Evaluating the effects of The Jing Method™ Advanced Clinical Massage on Depression, Anxiety and Stress in Adults with Irritable Bowel Syndrome

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

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

Ms Emily Rose Croucher

Date: 15/03/25

Acknowledgements

‘We are all just walking each other home’ Ram Dass

A huge acknowledgement to the team at The Jing Institute of Massage and Complementary Medicine. For over 20 years, they have trained knowledgeable, heart-centred health practitioners. The BTEC program provides advanced clinical massage education within a research-informed context, contributing to the growing body of evidence that The Jing Method Massage supports the treatment of a wide range of acute and chronic conditions.

Endless thanks to my incredibly strong and supportive family, Sally, Grace, Bezz, Ed and my late dad, Jeremy who saw me start the BTEC journey. Infinite thanks to my partner, David, for his effortless support. Above, and beyond thanks to my Hideaway Spa team, Iona, Eve and Sam and Tomek in my Brighton Clinic. To my talented BTEC group, and a special big shout out to Sian who goes above and beyond to support the JING community.

Jeremy, my late dad came to my graduation from the ACMT course in September 2023, which also marked the 20th anniversary of JING. At the time, he did not know yet about the terminal diagnosis he would receive in November 2023, or that he would leave this world in April 2024, forever 64.

I began the BTEC in March 2024, while spending every moment I could with him. In the end, I held his hand as he had held mine, surrounded by the people he loved and who loved him, as he left this world.

I am incredibly thankful for everything my dad showed me, and for the thousands of poems he left behind. They hold endless memories. Writing and creative expression help us understand the world around us and within ourselves. Creativity can be a powerful tool for navigating life and grief. I know many people experience suffering every day; all we can do is continue in the face of adversity and create our own personal toolkits for survival.

Jeremy was a poet, and writing was always part of his toolkit. He wrote every day at the crack of dawn. In March 2024, shortly before his final days, my family and I brought together over 100 of Dad's loved ones for a live poetry reading, His life's work was read aloud, and some poems were even turned into songs. It was a celebration of his gentle creative genius, a way to remember his life forever in words.

Emily Rose Croucher

15/03/26

Poem by Jeremy J Croucher

Rested 02/03/24

Some days merge and meld
There's a place for that
and when coupled with a
healing
they border on a
beautiful
mostly peaceful use of
time
purpose and meaning
merging
and melding and slipping away
And I am rested.

Jeremy J Croucher, Poet

18.6.59 - 01.04.2024

Painting by Emily Rose Croucher
Photo of 6 hagstone tattoos some departed, forever united

Abstract

Introduction

Irritable Bowel Syndrome (IBS) is a common global disorder of gut–brain interaction (DGBI). Currently affecting 5-10% of the global population, with 1/3 of individuals also affected by psychological symptoms (Staudacher et al., 2023; Lenover and Shenk, 2024).

This single-arm repeated measures, within-subject study, conducted over 16 weeks, aims to assess the effects of a six-week course of a The Jing Method™ (TJM) fusion of Clinical Massage Therapy (CMT) on participants experiencing Depression, Anxiety and Stress (DAS) and symptoms of IBS.

Method

Ethical Approval was obtained from The Jing Institute of Massage and Complimentary Medicine (JIMCM). Participants were recruited via social media, leaflets, and an existing client base.

Eligibility was screened using the Depression, Anxiety and Stress Scale–42 (DASS-42) and the Irritable Bowel Syndrome Severity Score (IBS-SSS). Of 42 applicants, 7 eligible adults met the criteria. Both the DASS-42 and IBS-SSS instrument have been widely employed in clinical trials involving individuals with IBS and DAS (Lyra et al., 2016; Makara-Studzińska et al., 2022).

A 6-weeks baseline phrase served as the control period, during which participants completed the DASS-42 weekly and the IBS-SSS bi-weekly. During the treatment phase (Week 7-12) participants received the adapted Stress Protocol consisting of Heat, Myofascial Release (MFR), Trigger Point Therapy (TRP), Acupressure, Stretches and Self-care (HFMAST). A 4-week follow-up period was implemented, with a final assessment conducted at week 16 to evaluate any lasting effects of the treatment.

Results

DASS-42 overall score

Clinically significant improvements were observed across all DASS-42 subscales. Overall, DAS scores decreased by 56%, with all subscales moving from the moderate to the normal severity band.

Depression

Decreased by 51%. This reduction reflects a substantial decrease in depressive symptom severity.

Anxiety

Decreased by 57% representing a significant decrease in anxiety symptom severity.

Stress

The greatest improvement decreasing by 60%. This reduction reflects a sizeable decrease in stress symptom severity.

IBS-SSS Score

Decreased by 23% with further improvements observed following the intervention. A reduction of 67.9 points exceeding the established minimum clinically important difference (MCID) (Wang et al., 2023).

Conclusion

Preliminary evidence suggests that CMT using a fusion of TJM with HFMAST, hot stones and abdominal massage can reduce IBS symptom severity and improve DAS. IBS-SSS scores decreased by a MCID margin and DAS measures shifted from moderate to normal ranges. Improvements continued post-intervention, suggesting potential carry-over effects. These findings support a fusion of the TJM as a promising integrative Biopsychosocial approach for IBS and Mental Health (MH), warranting further study in larger, controlled trials.

Table of Contents

List of Tables

List of Figures

Abbreviations

ANOVA – one way analysis of variance

ANS – Autonomic nervous system

BPSM – biopsychosocial model

BTEC – Business and Technology Education Council (BTEC)

CAM – Complementary and alternative medicines

CBT – Cognitive Behavioural Therapy

CMT – Clinical Massage Therapy

CNS – Central nervous System

CRP – C-reactive protein

CT – C-Tactile

DAS – depression/low mood, anxiety, and stress

DASS-42 – depression, anxiety and stress scale 42

DGBI – disorder of gut-brain interaction

ENS – Enteric Nervous System

FOMAP – fermentable oligosaccharides, disaccharides, monosaccharides and polyols

GBA – Gut-Brain Axis –

GBD – Gut brain disorders

GERD – gastroesophageal reflux disease

GI – gastrointestinal

HeDS – Hypermobile Ehlers-Danlos Syndrome

HSD – Hyper-mobility Spectrum Disorder –

HFMAST – Heat, Fascia, Muscles, Acupressure, Stretch, Teach

HPA – Hypothalamic-pituitary-adrenal

HMP – Human Microbiome Project

IBD – Irritable Bowel Disease

IBS – irritable bowel syndrome

IBS-SSS – Irritable Bowel Syndrome Symptom Severity Score

IL-1 – interleukin-1

JIMCM – Jing Institute of Massage and Complementary Medicine

MFR – Myofascial Release

MH – Mental Health

MCID - The established Minimum Clinically Important Difference

MR - Mendelian Randomisation

MT – Massage Therapy

NHS – National Health Service

NICE – National Institute for Health and Care Excellence guideline

QoL – quality of life

RT – Regular Treatment

TJM – the Jing Method™

TPT – Trigger point therapy

UK – United Kingdom

Literature Review

Introduction

Irritable Bowel Syndrome (IBS) is a prevalent global disorder of gut–brain interaction (DGBI) impacting both physiological functioning and psychological wellbeing (Qin et al., 2014). The quality of Life (QoL) is significantly affected (Buono et al., 2017). Analyses of direct health care costs and QoL indicated that IBS imposes substantial economic burdens, amounting to approximately £2 billion annually in the United Kingdom (UK) (Goodoory et al., 2022). A bibliometric analysis by Staudacher et al., (2023) of over 1,489 publications, estimates that IBS affects approximately 11% of the global population. However, research by Nathani et al., (2025) suggests that IBS remains consistently under-diagnosed, indicating that the prevalence rates may be significantly higher. Staudacher et al., (2023) argue that previous research has focused predominately on gut dysfunction, often overlooking the integrated role of the gut–brain axis (GBA) and its associated mental health (MH) symptoms.

IBS Symptoms, Subtypes and Clinical Management

The National Institute for Health and Care Excellence (NICE) produce guidelines used by the National Health Service (NHS) in England. NICE recommend dietary modifications, lifestyle interventions, and, for persistent symptoms, psychological therapies such as Cognitive Behavioural Therapy (CBT) or gut-directed hypnotherapy (NICE, 2008). Yet access to these interventions through the NHS is often limited due to the increasing prevalence of IBS and the resulting strain on NHS resources (NHS et al., 2025; Soubieres et al., 2015).

A summary of the key factors and symptoms associated with IBS can be found in Table 1.

Table 1: Key Factors and Symptoms Associated with IBS

Category	Description	References
Pathophysiological Factors	Altered Gastro – Intestinal (GI) motility, visceral hypersensitivity, GBA dysfunction, and psychosocial distress	(Patel and Shackelford, 2025)
Core Symptoms	Recurrent abdominal pain and altered bowel habits	(Sperber, 2021)
Associated Symptoms	Bloating, often accompanied by distension and abdominal swelling and psychological symptoms including – Depression, Anxiety and Stress (DAS)	(Qin et al., 2014)
Clinical Guideline Perspective	Abdominal pain, bloating, and changes in bowel habits, with limited access to support of associated psychological factors	(NICE, 2008)

The NHS uses the current Rome IV criteria to improve diagnostic clarity; however, the absence of embedded psychological criteria in this diagnostic tool suggests that IBS remains insufficiently conceptualised as a DGBI (Sperber, 2021).

The Rome IV criteria currently used for clinical diagnostics of IBS can be found in Table 2.

Table 2: Rome IV Criteria

Criteria	Description
Abdominal Pain	Recurrent abdominal pain, on average at least 1 day per week in the last 3 months
Symptom duration	Symptoms onset at least 6 months before diagnosis
Associated Features (2 required)	1. Pain related to defecation 2. Change in stool frequency 3. Change in stool forms/appearance
(Rome, 2026)	

Alongside the Rome IV criteria, IBS is classified into subgroups based on symptom patterns described in the Rome III framework, although individuals may fluctuate between subgroups overtime (Rome, 2026). While now outdated this classification remains clinically useful, however, it arguably oversimplifies what is now recognised as a complex DGBI frequently associated with MH (Li et al., 2024).

The IBS Symptom Severity Score (IBS-SSS) is a validated tool used with the Rome IV criteria to measure severity, including abdominal pain, bloating, bowel dissatisfaction and QoL. It is widely used in research to assess treatment outcomes, Lembo et al., (2021) employed the IBS-SSS in a double-blind, placebo-controlled randomised trial evaluating the efficacy of pharmaceutical treatments for IBS. Similarly, Zeng et al., (2023) used the IBS-SSS to assess the effects of massage therapy in patients with IBS-C, framed within the GBA theory.

The three subgroups and subsequent symptoms of Rome III are outlined in Table 3 (Rome 2026).

