

Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety, depression, and low mood in those with desk-based work/sedentary lifestyles

Sian A. O'Flynn

A dissertation submitted in partial fulfilment of the requirements of Jing Advanced Massage Training 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 Jing Advanced Massage Training. 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".

Miss Sian A O'Flynn:

Date: 30th March 2024

A handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to read "Sian A. O'Flynn". There are some small marks below the signature, possibly from a scanner or a second signature.

ACKNOWLEDGEMENTS



For the Living and for the Dead

“...if I have seen further, it is by standing on the shoulders of giants.”

(Letter from Sir Isaac Newton to Robert Hooke, 5th February 1675)

Acknowledgments should go to absolutely everyone and everything really, which has shaped my life and its direction. Particularly my mum, who was the first and gave me the most unconditional love and understanding of universal compassion. Her early death also taught me such important lessons, thanks to her and to it, hard as it was for her and all of us to be without her, in teaching me about the inevitability of death, the importance to recognise this and thus be thankful for everything around me and every day; gratitude for all that I have; the importance of life and taking all opportunities. I think she also helped me to be a generally more relaxed and positive person, keen to take on all opportunities. It's never the experience but how we choose to be about it in our minds.

Thanks, are also due to my wonderful ACMT and BTEC student groups, who have supported me, uplifted me, made me smile, raised a glass, laughed, cried and danced. Especially my huge gratitude to Rache, Meg, Susan all my tutors and the staff at the Jing Institute of Clinical Massage Therapy – without whom none of this would be happening let's face it! Their ideas, vision, perseverance, growth, care, love, and passion have increased the field which I love, passed on knowledge and expertise, inspired and taught so many others to have that knock-on trickle-down karmic cause and effect that is so much more than they know (and let's face it, it helps that their teaching style is so much fun, involving a hippy-vibe, parties, yoga, craziness and fancy dress ;) I am so grateful for their support throughout Covid and

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To my Masters, Namkhai Norbu Rinpoche, Tsoknyi Rinpoche and the practice of Dzogchen meditation, how can I ever express what they have done for me and for others. They bring me peace, calm, positivity, gratitude, the opportunity to live a good life now, in the future and at the time of my death, and to be daily centred and not suffering as so many clients that I work with and people in the west, are. I am so grateful for this peace and how it allows me to live, to work and to be. I am grateful every single day to my partner Ati, always there in heart as well as often in presence. For his patience, care, unconditional love, support and for helping me with some of my most challenging emotional issues down the years that allowed me to find the BTEC seemingly so right and effortless when it came about. I don't have much immediate family left, so whilst I am thankful for those I do have, he and his make my family. It's not always been easy for either of us with various challenges through the years as is only natural, but with love we continue to make each other better people, and, in the end, that is what I feel that a good relationship of any kind is.

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“You don’t have to say anything. You don’t have to teach anything. You just have to be who you are: a bright flame shining in the darkness of despair, a shining example of a person able to cross bridges by opening your heart and mind.” (Tsoknyi Rinpoche)

“There does not exist, from an absolute point of view, any teaching which is more perfect or effective than another. A teaching's value lies solely in the inner awakening which an individual can arrive at through it. If a person benefits from a given teaching, for that person that teaching is the supreme path, because it is suited to his or her nature and capacities.”
(Namkhai Norbu Rinpoche)

“May I hold myself in compassion. May I meet the suffering and ignorance of others with compassion.” (Gautama Buddha)

“A generous heart, kind speech, and a life of service and compassion are the things which renew humanity.” (Gautama Buddha)

“Happiness comes when your work and words are of benefit to yourself and others”
(Gautama Buddha)

ABSTRACT

BACKGROUND

The upward trend in mental health disorders (MHD) and longer working hours in the UK by the year 2020 (Trade Union Congress, 2019) has been greatly exacerbated by the unprecedented programme of COVID pandemic lockdowns, shielding, and home working. Blurring the lines between home and work life, and increasing MHD, the World Health Organization (WHO) declared that “the COVID-19 pandemic has created a global crisis for mental health, fuelling short- and long-term stresses and undermining the mental health of millions.” (World Health Organization, 2022c). With a further report outlining the increased risk of stroke and heart disease with longer working hours (Johnson and Jasarevic, 2021) and the NHS stating baldly that a seated lifestyle can lead to early death (NHS, 2022b) this study aims to assess the effects of a six-week course of Jing Method™ massage chronic stress protocols on those with a desk-based job or lifestyle who have levels of stress, anxiety, depression, or low-mood.

METHOD

A mixed group of 22 adults in desk-based lifestyles with differing levels of these MHD agreed to join the 16-week study, with initial levels for eligibility assessed using the Depression, Anxiety and Stress Scale 42 (DASS-42) questionnaire. One person left before commencement due to commitments, another at week 1 due to caring responsibilities and two at week 9, due to work and childcare issues respectively, with 18 participants finishing. They were recruited from the researcher’s client base, social media, and local networking groups. A baseline was established in the first 6 weeks as a control period, with participants completing a DASS-42 questionnaire weekly. This continued into the following 6-week treatment phase which then

included a weekly massage session using the Jing Method™ chronic stress protocols and a 5-minute daily self-care routine of stretches and breathing techniques which varied every 2 weeks. After a further 4 weeks a last DASS-42 was used to assess any longer-term effects of the study.

RESULTS

All participants showed a marked improvement in levels of depression, anxiety and stress with group average scores decreasing by 77%, 85% and 66% respectively for each area. Overall DASS-42 scores decreased by 68% during the treatment phase and continued to decrease by 9% in the post-treatment phase. The overall group scores fell by 74% during the course of the full study.

CONCLUSION

This research study clearly demonstrates the effectiveness of the Jing Method™ chronic stress protocols and HFMAST approach (Heat; Fascial release, Muscles and Massage, Acupressure, Stretching and Teaching self-care) in decreasing levels of stress, anxiety, and depression in those with desk-based work/sedentary lifestyles. Given the current high and increasing levels of mental health conditions and relative lack of research in massage therapy and a multi-modal approach for their treatment, these results warrant future research and investigation in this field.

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LITERATURE REVIEW

“1 in 4 adults experiences one diagnosable mental health problem in any given year...representing the largest single cause of disability in the UK.” (NHS England, 2023)

INTRODUCTION

“...it is generally acknowledged that poor mental and physical health often go hand in hand” (Baker, 2020) with mental health disorders (MHD) having a recognized association with health conditions and comorbidity (McManus S, 2016); being the leading cause of disability, suicide, early death, and mortality (Chang *et al.*, 2011; McManus S, 2016). Yet “while mental health needs have risen, mental health services have been severely disrupted.” (World Health Organization, 2023). Likewise, disruption continues to resonate with desk-based professionals working longer and more unsociable hours under increased work pressures and stress (Meakin, 2021; Chen *et al.*, 2022).

If COVID has made humanity stop and re-evaluate their health, work, lifestyles, and increased MHD awareness, it has also made abundantly clear the lack of support and strains on healthcare systems, highlighting the necessity to change our healthcare and workplace culture and, ultimately, prevent MHD. The latest UK Government and NHS survey concludes their results are “key for understanding how pervasive the links between physical and mental illnesses are” (McManus S, 2016). Thus, if complementary medicine (CAM) can work in collaboration with conventional medicine, it can provide substantial and significant benefits for mental and physical health, reducing the NHS burden and potentially providing considerable economic savings.

MENTAL HEALTH

MHD must be examined in the context of the COVID pandemic, with repercussions from lockdowns and shielding leading to warnings of a mental health (MH) “echo pandemic” (Dozois, 2020) and an estimated 28% and 26% increase in depression and anxiety disorders respectively (Taquet M, Holmes EA and Harrison PJ, 2021; World Health Organization, 2022b). COVID caused bereavement; grief; fear of illness and death; social isolation; domestic abuse; financial crisis, and disrupted work and education (Rory C. O’Connor *et al.*, 2020). Prior to the pandemic, the WHO estimated 1 in 8 worldwide had an MHD in 2019 (World Health Organization, 2022a); post-pandemic this had increased to 1 in 4 by 2022 (National Institute Mental Health, 2022). An international study with over 55,000 participants found that “the final model revealed multiple vulnerabilities and an interplay leading from simple anxiety to probable depression and suicidality through distress.” (Fountoulakis *et al.*, 2022).

DESK-BASED WORK & LIFESTYLES

“There is still a culture of overwork at all levels, particularly at management level, which filters down to staff” (MIND, 2022)

With loss of work linked to suicide, employment plays a crucial role in MHD (Borges *et al.*, 2010; Battams *et al.*, 2014). In 2017 Harvey et al reported MHD linked to work-related factors and five years later these are still cited in the MIND Workplace Wellbeing Index (2022) with 57% of participants experiencing MHD. By 2021 studies reported a work-life blurring with employees working when sick, on annual leave, through lunchbreaks and into the evenings (Osborne, 2021; Stevens, 2021). A Hays survey (Churchill, 2021) recorded 40% working during their holiday and 52% working longer hours post-COVID, 41% working +5-10

hours/week and 25% working +10 hours/week. This is reflected in the productivity/economic costs of depression/anxiety to employers. WHO (2022c) estimates a loss of US\$1 trillion annually worldwide and Deloitte (2022) a 25% increase in MHD costs to UK employers in 2019-2021. Of the 12 billion working days lost globally, 18.6 days/year per UK employee are due to depression and anxiety (HSE, 2021).

CONVENTIONAL TREATMENT

Prescriptions of antidepressants increased 35% between 2017-2022 (Burns, 2022). This is surprising given their questionable effectiveness for depressive disorders (Ghaemi, 2008; Kirsch, 2019; Jakobsen, Gluud and Kirsch, 2020) and evidence that other therapies and exercise are as effective (Abrahão *et al.*, 2019; Smith *et al.*, 2019; Newland and Bettencourt, 2020; Recchia *et al.*, 2022). Add to this serious concerns around poly/hyperpolypharmacy (Fulton and Allen, 2005; Mortazavi *et al.*, 2016; Halli-Tierney, Scarbrough and Carroll, 2019) still described as a “public health crisis” (Daunt, Curtin & O’Mahony, 2023) and it is easy to see why alternatives are preferred (González-Valero *et al.*, 2019; NHS, 2022a) lacking the hazards and side effects of medication (Kirsch, 2019). Furthermore, the cost of UK conventional medication and healthcare is huge: £13 billion in 2012 (Naylor *et al.*, 2012) rising to c.£15.55 billion in 2022-23 (Baker and Kirk-Wade, 2023).

MASSAGE THERAPY & DESK-BASED WORK/LIFESTYLES

Massage therapy has considerable success treating stress in the workplace. From seated treatment for anxiety (Shulman and Jones, 1996) to reducing blood pressure (Cady and Jones, 1997; Day *et al.*, 2009; Kim, Kim and Ko, 2016) massage has demonstrably improved levels

of stress, pain and even work satisfaction (Back *et al.*, 2009; Rabolu and Mârza-Dănilă, 2017; Seo, Choi and Lee, 2020). So, with plenty of evidence available, how can treatment of desk-based stress be enhanced?

JING METHOD™ TREATMENT & DESK-BASED STRESS

“It is now generally accepted that illness and health are the result of an interaction between biological, psychological, and social factors” (Wade and Halligan, 2017). This is the biopsychosocial model (Fig 1) (Engel, 1977, 1980), advocating a holistic approach to healthcare (Saxena *et al.*, 2022). Whilst there are critical evaluations of its shortfalls (Bolton and Gillett, 2019) recognition of its relevance is acknowledged (Frazier, 2020). Often set aside for the biomedical model (Smith, 2002) its importance for individual and patient-centred clinical care (Borell-Carrió, Suchman and Epstein, 2004; Saxena *et al.*, 2022; Dong and Bäckryd, 2023; Smart, 2023) and mental health is established (Delphis Learning, 2019; Engert, Grant and Strauss, 2020; Davies, 2023; Thurner and Stengel, 2023).

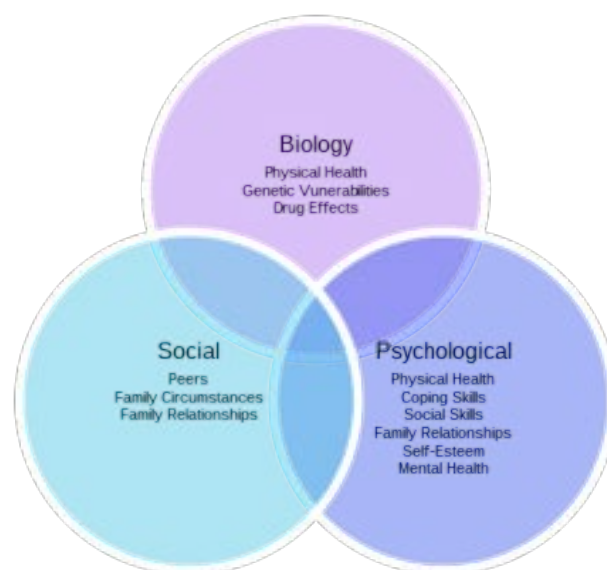


Figure 1: The Biopsychosocial Model
(Nature To Nurture Image)

Using this model as the basis for the Jing Method™, Fairweather and Mari (2015) created a fusion of soft tissue/massage techniques under the acronym HFMAST (Fig 2). An outcome-based holistic approach to treat conditions, acute and chronic pain, it builds upon and improves current methods of massage therapy. Research has already shown positive results with alleviating chronic stress/anxiety, especially work-related (Meyrick, 2017; Sheikh, 2018; Jones-Morris, 2021), and with depression (Aherin, 2023; Martinez-Perez, 2023; Quayle, 2023). The scarcity of clinical research on thermotherapy, fascia and massage highlights the need for more studies such as these.

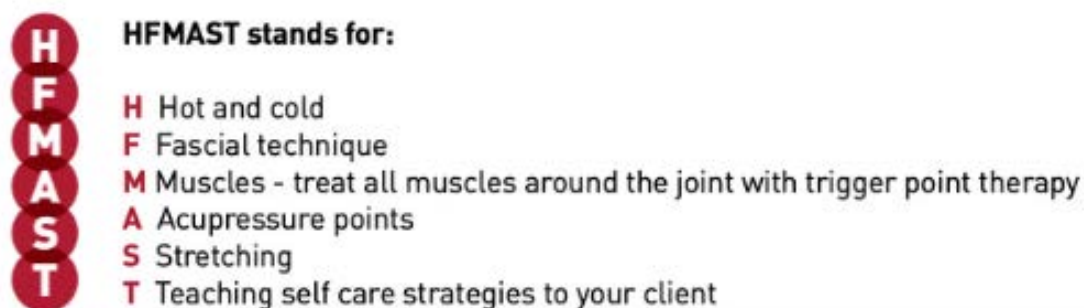


Figure 2: Jing Method Clinical Massage Therapy HFMAST
(reproduced with kind permission of Jing Institute of Advanced Clinical Massage)

HEAT

Whilst evidence for heated yoga (Hopkins *et al.*, 2016; Nyer *et al.*, 2019; Sakurai *et al.*, 2021) and heat pads exists (Inagaki, Irwin and Eisenberger, 2015), hot stone massage is overlooked, despite being found effective for sleep improvement in kidney dialysis (Ghavami *et al.*, 2019) and receiving a 100% satisfaction rate and improvements in all symptoms in palliative care (Parot-Monpetit, Mironnet and Monpetit, 2015). Although as part of the Jing Method™ approach it is investigated in BTEC level 6 dissertations (Shorey, 2016; Mezjane, 2017), this

study aims to build on the work of Meyrick (2017), Quayle (2022), Martinez-Perez (2022) and Aherin (2022) in using heat to improve stress/anxiety/depression.

FASCIA

The role of fascial techniques to reduce anxiety/stress in fibromyalgia patients has been explored but seldom in other conditions (Castro-Sánchez, Matarán-Pearrocha, *et al.*, 2011; Castro-Sánchez, Matarán-Peñarrocha, *et al.*, 2011; Satchwell, 2015; NCT03630757, 2018). Recent work by Goyal *et al* (2017) and Michalak *et al* (2022) has built on that of John F. Barnes in linking fascia with depression/anxiety and demonstrating how the former can help the latter (Barnes, 2011, 2021; Goyal *et al.*, 2017).

MUSCLES - MASSAGE THERAPY & MENTAL HEALTH

The dearth of research in this field is apparent in any literature review (Corbin, 2005; Field, 2016; Makepeace, 2023). Yet whilst occasional results are inconclusive (Ernst, 1999; Boyd *et al.*, 2016) or have methodological issues (Ernst, 1998; Furlan *et al.*, 2015; Wang *et al.*, 2021) the majority record positive results for areas like pain relief and immune response (Ironson *et al.*, 1996; Adams, White and Beckett, 2010; Hillier *et al.*, 2010; Field, 2016). Whilst some evidence is anecdotal (Wunderlich, 2022) results from medical studies are compelling, with decreases in chronic stress (Zadkhosh *et al.*, 2015; Ricardo, Acosta and Navarro, 2018; Zhao, Gu and Zhang, 2020; Candra, Isworo and Setyo Upoyo, 2021), anxiety (Sharpe *et al.*, 2007; Alimohammad *et al.*, 2018; Mohaddes, Ehsanpour and Ghezjeljeh, 2018; Hall *et al.*, 2020), and depression (Field *et al.*, 2012; Hall *et al.*, 2020; Liou *et al.*, 2022; Mehrabian *et al.*, 2022), proven decreases in stress hormones in both adults (Field *et al.*, 2005; Morhenn, Beavin and

Zak, 2012) and children (Jabraeili *et al.*, 2023) and even benefits for those giving massage (Viggo Hansen, Jørgensen and Ørtenblad, 2006; Sharpe *et al.*, 2007; Jensen *et al.*, 2012; Dehkordi *et al.*, 2019).

ACUPRESSURE

Research on acupressure is plentiful (Hmwe *et al.*, 2015; Lee, Kim and Park, 2021; Kim *et al.*, 2022; Yin *et al.*, 2022). Although Lin *et al.* (2022) posits inconclusive evidence, Wang *et al.* (2022) argues that acupressure is “as effective as medication in the treatment of cancer-related depression”. Furthermore, a meta-analysis by Hmwe *et al.* in 2019 demonstrates its efficacy for depression and anxiety (Hmwe *et al.*, 2019), whilst Sheikh (2018) successfully used seated acupressure massage to reduce stress in office-workers.

STRETCHING

It is now accepted that desk-based work and a sedentary lifestyle contribute to poor mental and physical health (Kandola *et al.*, 2020; Denche-Zamorano *et al.*, 2022; Launders *et al.*, 2022) with the NHS warning of an increased risk of hypertension, diabetes, and even premature death (Dempsey *et al.*, 2018; NHS, 2022b). Montero-Marín *et al.* (2013) found stretching an effective low-cost strategy to decrease anxiety amongst office-workers, with significant benefits to stress levels, physical and mental health (Montero-Marín *et al.*, 2013; Holzgreve *et al.*, 2020; Sudo and Ando, 2020).

TEACHING SELF-CARE

Lockdowns heightened the need for remote self-care to improve MHD. Within HFMAST, acupressure can be easily taught to treat anxiety (Kim, 2020; Yang *et al.*, 2021), and stretching for various symptoms including depression (Wongwilairat *et al.*, 2019; Costa *et al.*, 2023). Zisopoulou and Varvogli (2023) concluded that breathwork, mindfulness, guided meditation and muscle relaxation were effective at treating depression/anxiety/stress disorders and PTSD; breathwork is also demonstrated as effective in Quayle (2023).

Taking together the interest current research arouses with the lack of investigation into the use of the multiple modalities of the Jing Method approach, this study intends to examine its effects on stress/anxiety/low mood/depression amongst those with a desk-based lifestyle.

METHOD

Ethical approval was given by the Jing Institute (Appendix 1) and up-to-date research carried out. Study participants were recruited through the researchers website, client base, word of mouth, approaching local businesses, and talking to community members. This was extended to email campaigns to local Town and County Councils, and social media advertising (Appendix 3-5) to local business networking groups and individuals using Facebook, Instagram, Twitter, LinkedIn, and Google My Business. Any interested individuals contacted the researcher via phone or email and were sent an information brochure explaining the study and its parameters (Appendix 6).

The instrument used to assess both eligibility and symptom levels throughout the study was the DASS-42 questionnaire (Appendix 8). Developed as a self-report study by Lovibond and Lovibond in 1995, it comprises 42 questions designed to measure levels simply and effectively in 3 key areas of MH - depression, anxiety, and stress. Eligibility for inclusion required either a positive score (categorized mild and above) in any category, or a combined score of above +25, as well as a desk-based job or sedentary lifestyle (e.g. full-time student) and no new medications in the previous 12 weeks. The DASS-42 was provided online by the researcher to check eligible scores (Appendix 9). If eligible a consultation was arranged, either in person or by telephone to answer further questions and take basic data such as name, age, employment, address, basic health, and lifestyle information (Appendix 7). The participants letter and consent form were given at this stage for signature prior to study commencement (Appendix 2).

This was a within-subjects study design of 16 weeks, comparing a 6-week control period with a 6-week treatment phase and 4-week post study follow-up. In the initial 6-weeks control participants baselines in each area were assessed with a weekly online DASS-42

questionnaire, sent by email. The second 6-weeks formed the treatment phase. Study members had a weekly 50-minute hands-on treatment adapted from the Jing Method™ chronic stress protocol (Fairweather & Mari, 2015) (Appendix 11), utilising a combination of Amma, heat and hot stones, acupressure, myofascial release, soft tissue massage, trigger point release and grounding techniques. They were also provided with 3 different 5-minute self-care and breathwork routines (Appendix 12) at weeks 7, 9 and 11 for completion in their own time, logging when performed and completing a weekly DASS-42 (Appendix 10) to ascertain any effects on their well-being. A final DASS-42 was completed 4 weeks post-study at week 16 to gauge any longer-term effects of the treatment. A feedback form was given to gather participants reactions, positive/negative feedback and consider implications for future research.

As far as possible conditions were kept the same each week so that it was the Jing Method™ protocols being assessed: room environment and scentless massage wax; background music (no lyrics); hot stones temperature (this varied slightly depending on individual tolerances but remained the same for each client weekly); and researcher interaction, whilst open, was kept to the minimum required for safe and comfortable treatment. Of the 28 applicants, 3 were disqualified as ineligible, scoring as normal; 2 did not respond and 1 withdrew due to work. The remaining 22 adults were aged between 18-69 and fulfilled the inclusion criteria. 4 participants dropped out for reasons unrelated to the study; 1 prior to commencement and 3 in weeks 1 and 9, leaving 18 participants, 3 men and 15 women, who finished the full 16 weeks.

RESULTS

The results present an evident decrease in levels of depression, anxiety, and stress, which occurred for all participants, demonstrating the potential of the Jing Method™ and chronic stress protocols in the treatment of these areas of MH.

Levels of each category were measured by score 0-42 using the self-report DASS-42 questionnaire with participants potentially scoring a range from 0-126; with higher scores indicating a greater severity in symptoms (see Appendix 8 for full details of the DASS-42 scoring system). Scores are ranked with severity labels between normal to extremely severe as per the table below.

Table 3: DASS-42 validated questionnaire scoring chart with severity labels. See Appendix 8 for full details of the DASS-42 scoring system. Source: Lovibond, S. H., & Lovibond, P.F. (1995)

| | 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+ |

Average DASS-42 scores for the group were assessed each week with the variation in score, percentage increase/decrease and symptom severity label noted as a means of assessing the effects of the Jing Method™. This was carried out in each category and overall.

Table 4: Average participant scores from week 1 to week 16 by score variation & percentage decrease

| Category | Score: Week 1 | Score: Week 16 | DASS Score Variation | Percentage % |
|-------------------|---------------|----------------|----------------------|--------------|
| Depression | 11.9 | 2.8 | ↓ 9.1 | ↓ 77% |
| Anxiety | 10.7 | 1.6 | ↓ 9.1 | ↓ 85% |
| Stress | 19.8 | 6.7 | ↓ 13.1 | ↓ 66% |
| Overall | 42.4 | 11 | ↓ 31.4 | ↓ 74% |

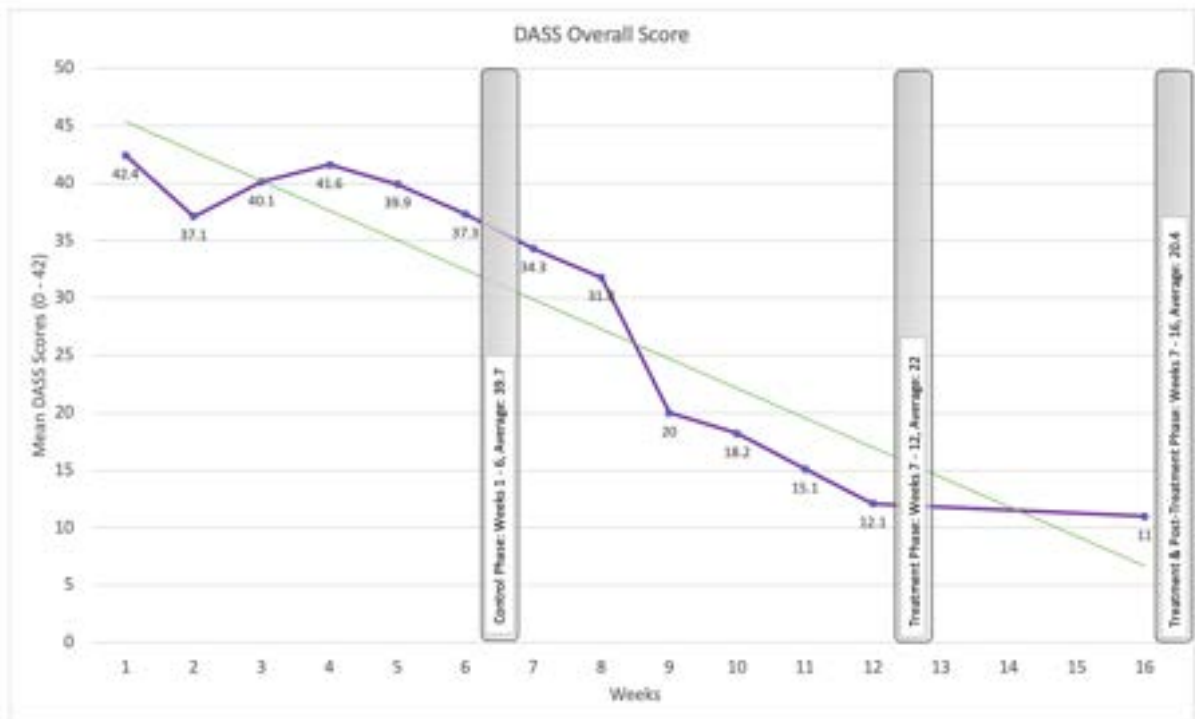


Figure 3: Overall - Average DASS-42 scores for all participants during the study

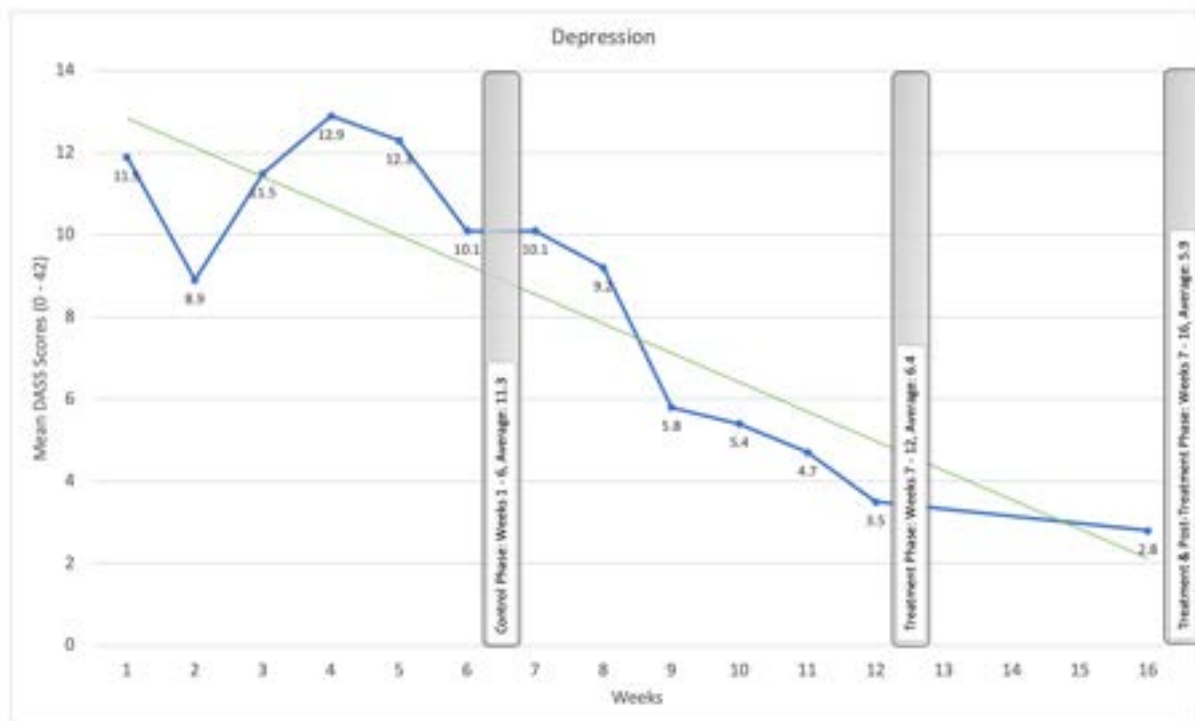


Figure 4: Depression - Average DASS-42 scores for depression during the study

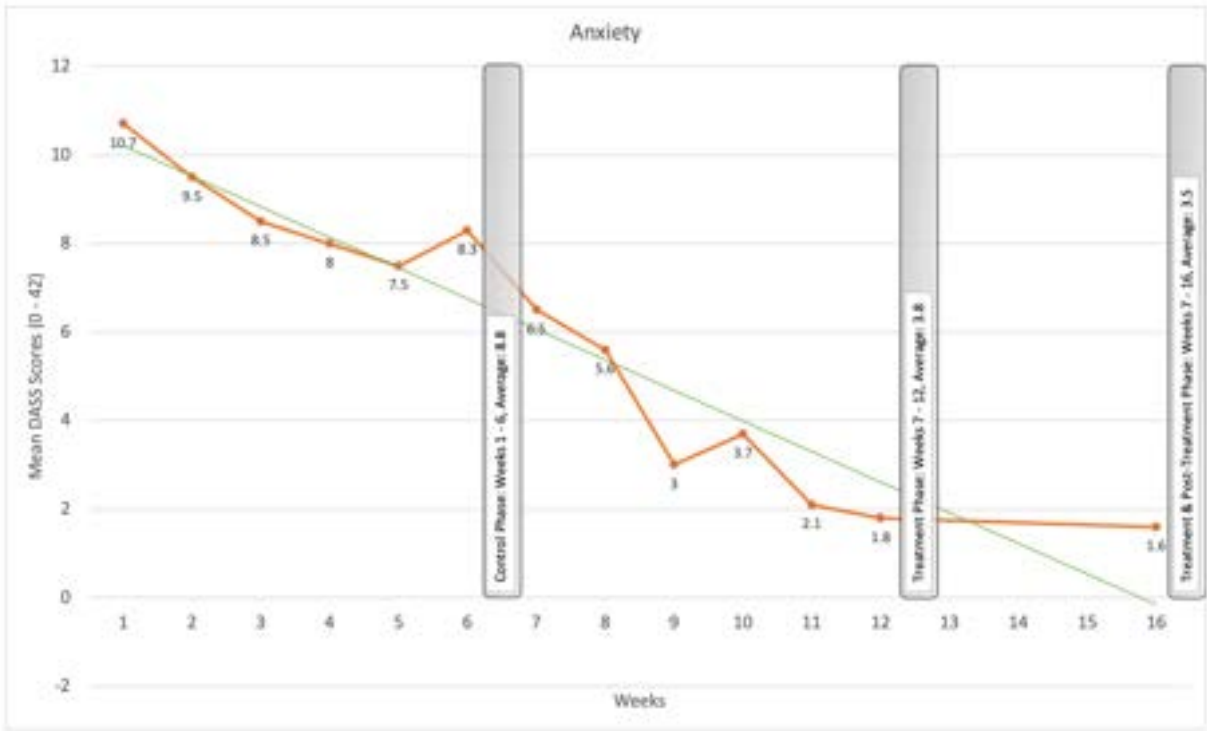


Figure 5: Anxiety - Average DASS-42 scores for anxiety during the study

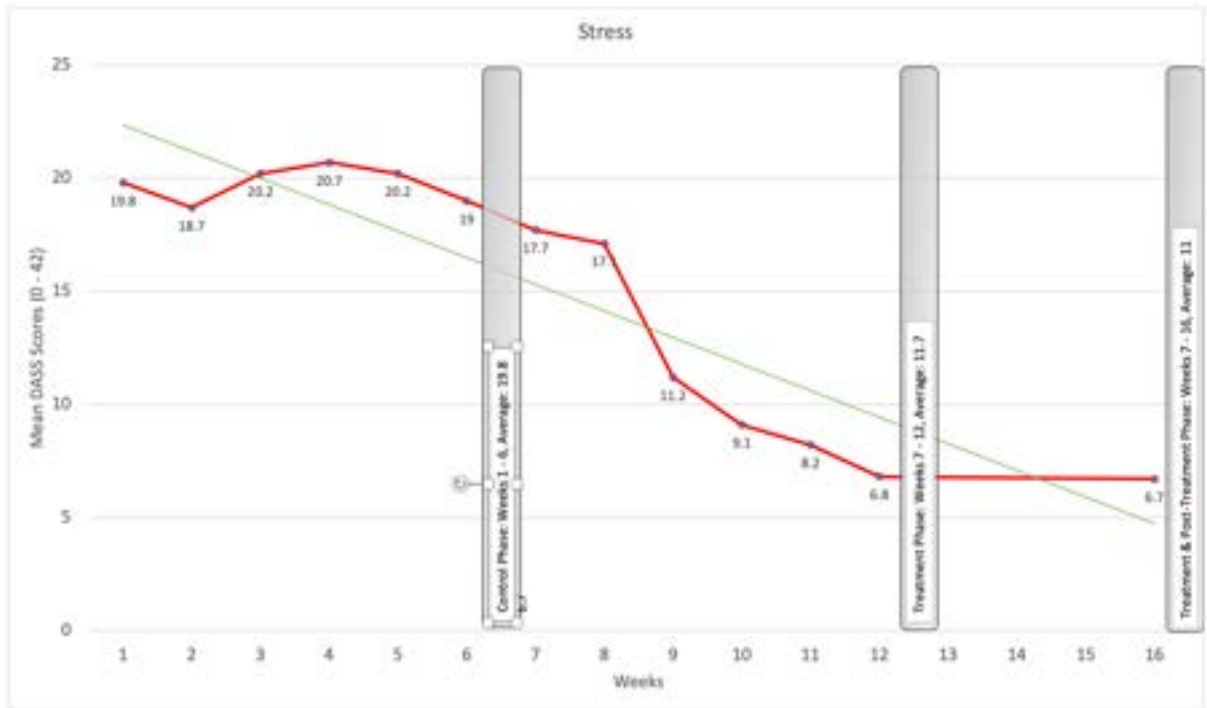


Figure 6: Stress - Average DASS-42 scores for stress during the study

Severity Labels

Severity labels provide an effective visual comparison demonstrating the efficacy of the Jing Method™ in the treatment of MHD. At week 1 13/18 ranked as moderate or above in one or more categories, with 8/18 scoring severe/extremely severe. By week 16 all participants scored normal in all categories; with the exception of 2 scoring moderate for depression, although both scored normally for anxiety and stress, a significant improvement from their original scores of moderate, severe, and extremely severe.

