

Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on stress, anxiety and depression/low mood in perimenopausal and menopausal women

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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 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”.

Miss Iona Jones: _____

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Date: 15/03/2026

ACKNOWLEDGMENTS

Firstly, I must thank the founders of Jing, Meghan and Rachel, for creating this approach to bodywork. It is what I had been searching for as a massage therapist, a way to bridge the gap between intuitive and clinical work. Through the BTEC, I have developed in ways I did not expect. While I have gained a great deal of knowledge, there has also been a subtle but profound shift in the way I work, with a greater sensitivity in my touch, intuition, and ability to connect with clients.

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A handwritten signature in black ink that reads "Tom". The signature is written in a cursive style with a long horizontal line extending to the right from the end of the name.

14/03/2026

Funny Fickle Menopause

In the realm of womanhood's journey,
A mysterious phase enters with glee,
Oh, the whimsical tale of menopause,
Where laughter and quirks blend without pause.

Through the shifting tides of hormone's sway,
A symphony of change begins to play,
Like a waltz, a merry-go-round ride,
Strange and comical, it cannot hide.

Ah, the hot flashes, like fire's fierce touch,
Turning cheeks into shades of crimson blush,
One moment a woman shivers in cold,
The next, she sweats, feeling the heat unfold.

The mood swings akin to ocean's tide,
From joyous laughter to tears she can't hide,
In the blink of an eye, emotions collide,
Like a rollercoaster, swirling inside.

Forgetfulness dances with absentminded bliss,
Searching for glasses atop her own head, amiss,
Keys vanish like magic, right under her nose,
Oh, the intricate games that forgetfulness throws.

Her body, a canvas of changes yet unseen,
As waistlines expand, and energy does glean,
But fear not, for in humor she finds her rejoice,
Accepting the quirks, embracing her choice.

For in the midst of this topsy-turvy flight,
She rediscovers her strength, her inner light,
Menopause, dear friend, may be a wild feat,
But within its laughter, her soul finds a beat.

So let us celebrate this funny fickle time,
Embrace the absurdity, dance in its prime,
For menopause, like life, is an ever-changing art,
And laughter, oh laughter, is its very heart

By Lisa Nee (September 2023)

ABSTRACT

Menopause can negatively impact women's mental health. This study aimed to evaluate whether The Jing Method™ of Advanced Clinical Massage could support women experiencing stress, anxiety and depression/low mood during the menopausal transition.

Fourteen participants were recruited, with ten completing the full sixteen-week study. A within-subjects design was employed, with participants acting as their own controls. The Depression, Anxiety and Stress Scale (DASS-42) was used to measure psychological outcomes throughout the study. Participants completed weekly questionnaires during a six-week control period, followed by a six-week intervention phase in which they received one massage per week and simple home self-care exercise. The hands-on treatments were based on The Jing Method™ HFMAST and stress and chronic pain protocol, combining Amma, heat, myofascial release, soft tissue massage, stretching, broad work, effleurage, trigger point therapy, acupuncture, and grounding. A final questionnaire was completed at week 16, four weeks post-intervention to assess sustained effects.

Reductions were observed across all subscales at the end of the intervention, including an 81% reduction in anxiety, a 77% reduction in depression, and a 59% reduction in stress. Overall DASS-42 scores decreased by 69%. Improvements were largely maintained at week 16, with scores remaining substantially lower than baseline and representing the second-lowest point across the study period.

These findings suggest that massage interventions such as The Jing Method™, which adopt a biopsychosocial multimodal approach, may support mental health during the menopausal transition. Further research with larger sample sizes is recommended.

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ABBREVIATIONS

CBT – Cognitive Behavioural Therapy
HRT – Hormone Replacement Therapy
MFR – Myofascial Release
MH – Mental Health
MT – Menopause Transition
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
ONS – Office for National Statistics
TJM – The Jing Method™

LITERATURE REVIEW

Perimenopausal women have a 40% increased risk of depressive symptoms compared to premenopausal women (Badawy et al., 2024).

This literature review explores the research around the menopause transition (MT) and mental health (MH). Contradictory findings (Brown et al., 2024; Liang et al., 2024; Freeman et al., 2006) highlight knowledge gaps in the relationship between the MT and MH, reflecting the underrepresentation of women's health in research.

Recent evidence suggests the MT may be starting earlier than previously thought, with the impact on mood and cognition having a profound effect on quality of life (Horst et al., 2025). More investigation is needed to determine the impact of hormonal changes on MH during the MT, as well as the effectiveness of conventional treatment options on depression and anxiety (Soares and Frey, 2010).

The most recent survey from the Office for National Statistics (ONS, 2023), showed that age-specific suicide rates were highest among females aged 50-54. Supporting these findings, a large cross-sectional survey by Usall et al. (2009) identified increased suicidal ideation in perimenopausal women when compared to other life stages and men. Importantly, these results had no link to pre-existing MH conditions, suggesting increased vulnerability during perimenopause. However, as a cross-sectional study, causal relationships cannot be concluded.

The Menopausal Transition and Mental Health

While vasomotor symptoms (hot flushes) are most associated with the MT, other psychological symptoms, though acknowledged, are less well understood (Duralde et al., 2023). There is conflicting conversation on the primary causes of the psychological impact of the menopause. Liang et al. (2024) attribute it to hormonal fluctuations, chronic inflammation, oxidative stress and neurotransmitter activity. Freeman et al. (2006) support this in their longitudinal study, finding that women were four times more likely to experience depression during the MT, even with no prior history, which they link to hormonal fluctuations.

However, Brown et al. (2024) challenges this hormone-driven model. In their review of 12 prospective studies, they suggest that there is no inherent increased risk to MH during the menopause. Instead, pre-existing history of depression, lifestyle factors, adverse age-related life events and vasomotor symptom distress are key factors in an individual's risk of MH struggles.

Brown et al.'s (2024) perspective supports a biopsychosocial approach, echoing earlier work by Hunter and Rendall (2007), who suggest negative perceptions of menopause and societal stigma around ageing are potent factors in MH decline at this stage of life.

Furthermore, social and demographic factors play a role. A study of 68,864 women looking at the correlation between race, ethnicity and socioeconomic status and menopause symptom severity found Black, Hispanic, Indigenous/First Nations, Middle Eastern, and Multiracial women reported more extreme symptoms than White women, even when socioeconomic status adjustments were considered (Kochersberger et al., 2024).

These findings highlight the importance of considering biopsychosocial factors when managing menopause symptoms.

Conventional Treatments

Hormone Replacement Therapy (HRT)

The National Health Service (NHS, 2023b) recommends the use of HRT to support MH during the MT. While the associated risks are deemed to be relatively small, they should be discussed when considering treatment options (NHS, 2023b). HRT is contraindicated in some circumstances, such as current or past breast cancer, known or suspected oestrogen-dependent cancer, history of stroke, or deep vein thrombosis, unexplained vaginal bleeding and liver disease (National Institute for Health and Care Excellence (NICE), 2025).

These contraindications emphasise the need to consider alternative treatment options. Glynne et al. (2025), in their retrospective cohort study, found a 47% improvement in mood disorders following transdermal testosterone therapy. However, the lack of a control group and short study duration mean these findings should be interpreted with caution.

Hendriks (2025) notes that misdiagnosis or inappropriate treatment, such as prescribing antidepressants instead of HRT, may contribute to poorer MH outcomes during the menopause. Improvements were observed once appropriate HRT was administered. The study also highlights the benefits of lifestyle changes and support networks, reinforcing the importance of a biopsychosocial approach (Hunter and Rendall, 2007).

Cognitive Behavioural Therapy (CBT)

Whilst HRT is recommended as the first-line treatment for women experiencing depression alongside other menopause symptoms, NICE (2024) guidelines recommend CBT, especially menopause-specific CBT, either alongside HRT or where HRT is not appropriate. A randomised controlled trial showed significant improvement in depression, insomnia and sleep quality among women receiving group CBT (El-Monshed et al., 2024). Although not addressed in these findings, the role of human connection in group settings may have contributed to these outcomes.

Antidepressants/Anxiety Medication

NHS (2023) recommends selective serotonin reuptake inhibitors (SSRIs) in some patients where a diagnosis of anxiety or depression has been made, especially when HRT is contraindicated. Graziottin and Serafini (2009) emphasise a multi-layered approach to menopause and MH, suggesting that combining HRT and antidepressants may be most effective long-term. Kornstein et al. (2010) demonstrated significant reduction in major depressive disorder using Desvenlafaxine. However, this remains the only large placebo-controlled antidepressant trial conducted with confirmed menopausal women.

Complementary therapies

Aromatherapy

Limited research suggests aromatherapy may decrease menopause symptoms. Aromatherapy and placebo massage groups showed symptom reduction, compared to

controls, with greater improvement in the aromatherapy group, indicating potential benefits of both interventions (Karimi et al., 2025; Darsareh et al., 2012). However, the small sample sizes indicate the need for larger studies.

Acupuncture

A meta-analysis of randomised controlled trials totalling 869 participants found an improvement in menopause symptoms and quality of life in women going through a natural menopause and receiving acupuncture (Chiu et al., 2015). These findings suggest that menopause care may benefit from incorporating Eastern approaches.

Herbal Remedies and Bioidentical Hormones

There is a growing movement of women seeking alternative treatments to HRT due to potential side effects or contraindications.

Some evidence suggests that the oestrogen-mimicking properties of black cohosh may offer an alternative, although more research is needed to confirm safety and effectiveness (Mohapatra et al., 2022).

A study on the use of black cohosh, soya isoflavones, and SDG lignans (a plant compound that acts as a phytoestrogen) in 90 women aged 45-60 found a reduction in symptoms of the Menopause Rating Scale (MRS) compared to the placebo group, including a 54.3% reduction in psychological symptoms (Pokushalov et al., 2025).

Despite emerging evidence, clinical bodies remain cautious. The NHS (2023) does not currently recommend the use of herbal remedies or bioidentical hormones during the menopause due to a lack of research and regulation, therefore safety and dosing remain ambiguous.

Massage

Massage can help reduce psychological symptoms of menopause and improve quality of life (Taavoni et al., 2013; Espí-López et al., 2020; Gökbulut et al., 2022; Albayrak et al., 2025). Supporting this, small-scale Jing Method™ studies show improvements in MH in adults through massage (O’Flynn, 2024; Aherin, 2023; Martinez-Perez, 2023; Quayle, 2023; Casadei, 2023; Rigby, 2020).