Table 3: Subtypes of IBS Rome III

Subtype of IBS	Subtype of IBS	Symptoms
IBS – C	Constipation	Abdominal discomfort Abdominal Pain Straining Bloating
IBS – M	Mixed	Mixed experience alternating between IBS-C and IBS-D
IBS – D	Diarrhoea	Abdominal discomfort Abdominal pain Sudden urges Gassiness
*IBS is distinct from Irritable Bowel Disease (IBD) spectrum, including Crohn's and ulcerative colitis (NHS, 2025) Commonly misdiagnosed ((Diao et al., 2023; Lenover et al., 2024; Shiha et al., 2021)). Misdiagnosis has major health risks, and unnecessary investigations and interventions, including surgery.		

Mental Health

Mendelian Randomisation (MR) studies by Diao et al., (2023) confirm that MH symptoms such as depression anxiety and stress (DAS) contribute to IBS. DAS can trigger immune response elevating stress markers such as interleukin-1 (IL-1) and c-reactive protein (CRP). Midenfjord et al., (2019) analysed 769 individuals using one-way analysis of variance (ANOVA) and concluded that DAS disrupts the hypothalamic-pituitary-adrenals (HPA) axis, contributing to IBS. Takajo et al., (2019) also reported that chronic sympathetic activation maintains IBS symptoms.

IBS intervention research shows that psychological therapies, unlike pharmacological treatments often produce more sustained long-term symptom improvement, suggesting psychological recovery may drive physiological change rather than the two processes occurring in parallel (Wang et al., 2025).

Given symptoms variability, and significant impact on QoL, conventional treatment should prioritise MH management alongside Gastrointestinal (GI) symptoms, reflecting the broader burden on the NHS (Soubieres et al., 2015). Supporting this, Rigby (2020) reported an improvement in MH following Clinical Massage Therapy (CMT) using The Jing Method (TJM) in 13 participants, though larger scale research is needed to confirm these findings.

Comorbidities

IBS presents with a wide range of symptoms and is frequently comorbid with other medical and psychological conditions as summarised in Table 4. A systematic review of 11 studies found that depression nearly doubles the risk of comorbid IBS (Staudacher et al., 2023).

Table 4: Common Comorbidities Associated with IBS

Comorbidity	Association with IBS	Key References
Fibromyalgia	Frequently co-occurs; shared pain and central sensitisation mechanisms	(Staudacher et al., 2023; Dawe, 2024)
Chronic Fatigue Syndrome	Common overlap suggesting GBA dysregulation	(Staudacher et al., 2023)
Gastroesophageal reflux disease (GERD)	Often reported alongside IBS symptoms	(Pizzorno, Murray and Joiner-Bey, 2016)
Migraines	Higher prevalence in individuals with IBS	(Todor and Fukudo, 2023)
Depression, Anxiety and Stress (DAS)	Highly prevalent psychological comorbidities	(Diao et al., 2023)
Irritable Bladder Syndrome	Functional overlap with IBS	(Pizzorno, Murray and Joiner-Bey, 2016)
Sleep Disturbances	Frequently reported in IBS populations	(Staudacher et al., 2023)
Hypermobile Ehlers-Danlos Syndrome (hEDS) Hypermobility Spectrum Disorder/ (HSD)	Significantly higher IBS symptom prevalence compared to controls	(Thwaites, Gibson and Burgell, 2022; Zloof et al., 2023)
Endometriosis Adenomyosis	More than twofold increased risk of IBS in affected women	(Chiaffarino et al., 2021; Henggeler, 2023)

Clinical Massage Therapy, IBS and Mental Health

A fusion of TJM and CMT using the HFMAST, comprising heat, myofascial release (MFR), trigger point therapy (TPT), acupuncture, stretches, teaching with a therapeutic alliance, can address multiple chronic health conditions, including both GI and MH symptoms simultaneously, rather than treating them in isolation (Fairweather and Mari, 2021; Zeng et al., 2023).

Previous TJM studies have demonstrated positive effects on MH. Rigby, (2020) and Quayle, (2023) reported marked improvements in depression, (Dumont, 2024) observed reductions in stress and anxiety of individuals with cancer, and O'flynn (2024) reported improvement in MH amongst participants in desk-based work. Although these studies suggest positive outcomes, their small sample sizes and varied methodologies highlight the need for larger-scale research to confirm these findings.

Massage has been shown to reduce stress, regulate the autonomic nervous system (ANS), and improve IBS-related GI motility (Li et al., 2022), highlighting the potential benefits of integrative approaches such as TJM (Fairweather and Mari, 2021). Insufficient sleep is linked to more severe IBS and MH symptoms (Liu et al., 2023), suggesting that combing CMT with lifestyle strategies may address both physiological and psychological aspects of chronic conditions (Cong et al., 2018).

Social & Environmental Factors

Epidemiological research highlights the burden and impact of IBS. Lenover et al (2024) identifies five key etiological factors shown in the table 5.

Table 5: Etiological factors of IBS

1-5	ETIOLOGICAL FACTORS OF IBS
1	A dietary mismatch associated with a nutritional transition
2	Early-life exposure to overly hygienic environments, leading to dysbiosis in immune function and the gut microbiome
3	A sedentary lifestyle and insufficient physical activity
4	Disruption of natural light-dark cycles affecting circadian rhythms
5	The manifestation of IBS as a by-product of a constant state "fight-or-flight" stress response.

In the large-scale study of 360 individuals (Liu et al., 2025) found variations in GI function correlating with social and environmental factors, linking them to the comorbid MH of IBS.

Gastro-Intestinal (GI) Science & The Microbiome

GI Science has advanced rapidly over the past decade, largely due to developments in omics technologies; which enable large-scale analysis of cellular and microbial components within organisms (Marchesi et al., 2016). A key milestone in this progress was the Human Microbiome Project (HMP) (Turnbaugh et al., 2007) which provided the first comprehensive insights into the composition and function of the human microbiome and its influence on both the GI tract and MH.

Consequently, research into the GBA has accelerated, enhancing understanding of bidirectional communication between the GI tract and the central nervous system (CNS). This has improved conceptualisation and management of disorders such as IBS particularly when MH comorbidities are present (Shiha et al., 2021).

The Gut-Brain Axis and Interoception

"The GBA serves as the primary communication highway" (Koumbi et al., 2025) DGBI's such as IBS are characterized by dysbiosis, GBA disruption and altered interoception. Takajo et al., (2019) reviewed 38 research studies, including 30 on IBS, identifying 8 clinical trials reporting disturbances GBA function and interoceptive processing. Although pain perception varied, disrupted interoceptive processes were a consistent finding, a conclusion further supported by Karaivazoglou et al., (2024).

The ANS and enteric nervous system (ENS) regulate GI function. Increased sympathetic activity and reduced parasympathetic (vagal) tone, alongside altered ENS signalling, contribute to motility disorders, visceral hypersensitivity, and symptom severity, linking MH and GI symptoms (Mayer et al., 2023).

GBA dysregulation, MH disturbances, and GI dysbiosis may disrupt the HPA axis, altering cortisol and serotonin levels. This may impair vagal nerve function and worsen IBS symptoms (Karaivazoglou, Aggeletopoulou and Triantos, 2024; Koumbi, Giannelou and Castelli, 2025; Porges, 2025).

Central Sensitisation

The CNS can become hypersensitive and amplify pain signals, leading to hyperalgesia or allodynia. Normally pain begins with activation of nociceptors that detect harmful mechanical, thermal or chemical stimuli (Tomašević-Todorović and Spasojević, 2023). Persistent nociceptor activation can cause long-term changes in the nervous system, increasing pain sensitivity. Nociplastic pain is commonly associated with chronic musculoskeletal conditions such as Fibromyalgia and complex pain syndromes, as well as DGBI's like IBS, where central sensitisation contributes to persistent pain despite minimal tissue pathology (Patel et al., 2016; Todor and Fukudo, 2023).

Conventional Treatments

Current conventional management of IBS focuses primarily on symptom relief through dietary modifications, lifestyle changes, and pharmacological interventions (Cuffe et al., 2025; NHS., 2025). Tricyclics medication may reduce pain and modulate GBA activity; however their side effects often overlap with IBS symptoms ((BNF, 2025; Enck et al., 2016; Paine, 2021). Abdominal pain in particular remains a persistent therapeutic challenge (Buckenmaier et al., 2016; Paine, 2021).

Dietary interventions are also widely used. The Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAP) diet is recommended to alleviate moderate IBS symptoms through modulation of the gut microbiome (Cuffe et al., 2025; Ruscio., 2018). Additionally, the Mediterranean diet may benefit individuals with DAS, potentially supporting HPA axis regulation; however much of the supporting evidence is derived from individualised rather than randomised controlled data (Staudacher et al., 2023).

Alternative Treatments

Randomised controlled trials indicate that peppermint oil, hypnotherapy, CBT, acupuncture, and yoga may benefit individuals with IBS, particularly when pharmacological treatments are ineffective (Grundmann et al, 2014; Rana et al., 2024) A placebo-controlled study demonstrated that peppermint oil significantly reduced IBS related pain with minimal adverse side effects (Chumpitazi et al., 2018).

Abdominal massage has been found to enhance peristalsis and relieves constipation (Li et al., 2022), manual lymphatic drainage may reduce anxiety and stress (Drouin et al., 2020) and hot stones massage has been associated with QoL and improved sleep (Ghavami et al., 2019). While these findings are promising, many studies primarily focus on physical outcomes, with limited integrations of MH measures.

A large clinical trial involving 545 participants reported that massage combined with regular treatment (RT) was more effective than usual IBS intervention alone (Bu et al., 2020). Additionally, myofascial release (MFR) has demonstrated improvements in abdominal pain, distension, constipation, and QoL in individuals with IBS (Rana et al., 2024).

The Jing Method™

TJM is a multifaceted, advanced CMT practice that supports a wide range of conditions, from acute to chronic health issues. It comprises 5 core elements incorporating HFMAST. TJM is used by massage therapists, osteopaths, physiotherapists, midwives, GPs, and other practitioners interested in complementary and alternative medicine (CAM) to support a variety of pathologies such as IBS and DAS (Fairweather and Mari, 2021).

HFMAST is outlined in Table 6 below.

Table 6: The Jing Method™ HFMAST

TJM Core Element	Description / Function	References
Heat or Cold	Hot stone therapy improves sleep and supports stress management	(Ghavami et al., 2019)
Myo**f**ascial Release (MFR)	Slow pressure on fascia reduces abdominal pain in IBS and supports mental health	(Lv and Yin, 2024; Rana et al., 2024)
Muscles & trigger point Therapy	Treating specific muscle from insertion to attachment improved joint-related pain and musculoskeletal and referred pain	(Zhai et al., 2024)
Acupressure	Associated with improves QoL in IBS across multiple studies	(Płóciennik-Korycka et al., 2025)
Stretching	Physical exercise, stretching when appropriate – PNF/STR/AIS	(Cong et al., 2018; Li et al., 2024)
Teaching	Teaching self-management improved microbiota balance, symptoms, and QoL	(Cong et al., 2018)
Zhai et al.. (2024) highlight the importance of assessing a client's pain pathology, forming the basis for TPT theory, while evidence suggests using less TPT may be indicated in chronic pain and stress (Ashrafi et al., 2021; Fairweather and Mari, 2021; Zhai et al., 2024).		

