Evaluating the effects of the Jing Method™ of Clinical Massage on the mental health of women with chronic pain.

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

Miss Karina Phillips:

Date: 15th March 2026

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ABSTRACT

Background

The impact and cost of both chronic pain and mental health disorders is significant for both the individuals who suffer from them and wider society; despite there being much research into this, a meaningful solution has yet to be determined. Conventional treatments vary in their efficacy and can induce strong undesirable side-effects. This situation seems to be worsening each year. As women are more likely to develop one or both conditions, this study investigates the impact of the Jing Method™ of Clinical Massage on the mental health of women suffering with chronic pain.

Method

Four women were recruited for a 16-week study. A 6-week control phase was followed by a 6-week intervention phase (in which participants received a 50-minute hands on Jing Method™ Clinical Massage each week) then a final follow-up at week-16. A Depression, Anxiety and Stress Score (DASS-42) validated medical questionnaire was combined with a numerical pain scale and a question to establish the frequency of the subjects' pain over the previous week. Participants completed this every week during the control and intervention phases of the study and once more at week-16.

Results

All scores improved following the treatment; the overall score reduced from 45 to 20.25, depression from 10.5 to 7.25, anxiety from 12 to 5.25 and stress from 22.5 to 7.75. These scores increased marginally by the 16-week follow up (overall: 25.75, depression: 8.75, anxiety: 7.5 and stress: 9.5), all remained lower than in week-1. Pain intensity also improved from a score of 5 in week-1 to 3.25 following treatment (3.75 at the follow-up).

Conclusion

The positive downward trend of the DASS-42 scores confirm that the Jing Method™ of Clinical Massage can have a beneficial effect on mental health and can simultaneously improve the intensity of comorbid pain without direct treatment to the site of pain. This makes it a strong addition to our societies existing toolbox for treating and managing mental health and chronic pain conditions.

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ABBREVIATIONS

Biopsychosocial (BPS)

Chronic Pain (CP)

Chronic Pain and Stress (CPS)

Cognitive Behavioural Therapy (CBT)

Depression Anxiety and Stress Score (DASS)

Functional Somatic Syndromes (FSS)

Musculoskeletal (MSK)

National Health Service (NHS)

National Institute for Health and Care Institute (NICE)

Participant Data Survey (PDS)

Stress, Anxiety and Depression (SAD)

Temporomandibular joint (TMJ),

Therapeutic Alliance (TA)

World Health Organisation (WHO)

LITERATURE REVIEW

Introduction

Women are more likely than men to develop both chronic pain conditions and mental health disorders. The National Health Service (NHS) confirm that up to 38% of women in the UK suffer with chronic pain, compared to 30% of men; while common mental health disorders affect 19% of women compared to 14% of men (NHS England Digital, 2025).

A bidirectional relationship exists between chronic pain and mental health disorders (Hooten 2016; Fuentes et al., 2019). One study found that over 20% of participants with chronic pain also experienced a mental disorder (Xu et al., 2020). Another suggested that severity of mental health symptoms increases proportionally to the number and intensity of pain sites (Garnæs et al., 2022).

Functional Somatic Syndromes (FSS) e.g. chronic fatigue syndrome, fibromyalgia (all associated with chronic pain) are more often diagnosed in female patients and closely linked with mental health (Meade & Garvey, 2022; Muchowski, 2025; Wright et al., 2021). A robust meta-analysis found adults with chronic pain had a 40% prevalence to depression and/or anxiety, the highest rates were found in women and those with fibromyalgia (Aaron et al. 2025).

Mental Health

The World Health Organisation (WHO) define mental health as “a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well and contribute to their communities” (WHO, 2025). Despite stating that it is a basic human right, they explain that over a billion people globally suffer with a mental health condition (WHO, 2025). Aside from the significant implications to individuals and families affected, there is a wider social impact; a statement from the Secretary of State for Health and Social Care states that in 2024-2025 the UK Government spent £14.9 billion on mental health. This is expected to increase to £15.6 billion in 2025-2026 (Streeting, UK Parliament, 2025).

Mental illness has detrimental impacts on every area of life, including health related quality of life, attendance in school and/or work, social interactions to name a few (Leijdesdorff et al., 2023; Yoon et al., 2023).

Chronic pain

Chronic pain is defined by the National Institute for Health and Care Institute (NICE), as an 'unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage that persists for more than 3 months (NICE, 2025).

It is widely documented that women suffer more than men with chronic pain (Paller et al. 2009; Fayaz et al. 2016; Mills et al. 2019; Ruschak et al. 2023). A variety of reasons for this are suggested including biological, psychological, sociological and lifestyle factors. However, lack of homogeneity of the data collected and the variability of methodology used in studies into chronic pain are stated as limitations, making it difficult to draw conclusions.

The impact of chronic pain is wide reaching; Leuenberger et al. (2022) conducted a study of 510 women with endometriosis and comorbid pain disorders, the women reported that their pain impacted many areas of life (see Table 1). No mention is made as to whether the participants represented a reflective cross section of ethnicities and social economic situations.

Table 1. Areas of life impacted by chronic pain (Leuenberger et al., 2022)

Standing	Family and domestic responsibilities
Walking	Sexuality
Sitting	Social functioning
Defaecation	Professional life
Sleep	Mood
Sports activities	Joy of life

Conventional Treatments

Between April and June 2024 in the UK, 23 million antidepressants were prescribed to 6.9 million patients: a 1.5% increase on the previous quarter (NHS Business Services Authority, 2024). Anti-depressants such as selective serotonin reuptake inhibitors (SSRIs) and non-steroidal anti-inflammatory drugs (NSAIDs) are regularly prescribed and have been shown to be effective at treating both depression and pain (Obata, 2017; Qian et al., 2024). However, many experience side-effects from gastro-intestinal disorders (abdominal pain, nausea, diarrhoea, constipation), changes in appetite and weight, impacts on sexual drive, sweating

and swelling, to name just a few (Ramic et al., 2020; Saha et al., 2021; Meade et al., 2022). It has been suggested that up to one quarter of patients stop using medication because of intolerable side-effects (Kelly et al., 2008). Therefore, the justification for using these medications on such a wide scale remains questionable.

Management of patients living with chronic pain and depression comorbidly has further complications; they are found to experience less functional benefit from anti-depressant medications even when they are prescribed specifically to treat chronic pain (Roughan et al., 2021). In a meta-analysis of the efficacy of anti-depressants used for treating pain, 31 out of 42 comparisons found that the drugs were either inefficacious or the results inconclusive (Ferreira et al., 2023).

