and Knowles (2017), who acknowledge the difficulties in CAM research, where research requires standardisation of treatment, but the nature of CAM therapy is to individualise treatment. By embedding research into their clinical practice, Mackereth et al. (2017) were able to build a substantial body of evidence for the benefits of massage (2,230 massage treatments in three years, 2012-2014), and in building a library of small-scale research studies, the Jing Institute is similarly creating a growing body of evidence that supports the use of clinical massage, and the Jing Method in particular, as an effective treatment to reduce pain, stress, anxiety and low mood, and boost wellbeing.

Recent studies by Quayle (2023) and Martinez-Perez (2023) showed that hands-on treatments using the Jing stress and chronic pain protocol were effective in reducing stress, anxiety and depression in men, while this study demonstrates a comparable improvement for women. Aherin (2023) used an online programme based on the Jing Method, which reduced stress, anxiety and depression for the majority of participants. Looking at the average scores for each trait during the treatment weeks suggests that hands-on treatments were more effective for depression and stress at the beginning

(weeks 7-9), but both online and hands-on treatments were beneficial for anxiety, and the combined effect of treatments was more beneficial for all traits from week 10 onwards. Future studies could aim to build on the combined use of hands-on and online treatment.

Finding suitable times for online group sessions was challenging, and it was necessary on some occasions to provide one-to-one sessions. This is consistent with the Carers UK survey findings, where more than a quarter of carers felt unable to take a break “because they felt it was too difficult” (Carers UK, 2022, p. 34). Feedback at the conclusion of this study, however, suggests that participants felt a benefit taking part in group sessions, and this reflects the conclusion of Banbury et al. (2018) regarding group videoconference for mental health support. DASS-42 scores returned after the online sessions does not reveal a particular difference between the one-to-one sessions and the group sessions. Future studies could analyse this further.

Participants wanted to take control of their wellbeing and find new techniques to improve it, and their verbal feedback suggests this was successful. A tangible benefit of the online sessions was an ability to demonstrate and practice techniques with the participants, followed up with a set of notes for their personal daily practice. Each participant verbally reported that this method of learning enabled them to choose and repeat a combination of these techniques particular to their circumstances and needs, and that these were useful for managing their anxiety and stress in a variety of daily situations, both during and after the intervention period.

LIMITATIONS

Small numbers were recruited for this study (n=8), and they reduced during the study period (n=5). Recruiting a larger number of participants would return more effective data. However, by using an established instrument (DASS-42) and protocol (Jing stress protocol), the results from this and other small-scale studies could be combined in a meta-analysis, increasing the data pool, for example

incorporating the data of Martinez-Perez and Quayle to evaluate the effect of the stress protocol on stress, anxiety and depression in men and women. Future clinical massage studies should consider using the same tools for this purpose.

It may be beneficial in future studies to defer the full consultation until after the week 6 questionnaire has been received, to delay the ‘treatment benefits’ of consultation until the beginning of the intervention stage.

Group support can be beneficial, from reducing feelings of isolation, which has a negative impact on wellbeing (D’Oliveira & Persico, 2023), to encouraging continued participation. El Morr et al. (2020) found that undergraduate students did not make use of a discussion forum, but Lindsay (2023) found that a private support group was beneficial in building therapeutic alliance and encouraging compliance. A future version of this study could include the creation of a private facebook group (or similar), enabling participants to ask questions and seek advice, and to provide mutual support to each other during the study.

CONCLUSION

Looking simply at the results achieved during this study, the intervention of combined online and hands-on clinical massage was beneficial in boosting wellbeing for women aged 40-60 (midlife).

Verbal feedback from all participants received during the intervention and afterwards suggests that the benefits were several:

The hands-on treatments encouraged relaxation, and an opportunity to mentally and emotionally 'switch off'. They were also an opportunity for the therapist to physically demonstrate some techniques subsequently used in the zoom sessions.

The online sessions were eagerly received as demonstrations and learning sessions, where all participants tried and replicated each of the activities. Participants were subsequently able to select those most useful to themselves and repeat when required within their daily lives, both during the study and after the conclusion of treatments.

All participants had set out to learn some self-care tools to help manage their mood and boost their own wellbeing. They each reported having done this, and as such this study demonstrates the benefits of a blended approach in teaching wellbeing skills.

Supporting wellbeing is in the interests of health professionals and wider society in preventing ill-health. Further research into the benefits of clinical massage using a larger data pool is to be encouraged. Collaboration with charities and groups supporting carers or those with mental health issues could ensure a broader platform to enable future research with larger groups.

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APPENDICES

A: Ethics form

B: Participant information sheet

C: Participant consent form

D: DASS 42 questionnaire, score sheet and interpretation guide

E: Online protocols

F: Hands-on stress protocol

G: Social media post example

H: Feedback questions

I: My Wellbeing Toolkit booklet

Appendix A: Ethics form



	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	✓
1	Complete Section 1 to Section 13	
2	Electronically sign and date	
3	Participation information form	
4	Participation consent form	

Jing BTEC Research Ethics Form

**BTEC Level 6 – Professional diploma in advanced clinical sports
massage**

Section 1: to be completed by student

Student's name:	Frances Birch
BTEC Year-group:	2022-2024
Date of application:	22 May 2023
Student email address:	birchfm@gmail.com / frances@franbirchmassage.uk
Title of research project:	Evaluating the Jing stress and chronic pain protocol on wellbeing in women aged 40-60

Section 2:**Does your project involve any primary research using human subjects?**

Please delete as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	Yes	
If yes, does it involve children under 16?		No
If yes, does it involve children under 18?		No
Other vulnerable populations (i.e. mental illness, aged subjects)?		No
Does your project involve NHS patients, NHS staff or Local Authority Service Providers? <i>If yes, you must obtain 'external ethics approval' for your proposal before the form can be signed-off by 'Jing' and before you can start your fieldwork.</i>		No
Are you planning to use deception?		No
Are you collecting sensitive personal data such as sexuality, mental health data, etc?	Yes, as data on DASS42	

Does your project make use of a validated questionnaire?	Yes DASS 42	
Does your project make use of a new/adapted questionnaire or semi-structured interview checklist?		No

Section 3:

Where is your research being undertaken? Hands on treatments will be given at my home treatment room. I have public liability insurance, and the space has been risk assessed. Online sessions will be held on zoom.		
If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.	n/a	

Section 4:

How will you recruit subjects for this research study? School alumni groups, and local WhatsApp group. Via my website, and business profiles on social media (Facebook, Instagram, LinkedIn).