Self-Efficacy

Physical exercise and stretching positively influenced gut microbiota in individuals with IBS, reducing pain and MH symptoms, though interventions should be adapted for conditions such as Hypermobile Ehlers-Danlos Syndrome (HeDS) and Hypermobility Spectrum Disorder (HSD) (Brittain et al., 2024).

Self-management interventions, including online programs and group sessions improve symptoms and QoL, although most evidence is short term (Cong et al., 2018). This aligns with self-efficacy theory, which proposes that individuals who develop confidence in managing a chronic condition demonstrate more sustained behaviour change and better long-term outcomes than those who receive information alone (Marks et al., 2005).

Biopsychosocial Model

The biopsychosocial model (BPSM) shown in figure 1 was created by the pathologist and psychiatrist (Engel, 1977). This was the result of his studies in ulcerative colitis, depression, and pain. The BPSM is an integral component alongside HFMAST with TJM (Tanaka et al., 2011; Fairweather and Mari, 2021).

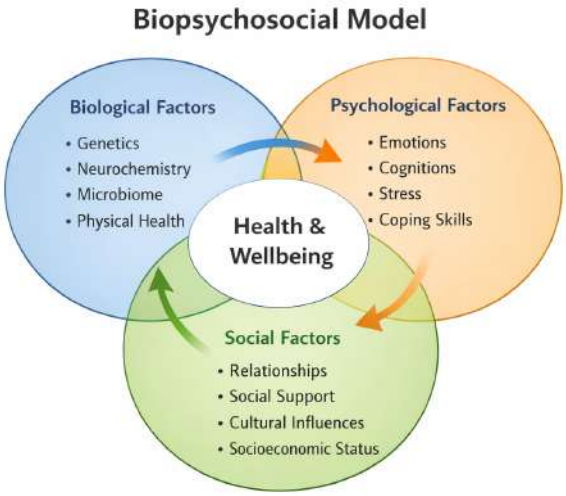

Figure 1: The Biopsychosocial model

The basic principles of the BPSM are to approach a person as a whole and not just as a pathology (Papadimitriou, 2017).

Therapeutic Alliance

Informed touch is integral part to HFMAST. C-Tactile (CT) afferent activation during therapeutic contact triggers oxytocinergic responses linked to stress regulation, reduced pain perception, and antidepressive effects, responses not replicable through self-administered techniques alone (Packheiser et al., 2024). This may partly reflect the role of therapeutic safety and co-regulation, where by a consistent, skilled therapeutic relationship supports autonomic settling in individuals with chronic stress-related conditions, as described within polyvagal-informed clinical frameworks (Porges, 2025).

Literature Review Summary

As QoL is significantly impaired in individuals with IBS (Rana et al., 2024) there is a growing need to optimise current approaches to care (Dong et al., 2019). IBS is increasingly recognised not only as a GI disorder, but as a complex DGBI affecting psychophysiological functioning and interoception, and is closely associated MH comorbidities (Staudacher et al., 2023).

Evidence supporting CMT for IBS appears promising, with studies reporting positive outcomes following massage intervention (Zeng et al., 2023). However, variation in techniques and practitioner training may limit the individualised approach often required for IBS management and may not fully address the BPSM associated with IBS (Li et al., 2022).

Although NICE guidelines suggest that CBT and GI directed therapies may be beneficial, limited resources have restricted their wider implementation within the NHS, UK (NICE, 2008).

Given the established role of CMT in supporting DAS in previous research using TJM (Rigby, 2020; O'flynn, 2024) and its potential influence on autonomic regulation and interoceptive awareness, this represents an important area for further investigation.

Method

Ethical Approval

Ethical approval was obtained from the Jing Institute of Massage and Complementary Medicine (JIMCM) (see Appendix 1). The Depression, Anxiety and Stress Scale (DASS-42) (see Appendix 2) was used to assess participants' DAS severity.

Eligibility and Outcome Measures

Eligibility required participants to score within the mild range or above on any DASS-42 subscale, or a combined score greater that 25, consistent with criteria used by O'Flynn, (2024). The DASS-42 was administered weekly across the 16-week study.

IBS Symptoms were measured using the IBS-SSS (see Appendix 3), Participants were required a minimum score of mild-moderate range (75-175 out of 500). The IBS-SSS was administered bi-weekly via JotForm. Both the DASS-42 and IBS-SSS instrument have been widely employed in clinical trials involving individuals with IBS and DAS (Lyra et al., 2016; Makara-Studzińska et al., 2022). Both instruments were completed at baseline to confirm eligibility and subsequently used to monitor symptom changes throughout the study. Participants were informed that they could withdraw at any time without providing a reason.

A summary of the inclusion and exclusion criteria is shown in Table 7 and 8.

Table 7: Inclusion Criteria for Participant Eligibility

Inclusion Criteria	Specification
Age	Adults age 18 +
IBS Status	Individuals presenting with IBS
MH symptoms	Presence of either depression/low mood, anxiety or stress
DASS-42 score	Depression >10 Anxiety > 8 Stress> 15 Or combined score of >25
IBS-SSS score	Minimum req. 75-175+ indicating mild IBS Severity
Medication stability	Regular medication taken for >12 weeks
Study commitment	Ability to attend clinics in central Brighton and commit to the 16-week study
Gender	Open to all genders; inclusive of non-binary and transgender
Medical disclosure	Ongoing medical conditions or medications to be discussed with researcher

Table 8: Exclusion Criteria for Participant Eligibility

Exclusion Criteria	Specifications
DASS-42 normal scores	Stress 0-14 Anxiety 0-7, Depression 0-9 or combined score <24
IBS – SSS Score	Below 75
Recent medication changes	Medication initiated within the past 12 weeks to be discussed with researcher
Medical conditions	Any condition or medications likely to affect wellbeing or study out-comes to be discussed with researcher
GI – Disorders	Significant digestive conditions (E.g. Crohn's disease, coeliac disease)

Participants were asked to avoid starting new therapeutic, dietary, or psychological interventions during the study and to report any changes. The study included participants with other non-digestive comorbidities.

Recruitment and Advertisement

Following ethical approval, study information was compiled into a double-sided recruitment flyer (see Appendix 4) and distributed locally, including at the researcher's clinics in Brighton (The Lanes Health Practice) and Shoreham-By-Sea (The Hideaway). The flyer was also shared digitally via mailing lists and social media platforms.

An online screening form created using JotForm (see Appendix 5) was made available via a QR code displayed on the recruitment flyer, social media posts and direct email to interested participants. A public blog post on the researcher's website outlined study details and inclusion/exclusion criteria.

A total of 37 form submissions were received. 19 individuals met preliminary criteria and completed the DASS-42 AND IBS-SSS instruments for further eligibility assessment.

Eligibility and Study Procedure

Following initial screening, 19 eligible individuals were sent a participant information document (Appendix 6). 7 attended an online consultation to review inclusion and exclusion criteria; all 7 met eligibility requirements and provided informed consent (see Appendix 7).

Weeks 1-6: Control Period

Baseline DAS symptoms were established using the DASS-42, administered weekly via email. The IBS-SSS was distributed bi-weekly.

Weeks 7-12: Intervention Period

Participants received in-person sessions integrating TJM Chronica Pain and Stress protocol (Fairweather and Mari., 2021, pp. 335-369) with HFMAST techniques. Sessions included recurring techniques such as abdominal massage and hot stone therapy (see Appendix 8 for full technique outline).

Self-care was provided bi-weekly (see Appendix 9) with each 50 minutes session including 10 minutes of instruction:

Week 1 – Body Scan

Week 3 – Compassionate reframing

Week 5 – Mindful Yoga

Weeks 13-16: End of Study

Participants returned to their usual routines. At Week 16, the DASS-42 and IBS-SSS were administered to assess whether intervention effects were maintained.

Method Summary

A single-arm repeated-measures, within-subject study of 16 weeks: a 6-week baseline, a 6-week intervention, and a 4-week follow-up. No randomization or placebo control were used, as this was a preliminary investigation of TJM and HFMAST effects on DAS and IBS symptoms. Outcome measures were self-reported; neither participants nor researchers were blinded to the intervention procedures. Data were collected electronically and stored on secure, password-protected systems.

Results

Figure 2 shows the average DASS-42 score of the 7 participants over 16 weeks.

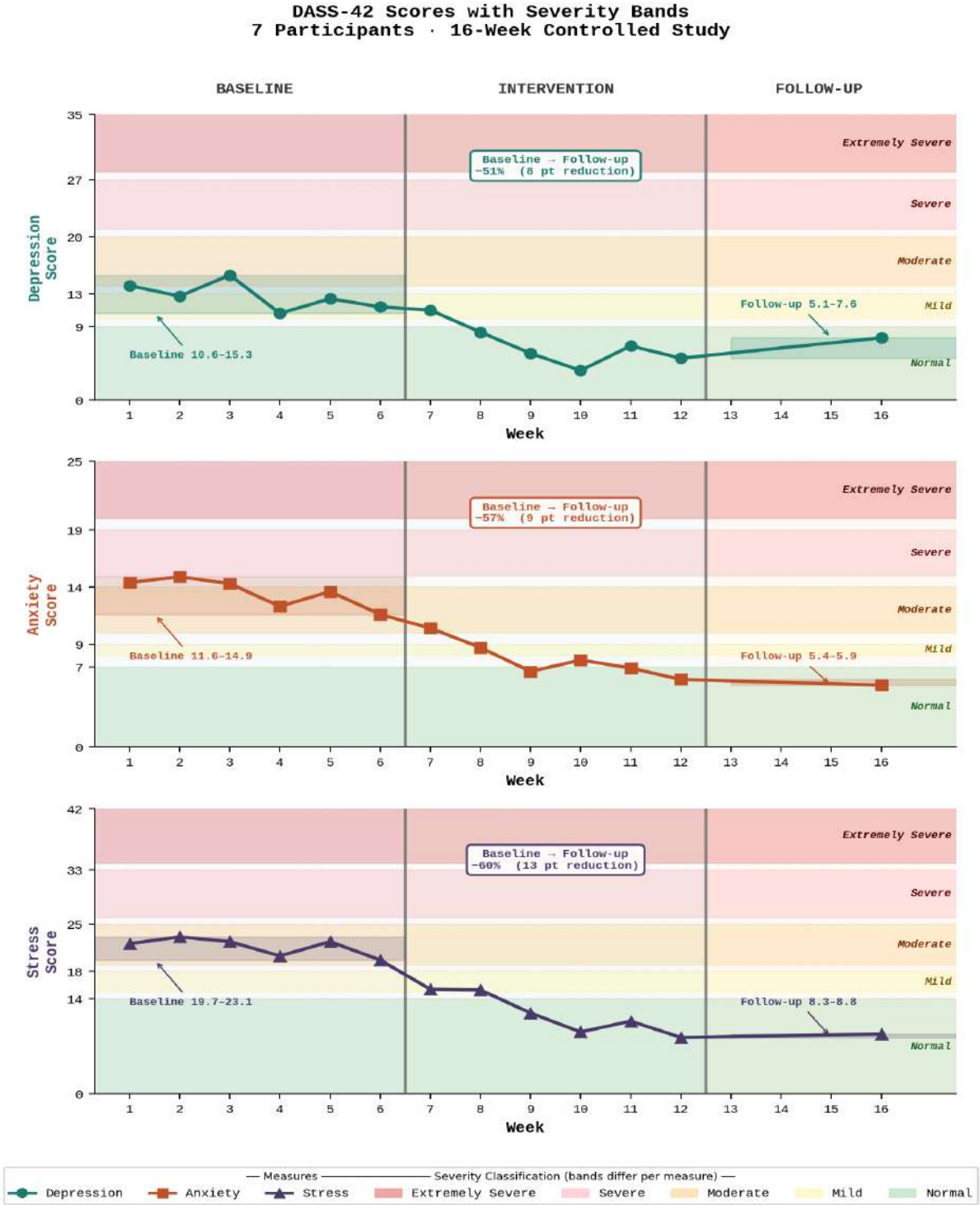

Figure 2: DASS-42 scores over 16 weeks

The graph in Figure 3 shows the average IBS-SSS score of the 7 participants each week over 16 weeks.