The predominantly prescribed form of non-pharmacological therapy for treating both mental health disorders and chronic pain is CBT (Cognitive Behavioural Therapy) based talking therapies (Tang, 2018).

Massage as an alternative treatment

Research into the effectiveness of massage in treating chronic pain shows variable results; many studies suggest that massage is an effective tool for treating pain (often compared to standardised forms of care and a range of other complementary or alternative therapies) (Sritoomma et al., 2012; Kassolik et al., 2013; Sığlan and Çolak, 2023; Cole et al., 2024). However, a meta-analysis into neck pain studies suggested that there was little to no difference in pain improvement compared to a placebo after a 12 week follow up, the review does note low-certainty evidence and questions the methodologies employed in some studies (Gross et al., 2024).

The studies conducted by Sritoomma et al., (2012) and Cole et al., (2024); demonstrated benefit to both physical and mental health simultaneously. Additionally, a systematic review of studies covering over 700 participants found massage therapy as a self-management tool to be beneficial for chronic pain, stress, anxiety and overall quality of life (Nemati et al., 2024).

When considering the aforementioned side-effects of the widely used pharmacological methods of treatment, one significant benefit of massage is that side effects are generally not severe, nor long-lasting. Cambron et al. (2007) found that 10% of participants experienced only mild and temporary discomfort, which lasted less than 36 hours following massage;

more than double this figure received unexpected benefits that started immediately and lasted more than 48 hours. This was a cross-sectional study of 100 participants; the researchers recognised that larger studies would be useful to verify the findings. A review of 12 randomised controlled trials of pregnant women found that only 2 reported minor and transient negative side effects (tiredness) after massage (Mueller and Grunwald, 2021).

Jing Method™ of Clinical Massage

The Jing Method™ embraces an evidence based, multimodal approach which aims to effectively treat everyday pain conditions (Fairweather and Mari, 2015).

The method is underpinned by several scientific theories about pain and how best to treat it. The first of which is George Engels' (1977, 1980) biopsychosocial (BPS) model of health. This is suggested by Wade and Haligan (2017) to be the most popular and referred to method by researchers of chronic pain. Some research suggests that despite awareness of BPS factors growing, many medical professionals are still avoiding applying this knowledge when dealing with clients (Scherer et al., 2010; van Dijk et al., 2023).

The Jing Method™ recognises the importance of building trust and rapport between client and practitioner, also known as therapeutic alliance (TA). Babatunde et al (2017) found TA improved patient adherence to homecare exercises. A small-scale study using the Jing Method™ saw participants experience improved results compared to a control group with whom TA was not fostered (Gillingham, 2017).

Many small-scale studies by Jing students found that the Jing Method™ can reduce chronic pain (Schaay, 2023; Wigmore, 2023; Scott, 2024; Leavett, 2025) and improve mental health (Martinez-Perez, 2023; Quayle, 2023; Birch, 2024; Jarrett, 2024; O'Flynn, 2024), many of these focused on women. Others investigated effects on women specific conditions such as menopause, endometriosis and fibromyalgia (Dawe, 2024; Snook, 2024; Cleverley, 2025). Combined, the collective results from these studies highlight the benefits of clinical massage. While the small sample size and short follow-up period, along with potential researcher/practitioner bias means the results should be interpreted with caution, this previous work opens a promising avenue for research and provides much needed data to which this study aims to add further depth and breadth.

HFMAST – a multimodal approach

The Jing Method™ is a framework on which therapists can build treatments, it is summarised by the mnemonic 'HFMAST', which stands for Heat, Fascia, Muscle, Acupressure, Stretching and Teaching. The treatments administered to participants in this study were designed using this template.

Table 2. A summary of the HFMAST mnemonic

Heat	Application of **H**eat to the affected joints usually via hot stones. **H**eat therapy is beneficial for musculoskeletal (MSK) pain and reducing depression (Freiwald et al., 2021; Reeder et al., 2023; Hotfiel et al., 2024). While the study about mental health involved only male participants, a small-scale study found the use of hot stone massage to be beneficial for mental health in women (Ellis, 2018).
Fascia	**F**ascial release techniques, both indirect and direct. Myo**f**ascial release is effective for the treatment of MSK pain, chronic pain and depression, as well as improving sleep and quality of life (Ughreja et al. 2021; Wu et al. 2021; Overmann et al. 2024; Mikołajczyk-Kocięcka et al. 2025).
Muscles	Treating trigger points in specific **m**uscles that could be contributing to the presenting pain condition was found to be beneficial for reducing the duration, intensity and frequency of tension type headaches (Dolina et al., 2024) and CP (Álvarez et al., 2022; Velázquez Saornil et al., 2023).
Acupressure	**A**cupressure is widely researched in relation to its ability to manage pain and mental health and many of the studies focus on women specific conditions and FSS (Go & Park, 2020; Kwon & Yeh, 2022; Eryılmaz & Uçar, 2025).
Stretching	**S**tretching using techniques such as static, proprioceptive neuromuscular facilitation (PNF) or active isolated stretching (AIS). **S**tretching is often used for improving range of motion and

	decreasing pain, and has been investigated in regard to its effects on FSS (Couto et al. 2022; Støve et al. 2024). These two systematic reviews, covering thousands of patients, confirmed reduced pain, improved quality of life and mental health markers, although one study notes that some of the evidence is low quality.
Teaching	**T**eaching the client self-help strategies that lie within the massage therapist's scope of practice. This would include, for example, self-trigger point treatment, simple breathing techniques, stretching or mobilisation exercises. Determined as one of four pillars of a BPS focused approach designed to empower healthcare providers to apply active coping strategies in effectively helping patients in managing chronic pain (Montero-Cuadrado et al. 2025). Additionally many Jing studies have confirmed the benefit of teaching self-care, especially those focused solely on an online only adaption of the Jing Method™ (Aherin, 2023; Hurworth, 2023; Stewart-Smith, 2024; Wall, 2025).

The Jing Method™ has also been adapted to create a chronic pain and stress (CPS) protocol (Fairweather and Mari, 2015: 355-369), the efficacy of which was researched and found to have positive results on stress and mental health (Meyrick, 2017; Birch, 2024; Jarrett, 2024).