The Jing Method™ of Advanced Clinical and Sports Massage

Fairweather and Mari (2015) developed The Jing Method™ (TJM), an innovative approach to bodywork grounded in the biopsychosocial model first developed by George Engel (Engel, 1977). This model examines biological, social and psychological factors that influence patients’ physical and MH, subsequently impacting an individual’s response to treatment (Figure 1).

The Biopsychosocial Model of Health and Illness

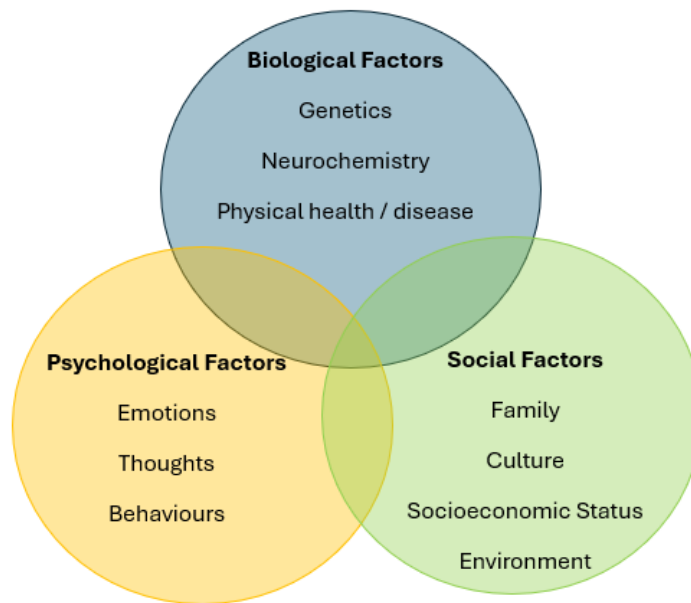


Figure 1: Image developed from the Biopsychosocial Model

(Engel, 1977, 1980)

TJM uses the integrative framework HFMAST to treat a wide range of acute and chronic pain conditions. This outcome-based approach combines hands-on soft tissue techniques and Myofascial Release (MFR) with detailed assessment and individualised treatment planning, drawing on traditional Eastern bodywork principles and current Western pain science (See Table 1).

A core element of TJM is therapeutic alliance. Evidence consistently shows that positive therapist-patient relationships improve outcomes in psychotherapy (Flückiger et al., 2018; Cameron et al., 2018). Massage specific research on therapeutic alliance, pioneered by Gillingham (2017) showed TJM combined with a focus on positive working alliance improved outcomes more than just the manual techniques of TJM

alone, further strengthening the importance of positive therapist-client interactions in massage-based interventions.

Table 1: Developed from The Jing Method™ HFMAST

H - Heat	Application of hot/cold therapy
F - Fascia	Direct and indirect MFR techniques
M - Muscles	Trigger point therapy to treat all muscles around the joint
A - Acupressure	Acupressure points
S - Stretching	Passive, PNF and AIS stretching
T - Teaching	Empower patients to support their recovery through teaching self-care

Heat

Whilst there is currently no research on heat therapy and the MT, reductions in anxiety have been found in post-operative patients receiving slow-stroke back or hot-stone massage (Hojat Ansari et al., 2025). Emerging research into passive heat therapy, particularly Finnish saunas, indicates that heat can improve MH and wellbeing, possibly through its effects on body systems, including neuroendocrine function (Laukkanen and Kunutsor, 2024).

Fascia

Evidence suggests an interconnection between the myofascial system, nervous system, and MH. MFR and lymphatic osteopathic manual treatment were found to reduce anxiety, stress and depression in a randomised pilot study, although the sample size was small (Levy and Jung, 2025). Research on fibromyalgia and MFR is compelling, showing significant improvements in quality of life and MH (Castro-Sánchez et al., 2011; Ceca et al., 2017). Studies suggest MFR interventions can influence autonomic nervous system activity, measured via heart-rate variability (Henley et al., 2008; Cantalino et al., 2014). Indicating potential links between MFR, nervous system function, and MH outcomes.

Muscles

Muscle tension is a symptom of generalised anxiety disorder (Munir and Takov, 2025). Releasing cervical muscle tension has been shown to improve psychological stress in patients with severe atopic dermatitis (Hosono et al., 2022). The body-brain connection warrants further exploration, especially in the context of menopause, where research is limited.

Acupressure

Acupressure has been found to improve quality of life and reduce menopause symptoms (Koca et al., 2024; Can and Yilmaz, 2024). However, findings regarding anxiety are mixed. While reductions in state anxiety have been observed, effects on trait

anxiety appear limited, suggesting improvements may lack longevity (Armand et al., 2017).

Stretching

Moderate improvement in generalised depressive disorder has been found through yoga (Cramer et al., 2013), and short pre-sleep stretching significantly reduced depressive mood in menopausal women (Kai et al., 2016).

Teaching

There is a growing movement towards an empowerment model of menopause, emphasising education, self-management and advocacy rather than viewing it as a biological insufficiency (Hickey et al., 2024). This aligns with the teaching element of HFMAST, as empowering patients through self-care is a key component of TJM. Supporting this, previous Jing Method™ studies report positive results through teaching online self-care programmes. Online menopause interventions showed improvements in symptoms, although psychological outcomes were less pronounced (Hurlworth, 2023; Mitchell, 2023; Hyde, 2021).

Compare/Contrast/Clinical Relevance

Whether the impact on MH during the menopause is driven primarily by biological factors or lifestyle and societal influences remains inconclusive. It is likely a complex interaction of multiple variables, highlighting the need for a holistic biopsychosocial approach.

HRT remains the most well-researched treatment for menopause symptoms, including MH. CBT and antidepressants, although less extensively studied, are recommended. Concerns around HRT safety and contraindications indicate a need for alternative options.

Despite emerging research into complementary therapies and menopause, knowledge gaps remain, highlighting the need for further studies investigating the effects of massage on MH during the menopause. Previous studies have found TJM to be successful in treating menopause symptoms. However, all prior studies were online interventions, and none have focused specifically on MH outcomes during the menopause.

METHOD

Ethical approval for this study was granted by The Jing Institute of Massage and Complementary Medicine on 4 July 2025 (Appendix 1). The study involved providing six weekly hands-on massage treatments alongside simple home self-care exercises to women experiencing MH difficulties during the MT.

Participants were recruited via a social media poster shared on Instagram and Facebook (Appendix 2), linking to an online application form. Following this, 30 women applied to take part in the study. Applicants who met the initial inclusion criteria were then sent a Participant Information Letter (Appendix 3), and a link to the DASS-42 questionnaire (Appendix 4) to further confirm eligibility.

Eligible participants included women taking HRT or psychoactive medications, provided they had been stable for at least three months, and those not on medication. Eligibility and progress were assessed using the DASS-42 questionnaire (Depression, Anxiety and Stress Scale; Lovibond and Lovibond, 1995), a validated tool comprising 42 questions which measures levels of stress, anxiety and depression. Participants were required to meet at least one of the following thresholds to be eligible: stress ≥ 15 , anxiety ≥ 8 , depression ≥ 10 , or a total score ≥ 25 .

Of the 30 women who applied and completed the DASS-42 questionnaire, 14 were eligible for the study. These applicants received a telephone call to discuss the study further and confirm eligibility, including stabilisation on medications. They then

completed a consent form prior to the commencement of the study on the 1 September 2025 (Appendix 5).

This study used a within-subjects design, which is suitable for small-scale studies as it reduces the number of participants required, increases statistical power, and minimises individual differences by measuring control and intervention phases with the same participants.

For the first six weeks (the control period), no intervention was given. The DASS-42 questionnaire was sent by email and completed once a week to establish a baseline.

The following six weeks marked the intervention phase of the study. Week 7 (the first hands-on treatment) comprised a 90-minute session including an in-person consultation and a 50-minute massage. The following five sessions were 65 minutes and included a check-in, a 50-minute treatment and teaching self-care. Simple self-care exercises were provided in weeks 7, 9 and 11 in the form of hand-outs and a body-scan recording (Appendix 6). Participants were encouraged to complete these exercises between three and seven times weekly, with most reporting at least a couple of sessions per week.

The massage treatments during the intervention phase were based on a fusion of TJM's HFMAST and stress and chronic pain protocol (Fairweather and Mari, 2015, pp. 355-369), combining Amma, heat, myofascial release, soft tissue massage, stretching, broad work, effleurage, trigger point therapy, acupressure, and

grounding. Treatments varied weekly, with a different area of the body as the focal point (Appendix 7).

Variables were controlled to help assess the efficacy of TJM. The environment was kept consistent each week, including a comfortable room temperature, a heated pad on the bed, relaxing ambient music (without lyrics) and plain wax as the massage medium.

Participants continued to complete the DASS-42 questionnaire weekly, six days post-massage to track stress, anxiety and depression levels throughout the study. In week 16, four weeks after the intervention phase, participants were required to complete the DASS-42 questionnaire for a final time to ascertain any lasting effects of the intervention. An optional feedback form was also sent as an opportunity for them to provide anonymous feedback on their experience of the study (Appendix 8).

Before the commencement of the study, three participants withdrew for personal reasons.

Eleven women aged between 38 and 53 years, experiencing self-reported perimenopause or menopause with MH decline, commenced the control phase of the study on 1 September 2025. Participants were at varying MT stages and included those on stable medication (≥ 12 weeks) and those not taking medication.

Following the first hands-on session (Week 7), one participant withdrew due to family issues. Consequently, 10 women completed the full 16-week study.

RESULTS

DASS-42 scores for stress, anxiety and depression decreased during the intervention phase. From baseline to week 12, mean group scores decreased by 81% for anxiety, 77% for depression and 59% for stress (Figure 2), with an overall reduction of 69% in total DASS-42 scores (Figure 3). Improvements were observed across most participants, with reductions occurring consistently throughout the intervention phase.