Section 5:

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. Any personal data collected for the purposes of engaging, communicating with and treating subjects will be kept safely confidential according to GDPR guidelines. No information will be shared with third parties. Data for analysis will be anonymised, i.e. subjects will be assigned a number, and all personal data removed before inclusion in the final research project. Electronic files will be stored on a password protected computer, and any paper files will be kept in a locked cabinet and destroyed after the study. During zoom calls, participants will be asked to use first names only, or a pseudonym for privacy. Participants are asked not to record the zoom calls.
--

Section 6:

1. Outline your project procedure

Recruit 15-20 women aged between 40 and 60, able to commit to a 12-week study including weekly completion of a DASS 42 questionnaire.

Initial consultation with each participant to confirm their suitability as well as their understanding and commitment to the full programme. Initial completion of the DASS questionnaire to set benchmarks for the study.

Weeks 1-6: eligible participants will be sent the DASS 42 questionnaire once each week, with no treatment.

Weeks 7-12: intervention period. This will be a blended approach, alternating hands-on treatment and online group sessions. The DASS questionnaire will be sent out after each session for completion and return either after 6 days or on the morning of the next session, whichever is soonest.

Weeks 7, 9 and 11 will be online group sessions via zoom, using elements of the Jing stress protocol (self massage, stretching, acupuncture points, breathwork). Groups will be small (5-10), and participants will remain in the same groups.

Weeks 8, 10 and 12 will be individual 55-minute hands-on sessions based on the Jing stress protocol.

Participants will be given very simple self-care each week, consisting of stretches or breathwork taught during the session. No more than five minutes, to be repeated each day.

Week 16: Participants will be sent the DASS 42 questionnaire a final time to gauge the long-term effects of the interventions.

2. Briefly describe, **what your participants** have to do

Contact therapist with initial expression of interest in taking part. Attend a consultation with the therapist (online or in person) to confirm suitability as well as their understanding of the 12-week process. This will include signing the consent form, and providing contact details, health history and lifestyle information. We will also go through the DASS questionnaire.

Weeks 1-6: complete and return a DASS42 questionnaire once each week.

Weeks 7-12: on alternating weeks, attend an online group session or attend in person for a hands-on treatment. In weeks 7, 9 and 11, join an online group session via zoom. These will be on the same day at the same time each week.

In weeks 8, 10 and 12, receive an individual hands-on massage, lasting 55 minutes. Each week the participant will learn a short self-care technique (stretching, breathwork) to practice each day until the next session.

Each week, complete a DASS42 questionnaire either 6 days after the intervention or on the morning of the next session, whichever is soonest. The researcher will also ask how many times you managed to perform the self-care each week.

Week 16: complete a final DASS42 questionnaire.

Section 7:

What sort of materials or stimuli will your participants be exposed to?		
	YES	NO
Questionnaires	Yes DASS 42	
Pictures (will you take a photo of participants)		No
Sounds	Background music during treatment.	
Words	For maintaining client safety in hands on, and during online sessions.	
Other	Jing stress protocol.	

If using a questionnaire you are required to attach an example.
(DASS 42 questionnaire included)

For 'Other' please elaborate:

The Jing Method stress and chronic pain protocol as defined in Massage Fusion (Fairweather and Mari, 2015), and adapted for online work.

Section 8:

What sort of people will the subjects be?

Women aged 40-60, able to commit to the 12-week study, and experiencing stress, anxiety and/or low mood / depression for at least two months. This will be identified by a positive DASS scoring at initial consultation (D=10, A=8, S=15, or a combined total score exceeding 20).

Participants will need access to a computer or phone to take part in the online sessions (via zoom).

Exclusion criteria:

Starting new medications or significantly changing medications in 6 weeks before start of the study.

No specific conditions or diagnoses are excluded.

Section 9:

If your research study involves minors, how will you obtain participation permission and who is the responsible adult?

n/a

Section 10:

Special Issues. Give brief details of other special ethical issues and the controls you will put in place to minimise ethical risk.

The research project is being undertaken by a qualified and insured therapist. Participant confidentiality – all personal data will be stored as outlined in section 11, and data anonymised before inclusion in the research project.

Therapist to monitor wellbeing throughout consultation and treatments – green cross code during hands on sessions, observe participants during online sessions. If required, participants will be signposted to extra support via their GP, local support groups, mental health wellbeing groups and practitioners, as appropriate.

Online sessions – participants will be asked to respect each other's confidentiality, and recording of the sessions will not be permitted.

Participants will be invited to use their first name only or a pseudonym during zoom sessions.

All movements will be demonstrated and then observed. Participants will be advised not to work within a pain-free range and stop any movements that cause pain.

Section 11

What procedures will you follow in order to guarantee the confidentiality of your participants' data?

Data will be anonymised – participants will be allocated a number and all personal data removed before inclusion in the research project.
 Data will be stored on a password protected computer or in a locked filing cabinet.
 All personal data will be destroyed on completion of the project.

Section 12

Does any of the following apply to your research study?	YES	NO
It requires participants to give information of a personal nature	Yes	
It involves minors or other vulnerable individuals;		No
It involves paying participants or an alternative incentive to participate		No
It could put you or someone else at risk of injury.		No

Section 13:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES	
--	-----	--

Student's handwritten signature:



Print Name: Frances Birch

Date: 5 June 2023

IMPORTANT

Consent

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form (example below) should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.



PROJECT TITLE: Evaluating the Jing stress and chronic pain protocol on wellbeing in women aged 40-60.

STUDENT NAME: Frances Birch

STUDY LOCATION: 53 Brooklet Road, Heswall

Tel: 07970 503673

email: birchfm@gmail.com

INFORMATION FOR PARTICIPANTS

Important

Please be advised that any you can withdraw your participation from this study at any time. There is no need to submit a reason and there will be no consequences to you as a result of withdrawing.

What will be expected of you, the participant?