Summary

Women are at higher risk of developing chronic pain and mental health disorders and having one actually increases the chance of developing both. Conventional methods of treating these conditions are under growing pressure, show mixed results in terms of benefits and often induce intolerable side-effects. It is evident that there is much need for alternative, person-centred approaches to supporting women living with the impacts of mental health disorders and chronic pain.

This study aims to establish if the Jing Method™ of Clinical Massage may be beneficial in treating mental health in women with chronic pain. It will simultaneously measure if there is any impact on the participants chronic pain intensity and frequency.

METHOD

The study investigates the effects of a six-week course of Jing Method™ Clinical Massage on the mental health of women with chronic pain. Ethical approval for this study was received from Jing Advanced Massage Training™ on 12th May 2025 (See appendix A).

Research was conducted using Mendeley, Google Scholar, PubMed, websites of health organisations e.g. National Health Service (NHS) and the World Health Organisation (WHO) and small-scale studies completed at Jing Institute of Massage and Complementary Medicine.

Twenty-three women responded to a recruitment campaign via social media and displaying posters (See Appendix B) in Sonning Common and Henley on Thames (towns local to the location of the practitioner's clinic), health centres, chemists and sharing with women's groups (Yoga/women's circles etc). Of these, 5 met the inclusion criteria detailed below.

To minimise the effects of extraneous circumstances on the results, certain situations were deemed to make applicants unsuitable for participation:

Table 3. Inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
Over 18 years old	Due to make changes to the way they managed their chronic pain or mental health condition (by way of medications or seeing new specialists that might prescribe lifestyle or medication changes)
Scoring at least a mild DASS 42 for stress (15), anxiety (8) or depression (10), or a combined minimum score of 25	Under medical investigation
Experiencing chronic or persistent pain, at least once a week, for a minimum of 3 months	Diagnosed with or undergoing treatment for a terminal condition
	Had started a new medication for chronic pain or mental health within the previous 3 months.

There was no specification of which area(s) of the body were affected by pain. The recruited participants presented with a variety of symptoms and conditions (some affecting multiple sites) including headaches, neck pain, low back and hip pain, forearm and wrist pain, leg pain, polycystic ovary syndrome, fibromyalgia. Participants ages ranged from 40-82.

The study used a within subject's design over a 16-week period. Applicants were sent a participant information letter (See Appendix C) and an initial Participant Data Survey (PDS, see below for details). Eligible candidates attended a 30-minute consultation and completed a participant consent form (See Appendix D).

The Depression, Anxiety and Stress Scale (DASS-42) was selected as the validated instrument with which to gather data on client's mental health, to replicate other Jing Studies on wellbeing (Birch, 2024; O'Flynn, 2024) and to have a clear and pre-determined way of assessing the severity of the participants symptoms.

Each week participants completed a PDS, detailed in Appendix E, which consisted of:

- Depression Anxiety Stress Scale (DASS-42) to monitor self-reported levels of Stress, Anxiety and Depression over the previous week
- a simple visual pain scale to record their pain intensity (0-10)
- confirmation of frequency of pain (number of days experienced)

In the control phase (weeks 1-6) participants completed the PDS weekly (sent by email on a Monday for completion by Tuesday at 9pm latest). In the intervention stage (weeks 7-12) they attended a 50-minute treatment using techniques from the Jing Method™ Chronic Stress and Pain protocol (See Appendix F). In week-2 one participant withdrew due to a sudden house-move away from the local area.

They were asked to complete daily homecare consisting of a 5-minute recorded breathing exercise and body scan. Six days following treatment they completed the PDS (on one occasion a participant's appointment was brought forward by 2 days, the PDS was completed the day before their treatment). Four weeks after the intervention phase (week 16) they completed the follow-up PDS.

RESULTS

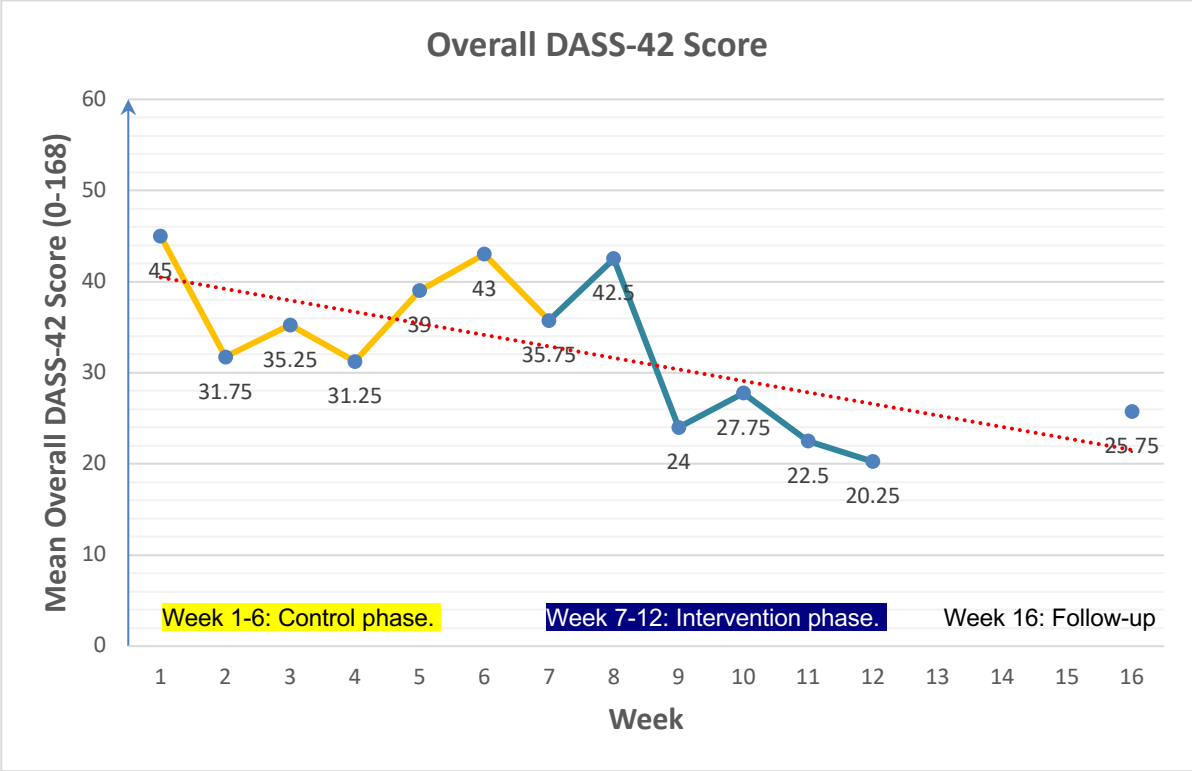


Figure 1. Mean overall DASS-42 scores

The average score from week 1 to week 12 (end of the intervention phase) is 55.56% lower. At week 16 this improvement has reduced to 42.78%.