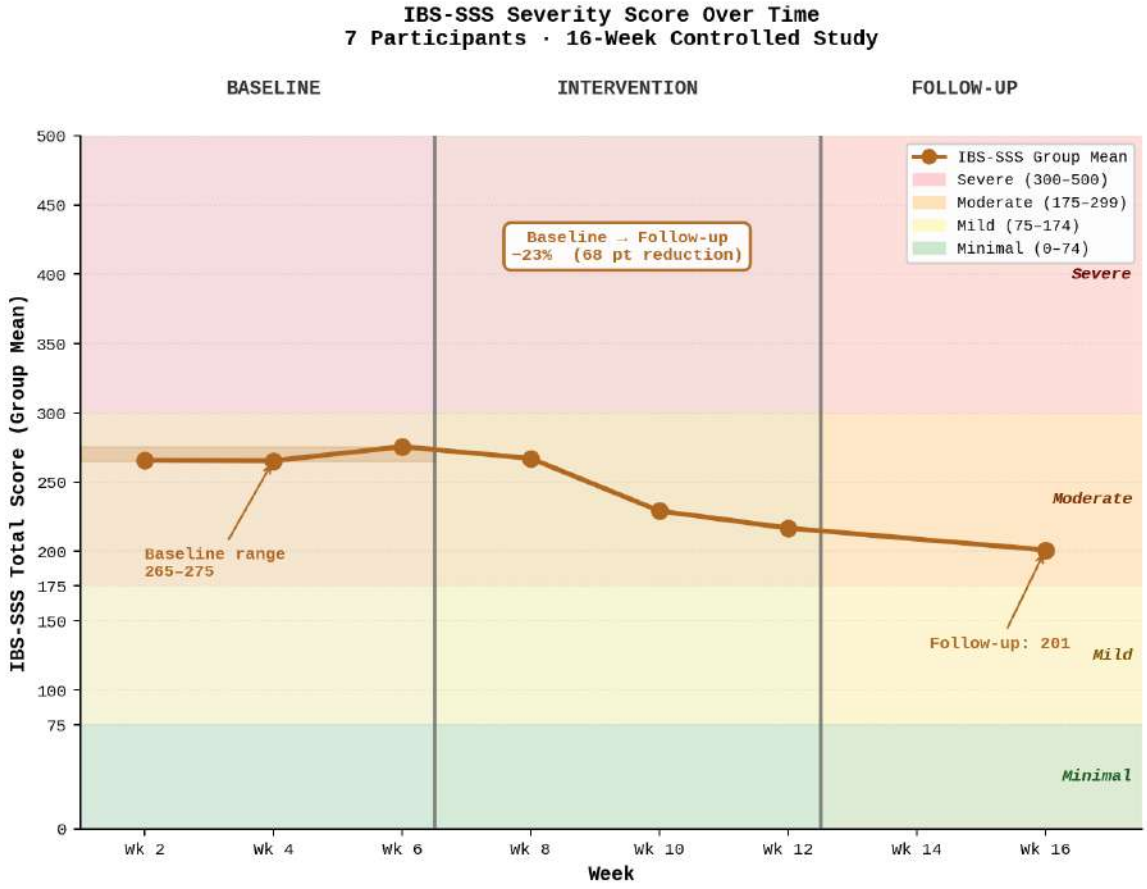

Figure 3: IBS-SSS Scores over 16 weeks

The mean average score of 7 participants over a 16-week period, is presented in Figure 4. Scores were assessed using the DASS-42 (for DAS) and IBS-SSS (for IBS). All results demonstrated clinically significant improvements, with scores decreasing across all measures.

Table 9: Average Mean of Week 1-6 and Week 16 of DASS-42 and IBS-SSS

Measure	Mean average of 1-6 baseline	Mean Average Week 7-12	Mean Average Week 16	% Reduction (average of raw data from week 1 to week 16)	Severity Score Change
Depression	12.7	6.7	5.1	51% <	Moderate > Normal
Anxiety	13.5	7.7	5.3	57% <	Moderate > Normal
Stress	21.7	11.8	9	60% <	Moderate > Normal
DAS Combined	16.0	8.7	6.9	56% <	Moderate > Normal
IBS-SSS	268.90	237.3	201.0	23% <	High Moderate > Mild Moderate

DASS-42 Overall Score

There were clinically significant improvements across all three DASS-42 subscales over the 16-week study. The mean DASS-42 scores of DAS decreased by an average of 56% from 16.0 (moderate range) at baseline to 6.9 (normal range) by week 16.

Depression Score

Depression scores decreased by 51% from a baseline mean of 12.7 (moderate range) to 6.4 (normal range) by week 16. This reduction reflects a substantial decrease in depressive symptom severity.

Anxiety Score

Anxiety scores decreased by 57% from a baseline mean of 13.5 (moderate range) to 5.3 (normal range) by week 16. Representing a significant decrease in anxiety symptom severity.

Stress Score

Stress scores showed the greatest improvement decreasing by 60% from a baseline mean of 21.7 (moderate range) at week 1 to 9.0 (normal range) by week 16. This reduction reflects a substantial decrease in stress symptom severity.

IBS-SSS Score

IBS-SSS scores decreased by 23% from a baseline mean of 268.90 (high end of moderate severity) to 201.0 (mild end of moderate severity) by week 16, with further improvements observed following the intervention. Moving 67.9 points in the established Minimum Clinically Important Difference (MCID) (Wang et al., 2023).

DASS-42 Severity Bands and Mean Scores

The severity bands are presented in Table 10 to interpret the DASS-42 data.

Table 10: Severity bands for interpretating DASS-42 scores

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

The group mean (n = 7) of the DASS-42 data is presented in Table 11

Table 11: DASS-42 Group Mean Score Week 1-16

DASS-42 Group Mean Scores by Week				
Week	**Depression**	**Anxiety**	**Stress**	**Phase**
1	14.0	14.4	22.1	Baseline
2	12.7	14.9	23.1	
3	15.3	14.3	22.4	
4	10.6	12.3	20.3	
5	12.4	13.6	22.4	
6	11.4	11.6	19.7	
7	11.0	10.4	15.4	Intervention
8	8.3	8.7	15.3	
9	5.7	6.6	11.9	
10	3.6	7.6	9.1	
11	6.4	7.0	10.7	
12	5.1	5.9	8.3	
16	6.4	5.3	9.0	Follow-up

DASS-42 Summary

All three subscales moved from clinically significant bands (Moderate) into the Normal range at Week 12 and continued to decrease at Week 16. Depression reached its lowest point at Week 10 (mean: 3.6) before settling at 6.4 at Week 16 DAS remained within the Normal band from week 9. Stress decreased the most by 60%.

IBS-SSS Severity Band and Mean Score

The classification Bands for IBS-SSS is presented in Table 12.

Table 12: IBS-SSS Classification Bands

Severity Level	Score Range
Minimal	0-74
Mild	75-174
Moderate	175-299
Severe	300-500

The IBS-SSS mean scores from Week 1 to Week 16 are presented in table 13. All values are group means (n = 7).

Table 13: IBS-SSS Group Mean Scores 1-16

IBS-SSS Group Mean Scores by Week		
Week	**Group Mean Score**	**Phase**
2	265.71	Baseline
4	265.43	
6	275.57	
8	267.14	Intervention
10	229.14	
12	216.86	
16	201.00	Follow-up

IBS-SSS Summary

Baseline mean IBS-SSS scores ranged from 265.43 to 275.57, placing participants at the higher end of the moderate severity band. Across weeks 1-6, the overall mean score remained similar at 268.9. Scores then gradually decreased to 216.68 by week 12, approaching the mild-moderate range. At the week 16 follow-up, the mean score further declined to 201.00, at the lower end of the moderate severity band. This represents a total mean reduction of 67.9 points, equivalent to a 23% decrease. Notably, scores continued to decrease during the 4-week post intervention period (week 13-16), indicating sustained improvement and exceeding the MCID (Wang et al., 2023).

Summary of DASS-42 and IBS-SSS Results

All three subscales of the DASS-42 shifted from clinically significant ranges (Moderate) into the normal range at week 12 and continued to decrease by week 16. IBS-SSS scores decreased from higher moderate to lower moderate severity, with a reduction exceeding the MCID of 67.9 points. All participants showed improvements across all measures which were maintained at the 4-week follow-up (Week 16). IBS-SSS scores continued to improve-post intervention, suggesting a 'sleeper effect'. No adverse effects were reported during the study period. All participants completed the 16-week study.

Discussion

Introduction

By week 12, all three DAS measures had improved from clinically significant (mild-moderate) levels to normal, representing a meaningful clinical improvement. At Week 16 follow-up, results continued to decrease, accompanied by reduced IBS symptom severity, supporting the conceptualisation of IBS as a DGBI (Sperber, 2021).

Mental Health

Improvements in MH, particularly stress, align with evidence linking IBS to dysregulation of the GBA, ANS, and HPA axis (Mayer et al., 2023). Since DAS are strongly associated with IBS onset and persistence, these improvements may have contributed to symptom reduction (Diao et al., 2023).

Depression Score

Depression scores decreased by 51%, consistent with previous TJM studies (Rigby, 2020; Aherin, 2023; Quayle, 2023; O'flynn, 2024). The present findings extend this evidence to a clinical IBS population. Slower improvements in depression compared to stress and anxiety likely reflect the longer time typically required for depressive symptoms to respond to somatic intervention (Sarkar et al., 2020).

Anxiety Score

Anxiety scores decreased by 57%, closely mirrored by stress (60%), consistent with overlapping neurobiological mechanisms mediated by HPA axis dysregulation and sympathetic dominance (Mayer et al., 2023). Faster reductions in anxiety and stress compared to depression likely reflects the more immediate responsiveness of anxious arousal to somatic intervention (Packheiser et al., 2024).