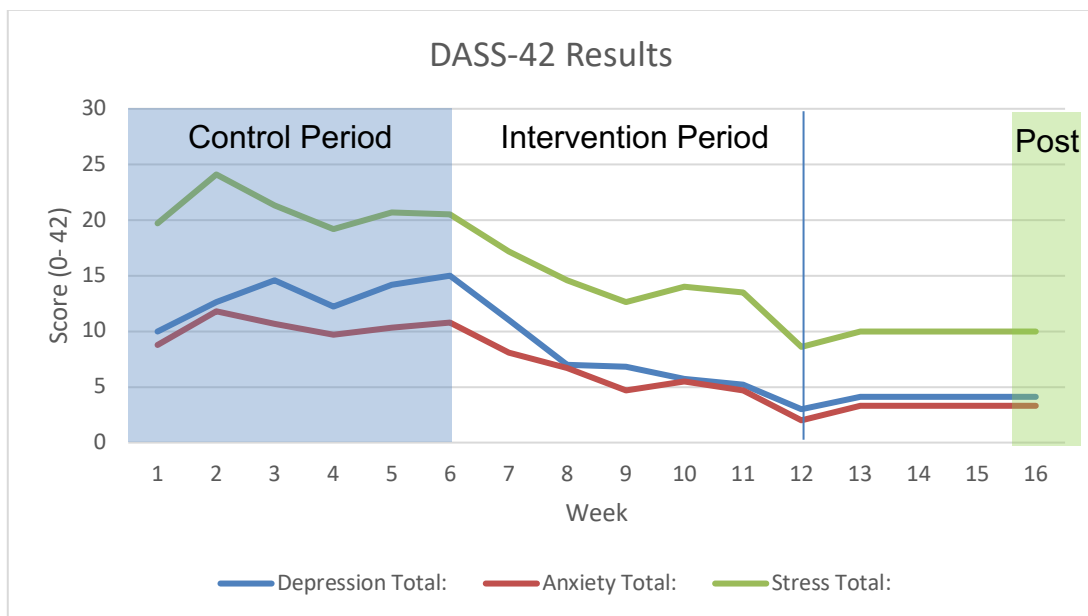


Figure 2: Mean average depression/anxiety/stress scores during the study

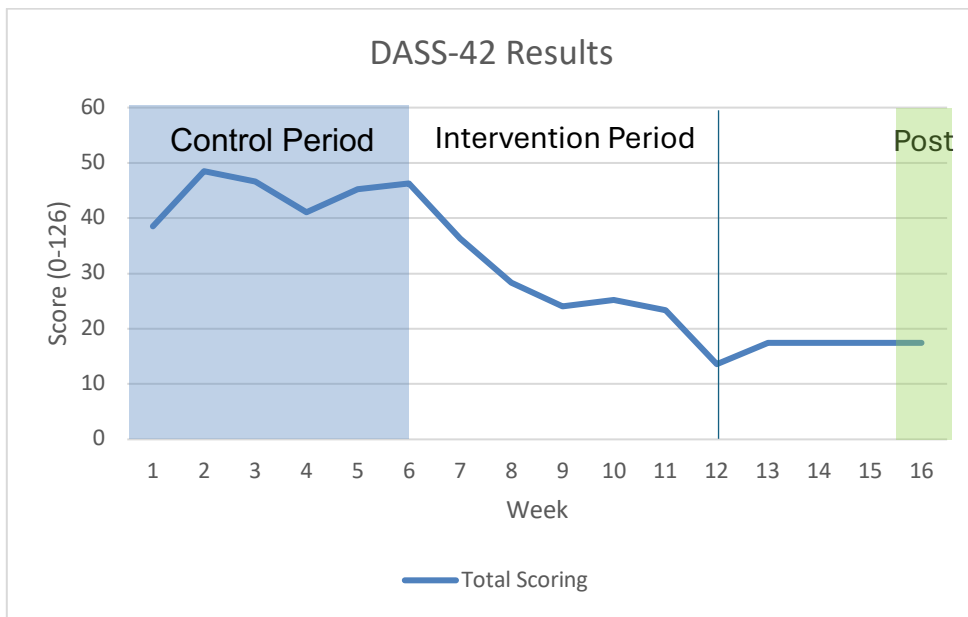


Figure 3: Mean average total scores during the study

During the six-week control period, scores fluctuated with a slight upward trend, particularly for stress. Reductions in scores began at the start of the intervention (week 7), with the lowest scores observed at week 12. At week 16, four weeks post-intervention, scores remained lower than baseline, with a slight increase compared to week 12 but still representing the second lowest week of the full study period (Table 2).

Table 2: Mean average scores and percentage decrease during the study

	DEPRESSION TOTAL	ANXIETY TOTAL	STRESS TOTAL	TOTAL SCORING
1	10	8.8	19.7	38.5
2	12.6	11.8	24.1	48.5
3	14.6	10.7	21.3	46.6
4	12.2	9.7	19.2	41.1
5	14.2	10.3	20.7	45.2
6	15	10.8	20.5	46.3
7	11	8.1	17.2	36.3
8	7	6.7	14.6	28.3
9	6.8	4.7	12.6	24.1
10	5.7	5.5	14	25.2
11	5.2	4.7	13.5	23.4
12	3	2	8.6	13.6
16	4.1	3.3	10	17.4
DECREASE*	77%	81%	59%	69%

Severity categories also improved during the intervention. Several participants moved from severe or extremely severe levels of stress, anxiety, and depression to mild or normal by the end of the intervention. By week 12, 100% of participants had normal anxiety scores. For depression 90% were normal and 10% mild. For stress, 55% were normal, 27% mild and 9% moderate. Table 3 shows the official DASS-42 severity classifications.

Table 3: DASS-42 validated questionnaire scoring chart and severity labels

Source: Lovibond, SH., and 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 +

DISCUSSION

Findings

The results of this study showed that the Jing Method™ of Advanced Clinical Massage reduced stress, anxiety, and depression in perimenopausal and menopausal women. These findings suggest that massage may be an effective approach for supporting MH during the MT, either alongside conventional treatments, or as a standalone option when HRT is not appropriate.

Overall reductions in stress, anxiety, and depression were observed across the 6-week intervention period, with improvements largely maintained at the four-week post-intervention follow-up.

During the control period, measures fluctuated with a slight upward trend and a spike in the week prior to the intervention. This pre-intervention increase may reflect natural fluctuations in stress, anxiety, and depression or the influence of external life events. It is also possible that anticipation of the intervention combined with effect of regular self-reflection from completing weekly DASS-42 questionnaires, contributed to an increased awareness of participants' psychological states.

The intervention period marked a clear turning point with a substantial and steady decline in DASS-42 scores observed throughout, with the final week of the intervention marking the lowest point in the study. The follow-up, four weeks post intervention showed a slight increase from week 12, but remained below baseline levels indicating the benefits of the intervention were largely maintained.

Depression and anxiety scores appeared to improve faster than stress, with anxiety improving the most overall. The decline in stress was slower, perhaps due to stress

being more reactive to external factors such as illness, conflict, work pressures and caring responsibilities. Several participants moved from severe or extremely severe levels of symptoms to normal or mild levels by the end of the intervention, highlighting the significance of these changes.

Taken together, these trends suggest that the six-week intervention contributed to the reductions in stress, anxiety, and depression, with benefits largely maintained at follow-up, indicating that TJM may have lasting effects.

Interpretation

The results of this study support other research showing massage to have a positive effect on psychological outcomes during the menopause (Taavoni et al., 2013; Espí-López et al., 2020; Albayrak et al., 2025; Gökbulut et al., 2022).

This study adds to the growing body of research, indicating that TJM may decrease MH symptoms in adults (O’Flynn, 2024; Aherin, 2023; Martinez-Perez, 2023; Casadei, 2023; Quale, 2023; Rigby, 2021). Although not menopause-specific, these studies provide supportive evidence for the effectiveness of TJM in improving MH.

However, the strong decrease in depression observed in this study contradicts the findings of Hurwirth (2023), Mitchell (2023), and Hyde (2021), where they found TJM to have minimal effect on depression during the menopause. These studies used a different instrument, The Menopause Rating Scale (MRS), which is less sensitive to variations in psychological states compared with the DASS-42, making direct

comparison harder. Furthermore, these interventions were delivered online, making comparisons more challenging.

Conversely, this study was one of four exploring menopause and massage in the current cohort, (Alonso, 2026; Cross, 2026; James, 2026) also delivered hands-on massage interventions, measured using the MRS. All three observed an improvement in psychological symptoms alongside a reduction in other menopause symptoms, supporting this study's finding. Past and current Jing Method™ study results suggest that both online and hands-on massage interventions may support menopause symptoms.

The findings of the present study are also consistent with previous investigations into heat-based interventions and MH, as both massage and hot stone therapy have been shown to decrease anxiety in post-operative patients (Hojat Ansari et al., 2025). The positive effect of heat on neuroendocrine function observed by Laukkanen and Kunutsor (2024), could plausibly contribute to the improvements in MH seen in this current study, potentially through its influence on hormonal systems. It is possible that heat exposure may influence neuroendocrine pathways and could help regulate mood and stress during the MT.

Similarly, MFR has been shown to improve both quality of life and MH in individuals with Fibromyalgia (Castro-Sánchez et al., 2011; Ceca et al., 2017). Although this research does not focus on menopause, it is plausible that benefits of MFR extend beyond the population studied. Since MFR forms a crucial aspect of TJM, it may therefore contribute to the MH improvement observed during this study. The link observed in previous studies between MFR and its effect on the autonomic nervous system (Henley et al., 2008; Cantalino et al., 2014), could potentially explain

a correlation between the nervous system and improved MH by reducing sympathetic nervous system activity and activating the parasympathetic nervous system.

A correlation has also been observed between muscular tension and psychological regulation, with the release of cervical tension shown to decrease stress (Munir and Takov, 2025; Hosono et al., 2022). This may help explain how relieving muscular restrictions through manual manipulation may have helped improve psychological outcomes in this current study.

By approaching the menopause through a biopsychosocial lens, addressing both the manifestation of physical tension in the body and psychological stress, TJM may bridge the gap between body and mind offering a means of regulation and consequently improving MH outcomes.

Strengths and Implications

This study has several strengths. The use of a within-subjects design is well suited for small-scale research. By using each participant as their own control, there is less individual variability, improving statistical power, and allowing trends in psychological change to be tracked effectively. A validated instrument (the DASS-42 questionnaire) was used to measure progress throughout the study, providing a detailed assessment of participants' psychological states.

An additional strength of this study was the focus on therapeutic alliance, which has been shown to improve outcomes. The findings of this study suggest

that a multimodal approach such as TJM could be used to support MH during the MT, especially when HRT is contraindicated.

Therapeutic Alliance

Therapeutic alliance is an important element of TJM and may have contributed to the observed improvement in MH during this study. The detailed initial consultation alongside extended weekly check-ins allowed participants to discuss their experiences and reflect on their progress throughout the intervention.

Participant feedback forms indicated that individuals felt listened to and supported during the study process. The association between therapeutic alliance and improved health outcomes is well documented in psychotherapy (Flückiger et al., 2018; Cameron et al., 2018).