When looking at the scores for depression, anxiety and stress individually over the following pages, with reference to Table 2 below which details the scores and associated severity label, on average the participants depression reduced from mild to normal and anxiety and stress both initially falling into the moderate severity also both reduce to normal over the course of the study

Table 4. DASS-42 validated questionnaire scoring with severity labels

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

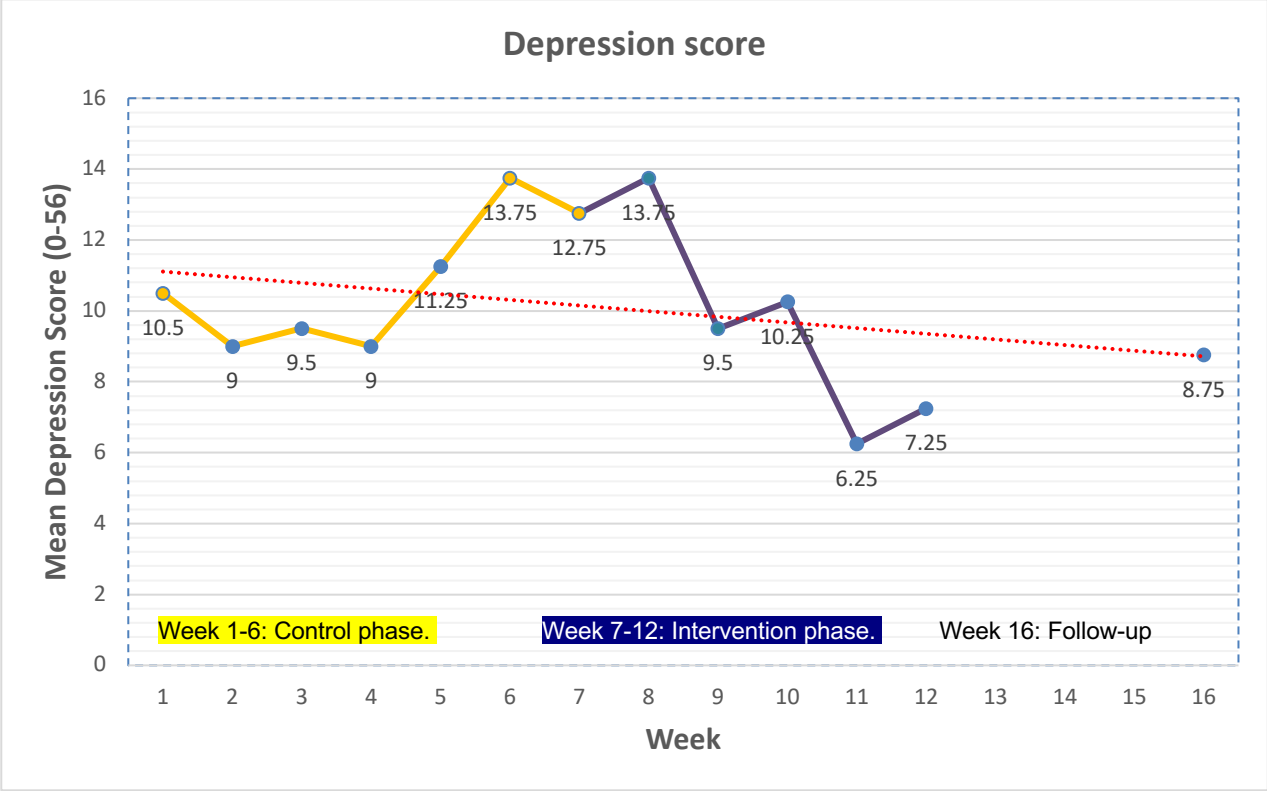


Figure 2 – Mean depression scores

Reduction of 30.95% between week 1 and the end of the intervention phase.

Reduction of 16.67% between week 1 and week 16.