Stress Score

The 60% reduction in stress was the most significant outcome, supporting IBS as a stress-mediated condition (Diao et al., 2023). Targeting the ANS via CMT may be more effective than focusing solely on GI symptoms. The larger reduction in stress compared to depression may reflect immediate parasympathetic effects of CMT (Maier, 2025).

IBS-SSS Score

IBS-SSS score decreased by 68-points at Week 16, exceeding MCID of 50 points (Wang et al., 2023) indicating clinically meaningful improvement. Scores continued to improve post-intervention, suggesting a delayed or cumulative 'sleeper' effect, possibly due to ongoing ANS recalibration, self-care practices, or both, warranting further investigation (Marks et al., 2005; Cong et al., 2018).

Comorbidities

Participants reported 4-6 comorbid conditions commonly associated with IBS (Shiha et al., 2021) including fibromyalgia (Dawe, 2024), endometriosis, adenomyosis, HDs/hEDS, chronic fatigue syndrome, migraines (Danielle Weaver, 2024), sleep disturbances, interstitial cystitis and hypothyroidism alongside DAS. This reflects the multisystem nature of IBS rather than an isolated GI disorder (Pizzorno et al., 2016; Staudacher et al., 2023). The presence of multiple comorbidities highlights the need for integrative biopsychosocial approaches and enhances ecological validity by mirroring real-world IBS populations. The fact that TJM produced meaningful improvements across all measures in such a heterogeneous group suggests the intervention may be robust across diverse clinical presentations.

The Jing Method™ and Advanced Clinical Massage

TJM combining HFMAST and structured self-care within a BPSM, may activate parasympathetic pathways via cutaneous mechanoreceptors. The vagus nerve mediates this effect, CMT can restore reduced vagal tone commonly observed in IBS (Porges, 2025). Parasympathetic activation may reduce sympathetic dominance and HPA axis activity (cortisol, IL-1, CRP), normalising GBA signalling, motility and visceral sensitivity (Diao et al., 2023; Mayer et al., 2023).

Massage therapy can reduce stress, regulate ANS activity, and improve GI motility (Li et al., 2022). Larger trials indicate that massage alongside usual care is more effective than standard treatment alone (Bu et al., 2020). MFR, a core TJM component has been linked with improvements in abdominal pain and QoL in individuals with IBS (Rana et al., 2024). The self-management focus in TJM aligns with evidence that education and self-care interventions improve IBS symptoms and DAS (Cong et al., 2018).

Biopsychosocial Model and Self-efficacy

Participants reported a 90% improvement in sleep and maintained self-care practices on average 5 days a week. Liu et al., (2023) reports sleep mediates IBS and MH. Providing practical self-management tools likely supports MH and QoL (Cong et al., 2018). Beyond HFMAST techniques, the therapeutic alliance may activate CT afferents, contributing to stress regulation and reduced pain perception not achievable through self-administered techniques alone (Packheiser et al., 2024).

DASS-42 score remained well below baseline, 4 weeks post treatment, consistent with self-efficacy theory (Marks et al., 2005) in which individuals who gain genuine confidence in managing a chronic condition maintain behavioural changes and achieve better long-term outcomes. Sustained IBS-SSS improvements may reflect both a delayed physiological response and participants actively applying learned self-care strategies.

Sustained Improvements

Sustained improvements across all measures suggest TJM may offer a valuable integrative approach. All scores of DAS reached a normal range at week 12 and continued to decrease at week 16. All participants completed the 16-week study with no adverse effects, indicating the intervention was well-tolerated and engaging, potentially reflecting stabilising effects of a therapeutic alliance enabling autonomic regulation (Porges, 2025). This supports reconceptualising IBS as a biopsychosocial condition and highlights TJM's potential to improve both MH and IBS outcomes (Cong et al., 2018; Fairweather and Mari, 2021).

The temporal pattern of improvements is notable: psychological measures improved from Week 7, while IBS-SSS continued to decline during the 4-week post-intervention period. This suggests a GBA-mediated mechanism in which psychological improvement precedes physiological change, consistent with evidence that psychological therapies produce sustained IBS symptom improvement, whereas pharmacological interventions typically do not (Wang et al., 2025). Replication at a larger scale would support the hypothesis that addressing psychological dysregulation may be a primary mechanism for IBS symptom improvement.

Limitations

The small sample size and absence of a control group limit casual inference and prevent attributing improvements solely to TJM. Self-reported measures may introduce bias, relying on participant perception rather than objective biomarkers. However, the within-subjects design strengthens internal validity and is an effective approach for small scale studies (Nolan et al., 2025).

Conclusion

This study provides preliminary evidence that CMT using a fusion of TJM and abdominal massage, may improve both IBS and MH symptoms. Participants experienced clinically meaningful reductions in IBS-SSS score (67.9 points) exceeding the MCIM (Lyra et al., 2016), alongside substantial improvements in DAS, ana all 3 subscales shifting from a Moderate range at Week 1 the normal range by week 16. These findings support integrating s a TJM based approach within the BPSM of IBS management, particularly when addressing comorbid DAS as part of a DGBI (Adams et al., 2010; Tanaka et al., 2011; Buckenmaier et al., 2016; Drouin et al., 2020; Fairweather and Mari, 2021; Zeng et al., 2023).

Although the results are clinically meaningful, further research with larger samples is required to strengthen the evidence. Future studies should explore stress responsiveness, MH integration, epigenetic influences, and microbiota interactions to support more precise, individualised IBS care (Koumbi et al., 2025). The observed sleeper effect in IBS-SSS scores potentially reflecting ongoing ANS recalibration, cumulative self-care, or both, warrants further investigation. Collaborations with organisations such as Guts Uk and Mind could facilitate larger scale studies examining CMT and TJM approaches in supporting IBS and DAS.

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Appendices

Appendix 1: Ethical Approval

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

Jing BTEC Research Ethics Form

BTEC Level 6: Professional diploma in Advanced Clinical and Sports Massage

Section 1: to be completed by student

Student's name:	Emily Rose
Student number:	RC84152
BTEC Year-group:	2024-2026
Date of application:	8th May 2025
Student email address:	theletgostudio@gmail.com
Title of research project:	**Evaluating the effects of The Jing Method™ Advanced Clinical Massage on Depression, Anxiety and Stress in Adults with Irritable Bowel Syndrome**

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

Please indicate 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?		X
Are you planning to use deception?		X
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?	X Only in relation to DASS-42 /IBS-SSS	
Does your study involve paying participants or an alternative incentive to participate		**X**
Could the study put you or someone else at risk of injury?		X
Does your project make use of a validated questionnaire?	X DASS42 throughout the Study and the IBS-SSS at key points	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. **DASS-42 instrument** DASS Name: Date: 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. The rating scale is as follows:

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 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 (e.g., 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 (e.g., 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 (e.g., 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
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 (e.g., sense of heart rate increase, heart missing a beat) 0 1 2 3
26 I felt downhearted 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 (e.g., in the hands) 0 1 2 3
42 I found it difficult to work up the initiative to do things 0 1 2 3

IBS-SSS Instrument

INSTRUCTIONS: This form will help you describe the nature of your IBS. It is to be expected that your symptoms might vary over time, so please try and answer all the questions based on how you currently feel (i.e., over the last 10 days or so). All information will be kept in strict confidence.

1. For questions where a number of different responses are possible, please circle the response appropriate to you.
2. Some questions will require you to write in an appropriate response.
3. Some questions require you to put a cross line which enables us to judge the severity of a particular problem(s). For example: How severe was your pain? Please place your "x " anywhere on the line between 0 - 100% in order to indicate as accurately as possible the severity of your symptom. This example shows a severity of approximately 90%, with 100% representing "very severe" pain. 0% 100% no pain not very severe, quite severe, severe, very severe.

1. Do you currently suffer from abdomen or belly pain? ……
If No, go to 'b.' If Yes, continue.
Check One: Yes/No
For office use only: Score:

2. a. Indicate with an "X" on the line below the severity of your abdomen or belly pain:
0%---------- —----------100%
no pain not very severe quite severe severe very severe

b. Enter the number of days that you typically experience abdominal pain every 10 days: (For example, if you enter 4, it means that you get pain 4 out of 10 days. If you get pain every day, enter 10.)
Number of days with pain: ……

2. Do you currently suffer from abdominal distension? ……
Check One Yes No (bloating, swollen or tight tummy) (*Women, please ignore distension related to your periods.) If No, go to question 3. If yes, continue. 1
2 a. Indicate with an "X" on the line below the severity of your abdominal distension/ tightness:
0% —---------- 100%
no pain not very severe quite severe severe very severe
3. Indicate with an "X" on the line below how satisfied you are with your bowel habits: 0% 100% not at all satisfied not too satisfied somewhat satisfied very satisfied 4. Indicate with an "X" on the line below how much your irritable bowel syndrome affects or interferes with your life in general:
0%---------- 100%
not at all interferes not much quite a lot completely interferes

Section 3: Research premises

Where is your research being undertaken? Massage & Nutrition with Emily Rose The Lanes Health Practice 9 Bartholomew's Brighton and Hove, Brighton BN1 1HG	
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. To whom it may concern, I am writing to confirm that Emily Rose will be undertaking her research project titled "Evaluating the effects of the Jing Method™ on stress anxiety and depression in adults with irritable bowel syndrome", at the Lanes Health Practice in Brighton. Should you require any further information please feel free to contact me. Yours sincerely, Tomek Smart M.Ost smartosteopathy@gmail.com	Yes

Section 4: Recruitment

How will you recruit subjects for this research study?

- Recommendations from other therapists at the 2 places of work - The Lanes Health Practice (TLHP) /The Hideaway
- I massage the NHS staff at events - I will ask if I can place some posters in appropriate departments
- I work at the Queer Clinic monthly at Jing and will request to advertise with these clients and their allies/friends - giving a leaflet when appropriate
- Talk to current client base to get recommendations and send out Mailchimp email newsletter
- Give leaflets out in South lanes where TLHP is (lots of shops/businesses in the area)
- Put up on relevant community notice boards in person and online (Facebook groups)
- Post on social media - Instagram/ local Facebook groups for nutrition/IBS
- Get in touch with other colleagues that are Nutritionists for referrals

Section 5 Outline your project procedure

This is effectively a draft of your method, including information on when questionnaires will be used, what your intervention will involve, any stimuli used, etc.

This study aims to evaluate the effects of the Jing Method™ and Advanced Clinical Massage on Depression, Anxiety and Stress in adults with irritable bowel syndrome

Client responds to advert and has an initial phone conversation - a DASS42 and IBS-SSS instrument is sent to them to complete. If they meet the criteria, an initial consultation will then be booked.

Week commencing 14th July - **Consultation week** - a mix of in person and online depending on availability of client - this will keep it easier to manage for myself and the client and limit the initial consultation being too long. Participants can ask any questions before giving consent to taking part in the study. Payment will be taken during consultation; this will start the pre organised timings of forms on JotForm.