- Contact therapist with initial expression of interest in taking part.
- Attend a consultation with the therapist (online or in person).
- The first 6 weeks are a control period, where you will be asked to complete and return a DASS42 questionnaire once each week (this should take approximately 5 minutes).
- From week 7 for six weeks, you will attend an online group session or attend in person for a hands-on treatment. These sessions will alternate – online in weeks 7, 9 and 11 and hands-on weeks 8, 10 and 12. Each week you will learn a short piece of self-care, e.g. simple stretches or breathwork, no more than 5 minutes, to be repeated daily until the next session.
- Each week, you will be asked to complete and return the DASS42 questionnaire, either 6 days after treatment, or on the morning of the next treatment, whichever is sooner.
- You will also be asked to confirm how many times you performed the self-care that week.
- Four weeks after the final treatment – in week 16 – you will be asked to complete a final DASS42 questionnaire, to see if the effects of treatment are long-lasting.

What does the initial consultation and research study involve?

The initial consultation will look at your health history, daily life and other factors which influence your current mood and sense of wellbeing. We will discuss the format of the study, what to expect of the online sessions and hands-on treatments and the questionnaire that you will complete each week. You will also be asked to sign a consent form, explaining that you are happy to take part in the study.

Are there any risks involved?

As with any manual therapy, there is a small risk of muscle ache or slight bruising after treatment. This is temporary and should ease quickly. There is a possibility of emotional response to the massage treatment. The therapist will monitor you and maintain appropriate communication during the treatment. If you feel uncomfortable at any time, please inform the therapist.

What are the potential benefits to you, the participants?

Previous similar studies have recorded the positive effects of massage therapy on mental health and wellbeing. The aim of this study is to discern the effects of massage on the wellbeing of women aged 40-60. It is hoped that you will experience a reduction in any feelings of anxiety, stress and low mood, an increased sense of calm and relaxation.

How the results of the study will be used

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners. Communication of the findings may be in the form of all / any of the following: a dissertation, reports in scientific journals, articles in newsletters, and presentation at a conference.

Confidentiality

All data and personal information will be stored securely in accordance with the terms of the General Data Protection Regulation (GDPR), 2018, and will be accessible only by Frances Birch. After completion of the study, all data will be made anonymous (i.e. all personal information associated with your data will be removed). Your data will be anonymous in any written reports, articles, and presentations of the results of the study.

What to do now you have decided to participate

If you would like to participate, please return a completed consent form to Frances Birch. If you have any further questions, please contact me on the telephone number or email address above.

Thank You.



PARTICIPANT CONSENT FORM

Title of study: Evaluating the Jing stress and chronic pain protocol on wellbeing in women aged 40-60.

Name of student: Frances Birch

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received sufficient information about this study
- I understand that I am / the participant is free to withdraw from this study:
- At any time (until such date as this will no longer be possible, which I have been told)
- Without giving a reason for withdrawing
- That I am free to refuse to answer any question without saying why
- That the services I am receiving will not be affected whether I participate or not.
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking here.
- I will not record the online sessions, and will respect the confidentiality of the participants.
- I agree to take part in this study.

Signed (participant)	Date
Name in block letters	
BTEC student's contact details (including telephone number and e-mail address): Frances Birch – Fran Birch Massage 07970 503673 frances@franbirchmassage.uk	

Section 3: Jing 's assessment (to be completed by Jing)

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature:**date:**

OR:

This project is designed to include fieldwork with human participants.
(please circle yes or no)

- YES All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

- YES The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

- YES I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

- YES I am confident the participants' confidentiality will be preserved.

- YES I consider that any risks involved to the student, the participants, and any third party are minimal.

- YES I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature:  **date:** ...02/06/23.....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:

Advisor's name (please print):

Advisor's signature: **date:**

Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix B: Participant information sheet



Fran Birch Massage
53 Brooklet Road Heswall CH60 1UJ
frances@franbirchmassage.uk
07970 503673



JING Advanced Massage Training
28/29 Bond Street Brighton BN1 1RD
www.jingmassage.com
01273628942

Thank you for showing interest in my study, I really appreciate you responding to my call for participants. This letter is a simple introduction to me and my study. More detailed information is in the separate information sheet, which you will receive when you come to your first consultation.

I am a clinical massage therapist based in Heswall on The Wirral. I specialise in the treatment of chronic musculoskeletal pain, and regularly work with a variety of issues including headache, back pain, neck pain, reduced mobility in shoulders, knees and hips, chronic stress and anxiety, amongst other issues.

In 2020 I embarked on a degree level qualification: the BTEC Level 6 in Advanced Clinical and Sports Massage, the highest level of education a manual therapist can achieve in the UK. The course is run by Jing Advanced Massage and overseen by experts in the fields of musculoskeletal pain, education, sports science and psychology.

As part of our coursework, we are given an opportunity to design and carry out a small-scale study into the effects of a clinical massage wellness programme. I have chosen to evaluate the Jing stress and chronic pain protocol on wellbeing in women aged 40-60.

After your initial contact expressing an interest in taking part in the study, you will be invited to attend a consultation. During this we will look at your health history, daily life and other factors which influence your current mood and sense of wellbeing. We will discuss the format of the study, what to expect of the online sessions and hands-on treatments and the questionnaire that you will complete each week. You will also be asked to sign a consent form, explaining that you are happy to take part in the study.

If you decide to participate, the study will begin during the week commencing Monday 7 August 2023.

The first 6 weeks are a control period, where you will be asked to complete and return a DASS42 questionnaire once each week (this should take 5-10 minutes). This is about understanding where you are currently at in your regular everyday life.

For the next 6 weeks (week 7 onwards), you will attend an online group session or attend in person for a hands-on treatment. These sessions will alternate – online in weeks 7, 9 and 11 and hands-on weeks 8, 10 and 12. Each week you will learn a short piece of self-care, e.g. simple stretches or breathwork, no more than 5 minutes, to be repeated daily until the next session. The online group sessions will be small (5-6 participants) and you will just be watching and copying, there is no need to speak if you don't want to, and you can stay muted if you wish.

Each week, you will be asked to complete and return the DASS42 questionnaire, either 6 days after treatment, or on the morning of the next treatment, whichever is sooner. I'll also ask you to make a note of how many times you managed to perform the self-care

exercise during that week.

At the end of the study I will ask for your feedback – what worked for you and what didn't. If the sessions are working for you, there will be an opportunity to continue.

Once my research is published (approximately March 2024), I can share my findings with you, and invite you to the (online) conference where my colleagues and I will be presenting our findings.