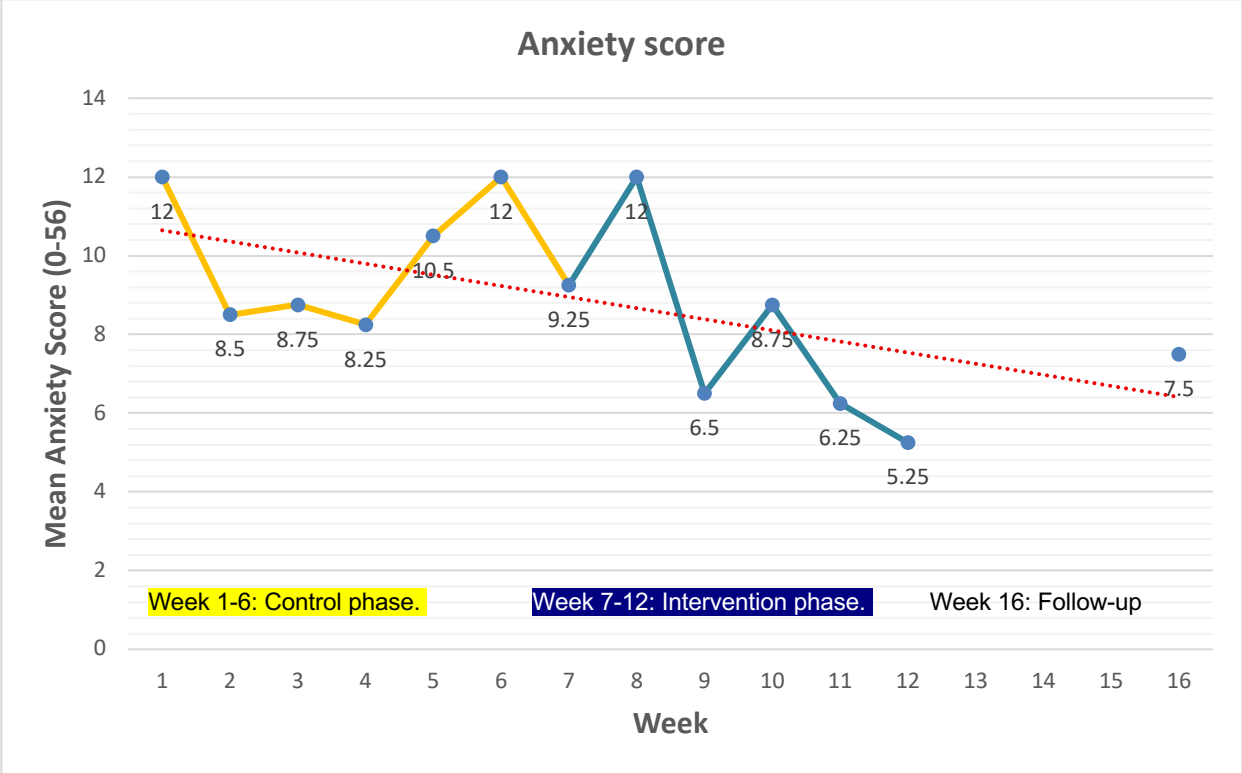


Figure 3 – Mean anxiety scores

Reduction of 56.25% between week 1 and the end of the intervention phase.

Reduction of 37.5% between week 1 and week 16.

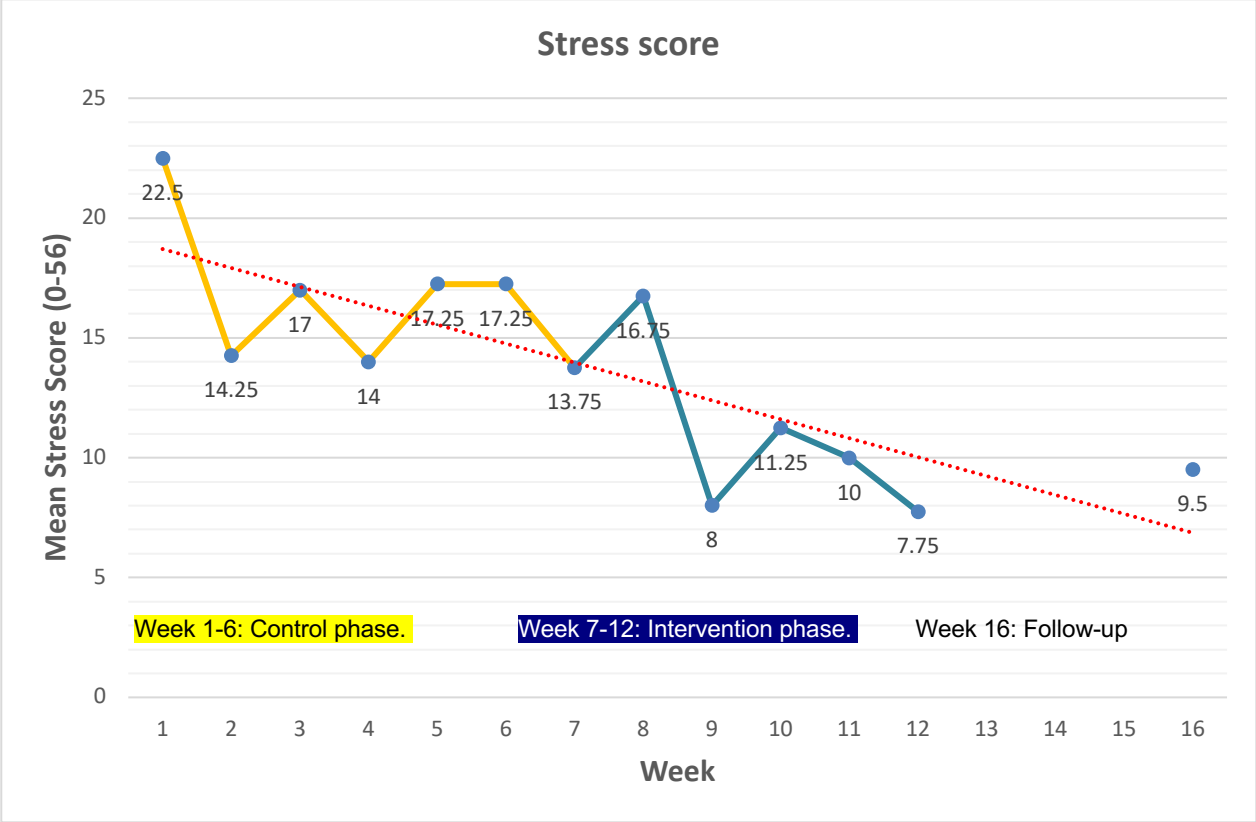


Figure 4 – Mean stress scores

Reduction of 66.67% between week 1 and the end of the intervention phase.

Reduction of 57.78% between week 1 and week 16.