Therapeutic alliance is a factor that must also be considered in massage-based interventions, as whilst they are not psychotherapeutic in nature, there is a degree of verbal communication and a potential feeling of emotional safety created between therapist and patient which may enhance the efficacy of the manual therapy. Gillingham (2017) reported greater improvement in outcomes when TJM combined with a focus on positive working alliance was employed.

Therefore, it is possible that improvements in MH may reflect both the physical effect of TJM and the psychological support provided through therapeutic alliance. This aspect is representative of real-world clinical practice and is a fundamental aspect of TJM.

The Jing Method™ as a Clinical Study Framework

TJM was developed as a framework for therapists with a strong emphasis on individualised care (Fairweather and Mari, 2015). The nature of a clinical study calls for every treatment to be identical for all participants, which makes fully representing the TJM in study conditions a challenge, as the real-life focus on the individual is not fully represented.

DASS-42 Questionnaire

To the knowledge of the researcher, the DASS-42 questionnaire has not previously been used in menopause-related studies. Studies tend to be more symptom focused, using questionnaires such as the MRS. The use of the DASS-42 allowed for an in-depth psychological analysis, reflecting a more comprehensive picture of the study's impact on MH.

Limitations

This study had ten participants, a relatively small sample size. Due to the researcher also delivering the intervention, this number was manageable and a necessity, owing to work commitments and the financial implications of carrying out a six-week hands-on intervention. These factors were important to consider when recruiting participants.

It would be interesting to see the same study design carried out by multiple therapists, allowing for a larger and more varied sample size.

Delivering the intervention personally could also introduce bias, making it harder to determine whether the improved outcomes were produced by the massage or the therapeutic alliance. There is also a risk that since the results are driven by self-reported data, participants could answer in a more favorable manner as a means of ‘helping’ the researcher or because they feel invested in the outcome.

Further Research

This study is the first Jing Method™ study to focus purely on the MH aspect of the menopause and therefore similar replication studies using the DASS-42 as the instrument would be valuable to further add to the body of research. Future studies should include participants from a broader range of ethnic and socioeconomic backgrounds, as research suggests menopause symptoms are experienced with more severity in several non-white groups when compared with white women (Kochersberger et al., 2024). This would help determine the universal relevance of TJM.

Future research would also benefit from collaboration with established organizations such as The British Menopause Society or The Menopause Charity, which could help increase awareness of complementary therapies in menopause care. Collaboration with GP practices or specialist menopause clinics could also allow for larger sample sizes and help to integrate massage therapy with conventional menopause care.

Whilst the results of the follow-up questionnaire at week sixteen (4 weeks post intervention), suggested that there may be some lasting effects of TJM, a longer follow-up would be useful to ascertain if improvements are sustained in the long term.

CONCLUSION

This study aimed to evaluate whether The Jing Method™ could support women experiencing stress, anxiety and depression during the menopause. The results of the six-week massage intervention showed a significant decline across all three subscales, suggesting that a multimodal approach may improve MH outcomes during this stage of life.

While both hormonal fluctuations and adverse life events may influence MH during the menopause, the findings of this study demonstrate the potential importance of a holistic biopsychosocial approach, such as TJM.

The limited research around the menopause reflects a wider issue regarding the underrepresentation of women in clinical studies. Therefore, there is a need for further investigation, especially in the field of complementary healthcare, such as massage.

Future research would benefit from larger sample sizes, longer study durations and the inclusion of women from more diverse socioeconomic and ethnic backgrounds to further develop and support these findings.

REFERENCES

- Aherin, B. R., (2023) *The effects of the online Jing Method™ of advanced clinical massage on mental health in adults* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton
- Albayrak, G., Çağlıyan Türk, A. and Özgül, S. (2025) ‘Effects of connective tissue massage on physical and emotional symptoms, insomnia, and quality of life in postmenopausal women: a randomized, sham-controlled trial’, *Maturitas*, 191, 108149. <https://doi.org/10.1016/j.maturitas.2024.108149>
- Alonso, N., (2026) *Evaluating the effects of the Jing Method in advanced clinical massage on wellbeing during menopause* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton
- Armand, M., Ozgoli, G., Giti, R. and Majd, H. (2017) ‘Effect of acupressure on early complications of menopause in women referring to selected health care centers’, *Iranian Journal of Nursing and Midwifery Research*, 22(3), pp. 237–242. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5494955/> (Accessed: October 2025)
- Badawy, Y., Spector, A., Li, Z. and Desai, R. (2024) ‘The risk of depression in the menopausal stages: a systematic review and meta-analysis’, *Journal of Affective Disorders*, 357, pp. 126–133. Elsevier B.V. <https://doi.org/10.1016/j.jad.2024.04.041>
- Brown, L., Hunter, M. S., Chen, R., Crandall, C. J., Gordon, J. L., Mishra, G. D., Rother, V., Joffe, H. and Hickey, M. (2024) ‘Promoting good mental health over the menopause transition’, *The Lancet*, 403(10430), pp. 969–983. Elsevier B.V. [https://doi.org/10.1016/S0140-6736\(23\)02801-5](https://doi.org/10.1016/S0140-6736(23)02801-5)
- Cameron, S. K., Rodgers, J. and Dagnan, D. (2018) ‘The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: a meta-analytic review’, *Clinical Psychology and Psychotherapy*, 25(3), pp. 446–456. <https://doi.org/10.1002/cpp.2180>
- Cantalino, J. L. R., Salgado, A. S. I., Santos, I. R., Oliveira, L. V. F., Oliveira, C. S., Ferreira, L. A. B., Da Silveira, N. J. F. and Costa, M. S. (2014) ‘Effect of myofascial techniques applied to the cranial region on autonomic nervous system analyzed by heart rate variability’, *Manual Therapy, Posturology and Rehabilitation Journal*, 12, pp. 206. Available at: <https://mtprehabjournal.com/revista/article/view/1149> (Accessed: October 2025).
- Castro-Sánchez, A. M., Matarán-Peñarrocha, G. A., Granero-Molina, J., Aguilera-Manrique, G., Quesada-Rubio, J. M. and Moreno-Lorenzo, C. (2011) ‘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(1). <https://doi.org/10.1155/2011/561753>

- Ceca, D., Elvira, L., Guzmán, J. F. and Pablos, A. (2017) 'Benefits of a self-myofascial release program on health-related quality of life in people with fibromyalgia: a randomized controlled trial', *The Journal of Sports Medicine and Physical Fitness*, 57(7–8). <https://doi.org/10.23736/S0022-4707.17.07025-6>
- Chiu, H.-Y., Pan, C.-H., Shyu, Y.-K., Han, B.-C. and Tsai, P.-S. (2015) 'Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause', *Menopause*, 22(2), pp. 234–244. <https://doi.org/10.1097/GME.0000000000000260>
- Cramer, H., Lauche, R., Langhorst, J. and Dobos, G. (2013) 'Yoga for depression: a systematic review and meta-analysis', *Depression and Anxiety*, 30(11), pp. 1068–1083. <https://doi.org/10.1002/da.22166>
- Cross, J., (2026) *Evaluating the effects of the Jing Method of advanced clinical massage on menopause symptoms in perimenopausal and menopausal women* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton
- Darsareh, F., Taavoni, S., Joolaei, S. and Haghani, H. (2012) 'Effect of aromatherapy massage on menopausal symptoms', *Menopause*, 19(9), pp. 995–999. <https://doi.org/10.1097/gme.0b013e318248ea16>
- Duralde, E. R., Sobel, T. H. and Manson, J. A. E. (2023) 'Management of perimenopausal and menopausal symptoms', *BMJ*. BMJ Publishing Group. <https://doi.org/10.1136/bmj-2022-072612>
- El-Monshed, A. H., Khonji, L. M., Altheeb, M., Saad, M. T. E., Elsheikh, M. A., Loutfy, A., Ali, A. S., El-Gazar, H. E., Fayed, S. M. and Zoromba, M. A. (2024) 'Does a program-based cognitive behavioral therapy affect insomnia and depression in menopausal women? A randomized controlled trial', *Worldviews on Evidence-Based Nursing*, 21(2), pp. 202–215. <https://doi.org/10.1111/wvn.12707>
- Engel, G. L. (1977) 'The need for a new medical model: a challenge for biomedicine', *Science*, 196(4286), pp. 129–136. <https://doi.org/10.1126/science.847460>
- Espí-López, G. V., Monzani, L., Gabaldón-García, E. and Zurriaga, R. (2020) 'The beneficial effects of therapeutic craniofacial massage on quality of life, mental health and menopausal symptoms and body image: a randomized controlled clinical trial', *Complementary Therapies in Medicine*, 51, pp. 102415. <https://doi.org/10.1016/j.ctim.2020.102415>
- Fairweather, R. and Mari, M. (2015) *Massage fusion: the Jing method for the treatment of chronic pain*. Handspring Publishing, Pancaitland, UK
- Flückiger, C., Del, A. C., Wampold, B. E. and Horvath, A. O. (2018) 'The alliance in adult psychotherapy: a meta-analytic synthesis', *Psychotherapy*, 55(4), pp. 316–340. <https://doi.org/10.1037/pst0000172>
- Freeman, E. W., Sammel, M. D., Lin, H. and Nelson, D. B. (2006) 'Associations of hormones and menopausal status with depressed mood in women with no history of depression', *Archives of General Psychiatry*, 63(4), pp. 375–382.