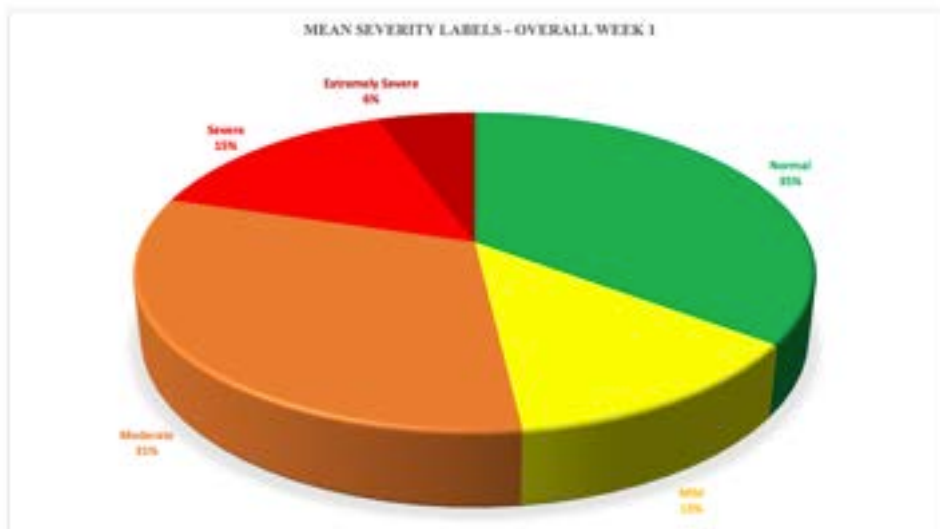


Figure 7: Participant Mean Score Ratings - Overall/All Categories Week 1

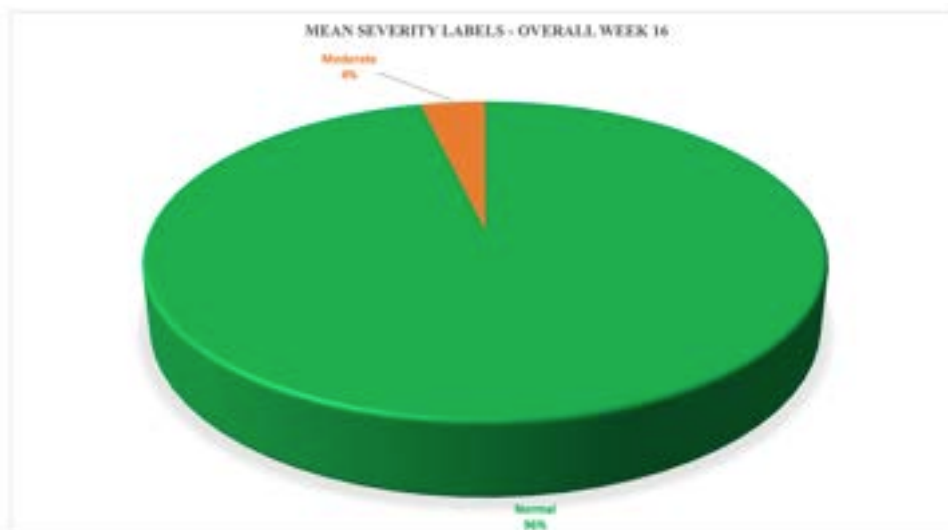


Figure 8: Participant Mean Score Ratings - All Categories/Overall Week 16

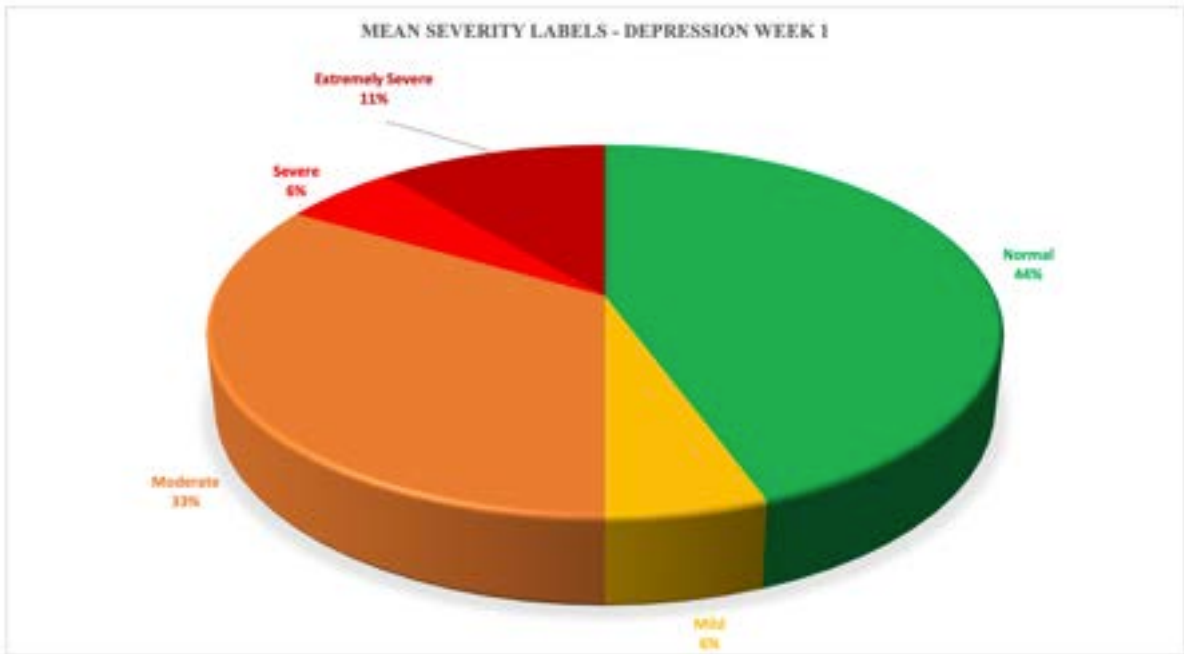


Figure 9: Participant Mean Score Ratings - Depression Week 1

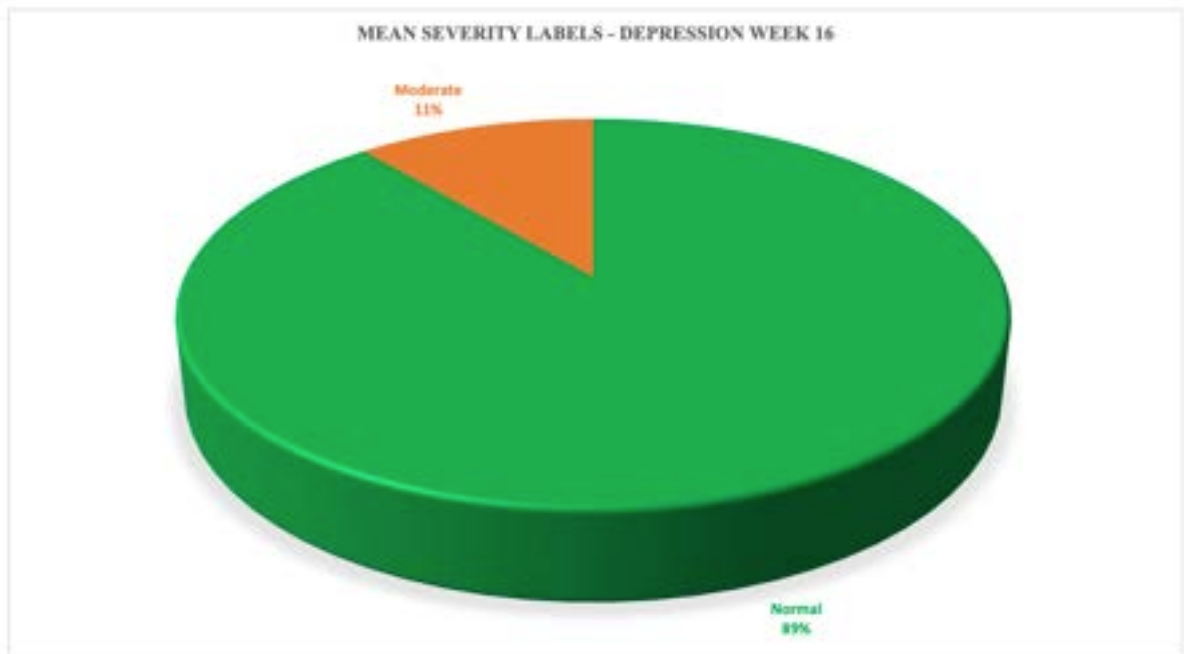


Figure 10: Participant Mean Score Ratings - Depression Week 16

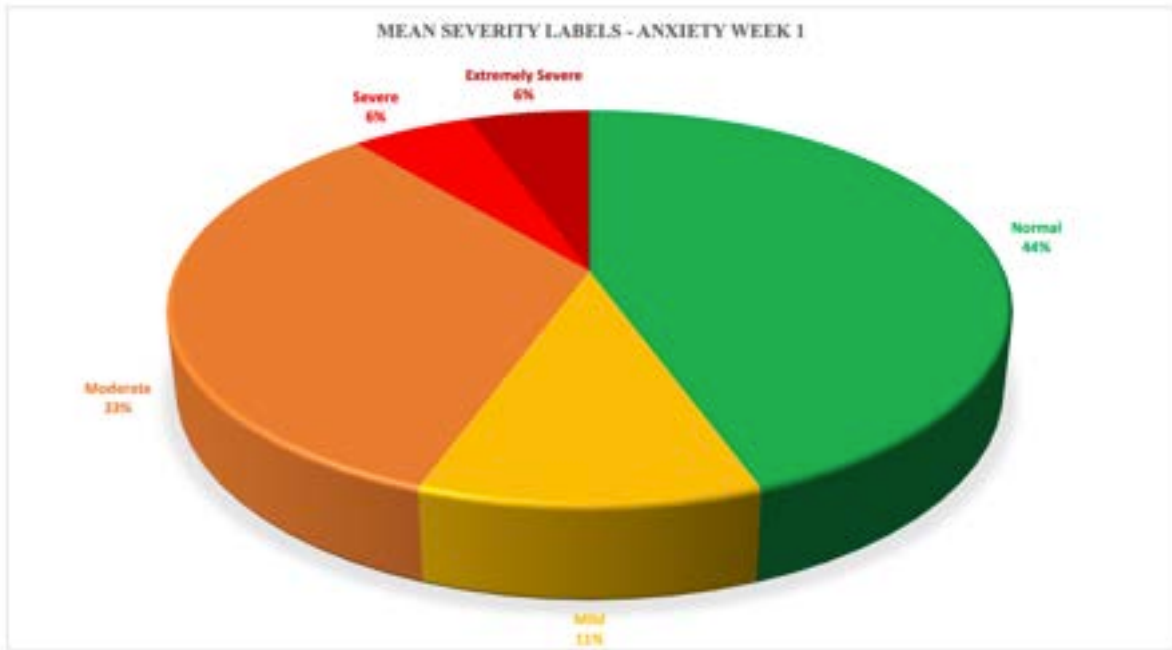


Figure 11: Participant Mean Score Ratings - Anxiety Week 1

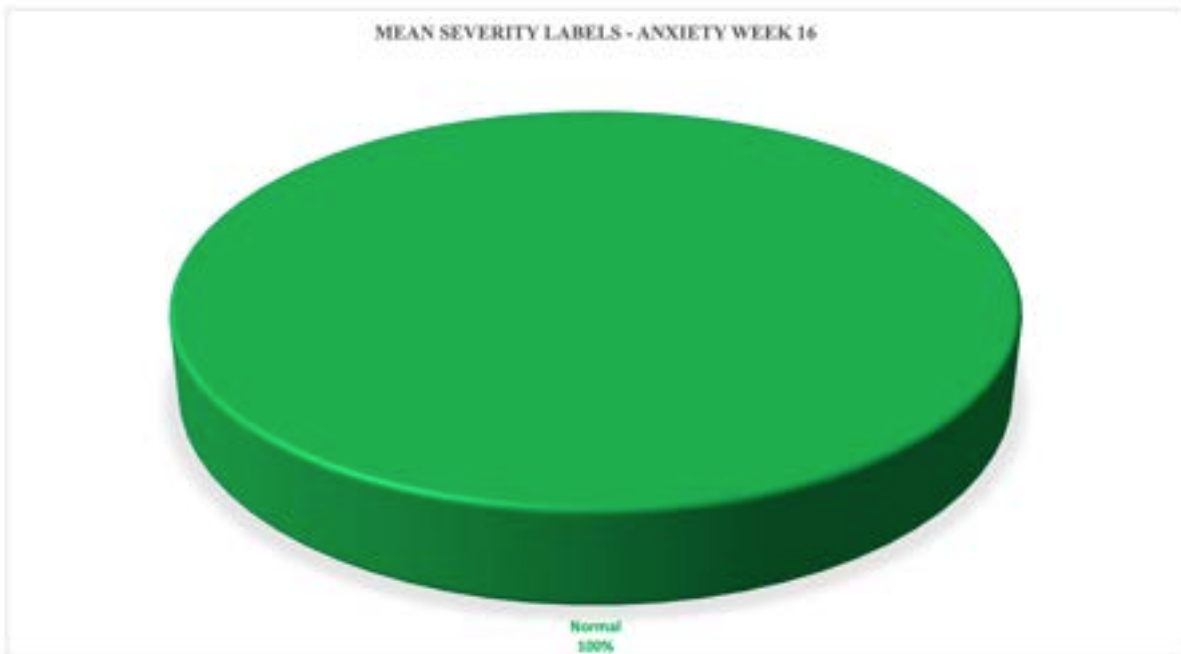


Figure 12: Participant Mean Score Ratings - Anxiety Week 16

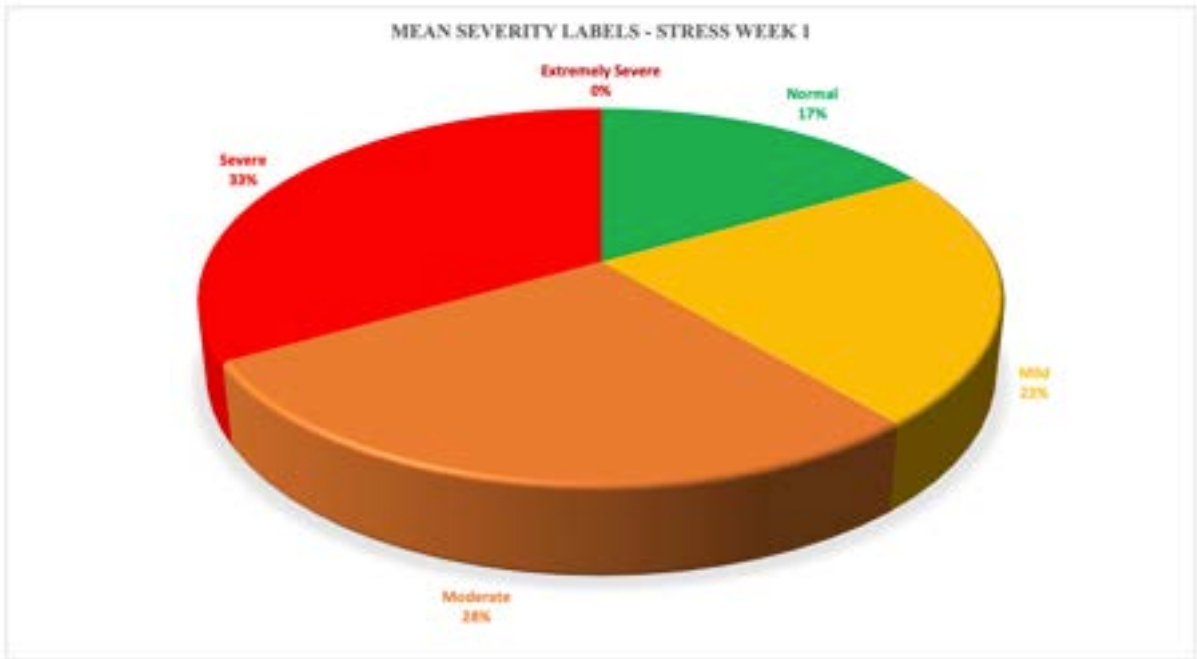


Figure 13: Participant Mean Score Ratings - Stress Week 1

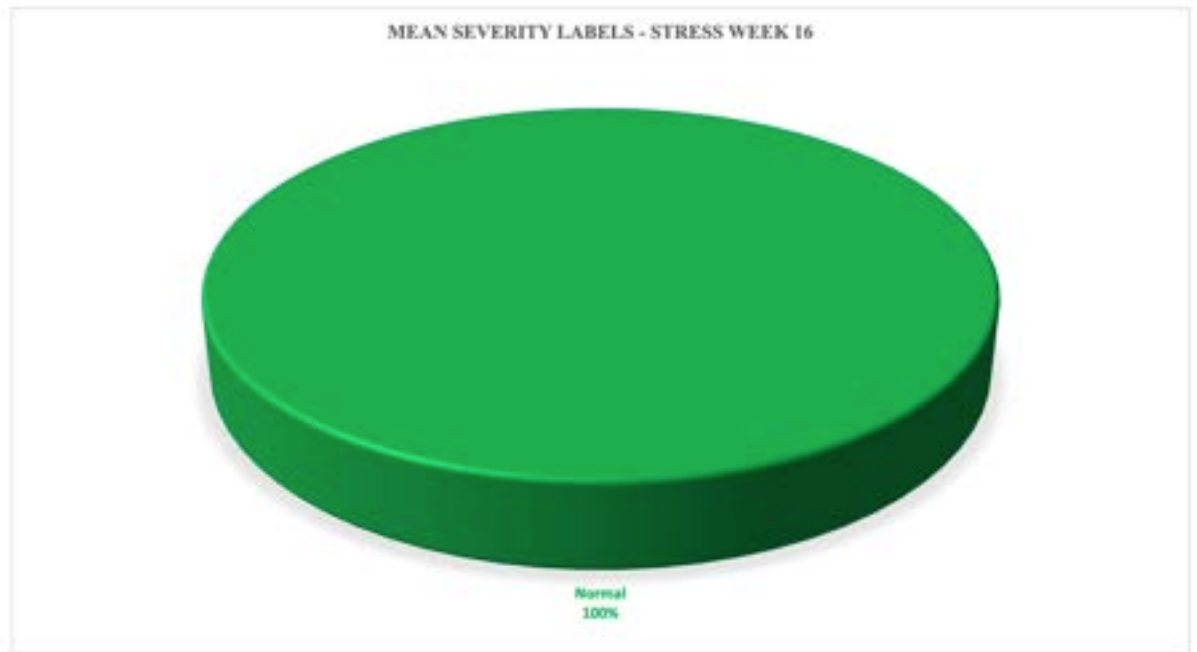


Figure 14: Participant Mean Score Ratings - Stress Week 16

DISCUSSION

FINDINGS

This study seeks to examine the effects of the multiple modalities of the Jing Method™ on MH in desk-based adults, measured by their levels of depression, anxiety, and stress. Analysis of the findings has shown a clear and pronounced positive result in average scores, severity labels and participant feedback, with noticeable improvements in all MH markers.

Taking the mean average score of the DASS-42 questionnaire as a measurement, over the full 16 weeks scores for depression decreased by 77%, levels of anxiety fell by 85% and stress reduced by 66%, with the average overall score decreasing by 74% or 31.2 points. Although this levelled out post-treatment, scores continued to decrease, still falling by 9% overall by week 16.

One of the most visible results were the severity labels, indicating that by the end of the study 89% of participants were considered to have normal levels in all MH markers. This compares with 72% who began with levels above moderate in one or more categories, 44% of those being severe or extremely severe.

INTERPRETATION & DISCUSSION

Whilst there is research into massage as treatment for MH conditions (Buckenmaier *et al.*, 2016; Field, 2016; Vergo *et al.*, 2018) and specifically for desk-based and work-related stress (Back *et al.*, 2009; Day *et al.*, 2009) this is relatively limited. As a further constraint although individual elements of the Jing Method™ may have been considered (Yang *et al.*, 2021; Michalak *et al.*, 2022; Wang *et al.*, 2022; Yin *et al.*, 2022), some, such as hot stones as thermotherapy, have mostly been ignored, particularly with reference to clinical use in the

treatment of mental, emotional, and physical conditions. There is also very little research into a multi-modal treatment approach such as HFMAST, so Jing Method™ studies are helpful here (Stanyon, 2015; Rigby, 2020; Aherin, 2023), especially those using the chronic stress protocols (see Appendix 11) (Meyrick, 2017; Casadei, 2023) and hot stones (Mezjane, 2017; Ellis, 2018).

The results of this study are very encouraging; not only supporting current general and Jing research (Martinez-Perez, 2023; Quayle, 2023) but positively building upon it. They demonstrate increased improvements across levels of depression, anxiety, and stress, although many factors may be relevant as discussed below.

Nevertheless, this offers promise for the future of using the Jing Method™ and HFMAST in the treatment of MHD and specifically depression, anxiety, and stress. In the wake of COVID and given the current mental health crisis both generally, and in desk-based settings such as the workplace (Al Enazi, 2023) and schools (Docherty and English, 2023), recognition for treatment and future research is eagerly anticipated.

STRENGTHS & IMPLICATIONS

Mental Health & The NHS

Even during the writing of this dissertation, the latest NHS key statistics have revealed a shocking increase in all treatment waiting times, rising to a record 7.8 million in September 2023 (Baker, 2023). Treatments such as the Jing Method™ can help support a struggling NHS, potentially lessening the need for further treatment and empowering people to help themselves.

There may be potential cost benefits for CAM in comparison to prescription of long-term conventional medication or treatment. Estimated at an overall cost of £117.9 billion (NHS England, 2022), individual costs are harder to assess (Ride et al., 2020). Despite an overall lack

of research (Herman, Craig and Caspi, 2005; Polley *et al.*, 2017) there is a growing scientific interest in and recommendations for CAM interventions to prevent MHD (Helha and Wang, 2022; McDaid *et al.*, 2022) and compelling evidence of potential cost-savings of worthwhile consideration (Herman, Craig and Caspi, 2005; Kutch, 2010; Wemrell, Olsson and Landgren, 2020).

Longer-Term Results

Jing recommends a 6-weekly treatment course for chronic conditions (Fairweather and Mari, 2015), and this study investigated effects 4 weeks post-treatment. Between weeks 12 and 16 depression, anxiety and stress scores continued to fall by 20%, 11% and 1.5% respectively or 9% overall. With the latest NHS report confirming that the 18-week target for all referrals has not been met since 2016 (Baker, 2023) the potential for effective longer-term treatment has some significance.

Therapeutic Alliance & Self-Care

This study has supported the work of others in the exceptional efficacy of therapeutic alliance as part of Jing Method™ (Gillingham, 2017; Sheppard, 2018; Leysen *et al.*, 2019; Harrison, 2021) and in general research within MHD treatment (Pihlaja S. *et al.*, 2017). Participant evaluation (see Appendix 14) made particular mention of the value of this approach within treatment.

The weekly DASS-42 made participants more aware of their MH and self-care, with many devising their own methods to assist with this. 60-78% of people used the self-care routines offered, building on recommendations of previous studies (Quayle, 2023) but many

devised their own, with 89% engaged in some form of self-care, and 55% of people restarting an exercise regime, particularly helpful for those with sedentary/desk-based lifestyles.

Further Research

Several unexpected outcomes were noted in consultation and particularly in the participant feedback (see Appendix 14). As they were not the subject of this study, these were not measured and are anecdotal opinions provided as feedback but may provide interesting topics for further study. As previously reported, there were improved sleep patterns and reduced fatigue, (see Appendix 13), both known to effect MHD (Scott *et al.*, 2021). This may be further linked to clients reporting knock-on effects such as an uptake of exercise, with 8 out of 12 (67%) respondents reporting starting exercise as self-care (see question 12, Appendix 14), and an improved ability to take on tasks. 7 out of the 12 respondents (58%) independently chose to comment on an improved ability to deal with their stress (see question 8, Appendix 14). The researcher also perceived an improvement in all these factors for herself, implying possible benefits for the therapist as well as the client, as suggested in a study led by Hansen (Viggo Hansen, Jørgensen and Ørtenblad, 2006).

LIMITATIONS & LEARNINGS

There are naturally limitations to this type of study, particularly with regards to size. One therapist can only treat so many participants and with this large a group it presented challenges. It can be difficult to provide appropriate therapeutic support or afford the financial implications and potential difficulties to current clients that closing a clinic for 6 weeks entails.

Whilst 18-20 participants is comparatively small, it was found manageable for this length of time as in other Jing research studies. Whilst they have recruited different cohorts, groups of between 7 and 17 for MHD have been treated using the Jing Method™ chronic stress protocols. These have analogous results of decreasing levels of stress and anxiety in earlier studies (Meyrick, 2017; Jones-Morris, 2021), although correlations are harder due to the use of different instruments. However, more recent research using the DASS-42 allows for a more direct comparison. Although not quite as marked in either study these also had positive results, with decreases in all three areas in line with these findings (Martinez-Perez, 2023; Quayle, 2023). Only one study evaluated for the post-treatment phase and here there was a slight rise (Quayle, 2023), whereas in this study levels continued to decrease. If future studies could be expanded with multiple researchers, in a clinic, hospital or other setting it could greatly further knowledge in this field.

There are some issues that cannot be anticipated or avoided, and life issues such as illness, caring responsibilities and childcare occasionally impacted the study, but fortunately adapting to the circumstances was possible in all but two cases where the participant reluctantly chose to withdraw. Although different sexes, cultures, nationalities, and races were represented in the cohort, a broader representation is both required and desired.

Timing

One aspect worth consideration as a possible topic of research is the timing of the study. In this instance the researcher was limited by deadline schedules, with the control phase overlapping summer holidays and, as the study continued into winter, shortened darker days and possible seasonal affective disorder may both have affected results. Although the latter was not cited by any participant, summer holidays were mentioned by 4 people as probably improving mood

in week 2 where scores dip, and it is interesting to note that control figures could have been different at other times.

Anticipation

Scores decreased, albeit much less markedly, during the control phase. Many participants remarked that the anticipation of embarking on the study and doing something to affect their well-being felt empowering and improved how they felt overall. Participants also mentioned that simply talking and being listened to during their consultation aided their sense of well-being. This area is not often addressed in research studies (Martinez-Perez, 2023; Quayle, 2023) with a 2017 systemic review highlighting the scarcity of evidence, although there are positive associations where found (Monfort, Stroup and Waugh, 2015; Pihlaja S. *et al.*, 2017).

DASS-42 Questionnaire

Naturally the DASS-42 has some limitations, and there was feedback against it, with some feeling that it was not relevant or suitable to them (see question 4, Appendix 14). The researcher noted some participants reporting higher levels of stress at their treatment session than was being scored in their self-report. This may be due to social desirability bias, whereby participants may consciously or unconsciously respond more favourably to a researcher (Grimm, 2010). Although evidence exists to refute this in some well-being studies (Caputo, 2017), there is also plenty in support of its existence (Kozma and Stones, 1988; Reisinger, 2022), particularly with reference to interviews versus self-reporting (Rickwood and Coleman-Rose, 2023). Naturally, some participants may downplay levels of depression, anxiety, or

stress, or simply be less self-aware of them, and these factors should be considered in any study of this kind.

Sleep

At week 8 a significant number of people were reporting improved sleep, something crucial to MH and well-being not addressed in the DASS-42. Fortunately, this was something the researcher chose to ask about in the initial consultation, so at week 12 the researcher chose to ask each client to assess their sleep during the study. As this was not a part of the original ethics form and anecdotal rather than measured in any other way it cannot be included in the results of the study. However, it is of interest and as such the results of this are included in Appendix 13. A recommendation for future studies would be to have some form of assessment of sleep levels given the potential links between sleep and MHD (Stanyon, 2015; Ward, 2015; Meyer, 2021; Scott *et al.*, 2021).

CONCLUSIONS

The results of this study, demonstrating the successful and continued reduction of depression, anxiety, and stress levels in those with desk-based and sedentary lifestyles with the Jing Method™ approach, are extremely promising. This offers great potential for future research and treatment for people with MHD.

Jing methodology offers a viable alternative to conventional treatment and is an efficacious and achievable treatment approach for MHD. Given the results, participants feedback, and “the full-scale emergency in mental healthcare” reported by Care Quality Commission and MIND in October 2023 (MIND, 2023) this multi-modal massage treatment surely warrants further research. Potential collaboration and funding could be sought with mental health charities and social prescribing initiatives such as Community Living Well (Kensington and Chelsea Social Council, 2018).

It is to be hoped that research studies on massage therapy and the multi-modal approach will expand further, not only within the complementary, but also conventional sector. As we progress into the twenty-first century there is recognition that medical treatment needs to be holistic, treating the individual and whole human rather than just one aspect of them such as the physical or mental, and this should surely expand to include the holism and combining of conventional and complementary treatment approaches as well.