21st July - 25th August, Weeks, 1 - 6:

- **Control period:** Sending weekly DASS-42 instruments, using JotForm - for ideally the same day
- The IBS-SSS form will also be sent on weeks 1, 3 and 6 to check IBS symptoms
- Keeping in check with any changes to mental health/vulnerability and therapeutic alliance
- Being mindful of therapeutic alliance during delivery of DASS42/IBS-SSS

1st September - 10th October, Weeks 7 - 12:

- **Weekly hands-on**: 50 mins chronic stress protocols with hot stones including, myofascial techniques, stretches, abdominal massage. therapeutic still work and placements of hot stones, total time 60 minutes
- Same massage for each client (adapted from chapter 19 Massage Fusion) and adapted each week, with space for 10 minutes self-care, appropriate ROM testing, and time for any therapeutic alliance/green cross coding total time allocated 60 mins

Self-Care: Will be introduced one at a time to not overwhelm clients and for them to grasp and stack the habits for long term benefit/potential better results alongside a handout

- week 1 introduce body scan
- week 2 continue body scan
- week 3 introduce compassionate reframing
- week 4 continue compassionate reframing plus body scan
- week 5 adaptation of stretches
- week 6 week continue body scan, compassionate reframing and stretches

DASS-42: Sent every week 6 days after treatment, keeping a therapeutic alliance
IBS-SSS: sent 7 days after treatment - at weeks 7, 9 and 12 to keep a track on changes throughout the study

Be mindful that throughout the study there may be some mental health/emotional health/physical health that may need a referral, green cross coding or appropriate space to be held professionally.
To allow for this, each appointment is made for 75 minutes to allow some space but planned intervention time is 60 minutes.

10th November, week 16:

- **Post-Treatment phase:** send final DASS-42 and IBS-SSS instrument, and optional evaluation form

Section 6: Describe what your participants need to do

- Clients that have replied to advertisements will have read commitments and confirmation to withdraw anytime.
- Sign and date required forms/instruments
- Client knows if there is any significant changes to their stress/pain/IBS to let the researcher know (which may also be noticeable from the DASS-42 or IBS-SSS) and that they may not be suitable for the study if there are significant changes
- Client knows that their medication needs to have been taken for more than 12 weeks prior to the study
- If the client does need to take new medication, they know to let the researcher know - as this may change the study/their participation
- Clients will be accepted onto the study if they meet the criteria in the initial phone call, client will be given space for any questions to build therapeutic alliance and give consent to take part in the study.
- Client will be sent a DASS42 and a IBS-SSS post phone call if they choose to continue
- **Week Commencing 14th July -** If the client meets the criteria of the DASS-42/IBS-SSS they will attend an initial consultation in person or online week commencing
- Client will have lots of opportunity to ask any questions, so they feel comfortable with an appropriate level of therapeutic alliance
- **Week Commencing 21st July** - Client will complete the DASS-42 each week for 1-6 weeks during the control period and the IBS-SSS week 1, 3 and 6
- Client given any appropriate referrals/green cross coding if needed - checking if they are still meeting the criteria or need any referrals
- **Week commencing 1st September** - The adapted Stress Protocol Massage for 7-12 weeks 50 minutes hands on, 10 minutes self-care and extra time for any needed green cross coding/therapeutic alliance - total time 60 mins.
- Each week the DASS-42 given 6 days after treatment to be returned before the next massage, at week 7, 9 and 12 the IBS-SSS form given
- Self-care given changed and adapted at week 1, 3 and 6 each week with appropriate resources that are the same for each client.

- Participants may inform the researcher how many times each week self-care was performed.
- A follow up final DASS-42 and IBS-SSS at week 16, to complete and close the study alongside a post treatment evaluation form to add to data.

Section 7: Respecting confidentiality and ethical issues for participants

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. What ethical considerations are there?

Ethical considerations

- Appropriate support and referral for mental health issues that may arise at any time during the study
- The researcher will be working in a clinic where there is another therapist working next door if support is needed
- Space for green cross coding/therapeutic alliance
- Allowing space if needed, i.e. going to the toilet, stomach cramps, green cross coding
- Fully insured and qualified Therapist, including hot stones and nutrition diploma
- First aid certification

Confidentiality: In case any participants know each other, they will be requested to always maintain confidentiality and to respect the confidentiality of other participants

Confidentiality/GDPR:

- Record basic data such as name, age, employment, address, basic health, and lifestyle information
- Privacy Policy copies given on request
- GDPR & Confidentiality Agreement signed by client at consultation
- Computer has a password, all paperwork kept in a locked cabinet
- Each participant will be assigned a number
- All data stored will be in separate files under numbers only
- All data stored will be deleted or destroyed as soon as appropriate

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

Inclusion Criteria

- Adults presenting with irritable bowel syndrome alongside some form of stress, anxiety, low mood/depression and able to commit to the 16-week study and travel to clinics in the centre of Brighton (though they are allowed to leave the study at any point with no reason)

- Experiencing stress, anxiety or low mood/depression as identified by positive scoring on an initial DASS-42 instrument: Stress +15, Anxiety +8, Depression +10 or a combined total score of +25.
- IBS-SSS instrument - Score range Minimum req. 75 – 175+ (mild severity)
- 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
- Any gender welcome, inclusive of non-binary/trans

Exclusion criteria:

- Normal scores on the DASS-42 questionnaire: Stress 0-14, Anxiety 0-7, Depression 0-9 or a combined total score of 0-24 will be excluded
- Normal ranges of the IBS-SSS - below 75 will be excluded
- 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
- Exclusion under 18's
- No other major digestive complications affecting digestion e.g. Crohn's, celiac

Section 9: Student declaration:

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 X	NO

Student's handwritten signature:

_____ _____

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

Print Name: Emily Rose Croucher **Date: 27/05/2025**

ONCE YOU HAVE COMPLETED THE ABOVE ETHICS DETAILS, THEN YOU CAN PROCEED TO PARTICIPANT INFORMATION AND CONSENT FORMS, SO READ BELOW AS IT IS IMPORTANT TO BE CLEAR ABOUT WHAT YOUR PARTICIPANTS NEED TO DO.

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form 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 should not involve participants under 18 without express permission from your supervisor. 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.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

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: .....Susan Harrison..... date: ....27/5/25.....

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: DASS-42 Instrument

Name *

First Name

Last Name

Date *

15-03-2026

Date

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	○	○	○	○
2. I was aware of dryness of my mouth	○	○	○	○
3. I couldn't seem to experience any positive feeling at all	○	○	○	○
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	○	○	○	○
5. I just couldn't seem to get going	○	○	○	○
6. I tended to over-react to situations	○	○	○	○
7. I had a feeling of shakiness (eg, legs going to give way)	○	○	○	○
8. I found it difficult to relax	○	○	○	○
9. I found myself in situations that made me so anxious I was most relieved	○	○	○	○

10. I felt that I had nothing to look forward to	○	○	○	○
11. I found myself getting upset rather easily	○	○	○	○
12. I felt that I was using a lot of nervous energy	○	○	○	○
13. I felt sad and depressed	○	○	○	○
14. I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	○	○	○	○
15. I had a feeling of faintness	○	○	○	○
16. I felt that I had lost interest in just about everything	○	○	○	○
17. I felt I wasn't worth much as a person	○	○	○	○
18. I felt that I was rather touchy	○	○	○	○
19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	○	○	○	○
20. I felt scared without any good reason	○	○	○	○
21. I felt that life wasn't worthwhile	○	○	○	○
22. I found it hard to wind down	○	○	○	○
23. I had difficulty in swallowing	○	○	○	○
24. I couldn't seem to get any enjoyment out of the things I did	○	○	○	○
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)	○	○	○	○

26. I felt down-hearted and blue	○	○	○	○
27. I found that I was very irritable	○	○	○	○
28. I felt I was close to panic	○	○	○	○
29. I found it hard to calm down after something upset me	○	○	○	○
30. I feared that I would be "thrown" by some trivial but unfamiliar task	○	○	○	○
31. I was unable to become enthusiastic about anything	○	○	○	○
32. I found it difficult to tolerate interruptions to what I was doing	○	○	○	○
33. I was in a state of nervous tension	○	○	○	○
34. I felt I was pretty worthless	○	○	○	○
35. I was intolerant of anything that kept me from getting on with what I was doing	○	○	○	○
36. I felt terrified	○	○	○	○
37. I could see nothing in the future to be hopeful about	○	○	○	○
38. I felt that life was meaningless	○	○	○	○
39. I found myself getting agitated	○	○	○	○
40. I was worried about situations in which I might panic and make a fool of myself	○	○	○	○
41. I experienced trembling (eg, in the hands)	○	○	○	○
42. I found it difficult to work up the initiative to do things	○	○	○	○

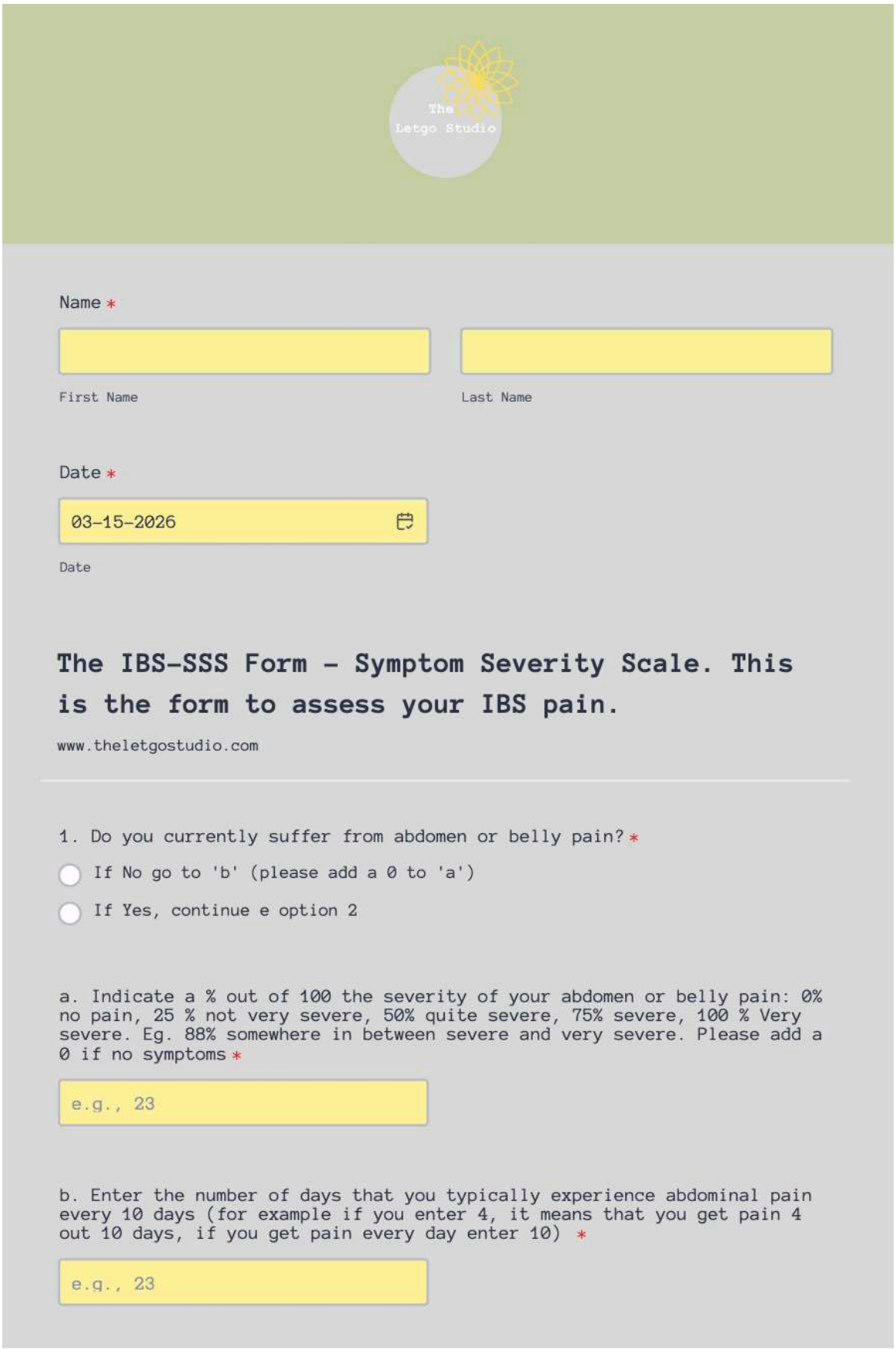
Has your sleep this week been:

Please Select

Any other feedback you wish to give about this week (confidential):

Submit

Appendix 3: IBS-SSS Instrument



2. Do you currently suffer from abdominal distension? Bloating, swollen or tight tummy (Women please ignore distension related to your periods) *

- ◯ If No, go to question 3, please add a 0 to 'a'
- ◯ If Yes, continue

a. Indicate a % out of 100 the severity of your abdominal distension/tightness: 0% no pain, 25 % not very severe, 50% quite severe 75% severe 100 % Very severe. Please add a 0 if no symptoms. *

e.g., 23

3. Indicate a % out of 100 of how satisfied you are with your bowel habits: 0% not at all satisfied, 33 % not too satisfied, 66% somewhat satisfied, 100% Very satisfied. *

e.g., 23

4. Indicate a % out of 100 of how much your irritable bowel syndrome affects or interferes with your life in general. 0 % not at all interferes, 33% Not much, 66% quite a lot, 100% completely interferes *

e.g., 23

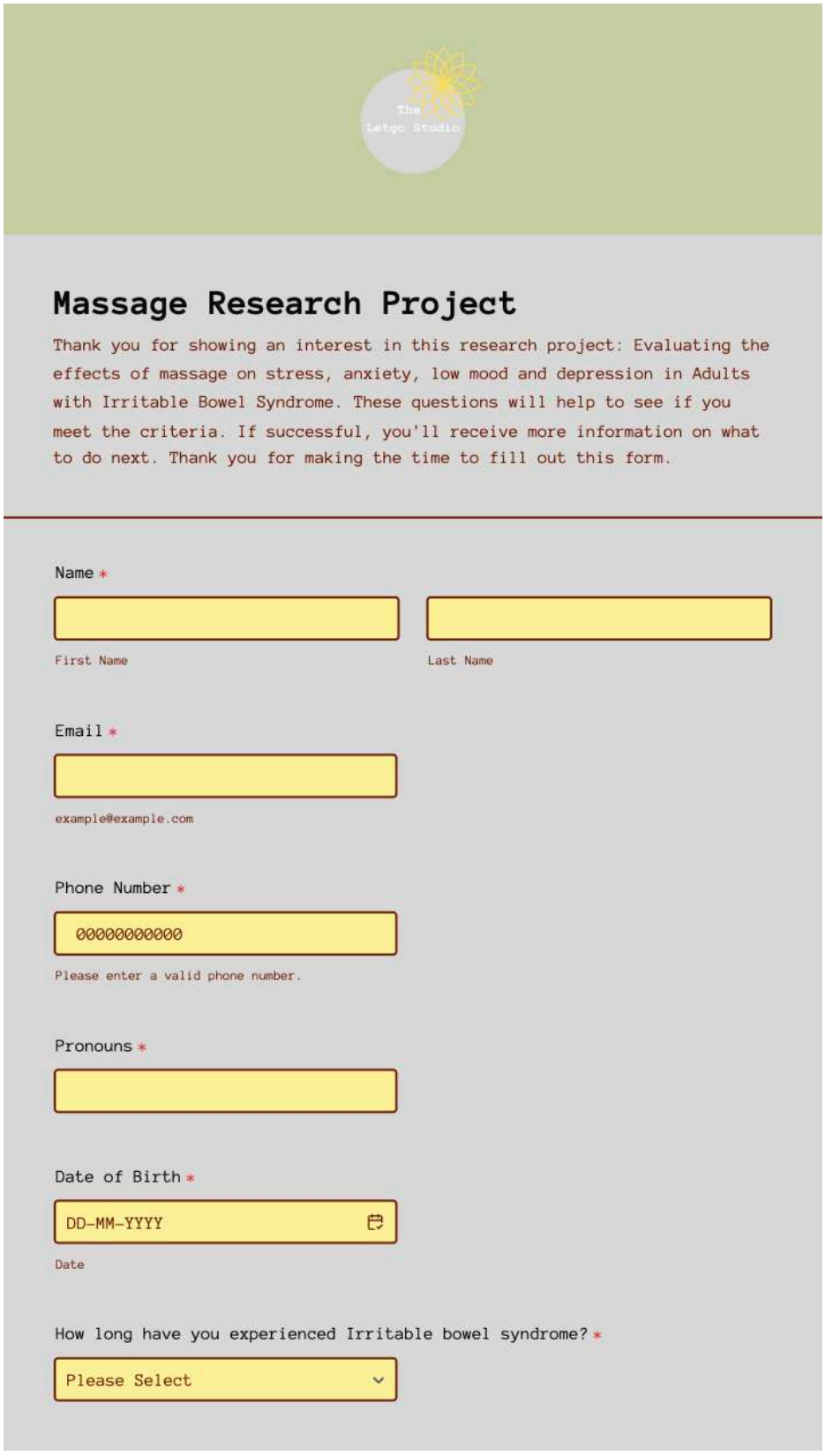
Do you Have anything else you'd like to mention?

Thank-you for taking the time to fill out this form

Submit

Appendix 4: Double Sided Recruitment Flyer

Appendix 5: Screening Form



Enter the number of days that you typically experience abdominal pain every 10 days: For example, if you enter 4, it means that you get pain 4 out of 10 days *

e.g., 23

How many of these symptoms do you experience? *

- [ ] Abdominal pain/cramping - often worse after eating
- [ ] Bloating, feeling of fullness
- [ ] Diarrhea/constipation
- [ ] Wind/flatulence/excessive gas
- [ ] Digestive Issues
- [ ] Stress
- [ ] Anxiety
- [ ] Low mood/depression

Are you taking any medication for your IBS? Please list if so *

How long have you been taking this/these for? N/a if not applicable *

Do you have any other chronic digestive diagnosis/symptoms other then IBS? *

- [ ] Crohn's
- [ ] Inflammatory Bowel Disease
- [ ] Celiac
- [ ] Other
- [ ] No

If you ticked other, Please give more information *

Do you have any other major health conditions? *

Chose one of the following for this statement: I found myself getting agitated *

- ◯ 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

Chose one of the following for this statement: I found it difficult to relax *

- ◯ 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

Chose one of the following for this statement: I felt sad and depressed *

- ◯ 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

Can you commit to filling out a questionnaire every week (on some weeks 2 questionnaires) measuring your stress, anxiety, low mood and/or depression and also pain? (in the same format as this form) *

Please Select

Are you available from W/C 21st July - 6th October? The control period is the first 6 weeks with an online questionnaire each week *

Please Select

Which day would you be available for Massage w/c Sept 1st - 10th Oct? (6 massages all together - it will need to be the same day each week) *

Please Select

On your chosen day - What time would work better? *

HH : MM PM

Hour Minutes

Would you like to mention anything else?

Submit

Appendix 6: Participant Information Document

Emily Rose
The Lanes Health Practice
9 Bartholemew
Brighton
BN1 1HQ

Tel: 07905113378
e-mail: theletgostudio@gmail.com
Instagram: @massage.nutrition.emily.rose
www.theletgostudio.com

Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Thank you for showing an interest in this study: **Evaluating the effects of the Jing Method™ Advanced Massage ON Depression, Anxiety and Stress in Adults with Irritable Bowel Syndrome.**

I appreciate you taking the time to respond.

I have shared some information here to help you understand more about the research project.

Who is your Researcher and Massage Therapist/Nutritionist?

I originally trained as a nutritionist, specialising in gut health in 2017. This training was one of the highest levels of qualification with a 3 year diploma including a year of bio-medicine. I have been a massage therapist since 2019 and I specialise in the treatment of chronic pain and supporting stress. In my clinic, I work mostly with stressed individuals that have a range of chronic pain from headaches, fibromyalgia and digestive issues such as irritable bowel syndrome. My work focuses on the support nutrition, massage and mindfulness has on the body, the gut and the gut-brain connection.

What is the Study for?

In 2022, I embarked on an advanced qualification to further my interest and career in supporting pain and stress: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage. This course is currently the highest level of education a massage therapist can achieve in the UK. The study is overseen by experts in the field of musculoskeletal pain, education, sports science and psychology.

As part of the BTEC, we are given an opportunity to design and carry out a study into the effects of clinical massage wellness programmes. This will go towards a growing body of work supporting the effectiveness of massage, sometimes these studies go on to be published. I have chosen to investigate the effects of the stress and pain advanced massage protocol on irritable bowel syndrome and mental health symptoms.

Do you match the criteria?
I am looking for adults; any gender/non binary/trans welcome, who are over 18 years old and experience the following:

- *Irritable Bowel Syndrome diagnosis - this can be any of the 3 - IBS-C (constipation) IBS-D (diarrhoea) or IBS-M (Mixed)*

alongside:

- *Stress*
- *Anxiety*
- *Low mood/depression*

OR suspected long-term undiagnosed irritable bowel syndrome including the following:

- *Abdominal pain/cramping - often worse after eating*
- *Bloating, feeling of fullness*
- *Diarrhea/constipation and fluctuation of the 2 often combined with Mucus*
- *Wind/flatulence/excessive gas*
- *Digestive Issues*

alongside:
- *Stress*
- *Anxiety*
- *Low mood/depression*

Consider the following questions for when we have an initial phone conversation:

1. **How long have you had your symptoms?**
2. **How often do you experience these symptoms?**
3. **Do you have any other symptoms, such as weight loss, rectal bleeding, or anemia?**
4. **Have you had any recent infections or illnesses?**
5. **Do you have a family history of digestive disorders?**

Excluding
- New medication: taken for less than 12 weeks
- Any ongoing medical issue that is being investigated/medication which may affect well-being
- Other chronic digestive diagnosis/symptoms eg. Crohns, Celiac Disease

What does the study involve?