<https://doi.org/10.1001/archpsyc.63.4.375>

Gillingham, T., (2017) *A comparative analysis of significance of 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]. The Jing Institute of Massage and Complementary Medicine, Brighton

Glynne, S., Kamal, A., Kamel, A. M., Reisel, D. and Newson, L. (2025) 'Effect of transdermal testosterone therapy on mood and cognitive symptoms in peri- and postmenopausal women: a pilot study', *Archives of Women's Mental Health*, 28(3), pp. 541–550. <https://doi.org/10.1007/s00737-024-01513-6>

Gökbulut, N., Ibici Akça, E. and Karakayali Ay, Ç. (2022) 'The impact of foot massage given to postmenopausal women on anxiety, fatigue, and sleep: a randomized-controlled trial', *Menopause*, 29(11), pp. 1254–1262. <https://doi.org/10.1097/GME.0000000000002062>

Graziottin, A. and Serafini, A. (2009) 'Depression and the menopause: why antidepressants are not enough?', *Menopause International*, 15(2), pp. 76–81. <https://doi.org/10.1258/mi.2009.009021>

Hendriks, O., McIntyre, J. C., Rose, A. K., Crockett, C., Newson, L. and Saini, P. (2025) 'The mental health challenges, especially suicidality, experienced by women during perimenopause and menopause: a qualitative study', *Women's Health*, 21. <https://doi.org/10.1177/17455057251338941>

Henley, C. E., Ivins, D., Mills, M., Wen, F. K. and Benjamin, B. A. (2008) 'Osteopathic manipulative treatment and its relationship to autonomic nervous system activity as demonstrated by heart rate variability: a repeated measures study', *Osteopathic Medicine and Primary Care*, 2. <https://doi.org/10.1186/1750-4732-2-7>

Hickey, M., LaCroix, A. Z., Doust, J., Mishra, G. D., Sivakami, M., Garlick, D. and Hunter, M. S. (2024) 'An empowerment model for managing menopause', *The Lancet*, 403(10430), pp. 947–957. [https://doi.org/10.1016/S0140-6736\(23\)02799-X](https://doi.org/10.1016/S0140-6736(23)02799-X)

Hojat Ansari, M., Aemmi, S. Z. and Esmaily, H. (2025) 'Effectiveness of slow-stroke back and hot stone massage therapy on postoperative anxiety management in orthopedic patients: a randomized clinical trial study', *Journal of PeriAnesthesia Nursing*. <https://doi.org/10.1016/j.jopan.2025.01.025>

Horst, K., Cirino, N. and Adams, K. E. (2025) 'Menopause and mental health', *Current Opinion in Obstetrics and Gynecology*, 37(2), pp. 102–110. <https://doi.org/10.1097/GCO.0000000000001014>

Hosono, S., Fujita, K., Nimura, A. and Akita, K. (2022) 'Release of cervical muscle tension improves psychological stress and symptoms of moderate-to-severe atopic dermatitis: a case series with 20 patients', *Dermatology and Therapy*, 12(10), pp. 2383–2395. <https://doi.org/10.1007/s13555-022-00814-x>

Hunter, M. and Rendall, M. (2007) 'Bio-psycho-socio-cultural perspectives on menopause', *Best Practice and Research Clinical Obstetrics and Gynaecology*, 21(2), pp. 261–274. <https://doi.org/10.1016/J.BPOBGYN.2006.11.001>

Hurworth, M., (2023) *Evaluating the efficacy of the Jing Method of advanced clinical massage online to treat menopause symptoms* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

Hyde, J., (2021) *Evaluating the efficacy of the Jing Method of advanced clinical massage online to treat menopause symptoms* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

James, G., (2026) *The efficacy of the Jing Method in reducing menopausal symptoms in perimenopausal women* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine.

Kai, Y., Nagamatsu, T., Kitabatake, Y. and Sensui, H. (2016) 'Effects of stretching on menopausal and depressive symptoms in middle-aged women: a randomized controlled trial', *Menopause*, 23(8), pp. 827–832.
<https://doi.org/10.1097/GME.0000000000000651>

Karimi, L., Larki, M., Mohammadi, S., Safyari, M. and Makvandi, S. (2025) 'Aromatherapy for the management of menopause symptoms: an updated systematic review and meta-analysis', *Journal of Caring Sciences*, 14(1), pp. 58–71.
<https://doi.org/10.34172/jcs.025.33474>

Kochersberger, A., Coakley, A., Millheiser, L., Morris, J. R., Manneh, C., Jackson, A., Garrison, J. L. and Hariton, E. (2024) 'The association of race, ethnicity, and socioeconomic status on the severity of menopause symptoms: a study of 68,864 women', *Menopause*, 31(6), pp. 476–483. <https://doi.org/10.1097/GME.0000000000002349>

Kornstein, S. G., Jiang, Q., Reddy, S., Musgnung, J. J. and Guico-Pabia, C. J. (2010) 'Short-term efficacy and safety of desvenlafaxine in a randomized, placebo-controlled study of perimenopausal and postmenopausal women with major depressive disorder', *The Journal of Clinical Psychiatry*, 71(08), pp. 1088–1096.
<https://doi.org/10.4088/JCP.10m06018blu>

Laukkanen, J. A. and Kunutsor, S. K. (2024) 'The multifaceted benefits of passive heat therapies for extending the healthspan: a comprehensive review with a focus on Finnish sauna', *Temperature*, 11(1), pp. 27–51.
<https://doi.org/10.1080/23328940.2023.2300623>

Levy, E. C. and Jung, M.-K. (2025) 'Effects of a myofascial and lymphatic osteopathic manipulative treatment protocol on mood and body connection: a randomized pilot study', *Journal of Osteopathic Medicine*.
<https://doi.org/10.1515/jom-2024-0196>

Liang, G., Kow, A. S. F., Yusof, R., Tham, C. L., Ho, Y. C. and Lee, M. T. (2024) 'Menopause-associated depression: impact of oxidative stress and neuroinflammation on the central nervous system—A review', *Biomedicines*, 12(1). Multidisciplinary Digital Publishing Institute (MDPI). <https://doi.org/10.3390/biomedicines12010184>

Lovibond, S. H. and Lovibond, P. F. (1995) *Manual for the Depression Anxiety Stress Scales*. Psychology Foundation of Australia.

Martinez-Perez, C., (2023) *Effects of the Jing Method of advanced clinical massage on well-being of men, aged 35–54* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

Mitchell, E., (2023) *Evaluating the efficacy of the Jing Method of advanced clinical massage online to treat menopause symptoms* [BTEC Level 6 dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

Mohapatra, S., Iqbal, A., Ansari, M. J., Jan, B., Zahiruddin, S., Mirza, M. A., Ahmad, S. and Iqbal, Z. (2022) ‘Benefits of Black Cohosh (*Cimicifuga racemosa*) for women health: an up-close and in-depth review’, *Pharmaceuticals*, 15(3). MDPI. <https://doi.org/10.3390/ph15030278>

Munir, S. and Takov, V. (2025) ‘Generalized anxiety disorder’, in *StatPearls* [Internet]. Treasure Island, FL: StatPearls Publishing. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK441870/> (Accessed: January 2026).

National Health Service. (2023a) *Alternatives to hormone replacement therapy (HRT): other medicines for menopause symptoms*. Available at: <https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/alternatives-to-hormone-replacement-therapy-hrt/other-medicines-for-menopause-symptoms/> (Accessed March 2026).

National Health Service. (2023b) *Benefits and risks of hormone replacement therapy (HRT)*. Available at: <https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/alternatives-to-hormone-replacement-therapy-hrt/other-medicines-for-menopause-symptoms/> (Accessed: March 2026).

National Health Service. (2023c) *Herbal remedies and complementary medicines for menopause symptoms*. Available at: <https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/alternatives-to-hormone-replacement-therapy-hrt/herbal-remedies-and-complementary-medicines-for-menopause-symptoms> (Accessed: March 2026).

National Institute for Health and Care Excellence. (2024) *Menopause: diagnosis and management*. Available at: <https://www.nice.org.uk/guidance/ng23> (Accessed: March 2026).

National Institute for Health and Care Excellence (NICE). (2025, July) *Menopause: hormone replacement therapy (HRT)*. *NICE Clinical Knowledge Summaries*. Available at: <https://cks.nice.org.uk/topics/menopause-hrt/> (Accessed: March 2026).

Office for National Statistics. (2023) *Suicides in England and Wales: 2022 registrations*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations> (Accessed: March 2026).

O’Flynn, S. A., (2024) *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* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

Pokushalov, E., Ponomarenko, A., Garcia, C., Kasimova, L., Pak, I., Shrainer, E., Romanova, A., Kudlay, D., Johnson, M. and Miller, R. (2025) ‘Assessing the combined effects of Black

Cohosh, Soy Isoflavones, and SDG Lignans on menopausal symptoms: a randomized, double-blind, placebo-controlled clinical trial', *European Journal of Nutrition*, 64(3), p. 138. <https://doi.org/10.1007/s00394-025-03588-y>

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]. Jing Institute of Massage and Complementary Medicine, Brighton

Rigby, T., (2020) *Effects of the Jing Method in treating symptoms of depression in men* [BTEC Level 6 Dissertation]. Jing Institute of Massage and Complementary Medicine, Brighton

Soares, C. N. and Frey, B. N. (2010) 'Challenges and opportunities to manage depression during the menopausal transition and beyond', *Psychiatric Clinics of North America*, 33(2), pp. 295–308. <https://doi.org/10.1016/J.PSC.2010.01.007>

Taavoni, S., Darsareh, F. and Haghani, H. (2013) 'Effect of massage therapy on menopausal symptoms: a randomized clinical trial study', *European Psychiatry*, 28(S1), pp. 28-E1471. [https://doi.org/10.1016/S0924-9338\(13\)77183-9](https://doi.org/10.1016/S0924-9338(13)77183-9)

Usall, J., Pinto-Meza, A., Fernández, A., de Graaf, R., Demyttenaere, K., Alonso, J., de Girolamo, G., Lepine, J. P., Kovess, V. and Haro, J. M. (2009) 'Suicide ideation across reproductive life cycle of women: results from a European epidemiological study', *Journal of Affective Disorders*, 116(1–2), pp. 144–147. <https://doi.org/10.1016/J.JAD.2008.12.006>

APPENDICES

Appendix 1: Jing Ethics Form – Completed and Signed



	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:	Iona Jones
Student number:	PF69854
BTEC Year-group:	2024-2026
Date of application:	24/04/25
Student e-mail address:	lonajonesmassage@gmail.com
Title of research project:	<i>Evaluating the effects of The Jing Methodtm of advanced clinical massage on stress, anxiety, depression/low mood in perimenopausal and menopausal women.</i>

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.? <i>As required by DASS42</i>	X	
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	
<p>If yes, please specify the name of the validated questionnaire you are using and attach a copy here. DASS42 If yes, please specify the name of the validated questionnaire you are using and attach a copy here.</p> <p>DASS 42 -https://www.jotform.com/form-templates/dass-42-questionnaire</p>		

Section 3: Research premises

Where is your research being undertaken?

The Hideaway Shoreham,
186 Upper Shoreham Road
Shoreham-By-Sea
BN43 6BG

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.

Not applicable

Section 4: Recruitment

How will you recruit subjects for this research study?