Please note: This is a 12-week study, with 6 'control' weeks and 6 weeks of treatments. If you agree to take part, it would be very helpful if you can complete the 12 weeks. However, if you need to, please be reassured that you can withdraw your participation from this study at any time. You do not need to submit a reason and there will be no consequences to you as a result of withdrawing. Just let me know that you wish to stop.

I would ask that you don't have outside communication with the other participants about the content of the group sessions between our meetings, and that you agree to the confidentiality of all involved. It is also important that you don't begin any new medication regime or manual therapy treatment during the study without letting me know.

If you have any further questions, please contact me on the telephone number or email address at the top of this letter.

Many thanks for your time and consideration.

A handwritten signature in black ink, appearing to read 'f. birch', is positioned above a thin horizontal line.

Frances Birch ACMT, Advanced Clinical Massage Therapist

Appendix C: Participant consent form



PROJECT TITLE: Evaluating the Jing stress and chronic pain protocol on wellbeing in women aged 40-60.

STUDENT NAME: Frances Birch

STUDY LOCATION: 53 Brooklet Road, Heswall

Tel: 07970 503673

email: birchfm@gmail.com

INFORMATION FOR PARTICIPANTS

Important

This is a 12-week study, with 6 'control' weeks and 6 weeks of treatments. If you agree to take part, it would be very helpful if you can complete the 12 weeks.

However, if you need to, please be reassured that you can withdraw your participation from this study at any time. You do not need to submit a reason and there will be no consequences to you as a result of withdrawing. Just let me know that you wish to stop.

What is expected of you, the participant?

After your initial contact expressing an interest in taking part, the process is as follows:

- Attend a consultation with the therapist (online or in person). During this you will complete a DASS42 questionnaire and sign a participant consent form.
- The first 6 weeks are a control period, where you will be asked to complete and return a DASS42 questionnaire once each week (this should take 5-10 minutes).
- From week 7 for six weeks, you will attend an online group session or attend in person for a hands-on treatment. These sessions will alternate – online in weeks 7, 9 and 11 and hands-on weeks 8, 10 and 12. Each week you will learn a short piece of self-care, e.g. simple stretches or breathwork, no more than 5 minutes, to be repeated daily until the next session.
- Each week, you will be asked to complete and return the DASS42 questionnaire, either 6 days after treatment, or on the morning of the next treatment, whichever is sooner.
- You will also be asked to confirm how many times you performed the self-care that week.
- Four weeks after the final treatment – in week 16 – you will be asked to complete a final DASS42 questionnaire, to see if the effects of treatment are long-lasting.

What does the initial consultation involve?

The initial consultation will look at your health history, daily life and other factors which influence your current mood and sense of wellbeing. We will discuss the format of the study, what to expect of the online sessions and hands-on treatments and the questionnaire that you will complete each week. You will also be asked to sign a consent form, explaining that you are happy to take part in the study.

When will the study take place?

All being well, the control period will start in the week commencing Monday 7 August. The first online sessions will be in the week commencing 18 September (week 7), and the first hands-on treatments will be in the week commencing 25 September (week 8). The final hands-on treatment will be during the week of 23 October. After that you will be contacted one more time, in the week commencing 20 November, and asked to fill in and return one final DASS42 questionnaire.

Are there any risks involved?

As with any manual therapy, there is a small risk of muscle ache or slight bruising after treatment. This is temporary and should ease quickly. There is a possibility of emotional response to the massage treatment. The therapist will monitor you and maintain appropriate communication during the treatment. If you feel uncomfortable at any time, please inform the therapist.

What are the potential benefits to you, the participant?

Previous similar studies have recorded the positive effects of massage therapy on mental health and wellbeing. The aim of this study is to discern the effects of massage on the wellbeing of women aged 40-60. It is hoped that you will experience a reduction in any feelings of anxiety, stress and low mood, and an increased sense of calm and relaxation.

How the results of the study will be used

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners. Communication of the findings may be in the form of some or all of the following: a dissertation, reports in scientific journals, articles in newsletters, and presentation at a conference.

Confidentiality

All data and personal information will be stored securely in accordance with the terms of the General Data Protection Regulation (GDPR), 2018, and will be accessible only by the therapist, Frances Birch. After completion of the study, all data will be made anonymous (i.e. all personal information associated with your data will be removed). Your data will be anonymous in any written reports, articles, and presentations of the results of the study.

What to do now you have decided to participate

If you would like to participate, please return a completed consent form to Frances Birch. If you have any further questions, please contact me on the telephone number or email address above.

Thank you.



PARTICIPANT CONSENT FORM

Title of study: Evaluating the Jing stress and chronic pain protocol on wellbeing in women aged 40-60.

Name of student: Frances Birch

Please sign below to acknowledge agreement with the following statements:

- I have read the information sheet about this study.
- I have had an opportunity to ask questions and discuss this study.
- I have received satisfactory answers to all my questions.
- I have received sufficient information about this study.
- I understand that I am free to withdraw from this study:
 - At any time (until such date as this will no longer be possible, which I have been told)
 - Without giving a reason for withdrawing
 - That I am free to refuse to answer any question without saying why
 - That the services I am receiving will not be affected whether I participate or not.
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking here.
- I will not record the online sessions, and will respect the confidentiality of the participants.
- I agree to take part in this study.

Signed (participant)

Date

Name in block letters

BTEC student's contact details (including telephone number and e-mail address):

Frances Birch – Fran Birch Massage
07970 503673
frances@franbirchmassage.uk

Appendix D: DASS 42 questionnaire, score sheet and interpretation guide

<h1 style="margin: 0;">DASS</h1>	<p style="text-align: center;">Name: _____</p>	<p style="text-align: center;">Date: _____</p>																																																																																																																																																																																																													
<p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you <i>over the past week</i>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p><i>The rating scale is as follows:</i></p> <p>0 Did not apply to me at all 1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree, or a good part of time 3 Applied to me very much, or most of the time</p>																																																																																																																																																																																																															
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">I found myself getting upset by quite trivial things</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">I was aware of dryness of my mouth</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">3</td><td style="padding: 2px 10px 2px 10px;">I couldn't seem to experience any positive feeling at all</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">4</td><td style="padding: 2px 10px 2px 10px;">I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">5</td><td style="padding: 2px 10px 2px 10px;">I just couldn't seem to get going</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">6</td><td style="padding: 2px 10px 2px 10px;">I tended to over-react to situations</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">7</td><td style="padding: 2px 10px 2px 10px;">I had a feeling of shakiness (eg, legs going to give way)</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">8</td><td style="padding: 2px 10px 2px 10px;">I found it difficult to relax</td><td style="padding: 2px 10px 2px 10px;">0</td><td style="padding: 2px 10px 2px 10px;">1</td><td style="padding: 2px 10px 2px 10px;">2</td><td style="padding: 2px 10px 2px 10px;">3</td></tr> <tr><td style="padding: 2px 10px 2px 10px;">9</td><td style="padding: 2px 10px 2px 10px;">I found myself in situations that made me so anxious I was most relieved when they ended</td><td style="padding: 2px 10px 2px 10px;">0</td><td 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Please turn the page ➡

Reminder of rating scale:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

DASS 42 Score Sheet

Enter each score from the questionnaire into the first two columns. Add up each row and enter the score into the available box (D, A or S). Add up the each of the D, A and S columns.