REFERENCES

- Abrahão, C.A., Bomfim, E., Lopes-Júnior, L.C. and Pereira-da-Silva, G., (2019) Complementary Therapies as a Strategy to Reduce Stress and Stimulate Immunity of Women With Breast Cancer. *Journal of Evidence-Based Integrative Medicine*, 24
<https://doi.org/10.1177/2515690X19834169>.
- Adams, R., White, B. and Beckett, C., (2010) The effects of massage therapy on pain management in the acute care setting. *International Journal of Therapeutic Massage and Bodywork: Research, Education, and Practice*, 3(1). <https://doi.org/10.3822/ijtmb.v3i1.54>.
- Aherin, B.R., (2023) *The Effects of the Online Jing Method™ of Advanced Clinical Massage on Mental Health in Adults*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Alimohammad, H.S., Ghasemi, Z., Shahriar, S., Morteza, S. and Arsalan, K., (2018) Effect of hand and foot surface stroke massage on anxiety and vital signs in patients with acute coronary syndrome: A randomized clinical trial. *Complementary Therapies in Clinical Practice*, 31.
<https://doi.org/10.1016/j.ctcp.2018.01.012>.
- Back, C., Tam, H., Lee, E. and Haraldsson, B., (2009) The effects of employer-provided massage therapy on job satisfaction, workplace stress, and pain and discomfort. *Holistic Nursing Practice*, 23(1). <https://doi.org/10.1097/01.HNP.0000343206.71957.a9>.
- Baker, C., (2020) *Mental health statistics for England: prevalence, services and funding*. [online] *House of Commons Library*, Available at: <<https://commonslibrary.parliament.uk/research-briefings/sn06988/>> [Accessed 14 July 2023].
- Baker, C., (2023) *NHS key statistics: England*. [online] Available at: <<https://commonslibrary.parliament.uk/research-briefings/cbp-7281/>> [Accessed 1 January 2024].
- Baker, C. and Kirk-Wade, E., (2023) *Mental health statistics: prevalence, services and funding in England*. [online] Available at: <<https://commonslibrary.parliament.uk/research-briefings/sn06988/>> [Accessed 14 July 2023].
- Barnes, J.F., (2011) Therapeutic Insight: The Myofascial Release Perspective - Depression . *Massage Magazine*. 31 Jan. Available at: <https://www.massagemag.com/therapeutic-insight-the-myofascial-release-perspectivedepression-8584/>
- Barnes, J.F., (2021) Can Myofascial Release Help with Anxiety, Depression and Exhaustion? *Massage Today*, [online] 21(3). Available at: <<https://www.massagetoday.com/articles/1619813913418/can-myofascial-release-help-with-anxiety-depression-and-exhaustion>> [Accessed 30 July 2023].
- Battams, S., Roche, A.M., Fischer, J.A., Lee, N.K., Cameron, J. and Kostadinov, V., (2014) Workplace risk factors for anxiety and depression in male-dominated industries: a systematic review. *Health Psychology and Behavioral Medicine*, 2(1).
<https://doi.org/10.1080/21642850.2014.954579>.

- Bolton, D. and Gillett, G., (2019) *The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments. The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments.* <https://doi.org/10.1007/9783030118990>.
- Borell-Carrió, F., Suchman, A.L. and Epstein, R.M., (2004) The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine*, 2(6), pp. 576-582. <https://doi.org/10.1370/afm.245>.
- Borges, G., Nock, M.K., Abad, J.M.H., Hwang, I., Sampson, N.A., Alonso, J., Andrade, L.H., Angermeyer, M.C., Beautrais, A., Bromet, E., Bruffaerts, R., De Girolamo, G., Florescu, S., Gureje, O., Hu, C., Karam, E.G., Kovess-Masfety, V., Lee, S., Levinson, D., Medina-Mora, M.E., Ormel, J., Posada-Villa, J., Sagar, R., Tomov, T., Uda, H., Williams, D.R. and Kessler, R.C., (2010) Twelve-month prevalence of and risk factors for suicide attempts in the world health organization world mental health surveys. *Journal of Clinical Psychiatry*, 71(12). <https://doi.org/10.4088/JCP.08m04967blu>.
- Boyd, C., Crawford, C., Paat, C.F., Price, A., Xenakis, L., Zhang, W., Buckenmaier, C., Buckenmaier, P., Cambron, J., Deery, C., Schwartz, J., Werner, R. and Whitridge, P., (2016) The impact of massage therapy on function in pain populations—a systematic review and meta-analysis of randomized controlled trials: Part II, cancer pain populations. *Pain Medicine (United States)*, 17(8), pp. 1553-1568. <https://doi.org/10.1093/pm/pnw100>.
- Buckenmaier, C., Cambron, J., Werner, R., Buckenmaier, P., Deery, C., Schwartz, J. and Whitridge, P., (2016) Massage therapy for pain-call to action. *Pain Medicine (United States)*, 17(7), pp. 1211-1214. <https://doi.org/10.1093/pm/pnw092>.
- Burns, C., (2022) Antidepressant prescribing increases by 35% in six years. *The Pharmaceutical Journal*, [online] 309(7963). Available at: <<https://pharmaceutical-journal.com/article/news/antidepressant-prescribing-increases-by-35-in-six-years>> [Accessed 16 July 2023].
- Cady, S.H. and Jones, G.E., (1997) Massage therapy as a workplace intervention for reduction of stress. *Perceptual and Motor Skills*, 84(1). <https://doi.org/10.2466/pms.1997.84.1.157>.
- Candra, Isworo, A. and Setyo Upoyo, A., (2021) Effect of Massage Therapy on Chest Pain, Anxiety, and Stress Among Patients With Acute Coronary Syndrome: a review. *Journal of Bionursing*, 3(3). <https://doi.org/10.20884/1.bion.2021.3.3.111>.
- Caputo, A., (2017) Social desirability bias in self-reported well-being measures: Evidence from an online survey. *Universitas Psychologica*, 16(2).
- Casadei, L., (2023) *Evaluating the Jing Method in Treating and Reducing Symptoms of Stress, Anxiety and Depression in the LGBTQ+ Community*. BTEC Level 6 Dissertation . Brighton: Jing Institute of Massage & Complementary Medicine.
- Castro-Sánchez, A.M., Matarán-Pearrocha, G.A., Granero-Molina, J., Aguilera-Manrique, G., Quesada-Rubio, J.M. and Moreno-Lorenzo, C., (2011a) Benefits of massage-myofascial release therapy on pain, anxiety, quality of sleep, depression, and quality of life in patients with fibromyalgia. *Evidence-based Complementary and Alternative Medicine*, (2011) <https://doi.org/10.1155/2011/561753>.

- Castro-Sánchez, A.M., Matarán-Peñarrocha, G.A., Granero-Molina, J., Aguilera-Manrique, G., Manuel Quesada-Rubio, J. and Moreno-Lorenzo, C., (2011b) Myofascial Release for Fibromyalgia Symptoms. *Massage Magazine*, 31 May. <https://www.massagemag.com/myofascial-release-for-fibromyalgia-symptoms-9246/>
- Chang, C.K., Hayes, R.D., Perera, G., Broadbent, M.T.M., Fernandes, A.C., Lee, W.E., Hotopf, M. and Stewart, R., (2011) Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London. *PLoS ONE*, 6(5). <https://doi.org/10.1371/journal.pone.0019590>.
- Chen, B., Wang, L., Li, B. and Liu, W., (2022) Work stress, mental health, and employee performance. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1006580>.
- Churchill, F., (2021) Half of professionals working longer hours at home, poll finds. *People Management*. [online] 10 Aug. Available at: <<https://www.peoplemanagement.co.uk/article/1745150/half-professionals-working-longer-hours-at-home-poll-finds>> [Accessed 12 July 2023].
- Corbin, L., (2005) Safety and efficacy of massage therapy for patients with cancer. *Cancer Control*, 12(3), pp.158-64. <https://doi.org/10.1177/107327480501200303>.
- Costa, B.O. da, Andrade, L.S., Botton, C.E. and Alberton, C.L., (2023) Effects of a Telehealth Stretching Exercise Program on Pain, Sleep, Depression, and Functionality of Women with Fibromyalgia during the COVID-19 Pandemic: A Randomized Clinical Trial. *Sustainability (Switzerland)*, 15(3). <https://doi.org/10.3390/su15032604>.
- Davies, T.L., (2023) Tailoring the mental health assessment to older adults. *Nurse Practitioner*, 48(1). <https://doi.org/10.1097/01.NPR.0000902992.34389.1f>.
- Day, A.L., Gillan, L., Francis, L., Kelloway, E.K. and Natarajan, M., (2009) Massage therapy in the workplace: Reducing employee strain and blood pressure. *Giornale Italiano di Medicina del Lavoro ed Ergonomia*, 31(3 SUPPL. B).
- Dehkordi, Z., Hosseini-Baharanchi, F., Kazemian, A., Madiseh, M., Reisi, M. and Motaghi, B., (2019) The effects of infant massage on maternal postpartum depression: A randomized controlled trial. *Nursing and Midwifery Studies*, 8(1). https://doi.org/10.4103/nms.nms_80_17.
- Delphis Learning, (2019) *The Biopsychosocial Model of Mental Health – Delphis Learning. Delphis Learning*.
- Dempsey, P.C., Larsen, R.N., Dunstan, D.W., Owen, N. and Kingwell, B.A., (2018) Sitting Less and Moving More. *Hypertension*, 72(5). <https://doi.org/10.1161/hypertensionaha.118.11190>.
- Denche-Zamorano, Á., Franco-García, J.M., Carlos-Vivas, J., Mendoza-Muñoz, M., Pereira-Payo, D., Pastor-Cisneros, R., Merellano-Navarro, E. and Adsuar, J.C., (2022) Increased Risks of Mental Disorders: Youth with Inactive Physical Activity. *Healthcare (Basel)*, 10(2).
- Docherty, E. and English, G., (2023) Solutions to the mental health crisis can't wait another day. *Schools Week*. [online] 13 Dec. Available at: <<https://schoolsweek.co.uk/solutions-to-the-mental-health-crisis-cant-wait-another-day/>> [Accessed 5 January 2024].

- Dong, H.J. and Bäckryd, E., (2023) Teaching the biopsychosocial model of chronic pain: Whom are we talking to? *Patient Education and Counseling*, 110, 107645. <https://doi.org/10.1016/j.pec.2023.107645>.
- Ellis, J., (2018) *Effect of hot stone massage on mental stress in females aged 18 – 65*. BTEC Level 6 Dissertation. Jing Institute of Advanced Clinical Massage Therapy, Brighton.
- Al Enazi, A., (2023) The economic impact of our mental health crisis. *Investors Chronicle*. [online] 4 Oct. Available at: <<https://www.investorschronicle.co.uk/news/2023/10/04/what-our-mental-health-crisis-means-for-the-economy/>> [Accessed 5 January 2024].
- Engel, G.L., (1977) The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286). <https://doi.org/10.1126/science.847460>.
- Engel, G.L., (1980) The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 137(5). <https://doi.org/10.1176/ajp.137.5.535>.
- Engert, V., Grant, J.A. and Strauss, B., (2020) Psychosocial Factors in Disease and Treatment-A Call for the Biopsychosocial Model. *JAMA Psychiatry*, 77(10), pp. 996-997. <https://doi.org/10.1001/jamapsychiatry.2020.0364>.
- Ernst, E., (1998) Does post-exercise massage treatment reduce delayed onset muscle soreness? A systematic review. *British Journal of Sports Medicine*, [online] 32(3). <https://doi.org/10.1136/bjism.32.3.212>.
- Ernst, E., (1999) Massage therapy for low back pain: A systematic review. *Journal of Pain and Symptom Management*, 17(1), pp. 65-9. [https://doi.org/10.1016/S0885-3924\(98\)00129-8](https://doi.org/10.1016/S0885-3924(98)00129-8).
- Fairweather, R. and Mari, M.S., (2015) *Massage Fusion: The Jing Method for the treatment of chronic pain*. First ed. Pencaitland: Handspring Publishing.
- Field, T., (2016) Massage therapy research review. *Complementary Therapies in Clinical Practice*, 24, pp.19–31.
- Field, T., Diego, M., Hernandez-Reif, M., Medina, L., Delgado, J. and Hernandez, A., (2012) Yoga and massage therapy reduce prenatal depression and prematurity. *Journal of Bodywork and Movement Therapies*, 16(2). <https://doi.org/10.1016/j.jbmt.2011.08.002>.
- Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S. and Kuhn, C., (2005) Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience*, 115(10), pp. 1397-1413. <https://doi.org/10.1080/00207450590956459>.

Fountoulakis, K.N., Karakatsoulis, G., Abraham, S., Adorjan, K., Ahmed, H.U., Alarcón, R.D., Arai, K., Auwal, S.S., Berk, M., Bjedov, S., Bobes, J., Bobes-Bascaran, T., Bourgin-Duchesnay, J., Bredicean, C.A., Bukelskis, L., Burkadze, A., Abud, I.I.C., Castilla-Puentes, R., Cetkovich, M., Colon-Rivera, H., Corral, R., Cortez-Vergara, C., Crepin, P., De Berardis, D., Zamora Delgado, S., De Lucena, D., De Sousa, A., Di Stefano, R., Dodd, S., Elek, L.P., Elissa, A., Erdelyi-Hamza, B., Erzin, G., Etchevers, M.J., Falkai, P., Farcas, A., Fedotov, I., Filatova, V., Fountoulakis, N.K., Frankova, I., Franza, F., Frias, P., Galako, T., Garay, C.J., Garcia-Álvarez, L., García-Portilla, M.P., Gonda, X., Gondek, T.M., González, D.M., Gould, H., Grandinetti, P., Grau, A., Groudeva, V., Hagin, M., Harada, T., Hasan, T.M., Hashim, N.A., Hilbig, J., Hossain, S., Iakimova, R., Ibrahim, M., Iftene, F., Ignatenko, Y., Irarrazaval, M., Ismail, Z., Ismayilova, J., Jakobs, A., Jakovljević, M., Jakšić, N., Javed, A., Kafali, H.Y., Karia, S., Kazakova, O., Khalifa, D., Khaustova, O., Koh, S., Kopishinskaia, S., Kosenko, K., Koupidis, S.A., Kovacs, I., Kulig, B., Lalljee, A., Liewig, J., Majid, A., Malashonkova, E., Malik, K., Malik, N.I., Mammadzada, G., Mandalia, B., Marazziti, D., Marčinko, D., Martinez, S., Matiekus, E., Mejia, G., Memon, R.S., Martínez, X.E.M., Mickevičiūtė, D., Milev, R., Mohammed, M., Molina-López, A., Morozov, P., Muhammad, N.S., Mustač, F., Naor, M.S., Nassieb, A., Navickas, A., Okasha, T., Pandova, M., Panfil, A.L., Panteleeva, L., Papava, I., Patsali, M.E., Pavlichenko, A., Pejuskovic, B., Pinto Da Costa, M., Popkov, M., Popovic, D., Raduan, N.J.N., Ramírez, F.V., Rancans, E., Razali, S., Rebok, F., Rewekant, A., Flores, E.N.R., Rivera-Encinas, M.T., Saiz, P., de Carmona, M.S., Martínez, D.S., Saw, J.A., Saygili, G., Schneidereit, P., Shah, B., Shirasaka, T., Silagadze, K., Sitanggang, S., Skugarevsky, O., Spikina, A., Mahalingappa, S.S., Stoyanova, M., Szczegielniak, A., Tamasan, S.C., Tavormina, G., Tavormina, M.G.M., Theodorakis, P.N., Tohen, M., Tsapakis, E.M., Tukhvatullina, D., Ullah, I., Vaidya, R., Vega-Dienstmaier, J.M., Vrublevska, J., Vukovic, O., Vysotska, O., Widiasih, N., Yashikhina, A., Prezerakos, P.E. and Smirnova, D., (2022) Results of the COVID-19 mental health international for the general population (COMET-G) study. *European Neuropsychopharmacology*, 54, pp.21–40. <https://doi.org/10.1016/j.euroneuro.2021.10.004>.

Frazier, L.D., (2020) The past, present, and future of the biopsychosocial model: A review of The Biopsychosocial Model of Health and Disease: New philosophical and scientific developments by Derek Bolton and Grant Gillett. *New Ideas in Psychology*, 57(1) <https://doi.org/10.1016/j.newideapsych.2019.100755>.

Fulton, M.M. and Allen, E.R., (2005) Polypharmacy in the elderly: a literature review. *Journal of the American Academy of Nurse Practitioners*, 17(4), pp. 123-32. <https://doi.org/10.1111/j.1041-2972.2005.0020.x>.

Furlan, A.D., Giraldo, M., Baskwill, A., Irvin, E. and Imamura, M., (2015) Massage for low-back pain. *Cochrane Database of Systematic Reviews*.

Ghaemi, S.N., (2008) Why antidepressants are not antidepressants: STEP-BD, STAR*D, and the return of neurotic depression. *Bipolar Disorders*, , 10(8), pp. 957-968. <https://doi.org/10.1111/j.1399-5618.2008.00639.x>.

Ghavami, H., Shamsi, S., Abdollahpoor, B., Radfar, M. and Khalkhali, H., (2019) Impact of hot stone massage therapy on sleep quality in patients on maintenance hemodialysis: A randomized controlled trial. *Journal of Research in Medical Sciences*, 24(1). https://doi.org/10.4103/jrms.JRMS_734_18.

- Gillingham, T., (2017) *A comparative analysis of the significance of the positive working alliance in the treatment of chronic low back pain, specifically within the framework of 'The Jing Method' for Low Back Pain*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- González-Valero, G., Zurita-Ortega, F., Ubago-Jiménez, J.L. and Puertas-Molero, P., (2019) Use of meditation and cognitive behavioral therapies for the treatment of stress, depression and anxiety in students. A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 16(22), p. 4394. <https://doi.org/10.3390/ijerph16224394>.
- Goyal, M., Goyal, K., Bathla, M., Kanimozhi, D. and Narkeesh, D., (2017) Efficacy of myofascial unwinding and myofascial release technique in a patient with somatic symptoms - A case report. *Indian Journal of Psychological Medicine*, 39(2). <https://doi.org/10.4103/0253-7176.203113>.
- Grimm, P., (2010) Social Desirability Bias. *Wiley International Encyclopedia of Marketing*.
- Hall, H.G., Cant, R., Munk, N., Carr, B., Tremayne, A., Weller, C., Fogarty, S. and Lauche, R., (2020) The effectiveness of massage for reducing pregnant women's anxiety and depression; systematic review and meta-analysis. *Midwifery*, 90:102818. <https://doi.org/10.1016/j.midw.2020.102818>.
- Halli-Tierney, A.D., Scarbrough, C. and Carroll, D., (2019) Polypharmacy: Evaluating Risks and Deprescribing. *American Academy of Family Physicians*, [online] 100(1), pp.32–38. Available at: <<https://www.aafp.org/pubs/afp/issues/2019/0701/p32.html>> [Accessed 16 July 2023].
- Harrison, S., (2021) Working with the long covid client: a massage therapist's perspective. *Co-Kinetic Journal*, (89).
- Helha, F.N.M. and Wang, Y.P., (2022) Trends in complementary and alternative medicine for the treatment of common mental disorders: A bibliometric analysis of two decades. *Complementary Therapies in Clinical Practice*, 46.
- Herman, P.M., Craig, B.M. and Caspi, O., 2005. Is complementary and alternative medicine (CAM) cost-effective? A systematic review. *BMC Complementary and Alternative Medicine*, 5(11).
- Hillier, S.L., Louw, Q., Morris, L., Uwimana, J. and Statham, S., (2010) Massage therapy for people with HIV/AIDS. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.cd007502.pub2>.
- Hmwe, N.T.T., Browne, G., Mollart, L., Allanson, V. and Chan, S.W.C., (2019) An integrative review of acupuncture interventions for older people: A focus on sleep quality, depression, anxiety, and agitation. *International Journal of Geriatric Psychiatry*, 34(3), pp. 381-396. <https://doi.org/10.1002/gps.5031>.
- Hmwe, N.T.T., Subramanian, P., Tan, L.P. and Chong, W.K., (2015) The effects of acupuncture on depression, anxiety and stress in patients with hemodialysis: A randomized controlled trial. *International Journal of Nursing Studies*, 52(2). <https://doi.org/10.1016/j.ijnurstu.2014.11.002>.

- Holzgrevé, F., Maltry, L., Hänel, J., Schmidt, H., Bader, A., Frei, M., Filmann, N., Groneberg, D.A., Ohlendorf, D. and van Mark, A., (2020) The office work and stretch training (Ost) study: An individualized and standardized approach to improve the quality of life in office workers. *International Journal of Environmental Research and Public Health*, 17(12). <https://doi.org/10.3390/ijerph17124522>.
- Hopkins, L.B., Medina, J.L., Baird, S.O., Rosenfield, D., Powers, M.B. and Smits, J.A.J., (2016) Heated hatha yoga to target cortisol reactivity to stress and affective eating in women at risk for obesity-related illnesses: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84(6). <https://doi.org/10.1037/ccp0000091>.
- HSE, (2021) *Statistics - Working days lost in Great Britain. HSE Statistics*.
- Inagaki, T.K., Irwin, M.R. and Eisenberger, N.I., (2015) Blocking opioids attenuates physical warmth-induced feelings of social connection. *Emotion*, 15(4). <https://doi.org/10.1037/emo0000088>.
- Ironson, G., Field, T., Scafidi, F., Hashimoto, M., Kumar, M., Kumar, A., Price, A., Goncalves, A., Burman, I., Tetenman, C.Y., Patarca, R. and Fletcher, M.A., (1996) Massage therapy is associated with enhancement of the immune system's cytotoxic capacity. *International Journal of Neuroscience*, [online] 84(1–4). <https://doi.org/10.3109/00207459608987266>.
- Jabraeili, M., Mirghafourvand, M., Montazeri, M. and Rahkar Farshi, M., (2023) The effect of massage on cortisol level in infants: A systematic review and meta-analysis. *Journal of Neonatal Nursing*. . 29(5), pp. 720-727. <https://doi.org/10.1016/j.jnn.2023.02.010>.
- Jakobsen, J.C., Gluud, C. and Kirsch, I., (2020) Should antidepressants be used for major depressive disorder? *BMJ Evidence-Based Medicine*, [online] 25(4). <https://doi.org/10.1136/bmjebm-2019-111238>.
- Jensen, A.M., Ramasamy, A., Hotek, J., Roel, B. and Riffe, D., (2012) The benefits of giving a massage on the mental state of massage therapists: A randomized, controlled trial. *Journal of Alternative and Complementary Medicine*, 18(12). <https://doi.org/10.1089/acm.2011.0643>.
- Johnson, C. and Jasarevic, T., (2021) *Long working hours increasing deaths from heart disease and stroke: WHO, ILO*.
- Jones-Morris, L., (2021) *Effect of the Jing method of Advanced Clinical Massage on non-specific low back pain and anxiety in Community Midwives*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Kandola, A., Lewis, G., Osborn, D.P.J., Stubbs, B. and Hayes, J.F., (2020) Depressive symptoms and objectively measured physical activity and sedentary behaviour throughout adolescence: a prospective cohort study. *The Lancet Psychiatry*, 7(3). [https://doi.org/10.1016/S2215-0366\(20\)30034-1](https://doi.org/10.1016/S2215-0366(20)30034-1).
- Kim, E.K., You, J.K., Ji, S.J., Choi, S.H., Jin, B.M., Lee, C.A. and Lee, E.J., (2022) The Impact of Auricular Acupressure on Depression among Nurses. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, 31(3). <https://doi.org/10.12934/jkpmhn.2022.31.3.365>.

- Kim, I.H., Kim, T.Y. and Ko, Y.W., (2016) The effect of a scalp massage on stress hormone, blood pressure, and heart rate of healthy female. *Journal of Physical Therapy Science*, 28(10). <https://doi.org/10.1589/jpts.28.2703>.
- Kim, Y.J., (2020) The Effect of Tele-acupressure Self-practice for Mental Health and Wellbeing in the Community During COVID-19. *Current Psychiatry Research and Reviews*, 16(4). <https://doi.org/10.2174/2666082216999201117124408>.
- Kirsch, I., (2019) Placebo effect in the treatment of depression and anxiety. *Frontiers in Psychiatry*, 10, p. 407. <https://doi.org/10.3389/fpsy.2019.00407>.
- Kozma, A. and Stones, M.J., (1988) Social Desirability in Measures of Subjective Well-Being: Age Comparisons. *Social Indicators Research*, 20(1), pp.1–14.
- Kutch, M.D., (2010) Cost-effectiveness analysis of complementary and alternative medicine in treating mental health disorders. *Alternative & Integrative Medicine*, 71(11).
- Lauders, N., Kirsh, L., Osborn, D.P.J. and Hayes, J.F., (2022) The temporal relationship between severe mental illness diagnosis and chronic physical comorbidity: a UK primary care cohort study of disease burden over 10 years. *The Lancet Psychiatry*, 9(9). [https://doi.org/10.1016/S2215-0366\(22\)00225-5](https://doi.org/10.1016/S2215-0366(22)00225-5).
- Lee, S.N., Kim, B. and Park, H., (2021) The effects of auricular acupressure on stress, anxiety, and depression of outpatient nurses in South Korea. *Complementary Therapies in Clinical Practice*, 44. <https://doi.org/10.1016/j.ctcp.2021.101447>.
- Leysen, B., Van Daele, A., Verrept, T. and Saeys, W., (2019) Applied physiotherapeutic and occupational therapeutic interventions within palliative care: an exploratory survey. *Progress in Palliative Care*, 27(3). <https://doi.org/10.1080/09699260.2019.1632509>.
- Liou, K.T., Lynch, K.A., Nwodim, O., Popkin, K., Greene, J.S., Atkinson, T.M., Bradt, J. and Mao, J.J., (2022) Comparison of Depressive Symptom Outcomes in Hospitalized Adult Cancer Patients Receiving Music Therapy or Massage Therapy. *Journal of Pain and Symptom Management*, 63(2). <https://doi.org/10.1016/j.jpainsymman.2021.09.007>.
- Makepeace, C., (2023) *How does the application of Massage Therapies affect the client's pain and pain experience? Literature Review*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Martinez-Perez, C., (2023) *Effects of The Jing Method of advanced clinical massage on the well-being of men, aged 35-54*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- McDaid, D., Park, A., Davidson, G., John, A., Knifton, L., McDaid, S., Morton, A., Thorpe, L. and Wilson, N., (2022) *The economic case for investing in the prevention of mental health conditions in the UK (Summary)*.
- McManus S, B.P.J.R.B.T. (eds.), (2016) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. [online] Leeds. Available at: <<https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>> [Accessed 28 June 2023].

- Meakin, L., (2021) Remote Working's Longer Hours Are New Normal for Many. *Bloomberg*. [online] 21 Feb. Available at: <https://www.bloomberg.com/news/articles/2021-02-02/remote-working-s-longer-hours-are-new-normal-for-many-chart?in_source=embedded-checkout-banner> [Accessed 12 July 2023].
- Mehrabian, S., Tirgari, B., Forouzi, M.A., Tajadini, H. and Jahani, Y., (2022) Effect of Aromatherapy Massage on Depression and Anxiety of Elderly Adults: a Randomized Controlled Trial. *International Journal of Therapeutic Massage and Bodywork: Research, Education, and Practice*, 15(1). <https://doi.org/10.3822/ijtmb.v15i1.645>.
- Meyer, V., (2021) *The Effects of The Jing Method of Advanced Clinical Massage Self-care Program Delivered Online for the Treatment of Sleep Quality in Women during COVID-19 Pandemic*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Meyrick, M., (2017) *Evaluating the effects of clinical massage treatment on perceived stress levels in self-employed women*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Mezjane, L., (2017) *Comparison of the clinical massage and hot stone massage in people with chronic non-specific neck pain*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Michalak, J., Aranmolate, L., Bonn, A., Grandin, K., Schleip, R., Schmiedtke, J., Quassowsky, S. and Teismann, T., (2022) Myofascial Tissue and Depression. *Cognitive Therapy and Research*, 46(3). <https://doi.org/10.1007/s10608-021-10282-w>.
- MIND, (2022) *Workplace Wellbeing Index 2021/22*. [online] Available at: <<https://www.mind.org.uk/media/kogesqr4/mind-index-insights-report-2021-22.pdf>> [Accessed 14 July 2023].
- MIND, (2023) *Mind reveals true extent of crisis in mental healthcare with more than 17,000 reports of serious incidents in past year alone*. [online] MIND. Available at: <<https://www.mind.org.uk/news-campaigns/news/mind-reveals-true-extent-of-crisis-in-mental-healthcare-with-more-than-17-000-reports-of-serious-incident-in-past-year-alone/>> [Accessed 5 January 2024].
- Mohaddes, F., Ehsanpour, N.G. and Ghezeljeh, T.N., (2018) The effect of slow-stroke back massage on anxiety in female patients with heart failure. *Bali Medical Journal*, 7(2). <https://doi.org/10.15562/bmj.v7i2.899>.
- Monfort, S.S., Stroup, H.E. and Waugh, C.E., (2015) The impact of anticipating positive events on responses to stress. *Journal of Experimental Social Psychology*, 58, pp.11–22.
- Montero-Marín, J., Asún, S., Estrada-Marcén, N., Romero, R. and Asún, R., (2013) Efectividad de un programa de estiramientos sobre los niveles de ansiedad de los trabajadores de una plataforma logística: un estudio controlado aleatorizado [Effectiveness of a stretching program on anxiety levels of workers in a logistic platform: a randomized controlled study]. *Atencion Primaria*, [online] 45(7). <https://doi.org/10.1016/j.aprim.2013.03.002>.
- Morhenn, V., Beavin, L.E. and Zak, P.J., (2012) Massage increases oxytocin and reduces adrenocorticotropin hormone in humans. *Alternative Therapies in Health and Medicine*, 18(6).

- Mortazavi, S.S., Shati, M., Keshtkar, A., Malakouti, S.K., Bazargan, M. and Assari, S., (2016) Defining polypharmacy in the elderly: A systematic review protocol. *BMJ Open*, 6(3). <https://doi.org/10.1136/bmjopen-2015-010989>.
- National Institute Mental Health, (2022) *Mental Illness*. [online] Available at: <https://www.nimh.nih.gov/health/statistics/mental-illness> [Accessed 11 July 2023].
- Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M. and Galea, A., (2012) *Long-term conditions and mental health The cost of co-morbidities*. [online] London. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf [Accessed 29 June 2023].
- NCT03630757, (2018) Effects of Manual Therapy in Fibromyalgia Syndrome. <https://clinicaltrials.gov/show/NCT03630757>.
- Newland, P. and Bettencourt, B.A., (2020) Effectiveness of mindfulness-based art therapy for symptoms of anxiety, depression, and fatigue: A systematic review and meta-analysis. *Complementary Therapies in Clinical Practice*, 41. <https://doi.org/10.1016/j.ctcp.2020.101246>.
- NHS, (2022a) *Types of talking therapy*. [online] NHS. Available at: <Types of talking therapy> [Accessed 16 July 2023].
- NHS, (2022b) *Why we should sit less*. [online] NHS Guidelines. Available at: <https://www.nhs.uk/live-well/exercise/exercise-guidelines/why-sitting-too-much-is-bad-for-us/> [Accessed 17 August 2023].
- NHS Business Services Authority, (2022) *Medicines Used in Mental Health – England – 2015/16 to 2021/22*. [online] Available at: <https://www.nhsbsa.nhs.uk/statistical-collections/medicines-used-mental-health-england/medicines-used-mental-health-england-201516-202122> [Accessed 16 July 2023].
- NHS England, (2022) *National Mental Health Programme*.
- NHS England, (2023) *Mental Health*. [online] NHS England . Available at: <https://www.england.nhs.uk/mental-health/> [Accessed 6 August 2023].
- Nyer, M., Hopkins, L.B., Farabaugh, A., Nauphal, M., Parkin, S., McKee, M.M., Miller, K.K., Streeter, C., Uebelacker, L.A., Fava, M., Alpert, J.E., Pedrelli, P. and Mischoulon, D., (2019) Community-Delivered Heated Hatha Yoga as a Treatment for Depressive Symptoms: An Uncontrolled Pilot Study. *Journal of Alternative and Complementary Medicine*, 25(8). <https://doi.org/10.1089/acm.2018.0365>.
- Osborne, H., (2021) Home workers putting in more hours since Covid, research shows. *The Guardian*. [online] 4 Feb. Available at: <https://www.theguardian.com/business/2021/feb/04/home-workers-putting-in-more-hours-since-covid-research> [Accessed 15 July 2023].
- Parot-Monpetit, A., Mironnet, S. and Monpetit, E., (2015) Hot stone therapy in palliative care. *Journal of Clinical Oncology*, 33(29_suppl). https://doi.org/10.1200/jco.2015.33.29_suppl.179.