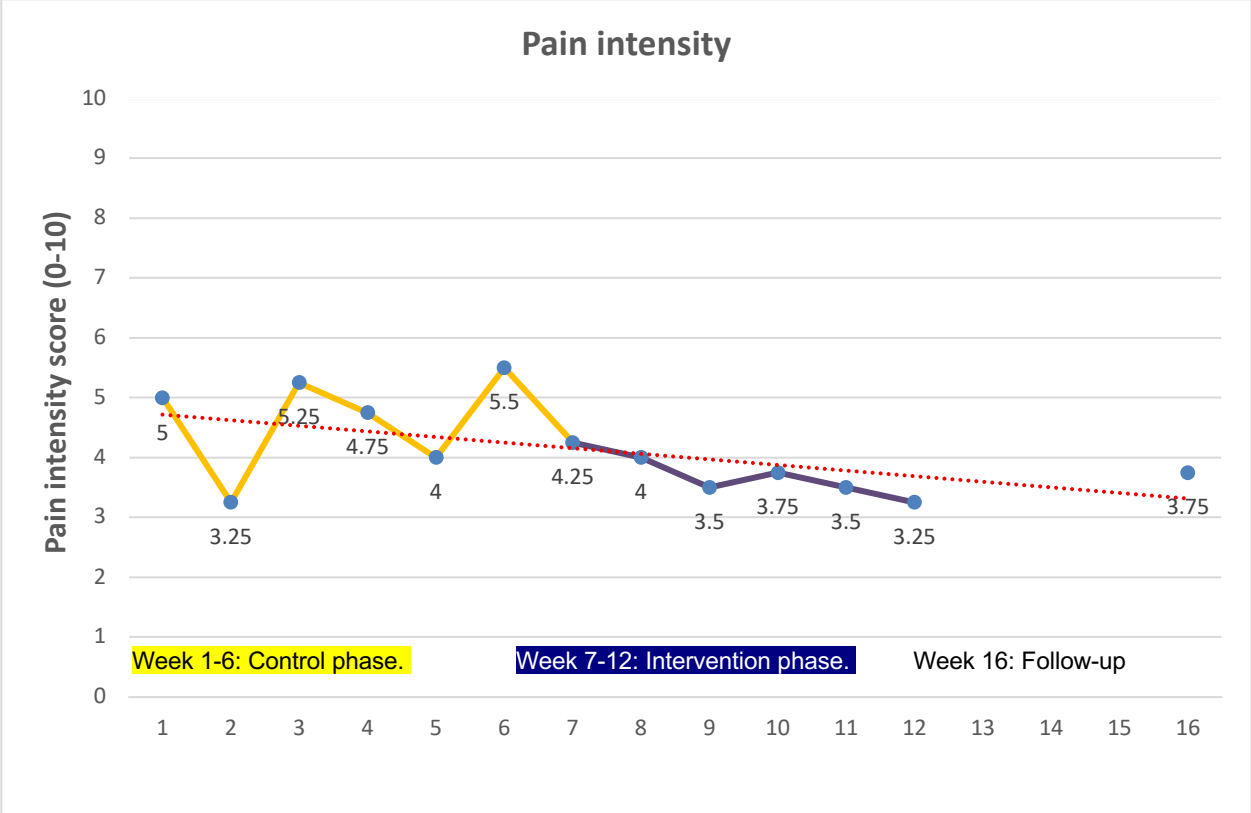


Figure 5 – Mean pain intensity scores

Reduction of 35% between week 1 and the end of the intervention phase.

Reduction of 25% between week 1 and week 16.

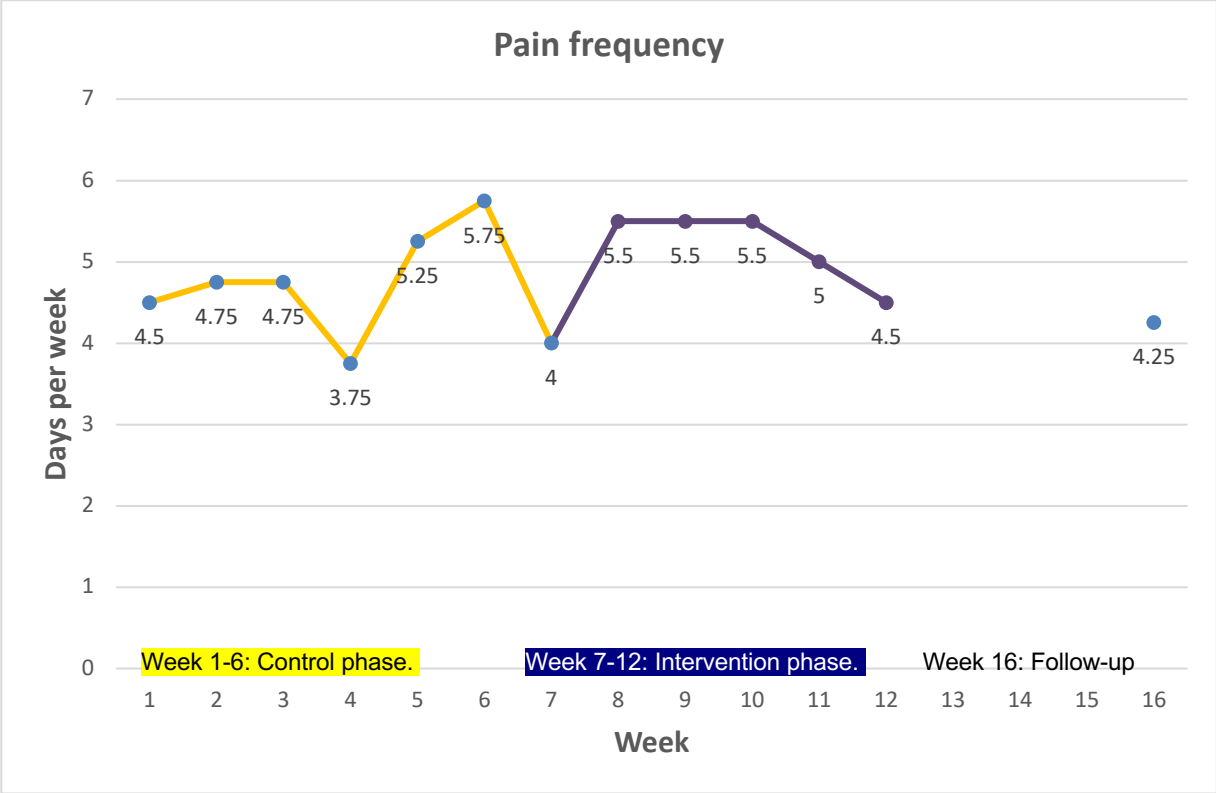


Figure 6 – Mean frequency of pain

Minimal increase at the 16-week follow-up.

DISCUSSION

This study investigates the effect of the Jing Method™ of Clinical Massage on the mental health of women with chronic pain; the results show a clear reduction in overall DASS-42 scores, along with an improvement for each individual element of mental health, over the course of the 6-week intervention phase. Although scores increase at the 4-week follow up, they remain improved from the start of the 6-week control period.

Observations and learning

These results further evidence the benefits of the Jing Method™ CPS protocol when used to address mental health as previously researched by Martinez-Perez (2023), Quayle (2023), Birch (2024) and Jarrett (2024).

The findings indicate that the participants' pain intensity reduced over the intervention phase, though the frequency of pain remained unchanged. It is worth noting that the Jing Method™ CPS protocol used in this study was tailored specifically for the treatment of stress and mental health, not to directly treat any specific areas of pain that the participants were experiencing. The reduction in pain score over the intervention phase corroborates existing evidence of a bidirectional link between chronic pain and mental health (Hooten 2016; Fuentes et al. 2019; Xu et al. 2020 and Garnæs et al. 2022). It also supports the findings that massage can help treat both mood and pain conditions simultaneously (Sritoomma et al. 2012; Cole et al. 2024).

Being able to reduce someone's pain severity without directly treating the tissues affected/involved is in line with Engels' BPS model of pain which states that what is going on in the tissues is only one element contributing to a person's experience of pain. These results suggest that by addressing mental health, pain can be reduced, in turn lessening the considerable impacts on day-to-day life caused by chronic pain as detailed by Paller et al. (2009), Fayaz et al. (2016), Mills et al. (2019), Leuenberger et al. (2022) and Ruschak et al. (2023).