The total for each column is the score for that trait:

D = Depression

A = Anxiety

S = Stress

Q	Score	Q	Score	Depression scores	Anxiety scores	Stress scores
1		22				
2		23				
3		24				
4		25				
5		26				
6		27				
7		28				
8		29				
9		30				
10		31				
11		32				
12		33				
13		34				
14		35				
15		36				
16		37				
17		38				
18		39				
19		40				
20		41				
21		42				
Total						

Interpretation Guide

The DASS is based on a dimensional rather than a categorical conception of measure of distress where depression and anxiety vary along a continuum of severity. The DASS has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD. However, recommended cutoffs for conventional severity labels are given in the DASS Manual (<http://www2.psy.unsw.edu.au/groups/dass/order.htm>).

The severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still below the typical severity of someone seeking help (i.e. it does not mean a mild level of disorder).

	Depression (D)	Anxiety (A)	Stress (S)
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

References

Lovibond, S.H., Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales (2nd ed.)*. Sydney: Psychology Foundation.

Crawford, J. R., & Henry, J. D. (2003). The Depression Anxiety Stress Scales (DASS): Normative data and latent structure in a large non-clinical sample. *British Journal of Clinical Psychology*, 42(2), 111–131.

Appendix E: Online protocols (weeks 7, 9 and 11)

Wellbeing zoom 1: neck and shoulders and breathwork

Seated in a comfortable position, ideally with feet flat on floor.

1 Focus on breath

- Close your eyes, and just become aware of breathing in and out – don't try to change it, just acknowledge the breath, be aware of how it feels. Think about how your body feels, is there any tightness anywhere. Allow your breath to happen, and as you breathe out, let the tension go with it.
- Place thumb on solar plexus reflex point (centre of opposite palm), and slowly sink in for 10 slow breaths, in through nose, out through mouth. Repeat on other hand.

2 Self massage

- Learn how to do hand compressions – demonstrate on forearm.
- Learn where the trapezius (top of back and shoulders) and scalenes (sides of neck) are.
- Use hand compressions to work along tops of shoulders and sides of neck to work the traps and scalenes. Alternate pushing backwards with the pad of your hand, and drawing forwards with your fingers.

3 Stretching

- Gentle fascial stretch of the scalenes. Start with lateral flexion (static stretch) – take L ear towards L shoulder (keep shoulders relaxed) until you feel comfortable stretch. Move slowly and hold stretch for 20 seconds. Slowly release and return to centre. Repeat on R side.
- Now weight knuckles of R hand on clavicle (collar bone) to anchor the anterior (front) scalenes. Slowly move the L ear towards the L shoulder until you feel a comfortable stretch. Hold for 20 seconds. Slowly release and return to centre. Repeat other side.

4 Acupressure

- Lung 1 (Middle Palace) – brings inspiration, helps to release emotions, calm grief and revive sense of self-worth. Regulates the lungs, can ease chest pains and asthma symptoms, revive breath.
- Locate by travelling along clavicle to the shoulder, find the dip at the end point. Now walk the fingers 2-3cm lower. The spot is typically tender.
- Take a breath in, and as you breath out, use third finger of opposite hand to gently sink into the spot. Remain in place for 6 gentle breaths.
- Alternatively, locate the spot and gentle tap with fingers until you feel a deep breath come and go.
- L1 is on both sides of the body, so can repeat on opposite side.

5 Homework exercise: front pocket / back pocket aka ‘chicken wings’

- Stand tall, feet firmly planted hip width apart. Slide both hands into imaginary front pockets and very slowly move your elbows forwards as far as comfortable, and backwards as far as comfortable.
- Breath in as elbows come forwards, out as elbows go back. Repeat 10 times, moving nice and slowly. Think about how it feels, if it’s different side to side.
- Take hands out of pockets, give your arms a shake and then slide them into imaginary back pockets (palms facing away from body) and do the same – slow smooth movements, as far as comfort allows, 10 times forwards and backwards. Does it feel any different?
- Take hands out of pockets, give your arms a shake, and relax.
- Remember to move as slowly as you can, and if you feel any pain, stop and relax. Try again later, but more gently.
- This is a gentle mobilisation of the whole shoulder girdle. Try to do it at least once a day. It’s handy to do while you are waiting for something, e.g. when the kettle’s boiling.

Wellbeing zoom 2: core, belly and sides

Seated in a comfortable position, ideally with feet flat on floor.

1 Focus on breath

- Place right hand on your belly, left hand on your chest, and become aware of the rise and fall under each hand as you breathe in and out. Which hand moves first? Does one hand move more than the other? Move both hands to your belly, one on each side like you are holding a beach ball. As you breathe in, try to fill your hands / fill the beach ball with your breath.
- Move your hands to the sides of your ribcage. Taking deep, easy breaths, focus on the movement of your ribcage – the sides moving outwards as you breathe in, then imagining your breath filling from your back to your front.

2 Fascial release

- This is based on the tummy sandwich from the hands-on treatment.
- While seated, this is easiest on the upper chest – place one hand over the other at the top of your chest, above your breasts. Let your hands and arms feel relaxed and heavy, and focus on your lower hand, sinking into your chest, gently moving with the connective tissue under your hand. The top hand is just adding a little weight, but no pressure. Hold this for 2-3 minutes, keeping your focus on that lower hand, the warmth coming from it, and the tissues underneath it beginning to relax and release.
- This is even more effective when lying down, again hand over hand either on your tummy (just below tummy button), or on the solar plexus (between tummy button and ribcage).