- Pihlaja S., Stenberg J. H, Joutsenniemi, K., Mehik H., Ritola V. and Joffe G., (2017) Therapeutic alliance in guided internet therapy programs for depression and anxiety disorders - A systematic review. *Internet Interventions*, 11, pp.1–10.
- Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K. and Refsum, C., (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. London.
- Quayle, K., (2023) *Evaluating the effect of the Jing method of advanced clinical massage in the treatment of depression in men*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Rabolu, E. and Mârza-Dănilă, D.-N., (2017) Implications of Massage for Fighting Against the Negative Effects of Occupational Stress. *Gymnasium - Zeitschrift fuer Kultur der Antike und Humanistische Bildung*, XV(2).
- Recchia, F., Leung, C.K., Chin, E.C., Fong, D.Y., Montero, D., Cheng, C.P., Yau, S.Y. and Siu, P.M., (2022) Comparative effectiveness of exercise, antidepressants and their combination in treating non-severe depression: A systematic review and network meta-analysis of randomised controlled trials. *British Journal of Sports Medicine*, 56(23), pp. 1375-1380. <https://doi.org/10.1136/bjsports-2022-105964>.
- Reisinger, J., (2022) Subjective well-being and social desirability. *Journal of Public Economics*, 214.
- Ricardo, Y.R., Acosta, R. and Navarro, E.R., (2018) Massage in cases of chronic stress. *Apunts. Educacion Fisica y Deportes*, (134). [https://doi.org/10.5672/apunts.2014-0983.cat.\(2018/4\).134.07](https://doi.org/10.5672/apunts.2014-0983.cat.(2018/4).134.07).
- Rickwood, D.J. and Coleman-Rose, C.L., (2023) The effect of survey administration mode on youth mental health measures: Social desirability bias and sensitive questions. *Heliyon*, 9(9).
- Ride, J., Kasteridis, P., Gutacker, N., Aragon Aragon, M.J. and Jacobs, R., (2020) Healthcare Costs for People with Serious Mental Illness in England: An Analysis of Costs Across Primary Care, Hospital Care, and Specialist Mental Healthcare. *Applied Health Economics Health Policy*, 18(2), pp.177–188.
- Rigby, T., (2020) *Effects of the Jing Method in treating symptoms of depression in men*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Rory C. O'Connor, Karen Wetherall, Seonaid Cleare, Heather McClelland, Ambrose J. Melson, Claire L. Niedzwiedz, Ronan E. O'Carroll, Daryl B. O'Connor, Steve Platt, Elizabeth Scowcroft, Billy Watson, Tiago Zortea, Eamonn Ferguson and Kathryn A. Robb, (2020) Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British Journal of Psychiatry*, [online] 218(6). Available at: <<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-and-wellbeing-during-the-covid19-pandemic-longitudinal-analyses-of-adults-in-the-uk-covid19-mental-health-wellbeing-study/F7321CBF45C749C788256CFE6964B00C>> [Accessed 11 July 2023].

- Sakurai, H., Norton, R.J., Fisher, L.B., Nagaswami, M. V., Streeter, C.C., Meyer, A.K., Dean, T., Fava, M., Mischoulon, D. and Nyer, M.B., (2021) A Patient With Electroconvulsive Therapy-resistant Major Depressive Disorder With a Full Response to Heated Yoga: A Case Report. *Journal of Psychiatric Practice*, 27(6).
<https://doi.org/10.1097/PRA.0000000000000587>.
- Satchwell, L., (2015) *Effects of Indirect Myofascial Release on the Quality of Life of Fibromyalgia Patients*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Saxena, A., Paredes-Echeverri, S., Michaelis, R., Popkirov, S. and Perez, D.L., (2022) Using the Biopsychosocial Model to Guide Patient-Centered Neurological Treatments. *Seminars in Neurology*, 42(2). <https://doi.org/10.1055/s-0041-1742145>.
- Scott, A.J., Webb, T.L., Martyn-St James, M., Rowse, G. and Weich, S., (2021) Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. *Sleep Medicine Reviews*, 60.
- Seo, J.G., Choi, S.H. and Lee, D.Y., (2020) The study of swedish massage on anxiety situation and ppt in stressed office workers. *Medico-Legal Update*, 20(1).
<https://doi.org/10.37506/v20/il/2020/mlu/194605>.
- Sharpe, P.A., Williams, H.G., Granner, M.L. and Hussey, J.R., (2007) A randomised study of the effects of massage therapy compared to guided relaxation on well-being and stress perception among older adults. *Complementary Therapies in Medicine*, 15(3).
<https://doi.org/10.1016/j.ctim.2007.01.004>.
- Sheikh, H., (2018) *The efficacy of Seated Acupressure Massage (SAM) in reducing stress in the corporate world*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Sheppard, D., (2018) *Examining the effects of therapeutic alliance on pain outcomes when using different communication styles to teach and support participants through a core rehabilitation programme*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Shorey, M., (2016) *Effects of hot stone therapy in reducing pain symptoms following periods of inactivity in people suffering from plantar fasciitis*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Shulman, K.R. and Jones, G.E., (1996) The effectiveness of massage therapy intervention on reducing anxiety in the workplace. *Journal of Applied Behavioral Science*, 32(2).
<https://doi.org/10.1177/0021886396322003>.
- Smart, K.M., (2023) The biopsychosocial model of pain in physiotherapy: past, present and future. *Physical Therapy Reviews*. <https://doi.org/10.1080/10833196.2023.2177792>.
- Smith, C.A., Shewamene, Z., Galbally, M., Schmied, V. and Dahlen, H., (2019) The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. *Journal of Affective Disorders*, 245, pp. 428-439.
<https://doi.org/10.1016/j.jad.2018.11.054>.

- Smith, R.C., (2002) The biopsychosocial revolution. *Journal of General Internal Medicine*, 17(4).
<https://doi.org/10.1046/j.1525-1497.2002.20210.x>.
- Stanyon, S., (2015) *Effects of Indirect Myofascial Techniques on Post Traumatic Stress Disorder related sleep quality in a Police Officer affected by violent crime*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Stevens, P., (2021) *The 2021 Working From Home Survey*. [online] Available at:
<https://wearewildgoose.com/uk/news/the-2021-working-from-home-survey/> [Accessed 15 July 2023].
- Sudo, M. and Ando, S., (2020) Effects of Acute Stretching on Cognitive Function and Mood States of Physically Inactive Young Adults. *Perceptual and Motor Skills*, 127(1).
<https://doi.org/10.1177/0031512519888304>.
- Taquet M, Holmes EA and Harrison PJ, (2021) Depression and anxiety disorders during the COVID-19 pandemic: knowns and unknowns'. *The Lancet*, 398(10312), pp.1665–1666.
- Thurner, C. and Stengel, A., (2023) Long-COVID syndrome: physical–mental interplay in the spotlight. *Inflammopharmacology*, 31(2), pp. 559-564.
<https://doi.org/10.1007/s10787-023-01174-4>.
- Trade Union Congress, (2019) *British workers putting in longest hours in the EU, TUC analysis finds*. [online] Trade Union Congress. Available at: <https://www.tuc.org.uk/news/british-workers-putting-longest-hours-eu-tuc-analysis-finds> [Accessed 15 July 2023].
- Vergo, M.T., Pinkson, B.M., Broglio, K., Li, Z. and Tosteson, T.D., (2018) Immediate Symptom Relief After a First Session of Massage Therapy or Reiki in Hospitalized Patients: A 5-Year Clinical Experience from a Rural Academic Medical Center. *The Journal of Alternative and Complementary Medicine*, 24(8), pp.801–808.
- Viggo Hansen, N., Jørgensen, T. and Ørtenblad, L., (2006) *Massage and touch for dementia*. *Cochrane Database of Systematic Reviews*,
<https://doi.org/10.1002/14651858.CD004989.pub2>.
- Wade, D.T. and Halligan, P.W., (2017) The biopsychosocial model of illness: A model whose time has come. *Clinical Rehabilitation*, 31(8), pp. 995-1004.
<https://doi.org/10.1177/0269215517709890>.
- Wang, F., Zhao, J., Li, Y., Yang, X., Wu, D., Yang, B., Zhang, C., He, Z., Du, L., Zhu, X., Ming, D., Liu, Y. and Tang, D., (2022) Acupuncture and acupressure with improved cancer-related depression of retrospective studies. *Frontiers in Oncology*, 12.
<https://doi.org/10.3389/fonc.2022.1036634>.
- Wang, T., Zhai, J., Liu, X.L., Yao, L.Q. and Tan, J.Y., (2021) Massage Therapy for Fatigue Management in Breast Cancer Survivors: A Systematic Review and Descriptive Analysis of Randomized Controlled Trials. *Evidence-based Complementary and Alternative Medicine*, 2021 Sep 23; 9967574. <https://doi.org/10.1155/2021/9967574>.
- Ward, C., (2015) *Effects of Swedish massage combined with hot stone treatment on the sleeping pattern in patients diagnosed with Fibromyalgia*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.

- Wemrell, M., Olsson, A. and Landgren, K., (2020) The Use of Complementary and Alternative Medicine (CAM) in Psychiatric Units in Sweden. *Issues in Mental Health Nursing* , 41(10), pp.946–957.
- Wongwilairat, K., Buranruk, O., Eungpinichpong, W., Puntumetakul, R. and Kantharadussadee-Triamchaisri, S., (2019) Muscle stretching with deep and slow breathing patterns: A pilot study for therapeutic development. *Journal of Complementary and Integrative Medicine*, 16(2). <https://doi.org/10.1515/jcim-2017-0167>.
- World Health Organization, (2022a) *Mental Disorders*. [online] Available at: <<https://www.who.int/news-room/fact-sheets/detail/mental-disorders#>> [Accessed 11 July 2023].
- World Health Organization, (2022b) *Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022*. [online] Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1> [Accessed 11 July 2023].
- World Health Organization, (2022c) *World Mental Health Day 2022: Make mental health & well-being for all a global priority*. [online] World Health Organization. Available at: <<https://www.who.int/campaigns/world-mental-health-day/2022>> [Accessed 27 August 2023].
- World Health Organization, (2023) *Mental Health - Overview*. [online] Available at: <https://www.who.int/health-topics/mental-health#tab=tab_1> [Accessed 29 June 2023].
- Wunderlich, S., (2022) Massage Therapy and Mental Health. *Massage Therapy Journal*. [online], 1 Aug, Available at: <<https://www.amtamassage.org/publications/massage-therapy-journal/massage-mental-health-benefits/>> [Accessed 14 July 2023].
- Yang, J., Do, A., Mallory, M.J., Wahner-Roedler, D.L., Chon, T.Y. and Bauer, B.A., (2021) Acupressure: An Effective and Feasible Alternative Treatment for Anxiety During the COVID-19 Pandemic. *Global Advances In Health and Medicine*, 10. <https://doi.org/10.1177/21649561211058076>.
- Yin, X.J., Wang, F., Lin, G.P., Gong, X.L. and Yao, M.Y., (2022) Effects of auricular acupressure on depression in stroke patients: A single-blind randomized controlled trial. *Complementary Therapies in Clinical Practice*, 48. <https://doi.org/10.1016/j.ctcp.2022.101596>.
- Zadkhosh, S.M., Ariaee, E., Atri, A.E., Rashidlamir, A. and Saadatyar, A., (2015) The effect of massage therapy on depression, anxiety and stress in adolescent wrestlers. *International Journal of Sport Studies*, 5(3).
- Zhao, H., Gu, W. and Zhang, M., (2020) Massage therapy in nursing as nonpharmacological intervention to control agitation and stress in patients with dementia. *Alternative Therapies in Health and Medicine*, 26(6), pp. 29-33.
- Zisopoulou, T. and Varvogli, L., (2023) Stress Management Methods in Children and Adolescents: Past, Present, and Future. *Hormone Research in Paediatrics*, 96(1), pp. 97-107. <https://doi.org/10.1159/000526946>.

BIBLIOGRAPHY

- Abrahão, C.A., Bomfim, E., Lopes-Júnior, L.C. and Pereira-da-Silva, G., (2019) Complementary Therapies as a Strategy to Reduce Stress and Stimulate Immunity of Women With Breast Cancer. *Journal of Evidence-Based Integrative Medicine*, 24 <https://doi.org/10.1177/2515690X19834169>.
- Adams, R., White, B. and Beckett, C., (2010) The effects of massage therapy on pain management in the acute care setting. *International Journal of Therapeutic Massage and Bodywork: Research, Education, and Practice*, 3(1). <https://doi.org/10.3822/ijtmb.v3i1.54>.
- Aherin, B.R., (2023) *The Effects of the Online Jing Method™ of Advanced Clinical Massage on Mental Health in Adults*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Aideyan, B., Martin, G.C. and Beeson, E.T., (2020) A practitioner's guide to breathwork in clinical mental health counseling. *Journal of Mental Health Counseling*, [online] 42(1), pp.78–94. Available at: <<https://meridian.allenpress.com/jmhc/article-abstract/42/1/78/435150/A-Practitioner-s-Guide-to-Breathwork-in-Clinical>> [Accessed 1 January 2024].
- Alimohammad, H.S., Ghasemi, Z., Shahriar, S., Morteza, S. and Arsalan, K., (2018) Effect of hand and foot surface stroke massage on anxiety and vital signs in patients with acute coronary syndrome: A randomized clinical trial. *Complementary Therapies in Clinical Practice*, 31. <https://doi.org/10.1016/j.ctcp.2018.01.012>.
- American Massage Therapy Association, (2020) *Massage Therapy for Mental Health*. [online] American Massage Therapy Association. Available at: <<https://www.amtamassage.org/resources/massage-and-health/mental-health/>> [Accessed 22 July 2023].
- Back, C., Tam, H., Lee, E. and Haraldsson, B., (2009) The effects of employer-provided massage therapy on job satisfaction, workplace stress, and pain and discomfort. *Holistic Nursing Practice*, 23(1). <https://doi.org/10.1097/01.HNP.0000343206.71957.a9>.
- Baek, J.Y., Lee, E., Gil, B., Jung, H.W. and Jang, I.Y., (2022) Clinical effects of using a massage chair on stress measures in adults: A pilot randomized controlled trial. *Complementary Therapies in Medicine*, 66. <https://doi.org/10.1016/j.ctim.2022.102825>.
- Baker, C., (2020) *Mental health statistics for England: prevalence, services and funding*. [online] House of Commons Library, Available at: <<https://commonslibrary.parliament.uk/research-briefings/sn06988/>> [Accessed 14 July 2023].
- Baker, C., (2023) *NHS key statistics: England*. [online] Available at: <<https://commonslibrary.parliament.uk/research-briefings/cbp-7281/>> [Accessed 1 January 2024].

- Baker, C. and Kirk-Wade, E., (2023) *Mental health statistics: prevalence, services and funding in England*. [online] Available at: <<https://commonslibrary.parliament.uk/research-briefings/sn06988/>> [Accessed 14 July 2023].
- Barath, M. and Schmidt, D.A., (2022) Offices after the COVID-19 Pandemic and Changes in Perception of Flexible Office Space. *Sustainability*, [online] 14(18). Available at: <<https://www.mdpi.com/2071-1050/14/18/11158>> [Accessed 11 July 2023].
- Barnes, J.F., (2011) Therapeutic Insight: The Myofascial Release Perspective - Depression . *Massage Magazine*. 31 Jan. Available at: <https://www.massagemag.com/therapeutic-insight-the-myofascial-release-perspectivedepression-8584/>
- Barnes, J.F., (2021) Can Myofascial Release Help with Anxiety, Depression and Exhaustion? *Massage Today*, [online] 21(3). Available at: <<https://www.massagetoday.com/articles/1619813913418/can-myofascial-release-help-with-anxiety-depression-and-exhaustion>> [Accessed 30 July 2023].
- Battams, S., Roche, A.M., Fischer, J.A., Lee, N.K., Cameron, J. and Kostadinov, V., (2014) Workplace risk factors for anxiety and depression in male-dominated industries: a systematic review. *Health Psychology and Behavioral Medicine*, 2(1). <https://doi.org/10.1080/21642850.2014.954579>.
- Bauer, J., Hohagen, F., Gimmel, E., Bruns, F., Lis, S., Krieger, S., Ambach, W., Guthmann, A., Grunze, H., Fritsch-Montero, R., Weissbach, A., Ganter, U., Frommberger, U., Riemann, D. and Berger, M., (1995) Induction of cytokine synthesis and fever suppresses REM sleep and improves mood in patients with major depression. *Biological Psychiatry*, 38(9). [https://doi.org/10.1016/0006-3223\(95\)00374-X](https://doi.org/10.1016/0006-3223(95)00374-X).
- Beheshti, N., (2021) We Worked Longer Hours During The Pandemic—Research Says We Need To Work Smarter, Not Harder. *Forbes*. [online] 18 Aug. Available at: <<https://www.forbes.com/sites/nazbeheshti/2021/08/18/we-worked-longer-hours-during-the-pandemic-research-says-we-need-to-work-smarter-not-harder>> [Accessed 15 July 2023].
- Bolton, D. and Gillett, G., (2019) *The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments. The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments*. <https://doi.org/10.1007/9783030118990>.
- Bonde, J., (2008) Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occupational and Environmental Medicine*, [online] 65(7), pp.438–445. Available at: <<https://pubmed.ncbi.nlm.nih.gov/18417557/>> [Accessed 28 June 2023].
- Borell-Carrió, F., Suchman, A.L. and Epstein, R.M., (2004) The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine*, 2(6), pp. 576-582. <https://doi.org/10.1370/afm.245>.

- Borges, G., Nock, M.K., Abad, J.M.H., Hwang, I., Sampson, N.A., Alonso, J., Andrade, L.H., Angermeyer, M.C., Beautrais, A., Bromet, E., Bruffaerts, R., De Girolamo, G., Florescu, S., Gureje, O., Hu, C., Karam, E.G., Kovess-Masfety, V., Lee, S., Levinson, D., Medina-Mora, M.E., Ormel, J., Posada-Villa, J., Sagar, R., Tomov, T., Uda, H., Williams, D.R. and Kessler, R.C., (2010) Twelve-month prevalence of and risk factors for suicide attempts in the world health organization world mental health surveys. *Journal of Clinical Psychiatry*, 71(12). <https://doi.org/10.4088/JCP.08m04967blu>.
- Boyd, C., Crawford, C., Paat, C.F., Price, A., Xenakis, L., Zhang, W., Buckenmaier, C., Buckenmaier, P., Cambron, J., Deery, C., Schwartz, J., Werner, R. and Whitridge, P., (2016) The impact of massage therapy on function in pain populations—a systematic review and meta-analysis of randomized controlled trials: Part II, cancer pain populations. *Pain Medicine (United States)*, 17(8), pp. 1553-1568. <https://doi.org/10.1093/pm/pnw100>.
- Brattberg, G., (1999) Connective tissue massage in the treatment of fibromyalgia. *European Journal of Pain*, 3(3), pp.235–244.
- British Medical Association (BMA) Media Team, (2021) *Year of unparalleled pressure leaves staff exhausted and on the brink, BMA survey shows*. [online] British Medical Association. Available at: <<https://www.bma.org.uk/bma-media-centre/year-of-unparalleled-pressure-leaves-staff-exhausted-and-on-the-brink-bma-survey-shows>> [Accessed 13 July 2023].
- British Medical Association (BMA) Media Team, (2023) *Mental health pressures in England*. British Medical Association.
- Buckenmaier, C., Cambron, J., Werner, R., Buckenmaier, P., Deery, C., Schwartz, J. and Whitridge, P., (2016) Massage therapy for pain-call to action. *Pain Medicine (United States)*, 17(7), pp. 1211-1214. <https://doi.org/10.1093/pm/pnw092>.
- Burns, C., (2022) Antidepressant prescribing increases by 35% in six years. *The Pharmaceutical Journal*, [online] 309(7963). Available at: <<https://pharmaceuticaljournal.com/article/news/antidepressant-prescribing-increases-by-35-in-six-years>> [Accessed 16 July 2023].
- Cady, S.H. and Jones, G.E., (1997) Massage therapy as a workplace intervention for reduction of stress. *Perceptual and Motor Skills*, 84(1). <https://doi.org/10.2466/pms.1997.84.1.157>.
- Cai, W., Zhang, K., Wang, G.T., Li, J., Wei, X.Y., Ma, W., Li, Y.J., Wang, B. and Shen, W.D., (2022) Effects and safety of auricular acupressure on depression and anxiety in isolated COVID-19 patients: A single-blind randomized controlled trial. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.1041829>.
- Candra, Isworo, A. and Setyo Upoyo, A., (2021) Effect of Massage Therapy on Chest Pain, Anxiety, and Stress Among Patients With Acute Coronary Syndrome: a review. *Journal of Bionursing*, 3(3). <https://doi.org/10.20884/1.bion.2021.3.3.111>.

- Caputo, A., (2017) Social desirability bias in self-reported well-being measures: Evidence from an online survey. *Universitas Psychologica*, 16(2).
- Carr, M.J., Steeg, S., Webb, R.T., Kapur, N., Chew-Graham, C.A., Abel, K.M., Hope, H., Pierce, M. and Ashcroft, D.M., (2021) Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. *The Lancet Public Health*, 6(2). [https://doi.org/10.1016/S2468-2667\(20\)30288-7](https://doi.org/10.1016/S2468-2667(20)30288-7).
- Casadei, L., (2023) *Evaluating the Jing Method in Treating and Reducing Symptoms of Stress, Anxiety and Depression in the LGBTQ+ Community*. BTEC Level 6 Dissertation, Brighton: Jing Institute of Massage & Complementary Medicine.
- Castro-Sánchez, A.M., Matarán-Pearrocha, G.A., Granero-Molina, J., Aguilera-Manrique, G., Quesada-Rubio, J.M. and Moreno-Lorenzo, C., (2011a) Benefits of massage-myofascial release therapy on pain, anxiety, quality of sleep, depression, and quality of life in patients with fibromyalgia. *Evidence-based Complementary and Alternative Medicine*, 2011. <https://doi.org/10.1155/2011/561753>.
- Castro-Sánchez, A.M., Matarán-Peñarrocha, G.A., Arroyo-Morales, M., Saavedra-Hernández, M., Fernández-Sola, C. and Moreno-Lorenzo, C., (2011b) Effects of myofascial release techniques on pain, physical function, and postural stability in patients with fibromyalgia: A randomized controlled trial. *Clinical Rehabilitation*, 25(9). <https://doi.org/10.1177/0269215511399476>.
- Castro-Sánchez, A.M., Matarán-Peñarrocha, G.A., Granero-Molina, J., Aguilera-Manrique, G., Manuel Quesada-Rubio, J. and Moreno-Lorenzo, C., (2011c) Myofascial Release for Fibromyalgia Symptoms. *Massage Magazine*, 31 May. <https://www.massagemag.com/myofascial-release-for-fibromyalgia-symptoms-9246/>
- Centre for Studies on Human Stress, (2019) *Stress*. [online] Centre for Studies on Human Stress. Available at: <<https://humanstress.ca/stress/>> [Accessed 28 June 2023].
- Chang, C.K., Hayes, R.D., Perera, G., Broadbent, M.T.M., Fernandes, A.C., Lee, W.E., Hotopf, M. and Stewart, R., (2011) Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London. *PLoS ONE*, 6(5). <https://doi.org/10.1371/journal.pone.0019590>.
- Chen, B., Wang, L., Li, B. and Liu, W., (2022) Work stress, mental health, and employee performance. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1006580>.
- Churchill, F., (2021) Half of professionals working longer hours at home, poll finds. *People Management*. [online] 10 Aug. Available at: <<https://www.peoplemanagement.co.uk/article/1745150/half-professionals-working-longer-hours-at-home-poll-finds>> [Accessed 12 July 2023].
- Collins, A., (2023) Two-year waits for community mental health services revealed for the first time. *Health Service Journal*. 20 Nov 2023.

- Corbin, L., (2005) Safety and efficacy of massage therapy for patients with cancer. *Cancer Control*, 12(3), pp.158-64. <https://doi.org/10.1177/107327480501200303>.
- Costa, B.O. da, Andrade, L.S., Botton, C.E. and Alberton, C.L., (2023) Effects of a Telehealth Stretching Exercise Program on Pain, Sleep, Depression, and Functionality of Women with Fibromyalgia during the COVID-19 Pandemic: A Randomized Clinical Trial. *Sustainability (Switzerland)*, 15(3). <https://doi.org/10.3390/su15032604>.
- Da Costa, M.V.C., Da Silva Filho, J.N., Gurgel, J.L. and Porto, F., (2019) Stretching exercises in perception of stress in nursing professionals: Randomized clinical trial. *Brazilian Journal of Occupational Therapy*, 27(2). <https://doi.org/10.4322/2526-8910.ctoAO1696>.
- Danson, S., Sirois, F., Fradley, K., Wadsley, J., Ray, J., Bishop, R., Horsman, J., Mann, C., Chantry-Groves, L., Young, M. and Bentall, R., (2023) Mental health burden for NHS healthcare staff during the COVID-19 pandemic: First results of a longitudinal survey. *Heliyon*, 9(3). <https://doi.org/10.1016/j.heliyon.2023.e13765>.
- Daunt, R., Curtin, D. and O'Mahony, D., (2023) Polypharmacy stewardship: a novel approach to tackle a major public health crisis. *The Lancet Healthy Longevity*, [online] 4(5), pp.228–235. Available at: <[https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(23\)00036-3/fulltext#seccestitle10](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(23)00036-3/fulltext#seccestitle10)> [Accessed 13 July 2023].
- Davies, T.L., (2023) Tailoring the mental health assessment to older adults. *Nurse Practitioner*, 48(1). <https://doi.org/10.1097/01.NPR.0000902992.34389.1f>.
- Day, A.L., Gillan, L., Francis, L., Kelloway, E.K. and Natarajan, M., (2009) Massage therapy in the workplace: Reducing employee strain and blood pressure. *Giornale Italiano di Medicina del Lavoro ed Ergonomia*, 31(3 SUPPL. B).
- Deahl, M., (2023) Decline and fall: Power and politics in the 21st century NHS. *International Journal of Social Psychiatry*, [online] 69(5), pp.1068–1071. Available at: <<https://journals.sagepub.com/doi/full/10.1177/00207640231180112>> [Accessed 13 July 2023].
- Dehkordi, Z., Hosseini-Baharanchi, F., Kazemian, A., Madiseh, M., Reisi, M. and Motaghi, B., (2019) The effects of infant massage on maternal postpartum depression: A randomized controlled trial. *Nursing and Midwifery Studies*, 8(1). https://doi.org/10.4103/nms.nms_80_17.
- Deloitte., (2022) *Mental Health and employers: The case for investment, pandemic and beyond*. [online] Available at: <<https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-report-2022.pdf>> [Accessed 14 July 2023].
- Delphis Learning, (2019) *The Biopsychosocial Model of Mental Health – Delphis Learning*. Delphis Learning.

- Dempsey, P.C., Larsen, R.N., Dunstan, D.W., Owen, N. and Kingwell, B.A., (2018) Sitting Less and Moving More. *Hypertension*, 72(5). <https://doi.org/10.1161/hypertensionaha.118.11190>.
- Denche-Zamorano, Á., Franco-García, J.M., Carlos-Vivas, J., Mendoza-Muñoz, M., Pereira-Payo, D., Pastor-Cisneros, R., Merellano-Navarro, E. and Adsuar, J.C., (2022) Increased Risks of Mental Disorders: Youth with Inactive Physical Activity. *Healthcare (Basel)*, 10(2).
- Department of Health and Social Care, (2023) Mental health services boosted by £150 million government funding. *UK Government Press Release*. [online] 23 Jan. Available at: <<https://www.gov.uk/government/news/mental-health-services-boosted-by-150-million-government-funding>> [Accessed 14 July 2023].
- Van Dijk, W., Huizink, A.C., Müller, J., Uvnäs-Moberg, K., Ekström-Bergström, A. and Handlin, L., (2020) The Effect of Mechanical Massage and Mental Training on Heart Rate Variability and Cortisol in Swedish Employees—A Randomized Explorative Pilot Study. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.00082>.
- Ding, Y., Cao, Y., Duffy, V.G. and Zhang, X., (2020) It is Time to Have Rest: How do Break Types Affect Muscular Activity and Perceived Discomfort During Prolonged Sitting Work. *Safety and Health at Work*, 11(2). <https://doi.org/10.1016/j.shaw.2020.03.008>.
- Dinh, L.N., (2020) Determinants of employee engagement mediated by work-life balance and work stress. *Management Science Letters*, 10(4). <https://doi.org/10.5267/j.msl.2019.10.003>.
- Docherty, E. and English, G., (2023) Solutions to the mental health crisis can't wait another day. *Schools Week*. [online] 13 Dec. Available at: <<https://schoolsweek.co.uk/solutions-to-the-mental-health-crisis-cant-wait-another-day/>> [Accessed 5 January 2024].
- Dong, H.J. and Bäckryd, E., (2023) Teaching the biopsychosocial model of chronic pain: Whom are we talking to? *Patient Education and Counseling*, 110, 107645. <https://doi.org/10.1016/j.pec.2023.107645>.
- Dozois, D.J., (2020) Anxiety and depression in Canada during the COVID-19 pandemic: a national survey. *Canadian Psychology*, 62(1), pp.136–142.
- Driscoll, M., (2018) Fascia – The unsung hero of spine biomechanics. *Journal of Bodywork and Movement Therapies*, 22(1), pp. 90-91. <https://doi.org/10.1016/j.jbmt.2017.10.014>.
- Ellis, J., (2018) *Effect of hot stone massage on mental stress in females aged 18 – 65*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Al Enazi, A., (2023) The economic impact of our mental health crisis. *Investors Chronicle*. [online] 4 Oct. Available at: <<https://www.investorschronicle.co.uk/news/2023/10/04/what-our-mental-health-crisis-means-for-the-economy/>> [Accessed 5 January 2024].
- Engel, G.L., (1977) The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286). <https://doi.org/10.1126/science.847460>.

- Engel, G.L., (1980) The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 137(5). <https://doi.org/10.1176/ajp.137.5.535>.
- Engen, D.J., Wahner-Roedler, D.L., Vincent, A., Chon, T.Y., Cha, S.S., Luedtke, C.A., Loehrer, L.L., Dion, L.J., Rodgers, N.J. and Bauer, B.A., (2012) Feasibility and effect of chair massage offered to nurses during work hours on stress-related symptoms: A pilot study. *Complementary Therapies in Clinical Practice*, 18(4). <https://doi.org/10.1016/j.ctcp.2012.06.002>.
- Engert, V., Grant, J.A. and Strauss, B., (2020) Psychosocial Factors in Disease and Treatment-A Call for the Biopsychosocial Model. *JAMA Psychiatry*, 77(10), pp. 996-997. <https://doi.org/10.1001/jamapsychiatry.2020.0364>.
- Ernst, E., (1998) Does post-exercise massage treatment reduce delayed onset muscle soreness? A systematic review. *British Journal of Sports Medicine*, [online] 32(3). <https://doi.org/10.1136/bjism.32.3.212>.
- Ernst, E., (1999) Massage therapy for low back pain: A systematic review. *Journal of Pain and Symptom Management*, 17(1), pp. 65-9. [https://doi.org/10.1016/S0885-3924\(98\)00129-8](https://doi.org/10.1016/S0885-3924(98)00129-8).
- Ernst, E., Matrai, A. and Magyarosy, I., (1987) Massages cause changes in blood fluidity. *Physiotherapy*, 73(1).
- Fairweather, R. and Mari, M.S., (2015) *Massage Fusion: The Jing Method for the treatment of chronic pain*. 1st edition, Pencaitland: Handspring Publishing.
- Farrell, E. (ed), (2018) *AXA Stress Index 2018, Online survey of 2000 UK adults undertaken for AXA September 2018*. [online] Available at: <https://www.axa.co.uk/contentassets/d818306b7ffc4aa9beea44078ba99eb3/axa-stress-index-2018.pdf> [Accessed 28 June 2023].
- Ferrari AJ, Charlson FJ, Norman RE, Patten SB, Freedman G, Murray CJ, Vos T and Whiteford HA, (2013) Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *Public Library of Science Medicine*, [online] 10(11). Available at: <https://pubmed.ncbi.nlm.nih.gov/24223526/> [Accessed 28 June 2023].
- Field, T., (1995) Massage Therapy for Infants and Children. *Journal of Developmental and Behavioral Pediatrics*, 16(2). <https://doi.org/10.1097/00004703-199504000-00008>.
- Field, T., (2016) Massage therapy research review. *Complementary Therapies in Clinical Practice*, 24, pp.19–31.
- Field, T., Diego, M. and Hernandez-Reif, M., (2007) Massage therapy research. *Developmental Review*, 27(1). <https://doi.org/10.1016/j.dr.2005.12.002>.
- Field, T., Diego, M., Hernandez-Reif, M., Medina, L., Delgado, J. and Hernandez, A., (2012) Yoga and massage therapy reduce prenatal depression and prematurity. *Journal of Bodywork and Movement Therapies*, 16(2). <https://doi.org/10.1016/j.jbmt.2011.08.002>.

- Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S. and Kuhn, C., (2005) Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience*, 115(10), pp. 1397-1413. <https://doi.org/10.1080/00207450590956459>.
- Fineberg NA, Haddad PM, Carpenter L, Gannon B, Sharpe R, Young, A., Joyce E, Rowe J, Wellsted D, Nutt DJ and Sahakian BJ, (2013) The size, burden and cost of disorders of the brain in the UK. *Journal of Psychopharmacology*, [online] 27(9), pp.761–770. Available at: <<https://pubmed.ncbi.nlm.nih.gov/23884863/>> [Accessed 28 June 2023].
- Fountoulakis, K.N., Karakatsoulis, G., Abraham, S., Adorjan, K., Ahmed, H.U., Alarcón, R.D., Arai, K., Auwal, S.S., Berk, M., Bjedov, S., Bobes, J., Bobes-Bascaran, T., Bourgin-Duchesnay, J., Bredicean, C.A., Bukelskis, L., Burkadze, A., Abud, I.I.C., Castilla-Puentes, R., Cetkovich, M., Colon-Rivera, H., Corral, R., Cortez-Vergara, C., Crepin, P., De Berardis, D., Zamora Delgado, S., De Lucena, D., De Sousa, A., Di Stefano, R., Dodd, S., Elek, L.P., Elissa, A., Erdelyi-Hamza, B., Erzin, G., Etchevers, M.J., Falkai, P., Farcas, A., Fedotov, I., Filatova, V., Fountoulakis, N.K., Frankova, I., Franza, F., Frias, P., Galako, T., Garay, C.J., Garcia-Álvarez, L., García-Portilla, M.P., Gonda, X., Gondek, T.M., González, D.M., Gould, H., Grandinetti, P., Grau, A., Groudeva, V., Hagin, M., Harada, T., Hasan, T.M., Hashim, N.A., Hilbig, J., Hossain, S., Iakimova, R., Ibrahim, M., Iftene, F., Ignatenko, Y., Irrarrazaval, M., Ismail, Z., Ismayilova, J., Jakobs, A., Jakovljević, M., Jakšić, N., Javed, A., Kafali, H.Y., Karia, S., Kazakova, O., Khalifa, D., Khaustova, O., Koh, S., Kopishinskaia, S., Kosenko, K., Koupidis, S.A., Kovacs, I., Kulig, B., Lalljee, A., Liewig, J., Majid, A., Malashonkova, E., Malik, K., Malik, N.I., Mammadzada, G., Mandalia, B., Marazziti, D., Marčinko, D., Martinez, S., Matiekus, E., Mejia, G., Memon, R.S., Martínez, X.E.M., Mickevičiūtė, D., Milev, R., Mohammed, M., Molina-López, A., Morozov, P., Muhammad, N.S., Mustač, F., Naor, M.S., Nassieb, A., Navickas, A., Okasha, T., Pandova, M., Panfil, A.L., Panteleeva, L., Papava, I., Patsali, M.E., Pavlichenko, A., Pejuskovic, B., Pinto Da Costa, M., Popkov, M., Popovic, D., Raduan, N.J.N., Ramírez, F.V., Rancans, E., Razali, S., Rebok, F., Rewekant, A., Flores, E.N.R., Rivera-Encinas, M.T., Saiz, P., de Carmona, M.S., Martínez, D.S., Saw, J.A., Saygili, G., Schneidereit, P., Shah, B., Shirasaka, T., Silagadze, K., Sitanggang, S., Skugarevsky, O., Spikina, A., Mahalingappa, S.S., Stoyanova, M., Szczegielniak, A., Tamasan, S.C., Tavormina, G., Tavormina, M.G.M., Theodorakis, P.N., Tohen, M., Tsapakis, E.M., Tukhvatullina, D., Ullah, I., Vaidya, R., Vega-Dienstmaier, J.M., Vrublevska, J., Vukovic, O., Vysotska, O., Widiasih, N., Yashikhina, A., Prezerakos, P.E. and Smirnova, D., (2022) Results of the COVID-19 mental health international for the general population (COMET-G) study. *European Neuropsychopharmacology*, 54, pp.21–40. <https://doi.org/10.1016/j.euroneuro.2021.10.004>.
- Frazier, L.D., (2020) The past, present, and future of the biopsychosocial model: A review of The Biopsychosocial Model of Health and Disease: New philosophical and scientific developments by Derek Bolton and Grant Gillett. *New Ideas in Psychology*, 57(1) <https://doi.org/10.1016/j.newideapsych.2019.100755>.

- Fulton, M.M. and Allen, E.R., (2005) Polypharmacy in the elderly: a literature review. *Journal of the American Academy of Nurse Practitioners*, 17(4), pp. 123-32. <https://doi.org/10.1111/j.1041-2972.2005.0020.x>.
- Furlan, A.D., Giraldo, M., Baskwill, A., Irvin, E. and Imamura, M., (2015) Massage for low-back pain. *Cochrane Database of Systematic Reviews*.
- Ghaemi, S.N., (2008) Why antidepressants are not antidepressants: STEP-BD, STAR*D, and the return of neurotic depression. *Bipolar Disorders*, 10(8), pp. 957-968. <https://doi.org/10.1111/j.1399-5618.2008.00639.x>.
- Ghavami, H., Shamsi, S., Abdollahpoor, B., Radfar, M. and Khalkhali, H., (2019) Impact of hot stone massage therapy on sleep quality in patients on maintenance hemodialysis: A randomized controlled trial. *Journal of Research in Medical Sciences*, 24(1). https://doi.org/10.4103/jrms.JRMS_734_18.
- Gillingham, T., (2017) *A comparative analysis of the significance of the positive working alliance in the treatment of chronic low back pain, specifically within the framework of 'The Jing Method' for Low Back Pain*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Goats, G.C., (1994a) Massage - the scientific basis of an ancient art: part 1. The techniques. *British Journal of Sports Medicine*, 28(3), pp.149-152. <https://doi.org/10.1136/bjms.28.3.149>.
- Goats, G.C., (1994b) Massage - the scientific basis of an ancient art: part 2. Physiological and therapeutic effects. *British Journal of Sports Medicine*, 28(3), pp.153-156. <https://doi.org/10.1136/bjms.28.3.153>.
- González-Valero, G., Zurita-Ortega, F., Ubago-Jiménez, J.L. and Puertas-Molero, P., (2019) Use of meditation and cognitive behavioral therapies for the treatment of stress, depression and anxiety in students. A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 16(22), p. 4394. <https://doi.org/10.3390/ijerph16224394>.
- Goyal, M., Goyal, K., Bathla, M., Kanimozhi, D. and Narkeesh, D., (2017) Efficacy of myofascial unwinding and myofascial release technique in a patient with somatic symptoms - A case report. *Indian Journal of Psychological Medicine*, 39(2). <https://doi.org/10.4103/0253-7176.203113>.
- Grimm, P., (2010) Social Desirability Bias. *Wiley International Encyclopedia of Marketing*.
- Grut, M., de Wildt, G., Clarke, J., Greenfield, S. and Russell, A., (2023) Primary health care during the COVID-19 pandemic: A qualitative exploration of the challenges and changes in practice experienced by GPs and GP trainees. *PLoS ONE*, 18(2 February). <https://doi.org/10.1371/journal.pone.0280733>.

- Hall, H.G., Cant, R., Munk, N., Carr, B., Tremayne, A., Weller, C., Fogarty, S. and Lauche, R., (2020) The effectiveness of massage for reducing pregnant women's anxiety and depression; systematic review and meta-analysis. *Midwifery*, 90:102818. <https://doi.org/10.1016/j.midw.2020.102818>.
- Halli-Tierney, A.D., Scarbrough, C. and Carroll, D., (2019) Polypharmacy: Evaluating Risks and Deprescribing. *American Academy of Family Physicians*, [online] 100(1), pp.32–38. Available at: <<https://www.aafp.org/pubs/afp/issues/2019/0701/p32.html>> [Accessed 16 July 2023].
- Harrison, S., (2021) Working with the long covid client: a massage therapist's perspective. *Cochrane Kinetic Journal*, (89).
- Harvard Health Publishing, H.M.S., (2020) *Medication or therapy for depression? Or both?* [online] Harvard Health Publishing, Harvard Medical School. Available at: <<https://www.health.harvard.edu/staying-healthy/medication-or-therapy-for-depression-or-both>> [Accessed 16 July 2023].
- Harvey SB, Modini M, Joyce S, Milligan-Saville JS, Tan L, Mykletun A, Bryant RA, Christensen H and Mitchell PB, (2017) Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occupational & Environmental Medicine*, [online] 74(4), pp.301–310. Available at: <<https://oem.bmj.com/content/74/4/301>> [Accessed 28 June 2023].
- Helha, F.N.M. and Wang, Y.P., (2022) Trends in complementary and alternative medicine for the treatment of common mental disorders: A bibliometric analysis of two decades. *Complementary Therapies in Clinical Practice*, 46.
- Herman, P.M., Craig, B.M. and Caspi, O., (2005) Is complementary and alternative medicine (CAM) cost-effective? A systematic review. *BMC Complementary and Alternative Medicine*, 5(11).
- Hillier, S.L., Louw, Q., Morris, L., Uwimana, J. and Statham, S., (2010) Massage therapy for people with HIV/AIDS. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.cd007502.pub2>.
- Hmwe, N.T.T., Browne, G., Mollart, L., Allanson, V. and Chan, S.W.C., (2019) An integrative review of acupressure interventions for older people: A focus on sleep quality, depression, anxiety, and agitation. *International Journal of Geriatric Psychiatry*, 34(3), pp. 381-396. <https://doi.org/10.1002/gps.5031>.
- Hmwe, N.T.T., Subramanian, P., Tan, L.P. and Chong, W.K., (2015) The effects of acupressure on depression, anxiety and stress in patients with hemodialysis: A randomized controlled trial. *International Journal of Nursing Studies*, 52(2). <https://doi.org/10.1016/j.ijnurstu.2014.11.002>.

- Holck, S., Murray, C., Murthy, R.S., Prentice, T., Saraceno, B., Yach, D., Andrews, G., Assamagan, S., Belfer, M., Bornemann, T., Cabral De Mello, M., Chatterji, S., Chisholm, D., Cohen, A., Eisenberg, L., Goldberg, D., Hyman, S., Kleinmann, A., Lopez, A., Fat, D.M., Mathers, C., Monteiro, M., Musgrove, P., Sartorius, N. and Subramaniam, C., (2001) The WHO report 2001; Mental Health: New Understanding, New Hope. *World Health Organization*.
- Holzgreve, F., Fraeulin, L., Haenel, J., Schmidt, H., Bader, A., Frei, M., Groneberg, D.A., Ohlendorf, D. and van Mark, A., (2022) Office work-and-stretch training study—the OST study: device-based stretch training as a preventive measure in office workers—a summary of study results: Positive effects on musculoskeletal complaints, quality of life and mobility through stretch training. *Zentralblatt fur Arbeitsmedizin, Arbeitsschutz und Ergonomie*, 72(2). <https://doi.org/10.1007/s40664-021-00451-9>.
- Holzgreve, F., Maltry, L., Hänel, J., Schmidt, H., Bader, A., Frei, M., Filmann, N., Groneberg, D.A., Ohlendorf, D. and van Mark, A., (2020) The office work and stretch training (Ost) study: An individualized and standardized approach to improve the quality of life in office workers. *International Journal of Environmental Research and Public Health*, 17(12). <https://doi.org/10.3390/ijerph17124522>.
- Hopkins, L.B., Medina, J.L., Baird, S.O., Rosenfield, D., Powers, M.B. and Smits, J.A.J., (2016) Heated hatha yoga to target cortisol reactivity to stress and affective eating in women at risk for obesity-related illnesses: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84(6). <https://doi.org/10.1037/ccp0000091>.
- Hróbjartsson, A. and Gøtzsche, P.C., (2010) Placebo interventions for all clinical conditions. *Cochrane Database of Systematic Reviews*, [online] (1). Available at: <<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003974.pub3/full>> [Accessed 22 July 2023].
- HSE, (2021) Statistics - Working days lost in Great Britain. *HSE Statistics*.
- Hussain, J.N., Greaves, R.F. and Cohen, M.M., (2019) A hot topic for health: Results of the Global Sauna Survey. *Complementary Therapies in Medicine*, 44. <https://doi.org/10.1016/j.ctim.2019.03.012>.
- Imboden, C., Gerber, M., Beck, J., Holsboer-Trachsler, E., Pühse, U. and Hatzinger, M., (2020) Aerobic exercise or stretching as add-on to inpatient treatment of depression: Similar antidepressant effects on depressive symptoms and larger effects on working memory for aerobic exercise alone. *Journal of Affective Disorders*, 276, pp.866–876.
- Inagaki, T.K., Irwin, M.R. and Eisenberger, N.I., (2015) Blocking opioids attenuates physical warmth-induced feelings of social connection. *Emotion*, 15(4). <https://doi.org/10.1037/emo0000088>.
- Institute of Health Metrics and Evaluation, (2019) *Global Health Data Exchange (GHDx)*. [online] Institute of Health Metrics and Evaluation. Available at: <<https://vizhub.healthdata.org/gbd-results/>> [Accessed 11 July 2023].

- Ironson, G., Field, T., Scafidi, F., Hashimoto, M., Kumar, M., Kumar, A., Price, A., Goncalves, A., Burman, I., Tetenman, C.Y., Patarca, R. and Fletcher, M.A., (1996) Massage therapy is associated with enhancement of the immune system's cytotoxic capacity. *International Journal of Neuroscience*, [online] 84(1–4). <https://doi.org/10.3109/00207459608987266>.
- Jabraeili, M., Mirghafourvand, M., Montazeri, M. and Rahkar Farshi, M., (2023) The effect of massage on cortisol level in infants: A systematic review and meta-analysis. *Journal of Neonatal Nursing*. 29(5), pp. 720-727. <https://doi.org/10.1016/j.jnn.2023.02.010>.
- Jakobsen, J.C., Gluud, C. and Kirsch, I., (2020) Should antidepressants be used for major depressive disorder? *BMJ Evidence-Based Medicine*, [online] 25(4). <https://doi.org/10.1136/bmjebm-2019-111238>.
- Jansen, J., McLachlan, A., Bonner, C. and Naganathan, V., (2016) *Medicines to treat side effects of other medicines? Sometimes less is more beneficial*. [online] The Conversation. Available at: <<https://theconversation.com/medicines-to-treat-side-effects-of-other-medicines-sometimes-less-is-more-beneficial-62981>> [Accessed 13 July 2023].
- Jefferson, L., Golder, S., Heathcote, C., Avila, A.C., Dale, V., Essex, H., van der Feltz Cornelis, C., McHugh, E., Moe-Byrne, T. and Bloor, K., (2022) GP wellbeing during the COVID-19 pandemic: a systematic review. *British Journal of General Practice*, 72(718) pp. 325- 333 <https://doi.org/10.3399/BJGP.2021.0680>.
- Jensen, A.M., Ramasamy, A., Hotek, J., Roel, B. and Riffe, D., (2012) The benefits of giving a massage on the mental state of massage therapists: A randomized, controlled trial. *Journal of Alternative and Complementary Medicine*, 18(12). <https://doi.org/10.1089/acm.2011.0643>.
- Johnson, C. and Jasarevic, T., (2021) *Long working hours increasing deaths from heart disease and stroke: WHO, ILO*.
- Johnston, S., (2020) *The effects of a six-week course of treatment using the Jing Method of clinical massage on shoulder pain in women after breast cancer surgery*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine
- Jones-Morris, L., (2021) *Effect of the Jing method of Advanced Clinical Massage on non-specific low back pain and anxiety in Community Midwives*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine
- Kandola, A., Lewis, G., Osborn, D.P.J., Stubbs, B. and Hayes, J.F., (2020) Depressive symptoms and objectively measured physical activity and sedentary behaviour throughout adolescence: a prospective cohort study. *The Lancet Psychiatry*, 7(3). [https://doi.org/10.1016/S2215-0366\(20\)30034-1](https://doi.org/10.1016/S2215-0366(20)30034-1).
- Kelloway, E.K., Dimoff, J.K. and Gilbert, S., (2023) Mental Health in the Workplace. *Annual Review of Organizational Psychology and Organizational Behavior*, 10, pp. 363-387. <https://doi.org/10.1146/annurev-orgpsych-120920-050527>.

- Khazanov, G.K., Xu, C., Hollon, S.D., DeRubeis, R.J. and Thase, M.E., (2021) Adding cognitive therapy to antidepressant medications decreases suicidal ideation. *Journal of Affective Disorders*, [online] 281. <https://doi.org/10.1016/j.jad.2020.12.032>.
- Kim, E.K., You, J.K., Ji, S.J., Choi, S.H., Jin, B.M., Lee, C.A. and Lee, E.J., (2022) The Impact of Auricular Acupressure on Depression among Nurses. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, 31(3). <https://doi.org/10.12934/jkpmhn.2022.31.3.365>.
- Kim, I.H., Kim, T.Y. and Ko, Y.W., (2016) The effect of a scalp massage on stress hormone, blood pressure, and heart rate of healthy female. *Journal of Physical Therapy Science*, 28(10). <https://doi.org/10.1589/jpts.28.2703>.
- Kim, Y.J., (2020) The Effect of Tele-acupressure Self-practice for Mental Health and Wellbeing in the Community During COVID-19. *Current Psychiatry Research and Reviews*, 16(4). <https://doi.org/10.2174/2666082216999201117124408>.
- Kirsch, I., (2019) Placebo effect in the treatment of depression and anxiety. *Frontiers in Psychiatry*, 10, p. 407. <https://doi.org/10.3389/fpsy.2019.00407>.
- Klingler, W., Velders, M., Hoppe, K., Pedro, M. and Schleip, R., (2014) Clinical relevance of fascial tissue and dysfunctions. *Current Pain and Headache Reports*, [online] 18(8). <https://doi.org/10.1007/s11916-014-0439-y>.
- Kozma, A. and Stones, M.J., (1988) Social Desirability in Measures of Subjective Well-Being: Age Comparisons. *Social Indicators Research*, 20(1), pp.1–14.
- Kutch, M.D., (2010) Cost-effectiveness analysis of complementary and alternative medicine in treating mental health disorders. *Alternative & Integrative Medicine*, 71(11).
- Lauders, N., Kirsh, L., Osborn, D.P.J. and Hayes, J.F., (2022) The temporal relationship between severe mental illness diagnosis and chronic physical comorbidity: a UK primary care cohort study of disease burden over 10 years. *The Lancet Psychiatry*, 9(9). [https://doi.org/10.1016/S2215-0366\(22\)00225-5](https://doi.org/10.1016/S2215-0366(22)00225-5).
- Lee, S.N., Kim, B. and Park, H., (2021) The effects of auricular acupressure on stress, anxiety, and depression of outpatient nurses in South Korea. *Complementary Therapies in Clinical Practice*, 44. <https://doi.org/10.1016/j.ctcp.2021.101447>.
- Leysen, B., Van Daele, A., Verrept, T. and Saeys, W., (2019) Applied physiotherapeutic and occupational therapeutic interventions within palliative care: an exploratory survey. *Progress in Palliative Care*, 27(3). <https://doi.org/10.1080/09699260.2019.1632509>.
- Lin, J., Chen, T., He, J., Chung, R.C., Ma, H. and Tsang, H., (2022) Impacts of acupressure treatment on depression: A systematic review and meta-analysis. *World Journal of Psychiatry*, 12(1). <https://doi.org/10.5498/wjp.v12.i1.169>.

- Liou, K.T., Lynch, K.A., Nwodim, O., Popkin, K., Greene, J.S., Atkinson, T.M., Bradt, J. and Mao, J.J., (2022) Comparison of Depressive Symptom Outcomes in Hospitalized Adult Cancer Patients Receiving Music Therapy or Massage Therapy. *Journal of Pain and Symptom Management*, 63(2). <https://doi.org/10.1016/j.jpainsymman.2021.09.007>.
- Liptan, G., Mist, S., Wright, C., Arzt, A. and Jones, K.D., (2013) A pilot study of myofascial release therapy compared to Swedish massage in Fibromyalgia. *Journal of Bodywork and Movement Therapies*, 17(3). <https://doi.org/10.1016/j.jbmt.2012.11.010>.
- Liptan, G.L., (2010) Fascia: A missing link in our understanding of the pathology of fibromyalgia. *Journal of Bodywork and Movement Therapies*, 14(1). <https://doi.org/10.1016/j.jbmt.2009.08.003>.
- Lizuka, H., (2018) *The effect of the face, neck and head myofascial treatment on facial rejuvenation and mental well-being for over 65- year-olds*. BTEC Level 6 Dissertation. Jing Institute of Advanced Clinical Massage Therapy, Brighton.
- Lovibond, S.H. and Lovibond, P.F., (1995a) Manual for the Depression, Anxiety and Stress Scale-21 items (DASS-21). *Manual for the depression anxiety & stress scales*.
- Lovibond, S.H. and Lovibond, P.F., (1995b) *Manual for the Depression Anxiety Stress Scales*. Psychology Foundation of Australia, .
- Mahdizadeh, M., Jaberi, A.A. and Bonabi, T.N., (2019) Massage therapy in management of occupational stress in emergency medical services staffs: A randomized controlled trial. *International Journal of Therapeutic Massage and Bodywork: Research, Education, and Practice*, 12(1). <https://doi.org/10.3822/ijtmb.v12i1.421>.
- Makepeace, C., (2023) *How does the application of Massage Therapies affect the client's pain and pain experience? Literature Review*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Martinez-Perez, C., (2023) *Effects of The Jing Method of advanced clinical massage on the well-being of men, aged 35-54*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Martín-Merino E, Ruigómez A, Wallander MA, Johansson S and García-Rodríguez LA, (2010) Prevalence, incidence, morbidity and treatment patterns in a cohort of patients diagnosed with anxiety in UK primary care. *Family Practice*, [online] 27(1), pp.9–16. Available at: <https://pubmed.ncbi.nlm.nih.gov/19884124/> [Accessed 28 June 2023].
- Martinsen, E.W., (2008) Physical activity in the prevention and treatment of anxiety and depression. *Nordic Journal of Psychiatry*, 62 Suppl 47, pp. 25-29. <https://doi.org/10.1080/08039480802315640>.
- McDaid, D., Park, A., Davidson, G., John, A., Knifton, L., McDaid, S., Morton, A., Thorpe, L. and Wilson, N., (2022) *The economic case for investing in the prevention of mental health conditions in the UK (Summary)*.

- McManus S, B.P.J.R.B.T. (eds.), (2016) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. [online] Leeds. Available at: <<https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>> [Accessed 28 June 2023].
- Meakin, L., (2021) Remote Working's Longer Hours Are New Normal for Many. *Bloomberg*. [online] 21 Feb. Available at: <https://www.bloomberg.com/news/articles/2021-02-02/remote-working-s-longer-hours-are-new-normal-for-many-chart?in_source=embedded-checkout-banner> [Accessed 12 July 2023].
- Mehrabian, S., Tirgari, B., Forouzi, M.A., Tajadini, H. and Jahani, Y., (2022) Effect of Aromatherapy Massage on Depression and Anxiety of Elderly Adults: a Randomized Controlled Trial. *International Journal of Therapeutic Massage and Bodywork: Research, Education, and Practice*, 15(1). <https://doi.org/10.3822/ijtmb.v15i1.645>.
- Menehan, K., (2022) Clients with Covid Trauma could be on your massage table. *Massage Magazine*. [online] 11 Nov. Available at: <<https://www.massagemag.com/clients-with-covid-trauma-could-be-on-your-table-137437/>> [Accessed 14 July 2023].
- Mental Health Foundation, (2018) *Stress: Are we coping?* [online] London. Available at: <<https://www.mentalhealth.org.uk/explore-mental-health/publications/stress-are-we-coping-report>> [Accessed 28 June 2023].
- Mental Health Foundation, (2023a) *Anxiety: Statistics (2017-2023)*. [online] Mental Health Foundation. Available at: <<https://www.mentalhealth.org.uk/explore-mental-health/statistics/anxiety-statistics>> [Accessed 28 June 2023].
- Mental Health Foundation, (2023b) *People with physical health conditions: statistics*. [online] Mental Health Foundation. Available at: <<https://www.mentalhealth.org.uk/explore-mental-health/statistics/people-physical-health-conditions-statistics>> [Accessed 29 June 2023].
- Meyer, V., (2021) *The Effects of The Jing Method of Advanced Clinical Massage Self-care Program Delivered Online for the Treatment of Sleep Quality in Women during COVID-19 Pandemic*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine
- Meyrick, M., (2017) *Evaluating the effects of clinical massage treatment on perceived stress levels in self-employed women*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Mezjane, L., (2017) *Comparison of the clinical massage and hot stone massage in people with chronic non-specific neck pain*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Michalak, J., Aranmolate, L., Bonn, A., Grandin, K., Schleip, R., Schmiedtke, J., Quassowsky, S. and Teismann, T., (2022) Myofascial Tissue and Depression. *Cognitive Therapy and Research*, 46(3). <https://doi.org/10.1007/s10608-021-10282-w>.

- MIND, (2022) *Workplace Wellbeing Index 2021/22*. [online] Available at: <<https://www.mind.org.uk/media/kogesqr4/mind-index-insights-report-2021-22.pdf>> [Accessed 14 July 2023].
- MIND, (2023a) *Mind reveals true extent of crisis in mental healthcare with more than 17,000 reports of serious incidents in past year alone*. [online] MIND. Available at: <<https://www.mind.org.uk/news-campaigns/news/mind-reveals-true-extent-of-crisis-in-mental-healthcare-with-more-than-17-000-reports-of-serious-incident-in-past-year-alone/>> [Accessed 5 January 2024].
- MIND, (2023b) *Workplace Wellbeing*. [online] MIND. Available at: <<https://www.mind.org.uk/workplace/workplace-wellbeing/>> [Accessed 14 July 2023].
- Mitchell, E., (2023) *Evaluating the Efficacy of the Jing Method of Advanced Clinical Massage Online To Treat Menopause Symptoms*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Mohaddes, F., Ehsanpour, N.G. and Ghezeljeh, T.N., (2018) The effect of slow-stroke back massage on anxiety in female patients with heart failure. *Bali Medical Journal*, 7(2). <https://doi.org/10.15562/bmj.v7i2.899>.
- van der Molen, H., Nieuwenhuijsen K, Frings-Dresen MHW and de Groene G, (2020) Work-related psychosocial risk factors for stress-related mental disorders: an updated systematic review and meta-analysis. *British Medical Journal Open*, [online] 10(7). Available at: <<https://bmjopen.bmj.com/content/10/7/e034849>> [Accessed 28 June 2023].
- Monfort, S.S., Stroup, H.E. and Waugh, C.E., (2015) The impact of anticipating positive events on responses to stress. *Journal of Experimental Social Psychology*, 58, pp.11–22.
- Montero-Marín, J., Asún, S., Estrada-Marcén, N., Romero, R. and Asún, R., (2013) Efectividad de un programa de estiramientos sobre los niveles de ansiedad de los trabajadores de una plataforma logística: un estudio controlado aleatorizado [Effectiveness of a stretching program on anxiety levels of workers in a logistic platform: a randomized controlled study]. *Atencion Primaria*, [online] 45(7). <https://doi.org/10.1016/j.aprim.2013.03.002>.
- Mooney, H., (2023) Health leaders call for action to tackle ‘national emergency’ in mental health services. *NHS Confederation Press Release*, 9 Oct 2023
- Morgan, T.K., Williamson, M., Pirota, M., Stewart, K., Myers, S.P. and Barnes, J., (2012) A national census of medicines use: A 24-hour snapshot of Australians aged 50 years and older. *Medical Journal of Australia*, [online] 196(1). <https://doi.org/10.5694/mja11.10698>.
- Morhenn, V., Beavin, L.E. and Zak, P.J., (2012) Massage increases oxytocin and reduces adrenocorticotropin hormone in humans. *Alternative Therapies in Health and Medicine*, 18(6).

- Mortazavi, S.S., Shati, M., Keshtkar, A., Malakouti, S.K., Bazargan, M. and Assari, S., (2016) Defining polypharmacy in the elderly: A systematic review protocol. *BMJ Open*, 6(3). <https://doi.org/10.1136/bmjopen-2015-010989>.
- National Institute for Health and Care Excellence, (2016) *Low back pain and sciatica in over 16s: assessment and management*. [online] Available at: <<https://www.nice.org.uk/guidance/ng59/chapter/Recommendations>> [Accessed 22 July 2023].
- National Institute Mental Health, (2022) *Mental Illness*. [online] Available at: <<https://www.nimh.nih.gov/health/statistics/mental-illness>> [Accessed 11 July 2023].
- Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M. and Galea, A., (2012) *Long-term conditions and mental health The cost of co-morbidities*. [online] London. Available at: <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf> [Accessed 29 June 2023].
- NCT03630757, (2018) Effects of Manual Therapy in Fibromyalgia Syndrome. <https://clinicaltrials.gov/show/NCT03630757>.
- Németh, R., Sik, D. and Katona, E., (2021) The asymmetries of the biopsychosocial model of depression in lay discourses - Topic modelling online depression forums. *SSM - Population Health*, 14. <https://doi.org/10.1016/j.ssmph.2021.100785>.
- Newland, P. and Bettencourt, B.A., (2020) Effectiveness of mindfulness-based art therapy for symptoms of anxiety, depression, and fatigue: A systematic review and meta-analysis. *Complementary Therapies in Clinical Practice*, 41. <https://doi.org/10.1016/j.ctcp.2020.101246>.
- NHS, (2022a) *Types of talking therapy*. [online] NHS. Available at: <Types of talking therapy> [Accessed 16 July 2023].
- NHS, (2022b) *Why we should sit less*. [online] NHS Guidelines. Available at: <<https://www.nhs.uk/live-well/exercise/exercise-guidelines/why-sitting-too-much-is-bad-for-us/>> [Accessed 17 August 2023].
- NHS Business Services Authority, (2022) *Medicines Used in Mental Health – England – 2015/16 to 2021/22*. [online] Available at: <<https://www.nhsbsa.nhs.uk/statistical-collections/medicines-used-mental-health-england/medicines-used-mental-health-england-201516-202122>> [Accessed 16 July 2023].
- NHS England, (2022) *National Mental Health Programme*.
- NHS England, (2023) *Mental Health*. [online] NHS England . Available at: <<https://www.england.nhs.uk/mental-health/>> [Accessed 6 August 2023].

- Nyer, M., Hopkins, L.B., Farabaugh, A., Nauphal, M., Parkin, S., McKee, M.M., Miller, K.K., Streeter, C., Uebelacker, L.A., Fava, M., Alpert, J.E., Pedrelli, P. and Mischoulon, D., (2019) Community-Delivered Heated Hatha Yoga as a Treatment for Depressive Symptoms: An Uncontrolled Pilot Study. *Journal of Alternative and Complementary Medicine*, 25(8). <https://doi.org/10.1089/acm.2018.0365>.
- Office for National Statistics, (2015) *Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2014*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/2015-06-25>> [Accessed 29 June 2023].
- Office for National Statistics, (2019) *Measuring national well-being in the UK: international comparisons, 2019*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2016#how-good-is-our-health.>> [Accessed 28 June 2023].
- Office for National Statistics, (2021) *Depression or anxiety in adults, Great Britain: 22 September to 3 October 2021*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/adhocs/13844depressionoranxietyinadultsgreatbritain22septemberto3october2021>> [Accessed 28 June 2023].
- Office for National Statistics, (2022a) *Personal well-being in the UK: April 2021 to March 2022* [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2021tomarch2022>> [Accessed 28 June 2023].
- Office for National Statistics, (2022b) *Quarterly personal well-being estimates – seasonally adjusted*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/quarterlypersonalwellbeingestimatesseasonallyadjusted>> [Accessed 28 June 2023].
- Office for National Statistics, (2023a) *Measuring National Well-being: Anxiety*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/publicopinionsandsocialtrendsgreatbritainpersonalwellbeingandloneliness>> [Accessed 28 June 2023].
- Office for National Statistics, (2023b) *Public opinions and social trends, Great Britain: personal well-being and loneliness*. [online] Office for National Statistics. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/publicopinionsandsocialtrendsgreatbritainpersonalwellbeingandloneliness>> [Accessed 28 June 2023].
- Office for National Statistics (ONS), (2022) *Is hybrid working here to stay?* [online] Available at: <<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/ishybridworkingheretostay/2022-05-23>> [Accessed 11 July 2023].