My business The Hideaway Shoreham has a large ever expanding social media following with over 4000 followers on Instagram and Facebook. This will be my primary recruitment tool. Other recruitment methods will be:

- Email to existing client base.
- Advert on local Facebook groups – Shoreham-By-Sea, Shoreham-By-Sea local community, Shoreham-By-Sea and Southwick, Zu Studios.
- Advert/poster in shops, cafes, doctors and pharmacies in Shoreham and Southwick.

Section 5 Outline your project procedure

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

- Within subject design – This is a good design option for a small study such as mine which will allow efficiency and maximize data collected from participants.

- Intervention – Hands on only with self-care exercises. I will be using a blend of the stress and chronic pain protocol from massage fusion and HFMAST. Techniques used will include, Amma, grounding, myofascial release, trigger point therapy, deep tissue massage, Acupressure and stretching. I will not be including hot stones but will include the heat element by having a heated matt on the table and using a heat pad.
- Location – Treatments to be given at my home clinic The Hideaway Shoreham in my hometown Shoreham-By Sea.
- Weeks 1-6, 6-week control period where participants will complete the DASS42 questionnaire weekly.
- Weeks 7-12, 6-week intervention period using Jing method stress and chronic pain protocol and HFMAST where participants will receive a weekly massage. Included in the treatment will be a blend of Amma, Myofascial release, trigger point therapy, deep tissue massage, stretching and acupressure. I will not be including hot stones; I will include heat by means of a heated matt on the table and a heat pad. Participants will be given self-care exercises to be done 3x a week. I will give self-care exercises on weeks 7,9 and 11. The self-care exercises will include - simple breathing exercises, self-acupressure and stretches weekly as self-care. They will be given a self-care sheet with the exercises and tick boxes so they can track what they have done and let me know. Each week they will complete the DASS42 Questionnaire 6 days after each treatment. I will send an email reminder on day 5 and they will need to complete the questionnaire within 24 hours.
- Week 16, participants will complete the DASS42 questionnaire a final time after 4 weeks of no intervention to assess the lasting effects of the treatments. A study feedback form will also be completed at this time to gather information about the participants experience taking part and to help make improvements for any future studies on the subject.
- Hands on treatments – The session will last for 65 minutes which will include a 50-minute massage. The extra time will be for a brief check in and to teach/review self-care. Self-care will be given on weeks 7,9 and 11.
- Music - relaxing massage playlist - no words.
- Plain massage wax.

Section 6: Describe what your participants need to do

- Complete a simple application form with the inclusion/exclusion criteria to see if they will be eligible for the study. A link for this will be posted on our social media and emailed to applicants upon request.
- Have an initial telephone call to briefly discuss the study and confirm availability/commitment to take part and so they can ask questions.
- Complete an initial DASS42 form sent via email to be completed within one week to confirm whether they fit the inclusion criteria. A positive score on the DASS will be - Stress+15, anxiety+8, depression+10 or a total combined score of +25.

- Have an initial consultation in person or online via ZOOM to take basic information and sign consent forms before starting the study.
- Weeks 1- 6 - Complete DASS42 Questionnaire weekly.
- Weeks 7-12 – Attend weekly 65-minute sessions which will include a 50-minute massage and time for a check-in and to review self-care. 5-minute self-care exercises will be given at the end of weeks 7, 9 and 11 to be done 3x a week. Complete DASS42 form 6 days after each treatment and always before their next treatment sent via email/email reminder.
- Week 16 - end of study. Final DASS42 questionnaire and feedback form to be completed to determine long term effects of The Jing Method™ and to gather information about the study to help make improvements in future studies.

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?

- All data held in accordance with the General Data Protection Regulation (UK GDPR and Amended DPA Data Protection Act 2018) as documented under ICO (Information commissioner's office).
- All information gathered, initial client intake form, Client consent/GDPR forms including signatures, will be gathered electronically via our existing password protected online booking system square.
- Consultation forms – completed online via square (Password protected).
- Client consent and GDPR including signatures completed electronically and integrated into Client intake form.
- DASS42 Questionnaire – sent via email and stored in my password protected OneDrive account.
- The focus of my study does not include sensitive subjects such as sexuality, PTSD etc
- My study is dealing with stress, anxiety and depression and therefore is looking at mental health. I am aware that during the study it is possible that past traumas could come to the surface and therefore it will be important to create a safe environment where participants will be treated with sensitivity. I will use green cross coding where necessary during the hands-on treatments to keep clients emotionally and mentally safe.
- I will ensure I am always keeping check of participants mental and emotional wellbeing. If I think further support is needed, I will refer them to relevant recourses such as self-help tools on the NHS website and local talk therapists.
- Participants can withdraw from the study at any point without explanation.
- There is a very small risk of bruising or muscle aches to participants, but these are transient and will be explained to them.
- Qualified and insured therapist.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

- The study will include:
- Woman who can commit to the 16-week study and are available on set clinic days and are able to travel to my clinic the Hideaway Shoreham for the 6 hands on sessions.
- Women who are experiencing stress, anxiety or depression/low mood associated with the peri-menopause/ menopause and score positively on the DASS42 instrument – Stress +15, anxiety +8, depression +10 or a total score of + 25.
- Woman who are not taking HRT.
- Women who have been taking HRT for 3 months or more.
- Any mood-altering medications for depression/anxiety must have been taken for 3 months or more prior to the start of the study to ensure stabilization.
- All current medical conditions and medications must be disclosed to the researcher on application to the study to ensure they meet the inclusion criteria.
- Any changes to medications, new therapy or medical condition that arises during the study must be disclosed to the researcher to ascertain whether they could influence the results of the study.

The study will exclude:

- Anyone who has a normal score on the DASS42 Questionnaire (Stress –15, anxiety –8, depression –10 or a culminative score of –25) and therefore is not experiencing notable levels of stress, anxiety or depression.
- Anyone who has started a new mood-altering medication or HRT less than 12 weeks ago and therefore will not have stabilized which could impact the results of the study.
- Any medical condition other than menopause that could have a significant impact on mental health and therefore could alter the results of the study.

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	NO
	x	

Student's handwritten signature:



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

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:4/7/25.....

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: Recruitment Poster



Participants needed for Menopause research study!

THE HIDEAWAY SHOREHAM

Are you experiencing stress, anxiety or low mood/depression during the Perimenopause/Menopause?

Interested?
Apply here:

I'm Iona Jones, an Advanced Clinical massage therapist at The Hideaway Shoreham.

I'm looking for women to take part in a research project exploring how massage can support mental health during the menopausal transition.

What's Involved?

- 6 weeks of massage sessions (1 session/week)
- Hands on dates - 13th October- 20th November
- Self-care exercises
- Weekly questionnaire measuring levels of stress, anxiety and low mood/depression (for duration of study)
- At The Hideaway Shoreham (Upper Shoreham Rd)
- Inclusion/exclusion criteria applies

SPECIAL OFFER - £25 per massage (normally £70)!

✉ iona.hideawayshoreham@gmail.com

☎ 07402754377

🌐 www.hideawayshoreham.com

Appendix 3: Participant Information Letter



JING Advanced Massage Training

28/29 Bond Street

Brighton BN11RD

www.jingmassage.com

01273628942



The Hideaway Shoreham

186 Upper Shoreham Road Shoreham-By-Sea

BN43 6BG

07402754377

iona.hideawayshoreham@gmail.com

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about what it entails.

I have been a massage therapist for over 10 years. I have training in Swedish massage, Aromatherapy, Pregnancy massage, Deep tissue massage, Reflexology and The Jing method of Advanced clinical and sports massage (ACMT). I specialise in the treatment of chronic stress and pain. In my clinic, I work with individuals suffering with a range of chronic pain conditions and help clients who are suffering from stress and burnout. I own and run The Hideaway Shoreham, a private spa and massage therapy space specialising in combining beautiful calming environments with advanced massage treatments to create the ultimate haven for full mind and body restoration.

In 2021, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, the highest level of education a manual therapist can achieve in the UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and carry out a study into the effects of clinical massage wellness programmes. I have chosen to investigate: The effects of the Jing Method of Advanced clinical Massage on stress, anxiety, depression and low mood in Perimenopausal and Menopausal women.

Menopause and women's health remains largely understudied, highlighting a significant need for better support during this transitional period. Through my study I aim to help bridge this gap by offering an additional method of support for women.

If you decide to take part the study will then begin on the 1ST of September (This part of the study will be done remotely so you can still join even if you are away this week).

The first 6 weeks is about understanding the levels of stress, anxiety and depression/low mood that you are experiencing. You will need to complete a simple questionnaire the Depression Anxiety Stress Scale (DASS42) weekly. (The same questionnaire that is attached to this email).

Every Monday for 6 weeks (The control period), you will fill in the questionnaire. I will send you a link to the questionnaire via email. It should take you approximately 5-10 minutes. I will send you an email prompt to remind you with the link each week. Once all that data is gathered and we know what we are dealing with, we will then start to endeavour to make a difference.

On the week commencing 13th October the Intervention phase will begin. At your first massage appointment you will have a full consultation and assessment. The consultation will be an opportunity for me to get a deeper understanding of how your symptoms are manifesting both physically and mentally/emotionally. I will also take a full health history, and you will have an opportunity to ask any questions.

For the next 6 weeks, you will receive weekly massage treatments. Your first session will be 90 minutes to allow time for your consultation. The subsequent sessions will last 65 minutes which will include a check-in, a 50-minute hands on treatment designed to decrease stress, anxiety and depression/low mood and self-care exercises to do at home. You will attend six sessions, one per week.

Sessions will be held on a Monday and a Thursday. Once a suitable time and day (Mon or Thurs) is agreed your session will remain on the same day and at roughly the same time for the full 6 weeks.

The sessions will involve techniques designed to calm the nervous system and improve well-being including; Heat, Amma, Myofascial techniques, trigger point therapy, stretching, acupressure, effleurage, soft tissue release and grounding.

To take part in the study it is essential that you can attend all 6 sessions. The hands-on sessions will run from the week beginning 13th October to the week beginning 17th November.

During these 6 weeks, you will continue to fill out the questionnaire, the day before your massage. I will continue to send you an email prompt.

At the end of the study (4 weeks after your last massage), you will need to complete the questionnaire one final time along with a feedback form to discuss what worked for you and what didn't.

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.

I must ask that if you know anyone else taking part in this study that you don't have any communication about our sessions.

All your information will be kept confidential.

Please let me know if you start or are planning to start any new medications or treatments during the study, including hormone replacement therapy (HRT) or complementary therapies. This information is important, as new interventions may influence the study results.

You are welcome to continue any treatments, medications, or supplements you are already stable on.