If you fit the criteria and decide to participate in this study, it will begin the week commencing **14th July and end week commencing November 10th 2025.** It will take place at my clinic
The Letgo Studio @ The Lanes Health Practice
9 Bartholemew
Brighton
BN1 1HQ

Participation is completely voluntary and you can withdraw from the study at any time. Please check that you can make ALL of the dates below.

14th July - consultation week - this can be in person or online.

21st July - 25th August - Control period - week 1-6 - a form is completed online on the same day each week; recording the level of your stress/anxiety/low mood and or depression. There will also be another shorter form given to measure your IBS symptoms at week 1, 3 and 6. These forms will be in an easy to use online format.

1st September - 10th October - Massage protocol for stress - Week 7-12 - Massage on the same day each week. 6 days post treatment - a form will be sent out to be completed before the next massage, this is to give time for you to complete the self care. An IBS form will be sent on week 7, 9 and 12.

10th November - 4 weeks no intervention where you carry on with normal activities followed by a check in with another of the same 2 forms online measuring stress, anxiety, low mood/depression and IBS symptoms

What is the benefit of taking part?

Participants will receive a treatment using The Jing Method™ of Advanced Clinical Massage, which combines advanced soft tissue and massage techniques. The study explores whether massage with hot stones may help support symptoms of stress, anxiety, or low mood that may occur alongside IBS. Participants will also receive self-care tools to support their wellbeing and symptom management.

What commitment is required from me?

Please only commit to this study if you are available to attend all of the sessions, if you have any planned trips, then this may not be suitable for you.

These sessions are being offered to you at a significantly discounted rate of **£35 per session** (6 massages in total and an in-depth initial consultation/13.13 a week for 16 weeks.

The **total is £210.** I respectfully ask that this payment is made in full at the beginning of the study.

Here are the bank details:

Emily Croucher trading at The Letgo Studio

Sort Code: 04-00-03

Account: 82173685

What happens after the study finishes?

Your data will be analysed together with that of other participants. All findings will be **anonymised** and reported as group averages. The results will be shared with the project supervisor and may also be communicated to other practitioners.

Once the research is published, participants will be invited to view the findings and attend a conference where the results will be presented.

During the study period, it is important that you do not begin new pain-relieving treatments, therapies, or medications without informing the researcher, as this may affect the study results.

What do you need to do now?

If you meet the criteria above, you will be asked to complete two questionnaires during the study: the Depression, Anxiety and Stress Scale (DASS-42), which measures emotional wellbeing, and the Irritable Bowel Syndrome Severity Scoring System (IBS-SSS), which assesses IBS symptoms.

Please ensure you are able to commit to the scheduled study dates. If you have holidays planned during the 6-week massage period, participation may not be suitable.

Thank you for considering this project. Your participation may help improve understanding of pain, stress, and wellbeing in people with IBS. If you are interested in the results, please keep in touch—findings are expected to be published in **April 2026**.

Sincerely,

Emily Rose
Clinical Massage Therapist & Nutritionist

Appendix 7: Consent Form

Emily Rose
The Lanes Health Practice
9 Bartholemew
Brighton
BN1 1HQ

Tel: 07905113378
e-mail: theletgostudio@gmail.com
Instagram: @massage.nutrition.emily.rose
www.theletgostudio.com

Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Hello,

Thank you for being a part of this study, if you could fill out the attached form when you can.

Please feel free to ask if you have any further questions.

Sincerely,

Emily Rose
Clinical Massage Therapist & Nutritionist

PARTICIPANT CONSENT FORM

Title of study: **Evaluating the effects of the Jing Method™ Advanced Massage on Depression, Anxiety and Stress in Adults with Irritable Bowel Syndrome**

Name of Massage Therapist: Emily Rose Croucher

	Yes	No
I have read the information 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 free to withdraw from this study at any point		
I understand that my research data may be used for a further project in an anonymous form. I am able to opt out of this if I so wish, by ticking 'No' here.		
I understand that online sessions can not be recorded		
I agree to take part in this study		

Signature (participant)
Date:

Name:

Signature

Name: (BLOCK LETTERS)

BTEC Massage Therapist contact details:

Emily Rose Croucher
Tel no: 07905113378
Email: theletgostudio@gmail.com

Appendix 8: Treatment Techniques Week 7-12

Weekly Treatment Focus

Treatment structure consistent; each week emphasises a different anatomical area.

WEEK 1 - NECK

WEEK 2 - SHOULDERS

WEEK 3 - THORACIC REGION AND RIBS

WEEK 4 - LOWER BACK AND ERECTOR SPINAE

WEEK 5 - LEGS AND FEET WITH ADDITIONAL ABDOMINAL WORK

WEEK 6 - PECTORALS, ARMS AND HANDS WITH ADDITIONAL ABDOMINAL WORK

Week 1 – Neck Focus

- Harmonics and amma work through towels over the whole body
- Listening touch focused on neck and shoulders
- Hot stone placement on sacrum
- Cross-hand fascial stretch from neck to shoulders
- Slow soft fist along erectors
- Fascial work on erectors, stopping at areas of tightness
- Introduce wax and hot stones; broad forearm work on erectors, latissimus dorsi, and traps
- Trigger point work: occiput, neck, levator scapulae (no wax on this area)
- Hot stones on erectors; under client to warm psoas
- Cover with drape, place additional stones on back, brief work on glutes
- Turn supine, remove stones before turning
- Hot stones on abdomen and chest
- Slow amma down body
- **Acupressure: ST37 (Large Intestine)**
- **Acupressure: Liver 3 (LV3)**
- Fascial leg pulls; warm stones under knees
- Fascia arm pulls and hand massage

- Ribcage MFR: one hand under, one on top
- Pectorals, arms, biceps: broad soft fist work
- Head and scalp work: scalenes stretch, hot stones under traps
- **Acupressure: Baihui (DU20)**
- End with sacrum cranial rhythm; place hand on shoulder to close

Week 2 – Shoulder Focus

- Harmonics and amma work through towels
- Listening touch focused on shoulders
- Cross-hand fascial stretch over shoulders
- Slow soft fist down erectors
- Fascial work with fingers over shoulders
- Hot stone placement on sacrum
- Wax and broad forearm work on erectors/latissimus dorsi
- Arm broad work with stones; leave stones in hands
- Introduce stones to erectors and shoulders
- Trigger point work on traps
- Cover with drape; place stones on erectors
- Glutes/piriformis work
- **Acupressure: Liver 3 (LV3)**
- Turn supine; hot stones on abdomen and heart
- Fascia leg pulls; warm stones under knees
- **Acupressure: ST37 (Large Intestine)**; still work at feet
- Abdominal work; undrape, hands on belly
- Abdominal fascia work clockwise with wax and stones; redrape
- Fascia arm pulls and hand massage
- Head work: hot stones under traps, around neck; CV head pulls with wax
- **Acupressure: Baihui (DU20)**
- Forehead stroke; end with sacrum cranial rhythm

Week 3 – Thoracic/Rib Focus

- Harmonics and amma work
- Listening touch focused on ribs/thoracic area
- Cross-hand fascial stretch over thorax
- Slow soft fist down erectors
- Fascial work with fingers over thorax
- Hot stone on sacrum
- Wax and broad forearm work on erectors/lat dorsi
- Broad arm work with stones
- Introduce stones to erectors and around ribs
- Trigger point/MFR work on ribs and intercostals
- Cover with drape; stones on erectors
- Glutes/piriformis work
- **Acupressure: Liver 3 (LV3)**
- Supine: hot stones on abdomen/chest; fascia leg pull; warm stones under knees
- **Acupressure: ST37 (Large Intestine)**
- Undrape: hands on belly; slow fascia work clockwise; wax and stone abdominal work
- Fascia arm pulls and hand massage
- Head/neck: hot stones under traps, around neck; CV head pulls with wax
- **Acupressure: Baihui (DU20)**
- End: sacrum cranial rhythm

Week 4 – Lower Back/Erectors Focus

- Harmonics and amma work
- Listening touch focused on lower back/sacrum
- Cross-hand fascial stretch over lower back
- Slow soft fist down erectors
- Hot stone on sacrum

- Fascial work over sacrum
- Wax and broad forearm work on erectors/lat dorsi
- Broad arm work with wax; small stones introduced to arms
- Stones to erectors/lower back/traps (figure 8)
- Cover with drape; stones on erectors
- Glutes/piriformis work
- **Acupressure: Liver 3 (LV3)**
- Supine: hot stones on heart/abdomen; fascia leg pulls; warm stones under knees
- **Acupressure: ST37 (Large Intestine)**; undrape, hands on abdomen; slow fascia work clockwise
- Abdominal MFR: one hand under sacrum, one on abdomen; wax/stone work
- Psoas stretch
- Fascia arm pulls and hand massage
- Head/neck: hot stones around neck/shoulders; CV head pulls
- **Acupressure: Baihui (DU20)**
- End: sacrum cranial rhythm

Week 5 – Legs/Feet with Extra Abdominal Work

- Harmonics and amma work
- Listening touch focused on legs/feet
- Slow soft fist along erectors; fascial work stopping at tight areas
- Hot stone on sacrum
- Wax and broad forearm work on erectors/lat dorsi
- Arm board work with wax; stones in hands; stones to erectors/traps figure 8
- Cross-hand hamstring stretch; leg effleurage with wax; hot stones on hamstrings/gastrocnemius
- Glutes/piriformis work
- **Acupressure: Liver 3 (LV3)**
- Supine: hot stones on heart/abdomen; fascia leg pulls; warm stones under knees

- **Acupressure: ST37 (Large Intestine)**
- Cross-hand quad stretch; wax/effleurage to legs/feet; stones under knees
- Abdominal MFR: clockwise; wax/stone work
- Head/neck: hot stones under traps, around neck; CV head pulls with wax
- **Acupressure: Baihui (DU20)**
- End: sacrum cranial rhythm; place hand on shoulder to close

Week 6 – Arms/Pectorals Focus

- Harmonics and amma work
- Listening touch focused on arms/pectoral region
- Cross-hand pec stretch; fascia work on upper arms
- Slow soft fist down erectors
- Hot stone on sacrum
- Wax and broad forearm work on erectors/lat dorsi
- Arm board work with wax; stones in hands; stones to erectors/arms figure 8
- Cover with drape; stones on erectors
- **Acupressure: Liver 3 (LV3)**
- Supine: hot stones on heart/abdomen; fascia leg pulls; warm stones under knees
- **Acupressure: ST37 (Large Intestine)**
- Undrape: abdominal fascia work clockwise; wax/stone work
- Trigger point work to pectorals; fascia arm/hand work; effleurage with wax
- Head/neck: hot stones around neck/shoulders; CV head pulls with wax
- **Acupressure: Baihui (DU20)**
- End: sacrum cranial rhythm; place hand on shoulder to close session

Appendix 9: Self Care Handouts