- Office for Statistics Regulation, (2020) *Systemic Review Programme Mental Health Statistics in England*. [online] Available at: <https://osr.statisticsauthority.gov.uk/wp-content/uploads/2020/09/Mental_health_statistics_in_England_report_committeedraftforcomment.pdf> [Accessed 29 June 2023].
- Osborne, H., (2021) Home workers putting in more hours since Covid, research shows. *The Guardian*. [online] 4 Feb. Available at: <<https://www.theguardian.com/business/2021/feb/04/home-workers-putting-in-more-hours-since-covid-research>> [Accessed 15 July 2023].
- Parot-Monpetit, A., Mironnet, S. and Monpetit, E., (2015) Hot stone therapy in palliative care. *Journal of Clinical Oncology*, 33(29_suppl). https://doi.org/10.1200/jco.2015.33.29_suppl.179.
- Pihlaja S., Stenberg J. H, Joutsenniemi, K., Mehik H., Ritola V. and Joffe G., (2017) Therapeutic alliance in guided internet therapy programs for depression and anxiety disorders - A systematic review. *Internet Interventions*, 11, pp.1–10.
- Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K. and Refsum, C., (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. London.
- Priscilla, Mrs.K., Santha, Dr.N.J. and Priscilla, Mrs.K., (2014) Massage Therapy- Complementary and Alternative Therapeutic approach. *Asian Journal of Nursing Education and Research*, 4(4).
- Quayle, K., (2023) *Evaluating the effect of the Jing method of advanced clinical massage in the treatment of depression in men*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Rabolu, E. and Mârza-Dănilă, D.-N., (2017) Implications of Massage for Fighting Against the Negative Effects of Occupational Stress. *Gymnasium - Zeitschrift fuer Kultur der Antike und Humanistische Bildung*, XV(2).
- Recchia, F., Leung, C.K., Chin, E.C., Fong, D.Y., Montero, D., Cheng, C.P., Yau, S.Y. and Siu, P.M., (2022) Comparative effectiveness of exercise, antidepressants and their combination in treating non-severe depression: A systematic review and network meta-analysis of randomised controlled trials. *British Journal of Sports Medicine*, 56(23), pp. 1375-1380. <https://doi.org/10.1136/bjsports-2022-105964>.
- Reisinger, J., (2022) Subjective well-being and social desirability. *Journal of Public Economics*, 214.
- Ricardo, Y.R., Acosta, R. and Navarro, E.R., (2018) Massage in cases of chronic stress. *Apunts. Educacion Fisica y Deportes*, (134). [https://doi.org/10.5672/apunts.2014-0983.cat.\(2018/4\).134.07](https://doi.org/10.5672/apunts.2014-0983.cat.(2018/4).134.07).
- Rickwood, D.J. and Coleman-Rose, C.L., (2023) The effect of survey administration mode on youth mental health measures: Social desirability bias and sensitive questions. *Heliyon*, 9(9).

- Ride, J., Kasteridis, P., Gutacker, N., Aragon Aragon, M.J. and Jacobs, R., (2020) Healthcare Costs for People with Serious Mental Illness in England: An Analysis of Costs Across Primary Care, Hospital Care, and Specialist Mental Healthcare. *Applied Health Economics Health Policy*, 18(2), pp.177–188.
- Rigby, T., (2020) *Effects of the Jing Method in treating symptoms of depression in men*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Rory C. O'Connor, Karen Wetherall, Seonaid Cleare, Heather McClelland, Ambrose J. Melson, Claire L. Niedzwiedz, Ronan E. O'Carroll, Daryl B. O'Connor, Steve Platt, Elizabeth Scowcroft, Billy Watson, Tiago Zortea, Eamonn Ferguson and Kathryn A. Robb, (2020) Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British Journal of Psychiatry*, [online] 218(6). Available at: <<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-and-wellbeing-during-the-covid19-pandemic-longitudinal-analyses-of-adults-in-the-uk-covid19-mental-health-wellbeing-study/F7321CBF45C749C788256CFE6964B00C>> [Accessed 11 July 2023].
- Sakurai, H., Norton, R.J., Fisher, L.B., Nagaswami, M. V., Streeter, C.C., Meyer, A.K., Dean, T., Fava, M., Mischoulon, D. and Nyer, M.B., (2021) A Patient With Electroconvulsive Therapy-resistant Major Depressive Disorder With a Full Response to Heated Yoga: A Case Report. *Journal of Psychiatric Practice*, 27(6). <https://doi.org/10.1097/PRA.0000000000000587>.
- Satchwell, L., (2015) *Effects of Indirect Myofascial Release on the Quality of Life of Fibromyalgia Patients*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Saxena, A., Paredes-Echeverri, S., Michaelis, R., Popkirov, S. and Perez, D.L., (2022) Using the Biopsychosocial Model to Guide Patient-Centered Neurological Treatments. *Seminars in Neurology*, 42(2). <https://doi.org/10.1055/s-0041-1742145>.
- Schultz, K., (2015) The Rabbit-Hole. *The New Yorker*. 4 Jun.
- Scott, A.J., Webb, T.L., Martyn-St James, M., Rowse, G. and Weich, S., (2021) Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. *Sleep Medicine Reviews*, 60.
- Scott, H.R., Stevelink, S.A.M., Gafoor, R., Lamb, D., Carr, E., Bakolis, I., Bhundia, R., Docherty, M.J., Dorrington, S., Gnanapragasam, S., Hegarty, S., Hotopf, M., Madan, I., McManus, S., Moran, P., Souliou, E., Raine, R., Razavi, R., Weston, D., Greenberg, N. and Wessely, S., (2023) Prevalence of post-traumatic stress disorder and common mental disorders in health-care workers in England during the COVID-19 pandemic: a two-phase cross-sectional study. *The Lancet Psychiatry*, [online] 10(1). [https://doi.org/10.1016/S2215-0366\(22\)00375-3](https://doi.org/10.1016/S2215-0366(22)00375-3).

- Seo, J.G., Choi, S.H. and Lee, D.Y., (2020) The study of swedish massage on anxiety situation and ppt in stressed office workers. *Medico-Legal Update*, 20(1).
<https://doi.org/10.37506/v20/il/2020/mlu/194605>.
- Sharpe, P.A., Williams, H.G., Granner, M.L. and Hussey, J.R., (2007) A randomised study of the effects of massage therapy compared to guided relaxation on well-being and stress perception among older adults. *Complementary Therapies in Medicine*, 15(3).
<https://doi.org/10.1016/j.ctim.2007.01.004>.
- Sheikh, H., (2018) *The efficacy of Seated Acupressure Massage (SAM) in reducing stress in the corporate world*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Shen, C.C., Tseng, Y.H., Shen, M.C.S. and Lin, H.H., (2021) Effects of sports massage on the physiological and mental health of college students participating in a 7-week intermittent exercises program. *International Journal of Environmental Research and Public Health*, 18(9). <https://doi.org/10.3390/ijerph18095013>.
- Sheppard, D., (2018) *Examining the effects of therapeutic alliance on pain outcomes when using different communication styles to teach and support participants through a core rehabilitation programme*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Shorey, M., (2016) *Effects of hot stone therapy in reducing pain symptoms following periods of inactivity in people suffering from plantar fasciitis*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Shulman, K.R. and Jones, G.E., (1996) The effectiveness of massage therapy intervention on reducing anxiety in the workplace. *Journal of Applied Behavioral Science*, 32(2).
<https://doi.org/10.1177/0021886396322003>.
- Sington, S., (2019) *Golf specific strength and conditioning program with the intervention of sports and clinical massage to improve performance and reduce non-specific lower back pain*. BTEC Level 6 Dissertation. Jing Institute of Advanced Clinical Massage Therapy, Brighton.
- Šiško, P.K., Videmšek, M. and Karpljuk, D., (2011) The effect of a corporate chair massage program on musculoskeletal discomfort and joint range of motion in office workers. *Journal of Alternative and Complementary Medicine*, 17(7). <https://doi.org/10.1089/acm.2010.0400>.
- Smart, K.M., (2023) The biopsychosocial model of pain in physiotherapy: past, present and future. *Physical Therapy Reviews*. <https://doi.org/10.1080/10833196.2023.2177792>.
- Smith, C.A., Shewamene, Z., Galbally, M., Schmied, V. and Dahlen, H., (2019) The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. *Journal of Affective Disorders*, 245, pp. 428-439.
<https://doi.org/10.1016/j.jad.2018.11.054>.
- Smith, R.C., (2002) The biopsychosocial revolution. *Journal of General Internal Medicine*, 17(4).
<https://doi.org/10.1046/j.1525-1497.2002.20210.x>.

- Softly, C., (2017) *A Comparison of Clinical Massage Therapy and Clinical Massage Therapy Combined with Trigger Point Therapy in the Treatment of Iliotibial Band Syndrome in Long Distance Runners*. [BTEC Level 6 Dissertation. Jing Institute of Advanced Clinical Massage Therapy, Brighton.
- Stanyon, S., (2015) *Effects of Indirect Myofascial Techniques on Post Traumatic Stress Disorder related sleep quality in a Police Officer affected by violent crime*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.
- Stevens, P., (2021) *The 2021 Working From Home Survey*. [online] Available at: <<https://wearewildgoose.com/uk/news/the-2021-working-from-home-survey/>> [Accessed 15 July 2023].
- Sudo, M. and Ando, S., (2020) Effects of Acute Stretching on Cognitive Function and Mood States of Physically Inactive Young Adults. *Perceptual and Motor Skills*, 127(1). <https://doi.org/10.1177/0031512519888304>.
- Taquet M, Holmes EA and Harrison PJ, (2021) Depression and anxiety disorders during the COVID-19 pandemic: knowns and unknowns'. *The Lancet*, 398(10312), pp.1665–1666.
- Taquet, M.H.E.& H.P., (2021) Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), pp.1700–1712.
- Turner, C. and Stengel, A., (2023) Long-COVID syndrome: physical–mental interplay in the spotlight. *Inflammopharmacology*, 31(2), pp. 559-564. <https://doi.org/10.1007/s10787-023-01174-4>.
- Tian, Y., Wang, L., Wang, Z., Ding, L., Wei, L., Guo, L., Sun, X., Wang, L., Yang, F. and Sun, L., (2021) Efficacy and safety of Tuina for treatment of pediatric recurrent respiratory tract infections A protocol for systematic review and meta-analysis. *Medicine (United States)*, 100(50). <https://doi.org/10.1097/MD.0000000000027939>.
- Tonkin, T., (2022) *Burnout hits record high*. [online] British Medical Association (BMA). Available at: <<https://www.bma.org.uk/news-and-opinion/burnout-hits-record-high>> [Accessed 13 July 2023].
- Trade Union Congress, (2019) *British workers putting in longest hours in the EU, TUC analysis finds*. [online] Trade Union Congress. Available at: <<https://www.tuc.org.uk/news/british-workers-putting-longest-hours-eu-tuc-analysis-finds>> [Accessed 15 July 2023].
- Tseng, Y.T., Chen, I.H., Lee, P.H. and Lin, P.C., (2021) Effects of auricular acupressure on depression and anxiety in older adult residents of long-term care institutions: A randomized clinical trial. *Geriatric Nursing*, 42(1). <https://doi.org/10.1016/j.gerinurse.2020.08.003>.

- UK Government Statistics, (2016) *National statistics Adult Psychiatric Morbidity Survey: Mental Health and Wellbeing, England, 2014*. [online] UK Government Statistics. Available at: <<https://www.gov.uk/government/statistics/adult-psychiatric-morbidity-survey-mental-health-and-wellbeing-england-2014>> [Accessed 29 June 2023].
- Ünal, M., Evcik, E., Kocatürk, M. and Algun, Z.C., (2020) Investigating the effects of myofascial induction therapy techniques on pain, function and quality of life in patients with chronic low back pain. *Journal of Bodywork and Movement Therapies*, 24(4).
<https://doi.org/10.1016/j.jbmt.2020.07.014>.
- Vergo, M.T., Pinkson, B.M., Broglio, K., Li, Z. and Tosteson, T.D., (2018) Immediate Symptom Relief After a First Session of Massage Therapy or Reiki in Hospitalized Patients: A 5-Year Clinical Experience from a Rural Academic Medical Center. *The Journal of Alternative and Complementary Medicine*, 24(8), pp.801–808.
- Viggo Hansen, N., Jørgensen, T. and Ørtenblad, L., (2006) *Massage and touch for dementia*. *Cochrane Database of Systematic Reviews*,
<https://doi.org/10.1002/14651858.CD004989.pub2>.
- Vos, T., Barber, R., Bell, B., Bertozzi-Villa, A., Biruyukov, S., Bollinger, I. and Murray, C., (2015) Global Burden of Disease Study 2013 Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, [online] 386(9995). Available at: <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60692-4/fulltext#seccesstitle10](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60692-4/fulltext#seccesstitle10)> [Accessed 28 June 2023].
- Wade, D.T. and Halligan, P.W., (2017) The biopsychosocial model of illness: A model whose time has come. *Clinical Rehabilitation*, 31(8), pp. 995-1004.
<https://doi.org/10.1177/0269215517709890>.
- Wang, F., Zhao, J., Li, Y., Yang, X., Wu, D., Yang, B., Zhang, C., He, Z., Du, L., Zhu, X., Ming, D., Liu, Y. and Tang, D., (2022) Acupuncture and acupressure with improved cancer-related depression of retrospective studies. *Frontiers in Oncology*, 12.
<https://doi.org/10.3389/fonc.2022.1036634>.
- Wang, T., Zhai, J., Liu, X.L., Yao, L.Q. and Tan, J.Y., (2021) Massage Therapy for Fatigue Management in Breast Cancer Survivors: A Systematic Review and Descriptive Analysis of Randomized Controlled Trials. *Evidence-based Complementary and Alternative Medicine*, 2021 Sep 23; 9967574. <https://doi.org/10.1155/2021/9967574>.
- Ward, C., (2015) *Effects of Swedish massage combined with hot stone treatment on the sleeping pattern in patients diagnosed with Fibromyalgia*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.

- Weerapong, P., Hume, P.A. and Kolt, G.S., (2005) The mechanisms of massage and effects on performance, muscle recovery and injury prevention. *Sports Medicine*, 35(3), pp. 235-56. <https://doi.org/10.2165/00007256-200535030-00004>.
- Weimer, K., Colloca, L. and Enck, P., (2015) Placebo effects in psychiatry: mediators and moderators. *The Lancet Psychiatry*, [online] 2(3), pp.246–257. Available at: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)00092-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)00092-3/fulltext) [Accessed 22 July 2023].
- Wemrell, M., Olsson, A. and Landgren, K., (2020) The Use of Complementary and Alternative Medicine (CAM) in Psychiatric Units in Sweden. *Issues in Mental Health Nursing* , 41(10), pp.946–957.
- Winwood, M. (ed), (2017) *AXA Stress Index 2017. A survey conducted by One Poll on 4000 UK adults between 28 Jul-8 Aug 2017*. [online] AXA . Available at: <https://www.axa.co.uk/newsroom/reports-and-publications/> [Accessed 28 June 2023].
- Wongwilairat, K., Buranruk, O., Eungpinichpong, W., Puntumetakul, R. and Kantharadussadee-Triamchaisri, S., (2019) Muscle stretching with deep and slow breathing patterns: A pilot study for therapeutic development. *Journal of Complementary and Integrative Medicine*, 16(2). <https://doi.org/10.1515/jcim-2017-0167>.
- World Health Organization, (2022a) *Mental Disorders*. [online] Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders> [Accessed 11 July 2023].
- World Health Organization, (2022b) *Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022* [online] Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1 [Accessed 11 July 2023].
- World Health Organization, (2022c) *Mental health at work*. [online] Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work> [Accessed 15 July 2023].
- World Health Organization, (2022d) The impact of COVID-19 on mental health cannot be made light of. *World Health Organization*. [online] 16 Jun. Available at: <https://www.who.int/news-room/feature-stories/detail/the-impact-of-covid-19-on-mental-health-cannot-be-made-light-of> [Accessed 29 June 2023].
- World Health Organization, (2022e) *World Mental Health Day 2022: Make mental health & well-being for all a global priority*. [online] World Health Organization. Available at: <https://www.who.int/campaigns/world-mental-health-day/2022> [Accessed 27 August 2023].

- World Health Organization, (2022f) *World mental health report: Transforming mental health for all*. [online] Available at: <<https://www.who.int/publications/i/item/9789240049338>> [Accessed 4 July 2023].
- World Health Organization, (2023) *Mental Health - Overview*. [online] Available at: <https://www.who.int/health-topics/mental-health#tab=tab_1> [Accessed 29 June 2023].
- Wright, A. and Sluka, K.A., (2001) Nonpharmacological treatments for musculoskeletal pain clinical journal of pain. [online] 17(1), pp.33–46. Available at: <https://journals.lww.com/clinicalpain/_layouts/15/oaks.journals/downloadpdf.aspx?an=00002508-200103000-00006> [Accessed 21 July 2023].
- Wu, C.Y., Lee, H.F., Chang, C.W., Chiang, H.C., Tsai, Y.H. and Liu, H.E., (2020) The immediate effects of lavender aromatherapy massage versus massage in work stress, burnout, and HRV parameters: A randomized controlled trial. *Evidence-based Complementary and Alternative Medicine*, 23(1), pp. 19-31. <https://doi.org/10.1155/2020/8830083>.
- Wunderlich, S., (2022) Massage Therapy and Mental Health. *Massage Therapy Journal*. [online], 1 Aug, Available at: <<https://www.amtamassage.org/publications/massage-therapy-journal/massage-mental-health-benefits/>> [Accessed 14 July 2023].
- Yang, J., Do, A., Mallory, M.J., Wahner-Roedler, D.L., Chon, T.Y. and Bauer, B.A., (2021) Acupressure: An Effective and Feasible Alternative Treatment for Anxiety During the COVID-19 Pandemic. *Global Advances In Health and Medicine*, 10. <https://doi.org/10.1177/21649561211058076>.
- Yin, X.J., Wang, F., Lin, G.P., Gong, X.L. and Yao, M.Y., (2022) Effects of auricular acupressure on depression in stroke patients: A single-blind randomized controlled trial. *Complementary Therapies in Clinical Practice*, 48. <https://doi.org/10.1016/j.ctcp.2022.101596>.
- Yoopat, P., Maes, C., Poriau, S. and Vanwonderghem, K., (2015) Thai traditional massage: Efficiency-assessment of three traditional massage methods on office workers: An explorative study. *Journal of Bodywork and Movement Therapies*, 19(2). <https://doi.org/10.1016/j.jbmt.2014.04.006>.
- Yuan, S.L.K., Matsutani, L.A. and Marques, A.P., (2015) *Effectiveness of different styles of massage therapy in fibromyalgia: A systematic review and meta-analysis*. *Manual Therapy*, <https://doi.org/10.1016/j.math.2014.09.003>.
- Zadkhosh, S.M., Ariaee, E., Atri, A.E., Rashidlamir, A. and Saadatyar, A., (2015) The effect of massage therapy on depression, anxiety and stress in adolescent wrestlers. *International Journal of Sport Studies*, 5(3).
- Zhang, M., Murphy, B., Cabanilla, A. and Yidi, C., (2021) *Physical relaxation for occupational stress in healthcare workers: A systematic review and network meta-analysis of randomized controlled trials*. *Journal of Occupational Health*, <https://doi.org/10.1002/1348-9585.12243>.

Zhao, H., Gu, W. and Zhang, M., (2020) Massage therapy in nursing as nonpharmacological intervention to control agitation and stress in patients with dementia. *Alternative Therapies in Health and Medicine*, 26(6), pp. 29-33.

Zisopoulou, T. and Varvogli, L., (2023) Stress Management Methods in Children and Adolescents: Past, Present, and Future. *Hormone Research in Paediatrics*, 96(1), pp. 97-107.
<https://doi.org/10.1159/000526946>

APPENDICES

Appendix 1: Jing Ethics Form - Completed & Signed



| 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: | Sian O'Flynn |
| BTEC Year-group: | 2022 - 2024 |
| Date of application: | 7 th June 2023 |
| Student email address: | info@nature-to-nurture.co.uk |
| Title of research project: | Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety, depression, and low mood in those with desk-based work/sedentary lifestyles |

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? | X | |
| If yes, does it involve children under 16? | | X |
| If yes, does it involve children under 18? | | X |
| Other vulnerable populations (i.e., mental illness, aged subjects)? | | X |
| 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> | | X |
| Are you planning to use deception? | | X |
| Are you collecting sensitive personal data such as sexuality, mental health data, etc? | X | |
| Does your project make use of a validated questionnaire? | X DASS42 | |

Section 3:

| | | |
|---|-----|-----|
| Where is your research being undertaken? Nature To Nurture Home Clinic 41 Church Street, Leighton Buzzard, Bedfordshire, LU7 1BP | | |
| 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. | YES | NO |
| | N/A | N/A |

Section 4:

| |
|---|
| <p>How will you recruit subjects for this research study?</p> <ol style="list-style-type: none"> Using soft copy adverts/posters on social media – Facebook, Instagram, Twitter, LinkedIn, Google My Business. Local Leighton Buzzard Facebook groups: The Bees Knees Business Group; Events in Leighton Buzzard; Leighton Buzzard; Leighton/Linslade; Leighton Buzzard Is Great! Soft copy adverts/posters, hard copy posters & email approaches to local firms where I have connections: Leighton Buzzard Town Council; Central Bedfordshire Council; The Refill; Nature's Harvest Health Shop & Therapy Rooms; Connell's Group Estate Agency; Roberts Accountancy; Leighton Buzzard Golf Club; Leighton Buzzard Citizens Advice; Bureau; Leighton Buzzard Job Centre, ex Leighton Buzzard Town Mayor. Email to current and past client base. |
|---|

Section 5:

| |
|---|
| <p>How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation.</p> <p>General:</p> <ul style="list-style-type: none"> All data held in accordance with the General Data Protection Regulations (UK GDPR & Amended DPA Data Protection Act 2018) as documented under ICO (Information Commissioners Office). Inform participants on sign-up form that their information will not be available to third parties and will not be seen by anyone except the researcher (me). <p>GDPR & Confidentiality Agreement: agreement form for participants to sign (modified from clinic work e.g., no mention of aromatherapy, cancellation fee etc).</p> <p>Security:</p> <ul style="list-style-type: none"> Soft Copies: file will be either double security protected (open and modify) with passwords (Microsoft Word and Excel) or with my unique fingerprint allowing it to be opened (Apple Pages and Numbers) depending on system used. Hard Copies: stored in a locked filing cabinet in my attic. <p>Anonymisation:</p> |
|---|

- Each participant will be assigned a number.
- All data stored will be in separate files under numbers only rendering them anonymous.
- All data stored will be deleted or destroyed as soon as the study is complete.

Section 6:

1. Outline your project procedure

The purpose of the study is to establish if the Jing Method™ Chronic Stress & Pain Protocol affects levels of stress, anxiety, and low mood/depression in desk-based workers.

- Recruit 20 participants from adult desk-based workers (office, home-office or blended), who can commit to the 12-week study, travel to my home clinic in Leighton Buzzard for the 6-weeks of hands-on treatment and are experiencing stress, anxiety, or low mood/depression as identified by positive scoring on an initial DASS42 instrument.
- Hold an initial brief phone call to answer any questions, assess and confirm participants willingness and initial eligibility to take part in the study.
- Send any potential participants an initial DASS42 questionnaire to fill in via email for return within two days. Anyone who scores positively (Stress +15, Anxiety +8, Depression +10 or a combined total score of +25) would be eligible as participants.
- Hold one-to-one in person consultations (or online via Zoom as required) with participants to take basic data such as name, age, employment, address, basic health, and lifestyle information. Ask participants to sign consent forms and receive a PDF explaining the basic details of the study and techniques used, or if consultation is online arranging a time to do this.
- Weeks 1- 6: Issue the DASS42 questionnaire by email for completion prior to any massage /hands-on treatment. This will establish a baseline of individual participants well-being prior to the study.
- Weeks 7-12: for the following 6 weeks participants will come to my home clinic at Nature To Nurture Massage Therapy for a weekly 60-minute clinical hour, with 50-minute hands-on treatment adapted from the Jing Method™ Chronic Stress & Pain Protocol, using AMMA, heat & hot stones, acupressure, myofascial release, effleurage and soft tissue massage, trigger point release and grounding techniques.
- Simple self-care and breathwork will be given at weeks 7, 9 & 11 to do daily as homework. This will be demonstrated by the researcher and a video sent by email, briefly checking each week that participants understand and are still completing it correctly.
- Participants will continue to complete the DASS42 Questionnaire 6 days after their treatment and prior to their next treatment. An email reminder will be sent to each participant.
- Post Treatment: A DASS42 questionnaire will be completed 6 days after the final treatment and a final questionnaire will be sent 4 weeks post-treatment at week 16 to assess any longer-term effects of the study. A feedback form will also be given at this time
- Collate data.

2. Briefly describe, what your participants have to do

E.g. will they be interviewed? Where, for how long? Will they complete a Questionnaire? Will they receive a treatment intervention? Will they be involved in a group discussion?

- Have an initial brief phone call to ask any questions, confirm eligibility, commitment to 12-week study period and interest in participation. Any on-going medical conditions, therapies, or medication to be discussed as these may affect suitability for the study.
- Fill out an initial DASS42 questionnaire via email for return within two days to establish if they have positive DASS42 scores. Stress +15, Anxiety +8, Depression +10 or a combined total score of +25 would be considered positive baseline scores and would make them eligible as participants.
- Participate in an initial consultation in person (or online via Zoom as required) to take basic data such as name, age, employment, address, basic health, and lifestyle information. Complete and sign consent form before starting and receive a PDF explaining the basic details of the study and techniques used. If an online consultation arranging a time for this.
- Participants will also be given a PDF explaining the basic details of the study and techniques used.
- Weeks 1-6: complete the DASS42 questionnaire, sent by email.
- Weeks 7-12: receive a weekly massage treatment, with a 5-minute daily self-care and breathwork routine to be provided at weeks 7, 9 & 11. The DASS42 questionnaire to be completed 6 days after their last treatment and before having the next treatment. Email reminders will be sent.
- Week 16: fill in a final questionnaire to assess any longer-term effects of the study.
- There will be a tick box on the questionnaire where participants can say how many days they practiced the self-care routine during weeks 7-12 & if they continued it after week 12.

Section 7:

| What sort of materials or stimuli will your participants be exposed to? | | |
|---|--|----|
| | YES | NO |
| Questionnaires | DASS42 | |
| Pictures (will you take a photo of participants) | | X |
| Sounds | <ul style="list-style-type: none"> • Background relaxation music (same for all participants) • No words in music | |
| Words | <ul style="list-style-type: none"> • General welcoming conversation | |

| | | |
|-------|---|--|
| | <ul style="list-style-type: none"> • Self-care routine demonstration • Checking of comfort throughout treatment • Green cross coding if required | |
| Other | <ul style="list-style-type: none"> • Jing Method™ Chronic Stress & Pain Protocol • Study PDF • Feedback Form | |

If using a questionnaire you are required to attach an example. DASS42

For 'Other' please elaborate:

- Adapted Jing Chronic Stress & Pain Protocol as outlined in Method above and in Fairweather, R. and Mari, M. (2015). *Massage Fusion: The Jing Method™ for the Treatment of Chronic Pain*. 1st ed. Handspring Publishing
- Study PDF: a PDF explaining the basic details of the study and techniques used to read through at the start of the project.
- Feedback Form: asking participants for feedback about the study.

Section 8:

What sort of people will the subjects be? E.g. people with non-specific back pain, women above 55 years or people diagnosed with osteoarthritis

- Adult desk-based workers (office, home-office or blended) or with a predominantly desk-based lifestyle (e.g. writers, students etc), able to commit to the 12-week study and travel to my home clinic in Leighton Buzzard for the 6-weeks of hands-on treatment.
- Experiencing stress, anxiety or low mood/depression as identified by positive scoring on an initial DASS42 instrument: Stress +15, Anxiety +8, Depression +10 or a combined total score of +20.
- Regular medication: any regular medication needs to have been taken for over 12 weeks to ensure stabilisation.
- Any on-going medical issues/medication may affect suitability for the study and will need to be discussed.
- If participants start a new medication, therapy, or develop a medical condition during the study, inform the researcher in case it impacts the study.

Exclusion:

- Normal scores on the DASS42 questionnaire: Stress 0-14, Anxiety 0-7, Depression 0-9 or a

combined total score of 0-24.

- Medication: if these affect stress, anxiety, or low mood/depression; for example, Amitriptyline taken as painkillers, as these are also antidepressants which may affect these factors.
- New medication: taken for less than 12 weeks as these may not have stabilized for the participant.
- Any ongoing medical issue/medication which may affect well-being; for example, cancer treatments such as chemotherapy, as the treatment course and cyclical nature would affect levels of stress, anxiety, or low mood/depression and potentially the results of the study.

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.

- Participants will be fully informed of what is expected of them in the study.
- Participants can withdraw at any time, without explanation and without consequence.
- Any participants who know each other will be requested to maintain confidentiality at all times and to respect the confidentiality of other participants.
- Anyone scoring as extremely severe (28+ D; 20+ A; 34+ S) in all 3 categories of the DASS-42 or giving concern to the researcher will be considered and signposted if necessary.
- Trauma, mental & emotional health issues: can occur for anyone at any time and may do during the study, especially as levels of stress, anxiety, and low mood/depression are being studied. The researcher works with stress and trauma in normal practice and will continue to employ all the usual safeguarding procedures:
 - Treat participants with sensitivity
 - Green Cross coding during treatments
 - During consultation and throughout the study observing participants emotional well-being and signpost to local talking therapies and additional resources if necessary.
- Injury/Accident: the researcher is a fully qualified and insured therapist with up-to-date emergency at work first aid training certification.
- Personal Risk: working at a home clinic may put the researcher at risk of abuse/attack. As per usual business the researcher will ensure that her partner is at home, and she is not alone if she is treating any new male clients. Where possible someone will be in the house with the researcher at other times.

Section 11

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

TIP: Personal data (name, addresses etc.) should not be saved whereby they can be associated with the participants' other data.

- Qualified, fully insured therapist.
- Ensure participants details are kept fully confidential, secure & GDPR compliant as above with signed GDPR & Confidentiality agreement.
- Record participants, name, age, employment, address, basic health, and lifestyle information.
- Soft Copies: file will be either double security protected (open and modify) with passwords (Microsoft Word and Excel) or with my unique fingerprint allowing it to be opened (Apple Pages and Numbers) depending on system used.
- Hard Copies: stored in a locked filing cabinet in my attic.
- Anonymisation: each participant will be assigned a number.
- All data stored will be in separate files under numbers only rendering them anonymous.
- All data stored will be deleted or destroyed as soon as the study is complete.

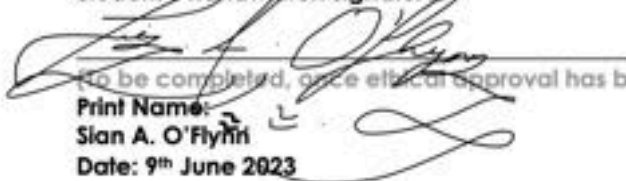
Section 12

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

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 | NO |
|--|-----|----|
| | X | |

Student's handwritten signature:



(to be completed, once ethical approval has been provided)

Print Name:

Sian A. O'Flynn

Date: 9th 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.

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:** ...10/06/23.....

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 2: Participants Letter & Consent Form



PROJECT TITLE: Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety, depression, and low mood in those with desk or seated work/lifestyles

STUDENT NAME: Sian O'Flynn

STUDY LOCATION: 41 Church Street, Leighton Buzzard, Bedfordshire, LU7 1BP

Tel: 07902 826544

email: info@nature-to-nurture.co.uk

INFORMATION FOR PARTICIPANTS

Important – Withdrawal from Study

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 from the study.

What will be expected of you, the participant?

I would be very grateful if you are interested in taking part on the study; if you are, this is what would be involved:

- Have a phone call with me to ask any questions, confirm your eligibility and interest in participation in the study. Discuss any on-going medical conditions, therapies, or medication as these may affect your suitability for the study.
- Fill out an initial DASS42 questionnaire (5-10 mins) via email for return within two days to assess your levels of stress, anxiety, and low mood/depression.
- Participate in an initial consultation in person (or online via Zoom as required) to take your basic data; complete and sign a consent form. You will also receive a PDF explaining the basic details of the study and techniques used.
- Weeks 1-6: complete the DASS42 questionnaire once per week. This is a questionnaire with 42 questions used to assess your well-being. It should take no more than 5-10 minutes to complete and will be sent to you by email.
- Weeks 7-12: receive a weekly massage treatment, with a simple 5-minute daily self-care and breathwork routine to be demonstrated and provided at weeks 7, 9 & 11. You will need to complete the DASS42 questionnaire weekly; 6 days after your last treatment and before having the next treatment. There will be a tick box on the questionnaire where you can say how many days you practiced the self-care routine during that week. Email reminders for

this will be sent.