3 Acupressure

- CV17 (chest centre) – also called the Heart Chakra, this point is often used for calming and emotional balancing. It clears phlegm and congestion from the chest, eases breathing problems, calms heart palpitations, and can help resolve anxiety or panic attacks.

- Locate CV17 in the centre of the chest, a shallow hollow mid-sternum, roughly in between your nipples.
- Take a breath in, and as you breath out, use the third finger of either hand to gently sink into the spot. Remain in place for 6 gentle breaths.

4 Muscle work on the diaphragm

- The diaphragm is a bowl-shaped muscle that attaches to the bottom of the ribcage, underneath the lungs, helping to control the breath.
- Find the centre front of your ribcage, one hand on each side. Work with your breath – relax on the in-breath, and then as you breathe out, use your fingers to roll under the bottom rib and sink in behind it. Release as you breath out. Working slowly, move outwards along the ribs towards your sides, rolling in and under with each out-breath, then work back towards the centre.

5 Homework exercise: standing side stretch for QLs

- The QLs (quadratus lumborum) are deep muscles on either side of the spine, which help with core stability, lateral flexion and extension of the spine, and hip hiking.
- Standing tall, take your right foot behind and place it on the floor to your left side. Lift your right arm over your head to the left side. You should feel a nice stretch all down your right side. Hold for 20-30 seconds.
- An alternative (to increase the stretch), once you've brought your hand overhead, bring your tummy button towards your spine and flex your body forwards a little.
- Remember to always move slowly, and work within a comfortable, pain-free range.
- Move slowly back to centre, and then repeat to the other side.
- This is a slow static stretch. Try to do it at least once a day. Also continue with the chicken wings if you're enjoying them!

Wellbeing zoom 3: lower body

Seated on the floor, a big couch, any comfortable large flat surface.

1 Focus on breath

- Find a comfortable position and close your eyes. Breathe in through the nose, out through the mouth. Take a few gentle breaths just to relax and be in the moment.
- As you breathe in, feel the breath as it enters your body, and as you breathe out, imagine the breath travelling all the way down your back and legs and out through your toes.

2 Gentle foot massage

- If you can't comfortably reach and hold your foot, you can use the compression technique we learned in zoom 1 to work down your calves, working as far as you can comfortably reach. Alternatively, use the foot techniques on your hands, working one hand on the other.
- Start by holding the right foot, wrap both hands around to warm the foot, squeeze gently – use the compression technique – working on the toes, on the pads of your toes, along the two sides of your foot. Making a soft fist with your left hand, run the knuckles down the plantar surface (sole) of your foot, from the heel all the way up to your toes.
- Repeat on the other foot.

3 Acupressure

- Kidney 1 (Bubbling Spring) – a powerful point which encourages a surge of life force and energy. Can help with insomnia, ease fear and anxiety, clears the mind and aids memory, calms the spirit. Also used for back pain, infertility, dizziness and loss of consciousness.
- Locate K1 on the sole of the foot, about a third of the way from the base of the second toe towards the heel. Effectively it is the dimple formed when you curl your foot.

- Work both feet together or one at a time: take a breath in, and as you breath out, use your thumbs to gently sink into the spot on each foot. Remain in place for 6 gentle breaths.

4 Mobilisation of lumbar spine

- Lying supine (on your back), moving slowly and gently: place hands on your knees and bring your knees towards your chest. Rock the knees up and down gently 10 times.
- Using your hands to move them, roll the knees in circles, 10 times clockwise, and then 10 times anticlockwise.
- Let go of your knees and let your feet return flat to the floor. I call this ‘windscreen wipers’. Take a breath in, and on the out-breath let your knees wipe slowly to one side, as far as they will comfortably go (no forcing). On the in-breath, return to centre, and on the next out-breath wipe your knees to the other side.
- Continue ‘windscreen wiping’ ten times to each side, moving slowly and comfortably.

5 Homework exercise: static lumbar stretch

- Lying on your back, slowly and gently drop your knees to one side, as far towards the floor as you can comfortably reach. Breathe gently, with each out-breath releasing any tension you feel. Stay in place for 20-30 seconds. Notice if it feels different after 15-20 seconds.
- To extend the stretch, place the heel of your lower leg on top of your upper knee and relax – the weight will help draw your upper knee further towards the floor.
- Remember to move as slowly as you can, and if you feel any pain, stop and relax. Try again later, but slower and more gently.
- This is a lovely gentle stretch of your low back. It works particularly well after the lumbar mobilisations. Try to do it at least once a day. It’s great to do in bed, first thing in the morning to gentle your body into action, and / or before sleep, to help soothe your body and release the tensions of the day.

Appendix F: Hands-on stress protocol (weeks 8, 10 and 12)

Prone:

Grounding, heat (hot towels), re-drape.

Forearms either side of spine.

Double-palm down full backline.

Uncover, shu points and BL31 to 34.

Cross hand stretch over scapulae.

Lean with forearms over lower back and glutes.

Double fists down erectors.

Single arm effleurage over back.

Flattened figure 8.

Power effleurage from head of table.

Light effleurage across whole back, hand on sacrum to ground.

Supine:

Grounding.

MFR pelvic transverse plane.

MFR solar plexus transverse plane.

Palm down R leg, leg pull.

Trio of stretches – glutes, piriformis, lumbar spine twist.

Repeat on L leg.

Palm down L arm, handwork including H8, arm pull.

Repeat on R arm.

Gentle compression to diaphragm.

Strip intercostals.

Deep work to posterior neck, sub occipitals and gentle head pull.

CV17 followed by GV20.

Light face massage.

Hold head to ground and finish.

Appendix G: Social media post examples (Instagram and Facebook)


CALL FOR PARTICIPANTS

Do you regularly experience feelings of anxiety, stress, low mood and/or depression?

As part of my BTEC course I am running a small-scale research study for women aged 40-60, to see if the Jing Method helps to improve wellbeing.

The study will run for 12 weeks.
For the first 6 weeks, you fill in a short questionnaire (5-10 minutes) once a week.
Weeks 7 to 12 will be weekly sessions, alternating online and hands-on treatments, where you'll learn some skills to help boost your wellbeing.

Interested?
Please send me a private message, or contact me via email on frances@franbirchmassage.uk to find out more.