One participant noted that during her first treatment she experienced some brief and passing anxiety during a myofascial arm pull being performed. Another found lying on her front uncomfortable due to the additional pressure on her remaining breast (the other removed in a mastectomy some years previous and now fully healed). Aside from these, no negative

responses or side effects were experienced by any of the participants during the study and their subjective responses were positive. Although side effects were not officially recorded as one of the measures of this study, it is interesting to note the corroboration to previous studies suggesting that massage has much less severe and impactful side effects than the conventional medications used for treating chronic pain and mental health (Cambron et al. 2007; Mueller and Grunwald 2021).

To substantiate the findings of Garnæs et al. (2022), that mental health symptoms increase proportionally to the number and intensity of pain sites, this study confirms the link between the two factors, an improvement in mental health symptoms has resulted in a positive effect on pain intensity.

The DASS-42 was chosen as the validated instrument with which to monitor the participants self-reported levels of depression, anxiety and stress. When tested the consistency and validity of this instrument were in the acceptable to excellent range (Lovibond & Lovibond, 1995). Another benefit of using the DASS-42 is that the study replicates the methodology employed in previous Jing studies into the effect of clinical massage on mental health (Birch, 2024; O'Flynn, 2024).

Factors that are anomalous to the Jing method were encountered during this study. Firstly, using a set protocol that was unspecific to any of the physical issues presented by participants falls outside of the usual person-centred approach that the Jing method champions. Also, the therapist observed the juxtaposition of attempting to minimise variables in the study by engaging with all participants in a similar manner and noted that this may have limited the development of therapeutic alliance. This was previously shown to be of importance by Gillingham 2017. Therefore, adjusting therapist behaviour to keep things similar for each participant may have inadvertently lessened the benefit achieved. Building therapeutic alliance when working with clients is strongly advised by Fairweather and Mari (2015) and in wider academic literature.

Limitations

Working with women suffering with mental health and chronic pain was complex and presented its own challenges. Naturally, life does not stop just because these women signed up to the study and there were times throughout when the participants faced challenges in their personal lives that, in line with our understanding of BPS impact on health, affected

them and in turn their scores when completing the survey. This is reflected in the sharp increase in scores most noticeably on the overall scoring chart and anxiety scoring chart between weeks 5 and 8.

Participants adherence to the homecare exercise was almost non-existent despite regularly reminding them of the potential for getting better results for themselves if they committed to the practice. As a result, the decision was taken to change the method and to leave it at 5-minutes instead of incrementally increasing it every two weeks. It was felt that if participants were unable to commit to 5-minutes daily then the chances of them committing to a longer self-care practice was unlikely. Instead, the participants were reminded of the importance of homecare for their experience and results and encouraged to try and incorporate it as often as possible throughout the week between treatments. They were encouraged to not be disheartened or put off by missing a day; practicing every other day or 3x a week would still be beneficial for them.

When running a study from a working practice there are naturally restrictions on time and availability of the therapist as well as the need to ensure the financial needs of the business are met. These factors contributed to restrictions to the sample size. Additionally, the above-mentioned factors, as well as the local area generally being middle class and white, may well have impacted the diversity of the participant group. It would have been beneficial to extend the advertising of the study to the larger towns nearby to encourage a more diverse representation of the population.

When considering the advertising poster, the terminology used was also potentially a deterrent – the assumption was made that people would recognise within themselves whether they were suffering from stress, anxiety and depression. In hindsight it may have been better to advertise using common symptoms of stress, anxiety and depression such as irritability, short-tempered, tearful, loss of interest in things you normally enjoy etc.

The completion of the DASS-42 at the week-16 follow-up provided useful insight into the ongoing effects of massage post treatment. It would be interesting to complete a further follow-up, or a series of them, to establish if there are longer-term benefits to be had from the course of treatment and if so, for how long. As suggested by Jarrett (2024), it is potentially the development of new wellbeing habits that gives longer-term results; therefore, as the adherence to homecare by participants in this study was low, we may not have seen longer-term results.

Implications and potential for development

Many historic studies completed at Jing have shown beneficial results to pain using the specific Jing protocols for a focused area, e.g. temporomandibular joint (TMJ), neck and shoulder pain, leg knee and foot pain etc. (Schaay 2023; Wigmore 2023; Scott 2024). There remains potential for further research to explore whether benefits to mental health are experienced when either using the area specific protocols or tailoring the CPS protocol to include focused work directly on the site of chronic pain. The nature of FSS means that patients often present with multiple areas of pain; this could be addressed in one of two ways:

- The initial suitability consultation could be used to identify the area of most concern to determine the area of focus for each participant (this would mean that the protocol could incorporate time for more patient specific work in each treatment rather than the generic CPS protocol used in this study).
- Recruitment could be based on participants having an FSS alongside a specified area of pain e.g. neck pain or back pain (this would allow for a more generic protocol to be used so that the study remains replicable and ensures all participants receive the same treatment).

Further studies of a similar nature would benefit from a significantly larger sample size along with covering a wider demographic of participants to be more representative. It would also be interesting to see more studies into both mental health and pain levels of women with FSS. Collaboration and potential funding may be available from organisations such as Kings College London who have a 'Persistent Physical Symptoms Research and Treatment Unit' that currently utilises CBT to treat patients with FSSs such as Chronic Fatigue Syndrome and Fibromyalgia. Additionally, charities such as Endometriosis UK or ME Research UK could be approached to establish further research into the benefits of Jing Method™ of Clinical Massage for helping patients manage their symptoms and improve their day-to-day wellbeing.

The collective findings from the Jing studies done to date strongly indicate real potential for massage to be used alongside conventional treatment to improve patients' mental health and chronic pain. The possibility is also present for it to be used as an alternative form of treatment for the many patients unable to use medications due to strong side-effects. A collaboration with government or the NHS to establish further research and to prescribe (or at

least encourage patients to seek for themselves) clinical massage as a tool to aid their health and teach self-care techniques seems a reasonable way of helping both the individuals suffering with these conditions and society as a whole, given the potential for reducing pressure and costs for the already strained NHS.

Within the UK's conventional healthcare system, which seems to be built upon a more mechanical understanding of how pain works, including treatment that embraces the understanding of BPS factors would increase levels of both health and care, which has potential for improved results for the patients and their families.