- Week 16: fill in a final DASS42 questionnaire to assess any longer-term effects of the study. There will be a tick box on the questionnaire where you can say how many days you practiced the self-care routine during weeks 7-12, and if you continued it after week 12.

What does the initial consultation and research study involve?

The initial consultation will be in person (or online via Zoom as required) and during this I will take details of your basic data such as your name, age, employment, address, basic health, and lifestyle information. For the first six weeks, your well-being during this time will be assessed using the DASS42 questionnaire. There will be no other intervention.

The research study involves using the Jing Method™ of Advanced Clinical Massage, using treatments of the Chronic Stress and Pain Protocol for 6 weeks from week 7. This uses a combination of AMMA techniques, heat & hot stones, acupressure, myofascial release, effleurage and soft tissue massage, trigger point release and grounding techniques in a 50-minute treatment. A simple 5-minute daily self-care and breathwork routine will be demonstrated and provided at weeks 7, 9 & 11 for you to complete at home as part of the treatment protocol.

The DASS42 will be sent to you 4 weeks after the final session to see if there have been any longer-term effects of the treatments with a tick box to ask if you continued to use the self-care routine after week 12. A pdf outlining the procedures of the study will be available for you at any time to refer to if you need it.

Are there any risks involved?

I do not anticipate any physical or ethical risks for those choosing to participate in this project. However, physical, mental & emotional health issues can occur for anyone at any time and if this arises, I will continue to employ all my usual safeguarding procedures:

- Treat participants with sensitivity.
- During consultation and throughout the study observing participants for any such issues to ensure well-being.
- Injury/Accident: I am a fully qualified and insured therapist with up-to-date emergency at work first aid training certification.
- We will be using heat and hot stones. I will ensure that I will be using the correct safeguards and temperatures to ensure no risks from this use of thermotherapy.
- As with all massage treatment there is a small, but unlikely risk of muscle aching or soreness; this is transient and should ease after 24 hours.

What are the potential benefits to you, the participants?

These are protocols that I use regularly and with good effect on the general well-being and stress levels of clients in my home practice. You will be able to experience grounding and relaxation techniques, AMMA fusion massage, hot stones massage, myofascial release, acupressure, trigger point therapy and soft tissue massage in a treatment that has been specifically designed for treating those suffering with chronic stress, anxiety, pain and conditions affecting their well-being.

The aim of this study is to see, from a research perspective, if the Jing Chronic Stress and Pain Protocol can affect levels of stress, anxiety and low mood.

I am hopeful that you will experience benefits to your well-being from participating in the research study.

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 myself, Sian O'Flynn. 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 if you have decided to participate

If you would like to participate I will have brief one-to-ones in-person, by email or over the phone to confirm your eligibility and ask you to sign and return a completed consent form to me, Sian O'Flynn. If you have any further questions, please contact me on the telephone number or email address above. Thank you for taking the time to read this letter and consider participating in my research study.

Sincerely,

Sian O'Flynn, ACMT Advanced Clinical Massage Therapist





PARTICIPANT CONSENT FORM

Title of study: Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety, depression, and low mood in those with desk-based work/sedentary lifestyles
Name of student: Sian O'Flynn

| | |
|--|------|
| <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 agree to take part in this study | |
| <input type="checkbox"/> Signed (participant) | Date |
| Name in block letters | |
| <input type="checkbox"/> Signed (parent / guardian / other) (if under 18) | Date |
| Name in block letters: | |
| BTEC students contact details (including telephone number and e-mail address): Sian O'Flynn, ACMT 07902 826544 info@nature-to-nurture.co.uk | |

Appendix 3: Social Media Recruitment Advertisement – Balance

Recruiting for BTEC Research Study



Nature To Nurture Clinical & Holistic Massage & Aromatherapy

Are you:

- working in a desk-based job (office, home office or blended)
- over 18

and feel

- stressed
- anxious
- suffer with low mood or depression

Would you:

- like to explore your well-being
- be able to commit to a 12-week research study (anticipated start mid-August with treatments late-September)
- First 6 weeks: quick questionnaire (5-10 mins) on your stress levels
- Second 6 weeks: 1 hour per week Massage & Self-Care sessions designed for Chronic Stress

- Any on-going medical issues or new medication may affect suitability for the study & can be discussed at the initial assessment
- As part of the study & with my thanks treatments are offered at a 70% discount, £20/session

FEELING OUT OF BALANCE?

STRESS
ANXIETY
LOW
MOOD

WELL-
BEING

If you're interested in participating please contact me to discuss

07902 826544

info@nature-to-nurture.co.uk

www.nature-to-nurture.co.uk/the-study

Leighton Buzzard

Appendix 4: Social Media Recruitment Advertisement – White



Do you suffer with stress, anxiety depression or low-mood & have a desk-based job or lifestyle?

Would you like support for you & your well-being with treatment & self-care?

You may want to become a part of my research study - on the effects of Jing Method™

Advanced Clinical Massage on Stress, Anxiety & Low Mood in desk-based workers

The Therapist: **Sian O'Flynn ACMT**



I have been a massage therapist for over 12 years, specialising in the treatment of acute & chronic pain. The research study & dissertation is an essential part of my final year on the Jing Method™ BTEC Level 6 Professional Diploma in Advanced Clinical Massage & Sports Massage, the highest level of massage qualification in the UK & Europe. As well membership of professional bodies & full public liability insurance with Balens. I am registered with the Complementary & Natural Healthcare Council, whose registrants must be properly trained so they meet the government standards for therapies they provide.



What's involved?

- **Weeks 1-6:** secure online questionnaire (5-10 mins)
- **Weeks 6-12:** 1 hour weekly treatment & self-care
- **Treatments:** Jing Method™ chronic stress protocols with AMMA fusion massage, thermotherapy & hot stones, acupressure, myofascial release, effleurage & soft tissue massage, trigger point release, breathing & grounding techniques
- **Location:** my home clinic in Leighton Buzzard
- **Dates:** 28th August - 8th October (Control Phase)
9th October - 19th November (Treatment Phase)

What are the Benefits?

- Protocols are used regularly & with good effect on stress levels & general well-being, with clients reporting additional benefits to other lifestyle areas such as sleep, relaxation & work-life balance
- You will be able to experience a wide variety of techniques in a treatment specifically designed by Jing Advanced Massage Training for treating chronic stress, anxiety, pain & other conditions affecting well-being
- Time for you - to explore your health & well-being



Who can apply?

- Adults over the age of 18
- Having a desk-based job or lifestyle
- Experiencing stress, anxiety, low-mood or depression, assessed with a 5-10 mins questionnaire sent via email
- Any on-going medical issues or medication may affect suitability for the study & can be discussed
- Cost: to help support the researcher & costs for the 6 weeks of the study there is a substantial 70% discount - £20/treatment (normal cost would be £65/treatment). Please speak to me if this is an issue.



Are you interested? Please talk to me

Must be over 18 | Limited places available

Anticipated Start Date: 28th August, Questionnaire only

9th October - 19th November: Hands-on treatments & Questionnaire



07902 826544



info@nature-to-nurture.co.uk



www.nature-to-nurture.co.uk/the-study



Appendix 5: Social Media Recruitment Advertisement – Green

FEELING STRESSED, ANXIOUS, OVERWHELMED OR HAVE LOW MOOD?

WORK IN A DESK-BASED JOB?

INTERESTED IN EXPLORING YOUR WELL-BEING?

You may want to become a part of my research study - on the effects of Jing Method™ Advanced Clinical Massage on Stress, Anxiety & Low Mood in desk-based workers

CNIC **BALENS** **NATURE TO NURTURE CLINICAL & HOLISTIC MASSAGE THERAPY** **JING**

About The Researcher - Sian O'Flynn ACMT
 A massage therapist for over 12 years, specialising in the treatment of acute & chronic pain. Now in the final year of the highest level of massage qualification in the UK & Europe, the BTEC Level 6 Professional Diploma in Advanced Clinical Massage & Sports Massage, this research study looks at the well-being of desk-based workers & how the Jing Method Advanced Clinical Massage Therapy affects their levels of stress, anxiety or low mood.

What's Involved?

- Weeks 1-6: filling out a quick online questionnaire (approx 5 mins)
- Weeks 7-12: 1 hour per week treatments of Advanced Clinical Massage Treatments combined with self-care
- These use a combination of ANMA, thermotherapy & hot stones, acupressure, myofascial release, effleurage & soft tissue massage, trigger point release & grounding techniques
- Anticipated Start: 14th August 2023, treatments to start w/c 25th September 2023

What Are The Benefits?

- These protocols are used regularly & with good effect on stress levels & general well-being, with clients reporting additional benefits to other lifestyle areas such as sleep, relaxation & work-life balance
- Time for you - to explore your health & well-being
- You will be able to experience a wide variety of techniques in a treatment that has been specifically designed by Jing Advanced Massage Training for treating those suffering with chronic stress, anxiety, pain & conditions affecting their well-being

Who Can Apply?

- Adults over the age of 18, working in any desk-based job or lifestyle e.g. students
- Experiencing stress, anxiety or low mood/depression - assessed with a simple 5-10 mins questionnaire sent via email
- Any on-going medical issues/medication may affect suitability for the study
- Anticipated Start Dates: 28th August: Questionnaire only
9th October - 19th November: Hands-On Treatments & Questionnaire
- Cost: to help support the researcher & costs for the 6 weeks of the study there is a substantial 70% discount - £20/treatment (normal cost would be £65/treatment)

Are you interested? Please contact me below to discuss your participation & well-being | Limited Availability

07902 826544 @ info@nature-to-nurture.co.uk www.nature-to-nurture.co.uk/the-study Leighton Buzzard

Appendix 6: Participants Information Leaflet

J I N G M E T H O D
A D V A N C E D M A S S A G E

N A T U R E T O N U R T U R E
M A S S A G E T H E R A P Y

B R E A T H E O U T

B R E A T H E I N



B T E C R E S E A R C H
S T U D Y 2 0 2 3

Summer 2023

BTEC
RESEARCH
STUDY

*Jing Method - Advanced Clinical
Massage Therapy*



*Nature To Nurture
Clinical & Holistic Massage & Aromatherapy*

**EVALUATING THE EFFECTS OF THE JING METHOD™ OF
ADVANCED CLINICAL MASSAGE ON STRESS IN DESK-BASED WORKERS**

Thank you for expressing an interest in being part of my Research Study Project. I appreciate you responding to my call for participants - this leaflet is to tell you a little more about what it entails



MEET ME - SIAN O'FLYNN

I have been a massage therapist for over 12 years, specialising in the treatment of acute and chronic pain. In my home clinic, I work with individuals suffering with acute injuries like strains and sprains, and a range of chronic pain issues such as migraines, frozen shoulder, and fibromyalgia. I also support clients with mental health and emotional issues like anxiety and panic attacks, as well as many types of healthcare conditions such as Parkinson's Disease and Ehlers-Danlos Syndrome.

In 2021 I started the BTEC Level 6 Professional Diploma in Advanced Clinical Massage & Sports Massage. This is a degree-level course and is currently the highest level of massage qualification in the UK and Europe. As part of the third and final year I am carrying out a research study and dissertation that is to be peer-reviewed and published. The subject of my study is looking at the well-being of desk-based workers, to see how the Jing Method Advanced Clinical Massage Therapy affects their levels of stress, anxiety or low mood.



WHAT IS THE JING METHOD?

<https://www.jingmassage.com/therapists/the-jing-method/>

Jing Advanced Massage Training are the only UK massage training school to offer level 6/postgraduate degree level clinical massage qualifications.

Pioneered by international chronic pain experts Rachel Fairweather and Meghan Mari, the Jing Method™ of Advanced Clinical Massage is a unique outcome based system for addressing acute and chronic musculoskeletal pain through a tried and tested fusion of advanced soft tissue and massage techniques. It blends the best of advanced bodywork techniques from both East and West including trigger point therapy, fascial work, acupressure, grounding techniques and breath work. It uses a truly holistic approach based on the biopsychosocial model of pain and modern neuroscience, using:

- H Heat & Thermotherapy; Cold & Cryotherapy
- F Fascial techniques
- M Muscles - trigger point therapy
- A Acupressure points
- S Stretching
- T Teaching self care strategies



WHAT ARE THE BENEFITS?

These are protocols that I use regularly and with good effect on the general well-being and stress levels of clients in my home practice. You will be able to experience grounding and relaxation techniques, AMMA fusion massage, hot stones massage, myofascial release, acupressure, trigger point therapy and soft tissue massage, in a treatment that has been specifically designed by [Jing Advanced Massage Training](#) for treating those suffering with chronic stress, anxiety, pain and conditions affecting their well-being.

The aim of this study is to see, from a research perspective, if the Jing Chronic Stress and Pain Protocol can affect levels of stress, anxiety and low mood.

I am hopeful that you will experience benefits to your well-being from participating in the research study.



WHO CAN PARTICIPATE?

- Adults over the age of 18
- Working in a desk-based job - office, home-office or blended
- Experiencing stress, anxiety or low mood/depression - this will be assessed with a simple 5-10 mins questionnaire sent via email
- Able to commit to:
 - First 6 weeks: fill out a questionnaire once a week (5-10 mins)
 - Second 6 weeks: attend my home clinic in Leighton Buzzard for weekly hands-on treatment; filling out the questionnaire
- Any regular medication needs to have been taken for over 12 weeks to ensure stabilisation
- Any on-going medical issues/medication may affect suitability for the study and will need to be discussed
- If you start a new medication, therapy, or develop a medical condition during the study, I would need to be informed in case it impacts the study



TECHNIQUES USED



PHOTO COURTESY OF JING ADVANCED MASSAGE TRAINING

AMMA FUSION & GROUNDING

AMMA fusion massage can help to ground and release muscular tension through the drape at the beginning of a treatment. It is an Eastern bodywork therapy, which holistically addresses the whole person through "kata" (choreographed movement) and pressure techniques.

THERMOTHERAPY & HOT STONES

Thermotherapy and the use of heat is a fantastic way to release not only body and muscular tension but also emotional stress. Hot stones can also be placed over the drape on the body to provide warmth and comfort.

MYOFASCIAL RELEASE

Fascial work is one of the techniques used most in my treatments. It is performed without oil and is a slow method of stretching and releasing the fascia - the connective tissue which surrounds and penetrates all muscles, organs and body structures. It aims to restore mobility in the fascia and soften connective tissue that has become rigid, with highly effective results.

TRIGGER POINT THERAPY

Trigger points, often referred to as 'knots', are tight contracted points on muscles and fascia (the connective tissue that swathes the body) that cause pain both at their site and referred elsewhere. Studies suggest that trigger points are a component of up to 93% of the pain seen in pain clinics and the sole cause of such pain as much as 85% of the time. It's important to recognise them as the site of the pain might not always be its cause.

In this diagram for example, you can see how trigger points in the upper trapezius at the neck and shoulders can cause referred pain across the temple, head, jaw and throat, and are thus often responsible for headaches and migraines.



TRIGGER POINTS

Trigger points in the trapezius refer to the following areas:

- Locally around the shoulders and the muscle itself.
- In a question mark like pattern around the head.
- Up and under the head (so a big contributor to headaches).



Photo courtesy of Jing Advanced Massage Training



ACUPRESSURE

Acupressure points are part of the fusion of Eastern and Western techniques used in the Jing Method™. Different meridians are worked depending on the area and specific issues treated.

Recent medical research suggests strong connections between the meridians and the fascia, with acupressure points often located where the fascia can be accessed at deeper levels, helping to release the muscular tension found with chronic stress.



STRETCHING

Gentle passive assisted stretches and myofascial tractions can feel incredibly releasing at the end of a treatment, and are a fabulous way to consolidate the benefits of the Chronic Stress and Pain Protocol Treatments.

Photo courtesy of Jing Advanced Massage Training



SELF CARE

Placing control over healing into your own hands is an incredibly powerful psychological and physical tool as well as greatly adding to the effectiveness of any treatment plan.

There are many safe self-help techniques that are within my remit as a massage therapist to teach and it's an important part of the Chronic Stress and Pain Protocol.

The self-care routine is kept very simple and short (5 minutes/day) so that you can easily remember it and fit it into your life as a daily habit to help you rather than a chore.



Nature To Nurture 2023

[Information from the Jing Institute of Advanced Massage Training about the qualification and accreditation of my BTEC level 6 degree course](#)

“
We will be using the Jing Method™ Chronic Stress and Pain Protocol to see the effects on your stress levels & well-being over the course of a 6-week treatment plan”

“

The aim of the Research Study is to see if the Jing Method Chronic Stress & Pain Protocol has any effects on stress, anxiety, & low-mood



WHAT DOES THE RESEARCH STUDY INVOLVE?

- Have an initial brief phone call to ask any questions, confirm eligibility, and your commitment to 12-week study period. Any on-going medical conditions, therapies, or medication to be discussed as these may affect suitability for the study.
- Fill out an initial DASS42 questionnaire (5-10 minutes) via email to establish to assess your levels of stress, anxiety and low mood/depression.
- An initial consultation in person (or online via Zoom as required) to take details of your basic data such as your name, age, employment, address, basic health, and lifestyle information.
- The research study uses treatments of the Jing Method™ Chronic Stress and Pain Protocol for 6 weeks at my home clinic in Leighton Buzzard. Using a combination of AMMA techniques, thermotherapy & hot stones, acupressure, myofascial release, effleurage and soft tissue massage, trigger point release and grounding techniques.
- Your well-being during this time will be assessed using an online questionnaire, as well as for a 6-week control period beforehand when you will receive no treatment.
- At the end of the study, I will ask you for any feedback as to what worked or not for you and any ways in which I could have improved the treatment. I will also send you a final questionnaire to fill in four weeks after the end of the study to see if there are any longer-term effects of the treatments. Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.
- Cost: to help support the researcher and costs for the 6 weeks of the study I am offering a **substantial discount** - just £20/treatment (normal cost would be £65/treatment) with my thanks for your assistance with the Research Study.

WHAT YOU'LL BE ASKED TO DO

- Complete an online weekly questionnaire about your well-being for 12 weeks starting in mid-July.
- Attend an initial consultation to take your basic details.
- Commit to attend 6 x 1 hour weekly treatment sessions & 5 minutes of daily self-care, starting in September
- After the study fill in a final questionnaire to assess any longer-term effects and provide any feedback.

ARE YOU INTERESTED?

Must be over 18 | Limited places available
Anticipated Start Date: 28th August, Questionnaire only
9th October - 19th November: Hands-on treatments & Questionnaire
Please contact me 07979 251715 | email at info@nature-to-nurture.co.uk



Nature To Nurture 2023

Thank You



BTEC Research Study

Appendix 7: Study Consultation Form



Client Consultation Form

Confidential Client Information and Consent

| | | | |
|---------|----------------------|------------|----------------------|
| Name | <input type="text"/> | | |
| DOB | <input type="text"/> | Occupation | <input type="text"/> |
| Address | <input type="text"/> | | |
| County | <input type="text"/> | Postcode | <input type="text"/> |
| Phone | <input type="text"/> | Email | <input type="text"/> |

HEALTH HISTORY

1. What is your main reason for joining the study?

Yes **No**

2. Do you have any health conditions? Are they diagnosed?



Client Consultation Form

Confidential Client Information and Consent

3. Are you currently being treated/under supervision of a doctor, consultant or complementary therapist? Yes No

4. Are you on any medication or supplements & what are they for? Do you have any issues with these or side-effects? Yes No

5. Are you experiencing stress, anxiety, depression or low mood? Are you aware of any reasons or circumstances for this? Has it been diagnosed? Yes No

6. How is your sleep?

| | | |
|-----------|------------|----------|
| 1 | 5 | 10 |
| Excellent | Ok/Neutral | Terrible |

Quantity, quality, issues getting to sleep, waking in night, overthinking etc



Client Consultation Form

Confidential Client Information and Consent

7. Do you have any allergies? Yes No

8. Have you ever had a Jing massage or professional massage before? If yes, was there anything you liked or disliked? Yes No

9. What is the nature of your desk-based/seated lifestyle? e.g. job, student etc How many hours are you seated? Is this at home or in an office/other building? What is the desk set-up like?

INFORMED CONSENT & GDPR

Please see also separate Participants Letter & Consent Form

- I have had a thorough consultation with my therapist/researcher.
- I have been informed of the BTEC research study and agree to proceed, on the understanding that I can withdraw from the study at any time, without any explanation.
- I understand that massage therapy is not a substitute for traditional medical treatment.
- I understand the importance of informing my therapist/researcher of any changes to my mental/physical/emotional health or circumstances.
- I understand that it is my responsibility to inform the massage therapist/researcher of any discomfort I may experience during treatment so that they can adjust accordingly.

Signature

Date

GDPR May 2018: The data collected on this form will be used for the sole purpose of Jing advanced clinical massage & the BTEC research study and will not be disclosed to any external parties except for the BTEC research study e.g. external examiners. For insurance purposes these records will be kept for 7 years following the end of the study before being securely destroyed

Appendix 8: DASS-42 Questionnaire and Scoring

| <h1>DASS</h1> | | Name: | Date: |
|--|--|-------|-------|
| <p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p>The rating scale is as follows:</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> | | | |
| 1 | I found myself getting upset by quite trivial things | 0 | 1 2 3 |
| 2 | I was aware of dryness of my mouth | 0 | 1 2 3 |
| 3 | I couldn't seem to experience any positive feeling at all | 0 | 1 2 3 |
| 4 | I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 | 1 2 3 |
| 5 | I just couldn't seem to get going | 0 | 1 2 3 |
| 6 | I tended to over-react to situations | 0 | 1 2 3 |
| 7 | I had a feeling of shakiness (eg, legs going to give way) | 0 | 1 2 3 |
| 8 | I found it difficult to relax | 0 | 1 2 3 |
| 9 | I found myself in situations that made me so anxious I was most relieved when they ended | 0 | 1 2 3 |
| 10 | I felt that I had nothing to look forward to | 0 | 1 2 3 |
| 11 | I found myself getting upset rather easily | 0 | 1 2 3 |
| 12 | I felt that I was using a lot of nervous energy | 0 | 1 2 3 |
| 13 | I felt sad and depressed | 0 | 1 2 3 |
| 14 | I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting) | 0 | 1 2 3 |
| 15 | I had a feeling of faintness | 0 | 1 2 3 |
| 16 | I felt that I had lost interest in just about everything | 0 | 1 2 3 |
| 17 | I felt I wasn't worth much as a person | 0 | 1 2 3 |
| 18 | I felt that I was rather touchy | 0 | 1 2 3 |
| 19 | I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion | 0 | 1 2 3 |
| 20 | I felt scared without any good reason | 0 | 1 2 3 |
| 21 | I felt that life wasn't worthwhile | 0 | 1 2 3 |

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 9: Nature To Nurture DASS-42 Online Questionnaire Form



Nature To Nurture Aromatherapy, Clinical
& Holistic Massage
41 Church Street, Leighton Buzzard,
Bedfordshire, LU7 1BP
info@nature-to-nurture.co.uk
www.nature-to-nurture.co.uk
07902 816544

DASS-42 Questionnaire

The DASS is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress

Name

First Name

Last Name

Date

Done

Please read each statement and select an answer - 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. *

| | 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 |
|---|--------------------------------|---|--|--|
| 1. I found myself getting upset by quite trivial things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I was aware of dryness of my mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I couldn't seem to experience any positive feeling at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I just couldn't seem to get going | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I tended to over-react to situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I had a feeling of shakiness (eg, legs going to give way) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I found it difficult to relax | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I found myself in situations that made me so anxious I was most relieved when they ended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I felt that I had nothing to look forward to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I found myself getting upset rather easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. I felt that I was using a lot of nervous energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I felt sad and depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I had a feeling of faintness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I felt that I had lost interest in just about everything | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I felt I wasn't worth much as a person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I felt that I was rather touchy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I felt scared without any good reason | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I felt that life wasn't worthwhile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I found it hard to wind down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I had difficulty in swallowing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I couldn't seem to get any enjoyment out of the things I did | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I felt down-hearted and blue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I found that I was very irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I felt I was close to panic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. I found it hard to calm down after something upset me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I feared that I would be "thrown" by some trivial but unfamiliar task | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I was unable to become enthusiastic about anything | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I found it difficult to tolerate interruptions to what I was doing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I was in a state of nervous tension | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I felt I was pretty worthless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I was intolerant of anything that kept me from getting on with what I was doing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I felt terrified | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. I could see nothing in the future to be hopeful about | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. I felt that life was meaningless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 39. I found myself getting agitated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I was worried about situations in which I might panic and make a fool of ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. I experienced trembling (eg, in the hands) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. I found it difficult to work up the initiative to do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Did you complete the optional Self-Care this week? Please select any day that applies (to be filled in only on the Hands-On Treatment part of the Research Study)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Submit

Appendix 10: Nature To Nurture Weekly DASS-42 Email Example



BTEC 2023 Research Study DASS-42 Questionnaire

BTEC Research Study: Week 1 - Monday 28th August

Hello! and welcome to my BTEC Research Study on Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety, depression, and low mood in those with desk-based worklifestyles.

This is week 1 of the 6-week Control Period where I ask you to complete a weekly DASS-42 questionnaire (Depression, Anxiety and Stress Scale instrument) in order to get a baseline for your individual levels of wellbeing.

The questionnaire and instructions are the same ones that you completed to confirm your eligibility for the study. The instructions are:
"Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement."

Please click on the link below, fill in and click on submit - if you could do this asap or by end of Thursday each week I would be most grateful.

<https://form.jotform.com/SianInfo/dass-42-questionnaire>

If you have any problems with accessing or completing the DASS-42 Questionnaire, have any issues, questions or need to speak to me please message or call on 07902 826544, [email me](#) or click on the button below.

*Thanks & Warmest Wishes,
Sian*

[Contact Me](#)



Appendix 11: Chronic Stress Protocols

Client Prone; Over Drape Grounding & Relaxation

- **Double arm:** Therapist in horse stance, forearms either side of the client's spine, sink in with body weight
- **AMMA:** palming down the bladder meridian from side of couch with hot stones

Client Prone; Remove Drape Back, Neck & Shoulders

- **Acupressure: 12 Shu points** of the back (bladder meridian)
- **Soft fascial fists:** Slowly deep strip the erector spinae muscles with soft fascial fists
- **Indirect myofascial release:** cross-handed stretches across the back where required
- **Direct myofascial release:** focus, windmill, torquing or skin rolling as and where required
- **Effleurage:** figure 8's, hand and forearm effleurage both sides
- **Power effleurage with hot stones**
- **Trigger point therapy:** only if required

Client Supine; Over Drape

- **Legs & Feet:** gentle fascial pull of legs; acupressure point
- **Stone placement:** on breastbone, solar plexus and belly; therapists hands on heart and belly in tune with client's breath
- **Myofascial transverse plane releases:** at pelvis 'tummy sandwich' & solar plexus
- **Acupressure: Conception Vessel 17 Sea of Tranquillity:** hands in prayer position, rock the ulnar edge of the hands at the centre of sternum
- **Diaphragm:** working with the clients breath, static compression with thumbs up and under ribs medially to laterally
- **Acupressure: Heart 8 Lesser Mansion**
- **Intercostals:** using either positional fascial release or stripping depending on the client's tolerance
- **Neck, Shoulders & Suboccipital muscles:**
 - **Posterior Neck:** slow and deep work to posterior neck
 - **Alternate neck pulls**
 - **Upper Trapezius and Scalenes:** positional fascial release
 - **Scalp & Facial massage**
 - **Suboccipital muscles:** myofascial release
- **Acupressure: Yin Tang & Governing Vessel 20 Hundred Convergencies**

Appendix 12: Self-Care & Breathwork Routine

Self-Care Routine Weeks 1 and 2

Perform seated at a desk, once a day, 5 minutes. Can be repeated more often if enjoyed. Go slowly, do not force any movements, go as far as comfortable and stop if there is any pain.

Stretching

Seated Cat Stretch (3-5 times)

- **Inhale:** unclasp hands, reach both arms out to side and clasp hands behind back, push chest outwards and raise chin slightly to ceiling, pushing the chest and belly outwards.
- **Exhale:** reach both arms out to side and forwards, clasp hands facing inward and stretch rounding the back, sucking in the belly and tucking the chin in to the chest.
- **Perform whole routine slowly with the breath 3-5 times total.**

Seated Rotation (3-5 times each side)

Right

- **Inhale:** imagine you have a thread coming from your head that is lifting you in your seat, sit tall in good posture.
- **Exhale:** slowly rotate to your right, taking your right hand to the back of your chair and taking your left hand to your right knee so that you are twisting in your chair.
- **Inhale:** move back to centre
- **Exhale:** rotate to right again
- **Perform 3-5 times in total.**

Left

- **Inhale:** imagine you have a thread coming from your head that is lifting you in your seat, sit tall in good posture
- **Exhale:** slowly rotate to your left, taking your left hand to the back of your chair and taking your right hand to your left knee so that you are twisting in your chair
- **Perform 3-5 times in total.**
Roll shoulders together forwards and backwards to release any tension.

Neck - Basic Range of Motion (3-5 times)

Sit on your hands to keep the shoulders down.

- **Flexion:** slowly and carefully drop chin towards chest and allow head to sink for count of 10
- **Extension:** slowly and carefully raise chin to ceiling for count of 10
- **Lateral Flexion:** keeping your head facing directly forwards and keeping your shoulders down, slowly and carefully take your left ear to your left shoulder for count of 10. Repeat on right side
- **Rotation:** Slowly rotate your head to your left, keeping your shoulders facing straight forwards so that you're rotating your head and neck, and not your shoulders. Hold for count of 10. Repeat on right side.
- **Perform 3-5 times in total.**

Breathwork

Long Breaths: Simple 10 breaths, inhaling for count of 4 and exhaling for count of 6, performed on waking and before going to sleep. Can be repeated during the day, especially good for slowing down the breath and calming anxiety/stress.

Self-Care Routine Weeks 3 and 4

Perform standing or seated at a desk as preferred, once a day, 5 minutes. Can be repeated more often if enjoyed. Go slowly, do not force any movements, go as far as comfortable and stop if there is any pain.

Stretching

Overhead stretch (3-5 times)

- **Inhale:** stretch arms out to the sides, bring up above head, clasp hands facing inwards or outwards as comfortable
- **Exhale:** stretch arms up to the ceiling; inhale.
- **Exhale:** stretch arms out to side.
- **Perform 3-5 times in total.**

Right Side body stretch (3-5 times)

- **Inhale:** reach arms up and overhead
- **Exhale:** hold right wrist with left hand
- **Inhale:** stretch up to ceiling **Exhale:** and stretch to left side, inhale to centre.
- **Perform 3-5 times in total.**

Left Side body stretch (3-5 times)

- **Inhale:** reach arms up and overhead
- **Exhale:** hold right wrist with left hand
- **Inhale:** stretch up to ceiling **Exhale:** and stretch to left side, inhale to centre.
- **Perform 3-5 times in total.**

Roll shoulders together forwards and backwards to release any tension.

Neck & Jaw Stretch (3-5 times)

- Firmly place your hands on your chest, just below your throat, one hand on top of the other (whichever way is comfortable). Preferably this is skin-to-skin contact, although it can be performed through clothing, so if you can move down any clothing in the way.
- Once your hands are locked in place, pull them down slightly (about an inch or so) and slowly raise chin to ceiling, you should feel a stretch down your neck, throat and jaw.
- Turn your head from left to right to see if there is a difference in tightness between the sides and to release any tension.
- If you can and there is no discomfort or pain, repeat, but this time open and close your mouth 'like a goldfish' to increase the stretch
- **Repeat 3-5 times as comfortable.**

Breathwork

Box Breathing:

- Inhale for count of 4
- Pause and hold breath (gently) for count of 4
- Exhale for count of 4
- Pause and hold breath (gently) for count of 4
- Repeat for 3-5 rounds as comfortable or as often as you would like
- Performed on waking and before going to sleep but can be repeated during the day if wished.



Self-Care Routine Weeks 5 and 6

Perform standing or seated at a desk as preferred, once a day, 5 minutes. Can be repeated more often if enjoyed. Go slowly, do not force any movements, go as far as comfortable and stop if there is any pain.

Stretches

Arm over Arm Stretch (3-5 times)

- **Inhale:** stretch your arms out wide to the sides and swim your hands behind you, interlace your fingers with your palms facing inwards or outwards, whichever is most comfortable and exhale stretching your arms out behind you.
- **Inhale:** stretch your arms out wide to the sides and bring your arms out in front of you, crossing one over the other and exhale
- Inhale and raise your arms to bring your elbows up
- Exhale and lower your arms
- **Perform 3-5 times in total.**

Shoulder Shrug (3-5 times)

- **Inhale:** Shrug shoulders up to ears.
- **Exhale:** Allow shoulders to drop (with care) and pull shoulder blades down back
- **Perform 3-5 times in total**
- Roll shoulders together forwards and backwards to release any tension.