If you are currently taking medication for anxiety, depression, or HRT, you must have been on it for at least 12 weeks prior to joining the study to meet the eligibility criteria.

To cover my overheads there is a small cost of £25 per 65-minute session. This is more than a 60% discount to what we normally charge and is a great opportunity to experience what a block of advanced massage treatments can do for your health and wellbeing! I ask that where possible the full payment of £150 is paid in cash at your first massage appointment.

Thank you again for considering this project, your participation will make a difference to your wellbeing and the wellbeing of many!

Sincerely,
Iona Jones ACMT Advanced Clinical Massage Therapist

The Hideaway Shoreham



Appendix 4: DASS-42 Questionnaire



The Hideaway Shoreham

Iona Jones
Advanced Clinical Massage Therapist
186 Upper Shoreham Road
Shoreham-By-Sea
BN43 6BG
iona.hideawayshoreham@gmail.com
www.hideawayshoreham.com
07402754377

DASS-42 Questionnaire

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

Name *

First Name

Last Name

Date *

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	<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 myself	<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"/>

Has your sleep this week been:

Please Select

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

Submit

Appendix 5: Consent Form (blank example)



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 perimenopausal and menopausal women.

Name of student: Iona Jones

	Yes	No
I have read the information letter 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 is once all anonymised data has been merged) • 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 'No' here.		
I agree to take part in this study		
Signature (participant)	Date:	
Name:		
Signature (parent/guardian/other, if under 18)	Date:	
Name: (BLOCK LETTERS)		
BTEC students contact details (including telephone number and e-mail address):		
Iona Jones Tel no: 07402754377 Email: iona.hideawayshoreham@gmail.com		

Appendix 6: Self-Care Sheets



Menopause and Mental Health Study - Self-care Week 1-2

Theme: Awareness and Regulation through Body Scan

Why we're doing this

During the first two weeks, our focus is on slowing down, reconnecting with the body, and gently calming the nervous system.

This supports the hands-on sessions and sets the foundation for any movement practices introduced later.

A body scan is a simple, guided way to bring your attention through different areas of your body, noticing sensations without needing to change anything.

Your Self-Care Practice

1. Guided Body Scan (Recording) (Sent via WhatsApp).

- Listen ideally once a day, or as often as you can during the week (At least 3x's).
- Choose a quiet time when you won't be disturbed (even 5 mins is enough).
- You can do it lying down, sitting comfortably, or even before sleep or upon waking.
- You can get comfortable with cushions, blankets, light a candle or burn your favourite essential oil if that feels nice for you – but no pressure, you don't need anything for the practice, just yourself.
- Let the recording guide you, there's nothing you need to get 'right'.

2. Optional: Text Version

- Below is a text version of the body scan.
- This is for anyone who prefers to read and guide themselves, instead of using the recording.
- You can adapt the language in your own head if that feels more natural.

A Simple Finishing touch:

At the end of the body scan, if it feels good, place one hand on your chest or belly.

Take three slow breaths, letting the exhale be a little longer than the inhale. Notice how your body feels, no judgement, just awareness.

Body Scan (Text version)

- Find a comfortable position to sit or lie in. Read through the steps below, and then in your mind go through each part in your own time. Pause after each step; don't race through. Don't worry about getting it exactly right; you just need to get the general idea.
- Start by paying attention to your breath, noticing the in breath and the out breath and how it feels in your body.
- Then gently bring your attention to your feet. Notice how your right foot feels; does it feel light or heavy, warm or cool, tense or relaxed? Can you feel the sensation of the air or your clothing against your skin? Does your right foot feel the same as the left or does it feel different? Just notice, don't judge. Now pay attention to your right foot in the same way.
- Now gently bring your attention to your legs. Notice how your right leg feels. Can you feel the sensation of your leg against the floor? Can you feel the air, the temperature, heaviness or lightness, the texture of your clothes? Do both legs feel the same or does one feel different from the other?
- Now bring your awareness to your hips and buttocks. Feel them resting against the floor. Notice any tightness, heaviness, lightness and sensations of warmth or coolness.
- Now your spine, your low back and your upper back; gently draw your attention to them in the same way, noticing the sensations, just observing.
- Now notice the other parts of your body in the same way: your belly, your chest, your arms, shoulders, neck and head. Observe the sensations in these body parts.
- Now bring your attention to your body as an integrated whole. Observing the breath once more, feel the in breath flowing to all parts of your body, bringing energy, warmth and light to each area. On the out breath feel any pain, tension, stress or negativity flowing out with the breath.
- If you feel any pain or tension in any body areas, just notice the sensation and be aware of the whole of your body at the same time. Don't grab onto the pain or focus on it. Don't try and distract yourself from the pain. Just be aware and spread the sensation out through your whole body. Breathe the pain out on your exhale and draw warmth and light in on the inhale.
- When you are ready to return to the room, start to gently bring yourself back by wiggling a finger or a toe. Then open your eyes and lie or sit quietly for a while, absorbing your experience. Tune into the sight and

sounds in the room, any smells, the feeling of your body against the floor, any noises. Tune into your body and notice how you feel and whether this is different from how you felt at the beginning of the session.

- Any time during the day you feel stressed, anxious or out of control, take yourself back in your mind to the sensory experience of how you felt at the end of the session, e.g. the sights, sounds, smells and physical sensations.



Menopause and Mental Health Study – Self-care - Weeks 3-4

Theme: Awareness Through Gentle Movement and Softening in Stillness

This week we explore how mindful, gentle movement can bring awareness to the body and calm the nervous system. As you move notice the subtle shifts in breath, tension and ease. Then allow yourself to rest in stillness, notice the sensations of softening and the quiet space that follows movement.

1. Shoulder and Neck Unwind

Position: Sitting or standing comfortably.

1. Take a slow breath in, letting your shoulders rise gently towards your ears.
2. Exhale and let them soften and fall.
3. Slowly circle your shoulders backwards 3-4 times, then forwards.
4. Let your head gently roll side to side as if saying 'no', then nod yes – very small range.
5. Bring your ear to your shoulder, then repeat on the other side.
6. Pause and notice any warmth or tingling.

(1-2 minutes)

2. Seated Cat – Cow (Small spine flow)

Position: Sitting on a chair or cross-legged on the floor.

1. Inhale and gently arch your spine, letting your chest open slightly.
2. Exhale and round your spine, drawing your belly in and tucking your chin slightly.
3. Move slowly with your breath – smooth, wave-like motion.

(1-2 minutes)

3. Child's Pose (Softening in stillness)

Child's pose is a restorative position that calms the nervous system, eases tension in back and hips and supports gentle diaphragmatic breathing. It's a moment to rest, release and reconnect with your body's natural rhythm.

1. Find your position: Begin on your hands and knees on a soft surface or yoga mat.
2. Bring your big toes to touch and let your knees open to a comfortable width (wider if you prefer more space for your torso).
3. Fold forward gently lowering your hips and back towards your heels, allow your torso to rest on the floor or a cushion.
4. Rest your arms – you can stretch your arms forward, palms down for a more open feeling or place your arms alongside your body, palms up, for a more inward, restful variation.
5. Breathe – Let your breath move naturally, feel the gentle rise and fall of your back as you inhale and exhale. With each breath, imagine softening a little more into the support of the ground beneath you.
6. Stay for 3-5 minutes. Allow thoughts to drift by, simply noticing sensations of warmth, weight and support.
7. When you're ready to come out, gently walk your hands back and slowly bring yourself back up to a seated position.

Modifications and Support

- Place a cushion or folded blanket under your hips if they don't comfortably reach your heels.
- Rest your forehead on a block or pillow if it doesn't easily touch the floor.
- If your knees are sensitive, place a rolled towel or cushion underneath them.

This sequence can be done once a day or whenever you need to settle and re-centre.

It can be done on its own or it can be a nice self-care practice to follow it with the body scan from weeks 1-2.



THE HIDEAWAY
SHOREHAM

Menopause and Mental Health Study - Self-care - Weeks 5-6

Theme: Restoring balance with breath.

Part 1 – Restorative Belly Breathing

Purpose: To calm the nervous system, reduce tension, and connect with the centre of the body.

1. Lie comfortably on your back or sit with support.
2. Place one hand on your chest and the other on your belly.
3. Breathe in slowly through your nose, allowing the belly to gently rise under your hand.
4. Exhale softly through your mouth, feeling your belly fall.
5. Keep the breath smooth and unforced.
6. Continue for a few rounds, simply noticing the movement of your breath.
'Breathing in, I soften. Breathing out, I let go'.

Part 2 – Lengthened Exhale

Purpose: To activate the parasympathetic (rest and digest) response.

1. After a few rounds of belly breathing, begin to lengthen your exhale.
2. Breathe in through your nose for a count of **4** and exhale gently through your mouth for a count of **6 or 8**.
3. Let your shoulders and jaw relax as you breathe out.
4. Continue for 3-5 minutes, feeling your body grow heavier and more settled with each breath.
5. When you're ready, let your breath return to its natural rhythm and rest quietly for a few moments.

Notice how your breath feels now – Perhaps slower, steadier, and more spacious.

Appendix 7: Treatment Plans

Menopause study – Treatment 1

Neck and shoulder focus – Specific work – Suboccipital and Levator Scapular

Prone

Amma – Grounding, Glute rock, compression, heat pad on upper back/neck, Compression down erectors with breath, Shu points down Erectors, soft fist compression Erectors, Paddy paw Glutes, Sacral distraction, compression down legs, compression feet, leg pull, acupressure – Kidney 1

Move heat pad to sacrum and undrape back

Fascia – Cross hand stretch upper back, open palms down erectors, cross hand stretch posterior neck, facial fingers upper back and posterior neck, skin rolling back of neck **(7mins)**,

Broad work – power effleurage open palm, flow to soft fists, single forearm effleurage, palming and soft fists to shoulder, broad work posterior cervical muscles, specific work to suboccipital, broad work lower back, figure 8 effleurage, Levator Scapular, compression, dying swan and Lat stretch, power effleurage.

Quad stretch (3way)

Supine – Heat pad on abdomen

Compression down legs and leg stretches, single leg pulls

MFR Transverse plane release upper thoracic

Compression chest, conception vessel, warming heart effleurage, deep work to posterior neck, soft fist Scalenes, gentle traps stretch, posterior neck stretch, head and face massage, head hold and grounding.