Anticipated timeline:

- w/c 7 Aug - start of 6 questionnaire weeks.
- w/c 18 Sept - first online sessions.
- w/c 25 Sept - first hands-on treatments.
- Final hands-on treatments during w/c 23 October.

NB participants will need to take part in the whole course.

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...

fbm [franbirchmassage](#) Time for a big announcement - I'm looking for people to take part in my research study as part of my Level 6 BTEC with @jingmassage.

Life is tough, and a lot of us regularly experience feelings of anxiety, stress, low mood and/or depression. My belief is that massage can help to reduce the effects of these feelings and boost your sense of wellbeing - and that's what my study is about:
Evaluating the Jing chronic stress protocol for wellbeing in women aged 40-60.

This is a small-scale study (I can take a maximum of 20 people).
When you first contact me we'll have a chat and run through the questionnaire that I'm going to use, make sure that you are suitable for the study, and check that you understand what it means to take part.
Treatments will be free ... and at £270 for a six-session course, that's a saving of £270!
Online sessions will be on zoom, so you'll need to be able to join those, either on a computer, tablet or smartphone.
Hands-on sessions will be at my treatment room in Heswall.

If you are a woman in the Wirral area, aged 40-60, and currently experiencing feelings of anxiety, stress, low mood

View insights

♥ Q ↴
🔖

Liked by naturetonurturemassagearoma and 12 others
July 5, 2023

😊 Add a comment...
Post

CALL FOR PARTICIPANTS

Do you regularly experience feelings of anxiety, stress, low mood and/or depression?

As part of my BTEC course I am running a small-scale research study for women aged 40-60, to see if the Jing Method helps to improve wellbeing.

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Appendix H: Feedback questions

Research project – client feedback

Thank you once again for taking part in my research project – your participation is very much appreciated. It would be lovely to get some feedback from you if you feel able.

Please have a look at the following questions and say as much or as little as you like. If you would prefer not to answer any, that is fine too!

1. The research project is looking at the use of a combination of online and hands-on massage treatments to improve wellbeing. What did you hope to get out of the series of treatments?
2. Did the treatments help? If so, how?
3. Were there any elements in the online sessions that you found particularly helpful / enjoyable?
4. Any elements in the online sessions that you didn't enjoy / didn't find helpful?
5. Were there any elements in the hands-on sessions that you found particularly helpful / enjoyable?
6. Any elements in the hands-on sessions that you didn't enjoy / didn't find helpful?
7. Would you recommend / take part in an online-only course?
8. How much would you be comfortable paying for a series of treatments like this?

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My
Wellbeing
Toolkit



Fran
Birch
Massage

www.franbirchmassage.uk

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Head & shoulders	4
Core, belly & sides	5
Lower body	6
My notes	7

With thanks to my fabulous five who made it all the way through my research project with me.

General tips...

- Try to REGULARLY carve some time out for yourself to be in a quiet, calm space. Even 5 minutes of focussed breathing or simple stretches will make a difference.
- For most exercises, sit in a comfortable position, ideally with both feet flat on the floor.
- For supine (lying down) exercises, throw a blanket, towel or yoga mat on the floor, or lie on your bed. Be comfortable.
- MOVE SLOWLY - no, even slower! The slower you move, the less likely anything will hurt, and the more effective the exercises.
- Hold static stretches for 30 seconds if you can. Often you'll feel a softening after 15-20 seconds as the muscles relax into the stretch.
- Always work in a PAIN-FREE RANGE. If it hurts, ease off or, if necessary, stop completely. You can always try again later, but go slower and more gently.
- HEAT is great for calming and relaxing. Think hot bath or shower, or use a microwave wheatbag / hot water bottle. Try a home foot spa: sit in a comfy chair with your feet in a bowl of warm/hot salted water for 10 minutes. Or grab a flannel, wet it, wring it out, pop it into the microwave for about 60 seconds (check the temperature and adjust to your comfort level), and then lay it carefully on your neck or shoulders and let the heat soak in.
- This booklet includes a 'My notes' page for you to use however you like. Adapt the exercises in this booklet, and note down other exercises that you find elsewhere. This is YOUR TOOLBOX to help you boost your wellbeing.
Find what works best for you, and ENJOY :-)

Head & shoulders

1 Focus on breath

Sit in a comfortable position, eyes closed, become aware of each breath in and out. Focus on how your body feels, is there any tightness or tension? With each out-breath imagine the tension leaving your body with the breath.

Locate the solar plexus reflex point in the centre of your left palm. Take a deep breath in, and with your out-breath, let your right thumb sink gently into the spot. Hold for 10 slow breaths, gently releasing on the last out-breath. Repeat on the other hand.

3 Stretching

Simple static lateral flexion of the neck: move left ear towards left shoulder (keep both shoulders relaxed and down, and your nose pointing forward) until you feel a comfortable stretch.

Move slowly, and hold the stretch for 20-30 seconds. Slowly return to centre, and then repeat to the right side.

Now weight knuckles of the right hand on your clavicle (collar bone) to anchor the anterior (front) scalene. Slowly move your left ear towards left shoulder as before - you will feel the stretch sooner. Hold for 20-30 seconds. Slowly release and return to centre, and repeat to the other side.

2 Self massage

Practice hand compressions on your forearm - dragging fingers towards the palm of your hand, or pushing the pad of your hand towards the fingers.

Use hand compressions to work across the top of your shoulders (trapezius) and up the sides of your neck (scalenes).

Alternate pushing backwards with the pad of your hand and drawing forwards with your fingers.

Move slowly, and if anywhere is tender, pause in that spot, gently lean into the tender spot and hold for a couple of breaths.

4 Acupressure

Lung 1 (Middle Palace) - brings inspiration, helps to release emotions, calm grief, and revive sense of self-worth. Regulates the lungs, can ease chest pains and asthma symptoms, revive breath.

Locate by travelling along the clavicle to the shoulder, find the dip at the end point. Now walk the fingers 2-3cm lower. The spot is typically tender.

Take a breath in, and as you breathe out, use the third finger of opposite hand to gently sink into the spot. Hold for 6 gentle breaths, and on the last out-breath gently lift away. L1 is on both sides of the body, so repeat on the opposite side.

5 Front pocket back pocket, aka 'chicken wings'!

Stand tall, feet firmly planted hip width apart. Slide both hands into imaginary front pockets and very slowly move your elbows forwards as far as comfortable, then backwards as far as comfortable. Repeat 10 times, moving nice and slowly. Think about how it feels, is it different side to side?