Scalenes & Upper Trapezius Stretch

Right Side (2 times each stretch)

- Sit on your right hand
- Place your left hand on the right side of your head and slowly use it to tilt your head to the left, taking your left ear to your left shoulder and stretching the right side of your neck. Take care not to raise your shoulders and to keep your head facing forwards. Hold for 30 seconds. Repeat once more.
- Perform the same stretch, but this time once you have tilted your head to the side bring the head forwards and down so that you are looking towards your armpit instead of straight ahead. You should feel the stretch across your shoulders. Hold for 30 seconds. Repeat once more.

Left Side (2 times each stretch)

- Sit on your left hand
- Place your right hand on the left side of your head and slowly use it to tilt your head to the right, taking your right ear to your right shoulder and stretching the left side of your neck. Take care not to raise your shoulders and to keep your head facing forwards. Hold for 30 seconds. Repeat once more.
- Perform the same stretch, but this time once you have tilted your head to the side bring the head forwards and down so that you are looking towards your armpit instead of straight ahead. You should feel the stretch across your shoulders. Hold for 30 seconds. Repeat once more.

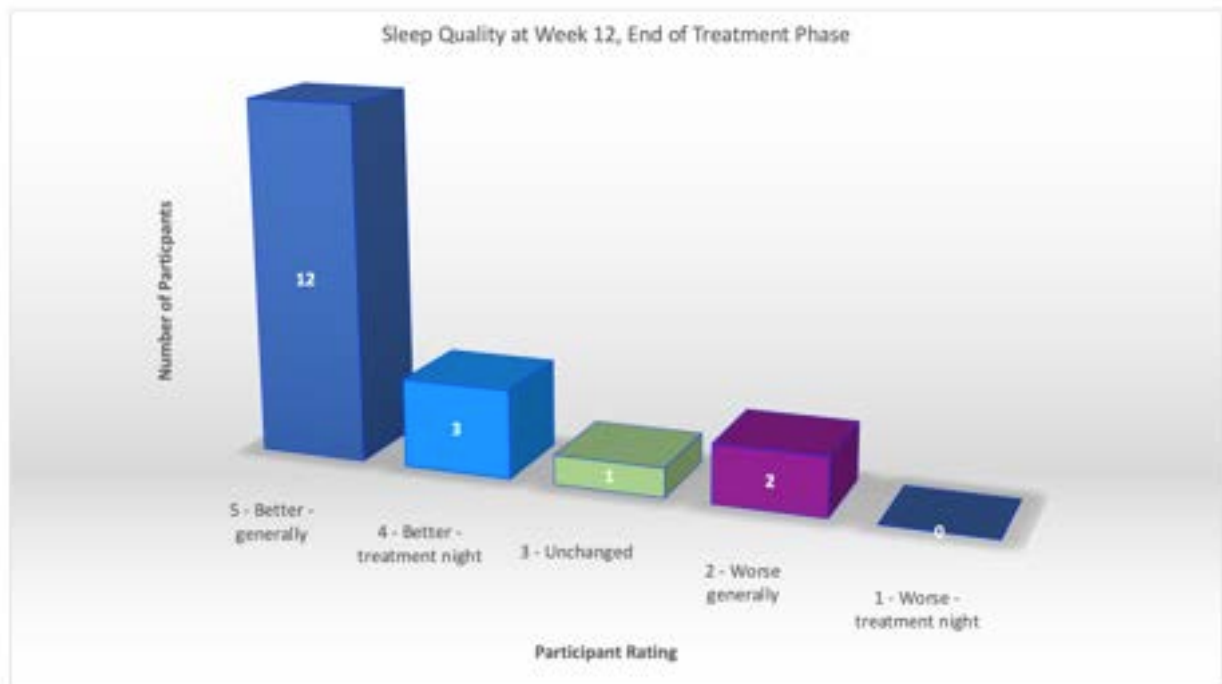
Facial Stretch

- Rest your elbows on your desk or table. Place your palms on your temples/side of your head – basically put your head in your hands
- Let gravity do the rest.
- Breathe slowly in and out and feel the stretch along your face, jawline and down your neck.
- Do this for at least 10 slow deep breaths in and out, or as long as you'd like to!

Breathwork**Pursed Lips Belly Breathing**

- This can be performed seated at your desk/table or lying down in the morning or evening in bed.
- Place one hand on your chest and one just below your ribcage on your abdomen.
- Slowly breathe in through your nose, feeling the air move down to your abdomen.
- As you do, your belly will expand and push outwards but your chest should remain relatively still.
- Purse your lips and exhale slowly for a few seconds through your mouth/pursed lips.
- Repeat at least 10 times, or as often as you would like.
- Throughout, take note of how your stomach expands and contracts, but your chest makes only slight movements.

Appendix 13: Sleep Quality reported at Week 12, in comparison to Week 1



Appendix 14: Participant Feedback & Evaluation Forms

As reported in the post-treatment feedback forms sent to participants at week 16. Forms were fully anonymised and were returned by 12 of the 18 finishing participants. Comments are as given, with no changes to spelling and grammar.

1. How do you feel that being on the study has affected:

(1 = worse, 5/6 = neutral/did not apply to me, 10 = better)

| | Depression | Anxiety | Stress |
|-----|------------|---------|--------|
| P1 | 10 | 10 | 10 |
| P2 | 10 | 10 | 10 |
| P3 | 8 | 9 | 9 |
| P4 | 7 | 5 | 9 |
| P5 | 9 | 7 | 9 |
| P6 | 7 | 7 | 8 |
| P7 | 9 | 9 | 10 |
| P8 | 8 | 8 | 8 |
| P9 | 6 | 7 | 9 |
| P10 | 5 | 9 | 10 |
| P11 | 8 | 8 | 10 |
| P12 | 8 | 8 | 8 |

2. How was filling out the DASS-42 Questionnaire?

(1 = difficult, 5/6 = neutral, 10 = easy)

| | |
|-----|----|
| P1 | 9 |
| P2 | 8 |
| P3 | 10 |
| P4 | 10 |
| P5 | 10 |
| P6 | 10 |
| P7 | 8 |
| P8 | 7 |
| P9 | 10 |
| P10 | 10 |
| P11 | 10 |
| P12 | 9 |

3. Do you feel that the DASS-42 questionnaire was an effective way of assessing your well-being during the study?

| | |
|-----|----|
| P1 | 9 |
| P2 | 9 |
| P3 | 10 |
| P4 | 9 |
| P5 | 6 |
| P6 | 8 |
| P7 | 8 |
| P8 | 6 |
| P9 | 6 |
| P10 | 10 |
| P11 | 9 |
| P12 | 9 |

4. Do you have any other feedback you'd like to give about the questionnaire?

P1 None

P2 None

P3 None

P4 I did not feel much of the questionnaire was relevant to me or could reflect my levels

P5 Differentiating between stress levels at work and home would be relevant. My stress levels at work are at times off the scale but ease right down when at home as I've learnt not to take work home. However, the stress of the day still had some effect due to sleep, mood etc. Being able to identify the difference between work and home would assist in the self-development side of the treatment. I did this subconsciously and identified personally where my issues were and the treatments alongside this have helped immeasurably.

P6 I didn't like the repetition on the questions on the study questionnaires

P7 None

P8 I didn't find the questionnaire easy to relate to.

P9 never think these types of questionnaires helpful, because they can be manipulated, but they do make us think and examine how we're feeling. Not sure there is any other quantitative way to assess, other than wearing some sort of monitor for sleep/heartbeat etc. I'm interested to know whether asking the same question in different ways is deliberate to see if responses are consistent. I tended to go with gut reaction to answer the questions and not to over think, but then I did wonder if I had contradicted myself and my answers wouldn't make sense.

P10 I was ok with that form but it may be helpful for some people to document the triggers in a diary.

P11 None

P12 Sian is fantastic at explaining what you are doing and what muscles etc it helps.

5. How did you enjoy each part of the Chronic Stress treatments? (5 stars rating)

| | Grounding/relaxation | Acupressure | Hot Stones | Abdominal Fascial Release |
|-----|----------------------|-------------|------------|---------------------------|
| P1 | 3 | 4 | 5 | 5 |
| P2 | 5 | 5 | 5 | 5 |
| P3 | 5 | 4 | 5 | 5 |
| P4 | 5 | 5 | 5 | 5 |
| P5 | 5 | 5 | 5 | 4 |
| P6 | 5 | 4 | 5 | 4 |
| P7 | 5 | 5 | 5 | 5 |
| P8 | 4 | 4 | 5 | 4 |
| P9 | 5 | 5 | 5 | 4 |
| P10 | 5 | 5 | 5 | 5 |
| P11 | 5 | 5 | 5 | 5 |
| P12 | 5 | 5 | 5 | 5 |

6. Was there any part of the protocols which you did not like or think should not have been included?

- P1 Nothing
- P2 I enjoyed all of it
- P3 When the massage finished!
- P4 Nothing
- P5 Although apprehensive at first, I thoroughly enjoyed the treatments. There was nothing I did not like.
- P6 No, it was all really lovely.
- P7 Enjoyed it all immensely
- P8 No
- P9 No
- P10 I loved it all
- P11 Nothing
- P12 Due to my condition (Multiple Sclerosis) am never completely pain free from somewhere on my body, but it feels like my lower back is so so much in less pain than it was. Obviously with COVID still around not really going out much but maybe odd supermarket trip but I have been choosing to leave the walking stick behind

6. Was there any part of the protocols you especially did like?

- P1 hot stones, pressure / soothing the tense muscles
- P2 I particularly enjoyed Sian working around my neck area.
- P3 Holding the stones I found very grounding and warming
- P4 Stretching in treatment and self-care
- P5 Talking & opening up prior to treatment helped me relax. I'm amazed the difference in sleep patterns in just a few weeks. I will continue with specific treatments to help manage my illness & work-related stress.
- P6 Enjoyed combining heat and massage, really helped me to relax.
- P7 Head /neck particularly relaxing and had never had hot stones before but really liked.
- P8 The hot stones massage front and back was really great. Also, the head, neck and shoulders massage too. All of this was super relaxing and great for stress relief.
- P9 All the hot stones stuff and especially the neck stuff.
- P10 The neck part as I got such relief
- P11 Hot stones
- P12 Treatment!

7. Did you notice an overall change in your sleep during the study?

(1 = worse, 5/6 - no change, 10 – better)

- P1 7
- P2 8
- P3 10
- P4 7
- P5 10
- P6 8
- P7 9
- P8 9
- P9 7
- P10 10
- P11 10
- P12 9

8. Was there anything else you felt was affected by the study? E.g. your relationships with others, your ability to carry out tasks, your ability to deal with stress or the areas of well-being that affected you?

P1 My mood, ability to handle situation, more emotionally stable, except one week before the end of the study due to family circumstances & sadness at the study ending. Most importantly, my health. I'm overweight, with diabetes, high blood pressure & cholesterol. Before the study I did no exercise & struggled with my weight & joints, especially as I was diagnosed with rheumatoid arthritis last year. Thanks to the study, your encouragement & my improved confidence I decided to take up some self-care & started walking in my lunch hour at work. This had such an effect on my mental health & boosted my physical health that I have taken up daily walking, something which I also enjoyed doing with my son. As a result, I now walk around 4 miles/day. I have lost just over a stone, and my blood sugar levels, blood pressure & joint pain have all decreased. I can't tell you how much difference it's made to my life!

P2 Definitely calmer at home with the family and not allowing myself to become so stressed by work.

P3 I felt I could handle the stress a lot better in my day-to-day life. I wasn't so agitated or panicked and I think it gave me space to think more rationally rather than emotionally.

P4 Carrying out tasks when stressed (or when I would normally have been stressed) became easier and more efficient.

P5 I have no problem in admitting that the study has changed me, my tolerance levels towards people who I perhaps see as not having same work ethic. The improvement in sleep is wonderful and definitely helps me identify symptoms of my illness (fibromyalgia) so that I can manage it better. I have more energy which is great.

P6 I think I could deal with stress better, felt less phased when I faced setbacks and more calm dealing with challenges.

P7 Very emotional after some treatments, a few days later I would burst into tears which very unlike me.

P8 Calmer generally.

P9 I definitely think it helped to de-stress me once a week which made a huge impact on coping with my first term of full time teaching for years. Although I've had coughs & sore throats, I also haven't had one day off from either of my main 2 jobs, which for me is an achievement!

P10 I didn't appear to stress too much.

P11 I felt much more tolerant and calmer in difficult situations.

P12 Generally happier.

9. Do you have any feedback about the environment - treatment room, couch, music used etc?

P1 Couch is super comfy, heated blanket is divine!

P2 Particularly loved the heated couch, it just adds to the overall treatment.

P3 I loved the heated blanket, the room is warm and cosy and very private. It feels very safe.

P4 All excellent.

P5 Environment was calming and the music ever so relaxing.

P6 Sometimes there was some noise from above that was a little distracting. The heated bed was lovely.

P7 Perfect

P8 It was perfect and very cosy, which added to the relaxing experience.

P9 Lying on the electric blanket is really effective. The blankets are so soft!

P10 Music was very relaxing, I felt where the room was situated was kind of taking you away from reality and helped the relaxation process.

P11 Perfect environment. Cosy, lovely temperature, relaxing, homely ❤️

P12 Very comfortable

10. Treatments: any feedback here on how you found the 6-week treatment phase

P1 Wonderful!

P2 The treatments were lovely and I felt the effects the following days not just during the treatment time. My posture driving home was always improved, I found myself sitting taller in the car! Generally, just feeling calmer in myself and I'm able to calm down more quickly when I do get agitated.

P3 Every treatment was very consistent. I fell asleep in some of them. I did find it difficult to drive straight after the treatment as I felt very sleepy and relaxed. If I could have just gone from treatment to my bed rather than straight into the chaos of the school run, then I would have been floating...I just felt I needed a bit of time to 'come round' after a very soothing massage.

P4 Nothing else to add, it was good to have regular weekly sessions.

P5 The six weeks of treatment were wonderful and have improved my sleep, energy, pain management and taught me to relax.

P6 I really enjoyed the whole experience. The treatments definitely benefitted me and I plan to have massages more often going forward. I did find it harder to remember to keep up the self-care once I was out of the weekly treatment routine and my headaches are slowly starting to return this last week.

P7 Enjoyed them all and felt super sleepy and relaxed after.

P8 It was nice looking forward to a de-stressing massage treatment each week. Something I miss now it's finished!

P9 Definite sense of loss when they finished and felt much more tense and achy.

P10 I looked forward to it each week and it helped when things went wrong, I felt "I'll be seen Sian on Saturday am so she will be able to sort it".

P11 Perfection. I loved every single one.

P12 Yes easy to tolerate, Sian is very attentive. Yes, noticed difference throughout sessions but probably the most after the first session and seemed to improve fitness level 1 or 2 days after each session then carried on.

11. Was self-care easy to understand & complete?

P1 Easy to understand but harder to complete, I get caught up in crap and don't prioritise my needs unless the body shouts

P2 Yes

P3 Yes

P4 Yes

P5 Yes

P6 Yes, but only during the study treatments, it's slipped now.

P7 Yes

P8 Unsure, not always easy to find the time

P9 Yes

P10 Yes

P11 Yes

P12 Yes

12. Did you devise your own self-care?

P1 I started lunchtime walks at work

P2 I started my rebounding exercise again

P3 More gym time, a facial, sleeping earlier, connecting with friends and family

P4 No, I used the self-care routines given though.

P5 Yes, yoga

P6 No

P7 Yes, going out for walks and meditation before bed

P8 No

P9 Yes

P10 Yes, walking

P11 Yes, I did more walking than usual

P12 Yes, walking more

13. Anything you liked or disliked, or that the study could be improved for future studies?

- P1 No
- P2 It felt like the questions were repeated in the questionnaire but I'm guessing that was intentional
- P3 I liked the 6-week consistent day and time. Very good communication via email. Everything was very easy to understand.
- P4 Nothing
- P5 The questionnaire layout, which I found a bit jumbled.
- P6 Nothing
- P7 Nothing could be improved, it was great
- P8 Nothing really.
- P9 Not at all. Just wanted more.
- P10 Nothing more than I've said
- P11 Perfect in every way, nothing could be improved in my opinion.
- P12 Exercises have been good in probably helping keeping my movement so good.

14. Was there anything you liked or disliked about the therapist? Are there any ways that the therapist could have improved this?

- P1 Sian is friendly, compassionate and listens which I like.
- P2 Sian is a lovely person and has a very calming manner, very dedicated and wonderfully enthusiast for her treatments.
- P3 I liked Sian's understanding and empathy. I really appreciated her kind words towards me at the end of one treatment. It really meant a lot.
- P4 Therapist excellent
- P5 Sian is marvellous and really helped me to relax prior to treatment
- P6 She was a very warm & friendly person. Very flexible and understanding if I needed to make changes.
- P7 Warm, friendly, open, nothing she could improve on.
- P8 Sian was super knowledgeable and has a lovely manner and approach which makes you feel relaxed before the treatment even begins
- P9 No! Also, so flexible when I was early or late....
- P10 Sian has a relaxed Aura about her and you feel the stress starting to go before she even starts to do the therapy.
- P11 Sian is an absolute treasure who genuinely demonstrates care for her clients.
- P12 You can tell what I think of Sian as a therapist from my previous comments, very impressed!

15. Did anything change for you as a result of participating in the study?

- P1 yes, I felt much better in my body and mind
- P2 Yes, I'm much more aware of not letting myself get wound up and stressed, practicing breathing exercises when I'm beginning to feel stressed, just generally calmer and a little more relaxed.
- P3 Yes. I felt calmer, and more able to handle the stress that I was going through at the time. I also felt I smiled a lot more and was actually able to brush a lot of the stress off
- P4 I felt a lot calmer in stressful situations
- P5 As above, sleep, energy and pain management all for the better
- P6 I am more focused on my wellbeing and how I am feeling and what I might need to do to address any stress going forward. Also, to ensure I do not have a "to do" list to complete after the treatment as this negates some of the relaxing benefits.
- P7 Sleep better, felt less stressed immediately after and into the next day.
- P8 More relaxed after treatment
- P9 As above I definitely think it helped me keep working this term.
- P10 Yes. I need a little time for myself
- P11 Yes, I felt so much more relaxed and my mood improved immensely.
- P12 Less body pain and lower back pain.

16. Did anything surprise you?

- P1 hearing about other therapies when I asked questions
- P2 being asked the same questions every week really makes you think about some of your life choices.
- P3 Consistently sleeping better. Less noisy brain at night
- P4 The above. Wasn't sure there would be much difference. There was.
- P5 Yes, self-reflection and results
- P6 No
- P7 Wasn't sure about the hot stones initially but then loved them.
- P8 Nothing
- P9 Don't think so
- P10 Yes, I didn't think anything could give me relief from stress or anxiety and I found this did
- P11 No. Having had aromatherapy massage with Sian previously I was expecting good results.
- P12 Think having put up with the aching & pain in lower back for so many years didn't really expect such great results

17. What did you like most about the study?

- P1 time for me that's nurturing - time for me to rest, relax
- P2 The treatments!
- P3 I liked knowing that no matter what, every Tuesday was for me. The power of touch , the hot stones
- P4 It working!
- P5 All of it
- P6 Taking time for myself
- P7 Regular time out and me time and loved the treatments
- P8 Having the time each week to switch off from the stresses of daily life and totally relax and de-stress.
- P9 Regular time set aside to relax.
- P10 The feelings I had after. I felt two feet taller and able to tackle the week
- P11 Hot stones and genuine care of the therapist.
- P12 The results!

18. What did you like least about the study?

- P1 that it ended! (obvious I would have thought - I'd love a weekly massage!)
- P2 The questionnaire
- P3 Nothing really
- P4 At times I would have liked a normal massage as well!
- P5 Nothing
- P6 The repetition on the questions on the study questionnaires
- P7 Nothing
- P8 Nothing
- P9 Nothing really.
- P10 Nothing
- P11 Remembering to complete the forms on time.
- P12 It finishing

19. Any other feedback? Thank you for filling in and for your participation in the study

P1 Thank you for doing this Sian, it was a huge commitment you made but worthwhile for the 6 weeks of treatment from my perspective. This has been really interesting for me. I tend to not take myself out the home environment for a few hours a week for me, I think this act made quite a big difference, as well as what I was going out for Sian's skills (compassion / communication and massage). I can feel my body starting to become tense in the shoulders again after not having the intervention, I'm still feeling pretty okay but not as good as I would if I had seen Sian in the last week for a massage. Maybe it's the act of human touch, maybe it's the act of self-care, maybe it's Sian's energy and intention for me as the client, maybe it's Sian's skills - maybe it's all of these things?! Regardless I am very grateful for the opportunity Sian presented, it has helped me through a difficult time.

P2 Just thank you again for allowing me to be part of the study, I've thoroughly enjoyed the treatments ♡ Answering the questions every week really makes you think about your reactions to certain situations, I've learnt to step away before I start to get angry or stressed, do some breathing, I'm generally just feeling calmer in myself. Sian is a wonderful therapist and I'm very grateful to have been accepted on this program. The treatments were a wonderful opportunity to step away and just totally relax and clear your mind.

P3 It was really nice to have a set date and time every week which allowed time for myself. Your compassion, listening and magic hands was one of my favourite times of the week. I'm impressed by how much an hour a week can benefit you on such a positive level.

P4 Made me more tolerant when stressful workloads came up. Made me calmer and thus more able to work through and clear the workload in a more efficient manner. Self-help exercises have also helped in general well-being.

P5 The treatment has allowed me to relax and self-analyse. My sleep patterns have changed for the better and given me an overall improvement in my health. I'd like to personally thank you for your time and making a difference to mine and family life. Thank you

P6 It was helpful to have time to focus on my wellbeing. Self-care helped me focus on my own needs. The massages were very calming. Thank you for including me, it was a great experience.

P7 Loved the treatments, more relaxed and slept better after, also loved my chats with Sian who provides such a warm and welcoming environment. Thank you for letting me be part of it.

P8 I found the treatment really helpful and helped to make me feel less stressed and more relaxed. I feel sleep improved too. Also, a thank you for allowing me to participate in the study. The treatments were brilliant. A great experience.

P9 I really looked forward to the sessions and felt so much better afterwards. Very positive!

P10 I loved going each week, I was confident in everything during the week and was able to look forward with confidence. Perhaps it is something the medics should recommend rather than "the Valium range of products".

P11 Thank you for allowing me to participate, it has really highlighted to me the importance of taking time out for myself. From the first study session I felt so much more relaxed. The sessions allowed me to totally switch off from the stresses of life and totally concentrate on myself. My sleep pattern has massively improved and I have felt extremely calm and relaxed for several days following the treatment. I would highly recommend these sessions to anyone suffering with stress and low mood/depression.

P12 Sian, You have amazing hands. Thank you for being you.

Appendix 15: Post-Study Participants Results PDF

Research Study -Results

Siân O'Flynn

BITEC 2022 - 2024

The Study

BITEC 2022 - 2024

The Issues

It is a widely recognised and long-standing mental health problem (WHO) in our great year, representing the largest single cause of disability in the UK (MIND England, 2021)

It is generally acknowledged that your mental & physical health often go hand in hand (Baker, 2020)

Depression

Over the 2020 pandemic there has been an estimated 30% increase in depression diagnosis worldwide. The pandemic has created a global crisis for mental health, leading to a 30% increase in depression & anxiety (World Health Organisation, 2022)

Anxiety

Levels of worldwide anxiety disorders rose by 30% after the pandemic. "These findings are all the more concerning because depression & anxiety disorders are so closely linked, some of anxiety worldwide." (Johnson & Janssens, 2021)

Stress

70% of all adults feel stressed or have run out of steam. One in every 10 people in the UK feel stressed more than six & one in 3 (70%) of all adults have felt so stressed or overwhelmed that they quit their job (Mental Health Foundation, 2020)

Desk-Based Lifestyles

With an increased risk of stroke & heart disease caused by longer working hours (Johnson & Janssens, 2021) and the NHS stating sadly that a seated lifestyle can lead to early death (NHS, 2022b) this research study aims to assess the effects of a six-week course of Jing Method™ massage chronic stress protocols on those with a desk-based job or lifestyle who have levels of stress, anxiety, depression, or low mood.

Timeline

Overall Group Results

BITEC 2022 - 2024

Results

All participants showed a marked improvement in levels of depression, anxiety and stress with average scores decreasing by 77%, 83% and 82% respectively.

Overall DASS-42 scores decreased by 85% during the treatment phase and continued to decrease by 9% in the post-treatment phase. The overall group scores fell by 74% during the course of the study.

Group Results/Overall - Graph

The average overall scores for the Research Study group as a whole (Weeks 0-4 and the control phase) when there was no intervention.

The graph on baseline mental health levels of the study participants.

Weeks 0-6 are the treatment phase of the study when chronic stress management protocols are being given as treatments weekly.

Weeks 11-18 are the post-treatment phase, and a questionnaire was filled in to see if there are any longer-term effects.

The results largely speak for themselves.

Group Results/Depression - Graph

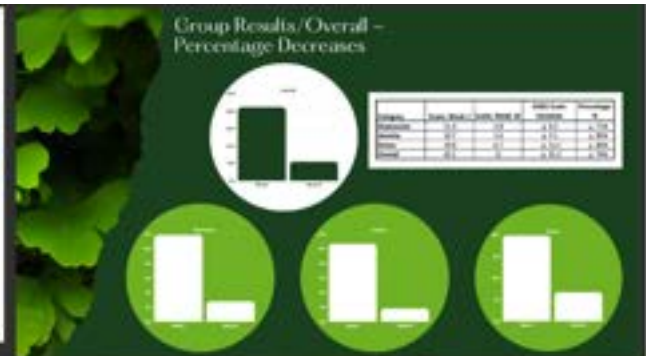
The average Depression scores for the Research Study group as a whole.

As an Antidepressant I work with herbs, natural, synthetic and patented ones. The above is 100% natural, or synthetic antidepressants, which is commonly used as a herbal remedy for depression and low mood.

Group Results/Anxiety - Graph

The average Anxiety scores for the Research Study group as a whole.

As an Antidepressant I work with herbs, natural, synthetic and patented ones. The above is 100% natural, or synthetic antidepressants, which is commonly used as a herbal remedy for anxiety.



Severity Labels

In order to provide an overall score, each element of the DASH-41 questionnaire - depression, anxiety & stress - is scored individually & provided with a severity label. These labels are: none, mild, moderate, severe & extremely severe. The scoring criteria varies for each issue and the guidelines for each are explained below in the questionnaire. It is to ensure no loss or gain from the person filling it in. This is to try and ensure an accurate picture of the participants mental health & well-being so to provide the most accurate questionnaire. I fear that these labels may provide a good overall picture of a participants progress as well as scores.

Overall Severity Labels By Participant

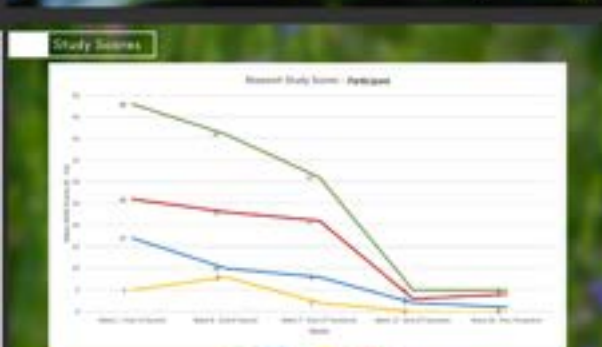
| Participant | Stress | Anxiety | Depression |
|-------------|--------|---------|------------|
| P1 | Mild | Mild | Mild |
| P2 | Mild | Mild | Mild |
| P3 | Mild | Mild | Mild |
| P4 | Mild | Mild | Mild |
| P5 | Mild | Mild | Mild |
| P6 | Mild | Mild | Mild |
| P7 | Mild | Mild | Mild |
| P8 | Mild | Mild | Mild |
| P9 | Mild | Mild | Mild |
| P10 | Mild | Mild | Mild |
| P11 | Mild | Mild | Mild |
| P12 | Mild | Mild | Mild |
| P13 | Mild | Mild | Mild |
| P14 | Mild | Mild | Mild |
| P15 | Mild | Mild | Mild |
| P16 | Mild | Mild | Mild |
| P17 | Mild | Mild | Mild |
| P18 | Mild | Mild | Mild |
| P19 | Mild | Mild | Mild |
| P20 | Mild | Mild | Mild |
| P21 | Mild | Mild | Mild |
| P22 | Mild | Mild | Mild |
| P23 | Mild | Mild | Mild |
| P24 | Mild | Mild | Mild |
| P25 | Mild | Mild | Mild |
| P26 | Mild | Mild | Mild |
| P27 | Mild | Mild | Mild |
| P28 | Mild | Mild | Mild |
| P29 | Mild | Mild | Mild |
| P30 | Mild | Mild | Mild |
| P31 | Mild | Mild | Mild |
| P32 | Mild | Mild | Mild |
| P33 | Mild | Mild | Mild |
| P34 | Mild | Mild | Mild |
| P35 | Mild | Mild | Mild |
| P36 | Mild | Mild | Mild |
| P37 | Mild | Mild | Mild |
| P38 | Mild | Mild | Mild |
| P39 | Mild | Mild | Mild |
| P40 | Mild | Mild | Mild |
| P41 | Mild | Mild | Mild |
| P42 | Mild | Mild | Mild |
| P43 | Mild | Mild | Mild |
| P44 | Mild | Mild | Mild |
| P45 | Mild | Mild | Mild |
| P46 | Mild | Mild | Mild |
| P47 | Mild | Mild | Mild |
| P48 | Mild | Mild | Mild |
| P49 | Mild | Mild | Mild |
| P50 | Mild | Mild | Mild |



Your Results!

Participant

8/10 2022 - 2024



Feedback - Anonymous

Comments taken from each participant who gave feedback.

"It was really nice to have a set date and time every week which allowed time for myself, four companions, listening and magic hands was one of my favorite times of the week. I'm impressed by how much an hour a week can benefit you on such a positive level."

"I found the treatment really helpful and helped to make me feel less stressed and more relaxed. I feel sleep improved too. Also, a thank you for allowing me to participate in the study. The treatments were brilliant. A great experience."

Did anything surprise you?

"Wasn't sure there would be much difference. There was."

Feedback

Participant

"Loved the treatments, more relaxed and sleep better after, also loved my chats with Sam who provides such a warm and welcoming environment."

"I loved going each week, I was confident in everything during the week and was able to look forward with confidence. Perhaps it is something the medical should recommend rather than 'the usual' range of products."

Feedback

Feedback

"I am more focused on my wellbeing & how I am feeling & what I might need to do to address any stress going forward. Also, to ensure I do not have a "to do" list to complete after the treatment as this negates some of the relaxing benefits."

"I've thoroughly enjoyed the treatments. Answering the questions every week really makes you think about your reactions to certain situations, I've learnt to step away before I start to get angry or stressed, do some breathing, I'm generally just feeling calmer in myself. The treatments were a wonderful opportunity to step away & just totally relax & clear your mind."



Feedback

PARTICIPANTS

"The treatments were lovely and I felt the effects the following days, not just during the treatment time. My posture during home was always improved. I found myself sitting taller in the car! Generally, just feeling calmer in myself and its able to calm down more quickly when I do get agitated."

"I have no problem in admitting that the study has changed me, my tolerance levels towards people who I perhaps see as not having same work ethic. The improvement in sleep is wonderful and definitely helps me identify symptoms of my illness so that I can manage it better. I have more energy which is great."

"I definitely think it helped to de stress me once a week which made a huge impact on coping with my job."



Study

"This has been really interesting for me. I tend to not take myself out the home environment for a few hours a week for me, I think this has made quite a big difference, as well as what I was going out for Sian's skills (compassion / communication and messages).

Maybe it's the sort of human touch, maybe it's the sort of self-care, maybe it's Sian's energy and intention for me as the client, maybe it's Sian's skills - maybe it's all of these things!"

Regardless I am very grateful for the opportunity Sian presented, it has helped me through a difficult time."

Feedback



"I felt much more tolerant and calmer in difficult situations."

"Sian, You have amazing hands. Thank you for being you."

Feedback



Therapist

What astonishing results, they were so much more than I had anticipated & blew me away. You should all be very proud of yourselves.

I am incredibly touched & grateful for all your feedback, I feel truly blessed to have had your help & such a lovely Research Study group.

I hope to continue to be in touch & help you where I can.

Thank You All
For Being You

Feedback



Thank you

Sian O'Thynn
Nature To Nurture

BTEC 2022 - 2024