Treatment finished with short-guided body scan

Menopause Study – Treatment 2

Shoulder and Thoracic Focus – Specific – Traps,

Prone

Amma, Glute rock, lean in with forearms either side of spine, heat pad upper back, compression down Erectors with breath, double palming erectors, Paddy paw glutes, Sacral distraction, compression down legs, compression feet, double leg traction, acupressure – Kidney 1

Undrape back – Heat pad sacrum.

Fascia, Cross hand stretch upper back, soft fist MFR down erectors, Tworking Traps, skin rolling neck. Acupressure GB 20

Broad work, Power effleurage, deep forearm head of table, Gentle stripping Rhomboids and Infraspinatus, shoulder mobilisation, STR Traps, compression, money sign Traps.

Pec stretch.

Supine– Heat pad on belly

Double leg traction and compression, Foot massage,

MFR Solar plexus transverse fascial plane release.

Broad work pecs – flow into MFR arm pulls, Intercostals compression (sternal attachments pec m).

Warming heart effleurage, Deep work to posterior neck and scalene stretch. Head/face massage, grounding head hold.

Menopause Study – Treatment 3

Diaphragm focus

Specific – Diaphragm and QL

Prone

Amma

Glute rock, lean in with forearms, heat pad lower back, double palming and double soft fist down Erectors. Move heat pad to mid back. Glute paddy paw and sacral distraction, compression down legs, leg traction and compression to feet, Acupressure kidney 1.

Fascia

Undrape back – leave arms off table, MFR open palms down Erectors, Cross hand stretches to lower ribs, Arms on table with pull and quick compression. Skin rolling shoulders, hand on traps and pull back.

Broad Work

Open palm power effleurage, flow to soft fists, single arm effleurage, open palms and soft fists to shoulders, lower back. Single fist down Erectors, **arm off table**, spread QL and lower ribs, open palms effleurage from sacrum to lower rib. Gentle stripping around lower scapular and ribs and QL, QL stretch, Figure 8 effleurage, Lat stretch – arm on table.

Glute Stretch

Supine

Leg compression and traction

Hand on chest and belly – Undrape upper abdomen, stripping, Work the diaphragm with breath sinking in on the out breath. Stripping the intercostals, Arm pulls flow into broad pec work.

Warming heart effleurage, deep posterior neck work, face/head massage.

Menopause Study - Treatment 4

Focus – Lower back

Specific – Erectors and Piriformis

Prone

Amma

Glute rock, heat pad upper back, single palming down Erectors with breath double soft fist down Erectors. Move heat pad to lowerback. Glute paddy paw and sacral distraction, compression down legs, leg traction and compression to feet, Acupressure kidney 1.

Fascia

Undrape back – Cross hand stretch lower back, mfr soft fist erectors, Skin rolling Erectors, fascial fingers spreading sacrum.

Broad Work

Open palm power effleurage, flow to soft fists, deep forearm effleurage, open palms and soft fists to shoulder and lower back. Single fist down Erectors, spreading sacrum, stripping erectors, rabbit paws erectors. Power effleurage, re-drape back. Heat pad on lower back.

Lean into glutes with forearm, undrape leg, effleurage leg with open palms, forearms, soft fists, left leg and oscillate, forearm work to gastrocnemius, Glute stretch followed by passive Piriformis stretch, STR Piriformis, forearm/soft fist to planter surface foot re-drape and repeat on other leg.

Supine

Leg compression and traction, MFR leg pulls

MFR abdominal transverse plane release

Warming heart effleurage, deep posterior neck work, face/head massage.

Menopause Study - Treatment 5

Side-lying Integration – Hips, spine and neck

Specific work – Glute med/min

Prone

Amma – Glute rock, heat pad sacrum, double palming and soft fist down Erectors, paddy paw glutes, compression down legs, leg traction and Kidney 1.

Fascia- Cross hand stretch QL, Tworworking Glutes, Soft fist Erectors, Skin rolling erectors, Cross hand stretch and Tworworking on other side.

Broad Work – Power effleurage, forearm work, open palms and soft fist shoulders and lower back.

Side-lying

Lean into Glutes with forearms, open palms and soft fists (Kneeling on table). Trap stretch, and soft fist/forearms to traps/neck. Shoulder mobilization, STR traps/Scalenes. Jing triangle, Lat stretch followed by Pec stretch.

Lean into Glutes with forearms, rays of sun with forearm, open palm/forearm Glutes, Stripping Glute med/min/TFL. Specific work to Glute med. Work around Iliac crest, hook into Iliacus and lean back. Repeat on other side. Dural tube release (hands on sacrum and occiput).

Supine

Traction legs and gentle stretches (leg pulls if time), compression.

Deep posterior neck work – Head/face massage, head hold.

Menopause study treatment 6

Anterior focus –

Specific work - Psoas

Abdomen and anterior legs integration

Prone

Amma – Glute rock, heat pad sacrum, double palming and soft fist down Erectors, paddy paw glutes, compression down legs, leg traction and Kidney 1.

Fascia- Cross hand stretch upper back, soft fists Erectors, Skin rolling erectors.

Broad Work – Power effleurage, forearm work, open palms and soft fist shoulders and lower back. STR traps.

Supine – Heat pad on belly

Leg traction. Effleurage leg, soft fist and forearm work to quads. Foot massage. Repeat on other leg.

Glute stretch and spinal twist. Positional release of Psoas. Repeat on other side.

Clockwise circular abdominal massage. Abdominal MFR transverse plane release.

Broad work to Pecs, compression work to Intercostals.

Deep posterior neck work – Head/face massage, head hold.

Finish final session with the body scan from week 1

Appendix 8: Participant Feedback Forms (Anonymous)

Feedback for Research Project (anonymous):

"Evaluating the effects of the Jing Method on stress, anxiety, depression and low mood in menopausal/perimenopausal women." Iona Jones - The Hideaway Shoreham

How would you describe your overall experience of taking part in this study?

- I was extremely nervous initially, but felt I was in such a low place that I didn't have anything to lose. I felt at ease when I met Iona, she is very calming to be around. I felt the whole study was amazing, and I looked forward to my massage. The talk of my week was ok, and did put me at ease before my massage. I feel incredibly lucky that I was given the opportunity to be involved in the study. It worked wonders with my anxiety, each week I felt stronger. Thank you Iona.
- I've found it very beneficial especially my relaxation and sleep on treatment nights
- Very positive coping mechanisms i still use
- It was lovely- I looking forward so much to lying down on the bed- waiting for healing hands- it felt extremely positive and healing to been touched and felt my body really Needed it each week.
- I enjoyed taking part in this study, it has made me more aware of how important it is to take regular time for self-care and doing things for myself.

What were the most positive aspects of the massage sessions for you?

- Felt grounded and calm after each session. Felt like I had my cup refilling.
- I was able to relax noticeably quicker each time I had a massage I also enjoyed the exercises to do at home such as the stretching, body scan and breathing work.
- Time just for me, the relaxation and reset
- Being able to relax, shut the world out for an hour. Being able to concentrate on breathing.
- Relaxation and overall mental wellbeing

Were there any aspects you found challenging or less helpful?

- No
- No
- Making sure I made time for the at home exercises.
- Talking through my week was challenging. I felt at times my life was chaotic, which made me feel even more anxious.

Since completing the massage sessions, have you noticed any lasting changes in your mood, stress levels, or wellbeing?

- Yes - Calmer, thank god!
- Yes – Less tension in my shoulders.
- Yes - More level moods better sleep.
- Yes - I felt calmer inside generally - although the last week really felt like I needed to be reset again and have another massage.
- Unsure.

In what ways (if any) have the sessions influenced your daily life, routines, or self-care?

- Definitely, to be more mindful of myself.
- I've tried to implement more self-care.
- Life and work is so busy that I haven't been able to really keep that space for calm- but am still conscious of trying to look after myself.
- Taking time to use the items shared i.e. breathing techniques etc.

Did you find the self-care exercises useful and easy to fit into your daily routine?

- Yes.
- Yes.
- Yes 👍.
- Yes, just had to motivate myself to make time to do them.

Were there any external life events or health factors that you feel affected your wellbeing or experience of the study?

- Anniversaries of trauma, challenges at work.
- Yes, I was going through a few particularly stressful situations.
- There was certain things externally that were challenging-relationship and work and that impacted how I was feeling- but felt I was better equipped to deal With this with the weekly sessions as time went on. I became less likely to spiral. I was experiencing feelings Of self harm due to overwhelm when I started and these feelings had totally disappeared by the end.
- Not really, although my life is chaotic. This has been consistent for years. The peri symptoms were easily to monitor.

How did you find filling out the instrument (DASS42)? Did the questionnaire feel appropriate for you?

- Yes and it was interesting to reflect on how I'd felt each week.
- Yes.
- Fine – no issues.

- Easy. Yes.
- Most- but found they repeated themselves a bit.

Did you feel comfortable and supported throughout the study?

- Yes Iona made me feel comfortable and at ease.
- Definitely.
- Yes.
- Yes.
- 100.

Was there anything that could have been done differently to improve your experience?

- Nothing!
- No I don't think so.
- No.
- No.

What do you think contributed most to any changes you noticed?

- Physical relaxation from the massage, the arranged routine each week.
- Being touched in a way that feel restorative, felt very much held. I think this was what I really needed and helped me feel emotionally stronger.
- The physical relaxation and weekly interaction.
- Physical relaxation and me time.
- Relaxation and reminders of self care.

Were there any unexpected effects or insights you gained during the study?

- No.
- I think I may now be more in tune with my body and the responses.
- Made me realise how little time I take for myself.

Would you consider continuing massage as part of your wellbeing routine?

- Definitely.
- Yes.
- If possible yes.
- Yes
- 100 it will be a monthly routine at the least.

Would you recommend these treatments to others?

- Yes.
- Yes.
- Yes.
- Yes.
- Yes.

Did you notice a change in any of your other menopause/perimenopause symptoms?

- Yes.

- Calmer less anxiety or “dread” feeling.
- Yes far less stressed.

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

- Improved.
- Stayed the same.
- Improved.
- Improved.
- Improved.

Would you be willing to give a testimonial?(anonymous or named). If yes please email (iona.hideawayshoreham@gmail.com) or message (07402754377) as this form is anonymous.

- Yes.
- Yes.
- Yes.
- Yes.

Is there anything else you'd like to share about your experience, the study or the effects of the massages?

- I really enjoyed trying Jing method Massage for the first time and found the treatments deeply relaxing. I felt at ease and comfortable with Iona and realized that it is important take more time to things for myself.
- I always felt i mattered this was my time and to reap the benefits.
- Thank you so much for time and experience.
- Thank you so much Iona 😊.