Take hands out of pockets, give your arms a shake, and then slide hands into imaginary back pockets (palms facing away from body) and do the same - slow smooth movements, as far as comfort allows, 10 times forwards and backwards. Does it feel any different?

Take hands out of pockets, give your arms a shake, and relax.

Remember to move as slowly as you can, and if you feel any pain, stop and relax. Try again later, but more gently.

This is a gentle mobilisation of the whole shoulder girdle. Try it at least once a day. It's lovely to do while you are waiting for something, e.g. when the kettle's boiling.

Core, belly & sides

<p>1 Focus on breath Place right hand on your belly, left hand on your chest, close your eyes and focus on your hands as you breathe in and out. Which hand moves first? Does one move more than the other? Place both hands on your tummy, like you are holding a beach ball. As you breathe in, try to fill the beach ball with your breath. Move your hands to the sides of your ribcage. Taking deep, easy breaths, feel how your hands are moving. Now as you breathe in, imagine the breath travelling down your back, filling your ribcage from back to front.</p>	<p>2 Fascial release While seated, this is easiest on the upper chest - place one hand over the other at the top of your chest, above your breasts. Let your hands and arms feel relaxed and heavy, and focus on your lower hand, sinking into your chest, gently moving with the connective tissue under your hand. The top hand is just adding weight, no pressure. Hold this for 2-3 minutes, keeping your focus on the lower hand, the warmth coming from it, the tissues beneath relaxing and releasing. Experiment with how light your touch can be, whether that brings more or less movement and relaxation. This is even more effective when lying down, hand over hand either on your tummy (below tummy button) or on the solar plexus (between tummy button and ribcage)..</p>
<p>3 Acupressure CV17 (Chest Centre) - the 'Heart Chakra', this point is used for calming and emotional balance. It clears phlegm and congestion from the chest, eases breathing, calms heart palpitations, and can help resolve anxiety and panic attacks. Locate CV17 in the centre of the chest, a shallow hollow mid-sternum, roughly in between your nipples. Take a breath in, and as you breathe out, use the third finger of either hand to gently sink into the spot. Hold for 6 gentle breaths, and on the last out-breath gently lift away.</p>	<p>4 Muscle work - diaphragm The diaphragm is a bowl-shaped muscle that attaches to the bottom of the ribcage, underneath the lungs, helping to control the breath. Find the centre front of your ribcage, one hand on each side. Work with your breath - relax on the in-breath, and then as you breathe out, use your fingers to roll under the bottom rib and sink in behind it. Release as you breathe out. Working slowly, move outwards along the ribs towards your sides, rolling in and under with each out-breath, then work back towards the centre.</p>
<p>5 Standing stretch for QLs ('banana stretch') The QLs (quadratus lumborum) are deep muscles on either side of the spine, which help with core stability, lateral flexion and extension of the spine, and hip hiking. Standing tall, take your right foot behind and place it on the floor to your left side. Bend your forward knee a little to find your balance. Lift your right arm overhead and across to the left side. You should feel a nice stretch all down your right side. Hold for 20-30 seconds, move slowly back to centre and repeat to the other side. An alternative (to increase the stretch), once you've brought your hand overhead, bring your tummy button towards your spine and flex your body forwards a little. Move slowly back to centre, and then repeat to the other side. This is a slow static stretch. Try to do it at least once a day.</p>	

Lower body

<p>1 Focus on breath Find a comfortable position and close your eyes. Breathe in through the nose, out through the mouth. Take a few gentle breaths just to relax and be in the moment. As you breathe in, feel the breath as it enters your body, and as you breathe out, imagine the breath travelling all the way down your back and legs and out through your toes.</p>	<p>2 Self massage Wrap both hands around the right foot to warm it. Use the compression technique to work along the two sides of your foot, and use your finger and thumb to squeeze each toe, and the pads of your toes. Making a soft fist with your left hand, run the knuckles down the plantar surface (sole) of your foot, from the heel all the way up to your toes. Repeat on the other foot. If you can't comfortably reach and hold your foot, use the compression technique we learned in zoom 1 to work down your calves, working as far as you can comfortably reach. Alternatively, use the foot techniques on your hands, working one hand on the other.</p>
<p>3 Acupressure Kidney 1 (Bubbling Spring) – a powerful point which encourages a surge of life force and energy. Can help with insomnia, ease fear and anxiety, clear the mind and aid memory, calms the spirit. Also used for back pain, infertility, dizziness and loss of consciousness. Locate K1 on the sole of the foot, about a third of the way from the base of the second toe towards the heel. Effectively it is the dimple formed when you curl your foot. Work both feet together or one at a time: take a breath in, and as you breathe out, use your thumbs to gently sink into the spot on each foot. Remain in place for 6 gentle breaths. If you can't reach your feet, use the solar plexus point in the palm of your hand (see page 4).</p>	<p>4 Lumbar mobilisation Lying supine (on your back), moving slowly and gently: place hands on your knees and bring your knees towards your chest. Rock the knees up and down gently 10 times. Using your hands to move them, roll the knees in circles, 10 times clockwise, and then 10 times anticlockwise. Let go of your knees and let your feet return flat to the floor. I call this 'windscreen wipers': Take a breath in, and on the out-breath let your knees wipe slowly to one side, as far as they will comfortably go (no forcing). On the in-breath, return to centre, and on the next out-breath wipe your knees to the other side. Continue 'windscreen wiping' ten times to each side, moving slowly and comfortably.</p>
<p>5 Lumbar stretch Lying on your back, slowly and gently drop your knees to one side, as far towards the floor as you can comfortably reach. Breathe gently, with each out-breath releasing any tension you feel. Stay in place for 20-30 seconds. Notice if it feels different after 15-20 seconds. To extend the stretch, place the heel of your lower leg on top of your upper knee and relax – the weight will help draw your upper knee further towards the floor. Remember to move as slowly as you can, and if you feel any pain, stop and relax. Try again later, but slower and more gently. This is a lovely gentle stretch of your low back. It works particularly well after the lumbar mobilisations. Try to do it at least once a day. It's great to do in bed, first thing in the morning to gentle your body into action, and / or before sleep, to help soothe your body and release the tensions of the day.</p>	

My notes...

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