CONCLUSIONS

The findings of this study add further credence to both the existing body of evidence for the benefits of the Jing Method™ of Clinical Massage and the more widely understood link between mental health and chronic pain. Making a positive difference to the stress, anxiety or depression of participants naturally reduces the intensity of pain even when there is no specific work directly on the affected tissues or area.

Further studies could approach this same topic from the opposing angle and investigate whether specifically treating a participant's sites of pain makes the positive change to mental health that might be expected given the bidirectional link between these factors. Having a larger and more diverse range of participants would also be of benefit.

The potential for collaboration with charities or government organisations that work to address chronic pain and mental health is vast; not only to further the research into massage as a beneficial tool to support conventional treatments but also to increase access for patients and raise awareness to help change societies understanding of the vast benefits of massage therapy in improving health.

With our health system being under increasing duress, in a society where mental health is diminishing by the year, in turn bringing about higher levels of chronic pain (and vice versa), we should all be questioning firstly what can we do for ourselves to keep such conditions at bay and secondly what can be done to support the individuals and organisations affected by this burden. Embracing the benefits of massage to treat people naturally and holistically in a way that improves both conditions (without bringing on severe side effects) may certainly form at least part of the answer.

REFERENCES

Aaron, R. V., Ravyts, S. G., Carnahan, N. D., Bhattiprolu, K., Harte, N., McCaulley, C. C., Vitalicia, L., Rogers, A. B., Wegener, S. T., & Dudeney, J. (2025). Prevalence of Depression and Anxiety Among Adults With Chronic Pain: A Systematic Review and Meta-Analysis. *JAMA Network Open*, *8*(3), e250268–e250268. https://doi.org/10.1001/JAMANETWORKOPEN.2025.0268

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 & Complementary Medicine.

Álvarez, S. D., Velázquez Saornil, J., Sánchez Milá, Z., Jaén Crespo, G., Campón Chekroun, A., Barragán Casas, J. M., Frutos Llanes, R., & Rodríguez Sanz, D. (2022). Effectiveness of Dry Needling and Ischemic Trigger Point Compression in the Gluteus Medius in Patients with Non-Specific Low Back Pain: A Randomized Short-Term Clinical Trial. *International Journal of Environmental Research and Public Health*, *19*(19). https://doi.org/10.3390/ijerph191912468

Birch, F. (2024). *Evaluating the Jing stress and chronic pain protocol for wellbeing in women aged 40-60* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Cambron, J. A., Dexheimer, J., Coe, P., & Swenson, R. (2007). Side-effects of massage therapy: A cross-sectional study of 100 clients. *Journal of Alternative and Complementary Medicine*, *13*(8). https://doi.org/10.1089/acm.2006.6401

Chapter 1: Common mental health conditions - NHS England Digital. (2025, November 27). https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions

Cleverley, H. (2025). *The Evaluation of The Jing Method™ of Advanced Clinical Massage on Pain and Quality of Life in Women with Endometriosis and Adenomyosis* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Cole, J. S., Olson, A. D., & Dupont-Versteegden, E. E. (2024). The Effects of Massage Therapy in Decreasing Pain and Anxiety in Post-Surgical Patients With Breast Cancer: A Systematic Review and Meta-Analysis. In *Global Advances in Integrative Medicine and Health* (Vol. 13). https://doi.org/10.1177/27536130241245099

Couto, N., Monteiro, D., Cid, L., & Bento, T. (2022). Effect of different types of exercise in adult subjects with fibromyalgia: a systematic review and meta-analysis of randomised clinical trials. *Scientific Reports*, *12*(1). https://doi.org/10.1038/s41598-022-14213-x

Dawe, G. (2024). *Evaluate the Effects of The Jing Method(TM) Clinical Massage on the Quality of Life in Women aged 40+ diagnosed with Fibromyalgia* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Definition | Background information | Chronic pain | CKS | National Institute for Health and Care Excellence. (2025, January). Webpage. https://cks.nice.org.uk/topics/chronic-pain/background-information/definition/

Dolina, A., Baszczowski, M., Wilkowicz, W., Zieliński, G., Szkutnik, J., & Gawda, P. (2024). Correction: Dolina et al. Trigger Point Therapy Techniques as an Effective Unconventional Method of Treating Tension Headaches: A Systematic Review. Healthcare 2024, 12, 1868. *Healthcare (Basel, Switzerland)*, *12*(20). https://doi.org/10.3390/healthcare12202079

Ellis, J. (2018). *Effect of hot stone massage on mental stress in females aged 18 – 65* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Engel, G.L., (1977) The need for a new medical model: A challenge for biomedicine. Science, 196(4286). https://doi.org/10.1126/science.847460.

Engel, G.L., (1980) The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 137(5). https://doi.org/10.1176/ajp.137.5.535.

Eryılmaz, S., & Uçar, T. (2025). The Effects of Acupressure and Massage on Pain, Menstrual Symptoms, and Quality of Life in Primary Dysmenorrhea: A Randomized Controlled Trial. *Journal of Integrative and Complementary Medicine*, *31*(4). https://doi.org/10.1089/jicm.2023.0721

Fayaz, A., Croft, P., Langford, R. M., Donaldson, L. J., & Jones, G. T. (2016). Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies. *BMJ Open*, *6*(6), e010364. https://doi.org/10.1136/BMJOPEN-2015-010364

Ferreira, G. E., Abdel-Shaheed, C., Underwood, M., Finnerup, N. B., Day, R. O., McLachlan, A., Eldabe, S., Zadro, J. R., & Maher, C. G. (2023). Efficacy, safety, and tolerability of antidepressants for pain in adults: overview of systematic reviews. *BMJ*. https://doi.org/10.1136/bmj-2022-072415

Freiwald, J., Magni, A., Fanlo-Mazas, P., Paulino, E., de Medeiros, L. S., Moretti, B., Schleip, R., & Solarino, G. (2021). A role for superficial heat therapy in the management of non-specific, mild-to-moderate low back pain in current clinical practice: a narrative review. In *Life* (Vol. 11, Number 8). https://doi.org/10.3390/life11080780

Fuentes, C., Msc, L. O., Wolfenson, Á., & Schonffeldt, G. (2019). DEPRESSION AND CHRONIC PAIN. *Revista Medica Clinica Las Condes*, *30*(6). https://doi.org/10.1016/j.rmclc.2019.10.005

Garnæs, K. K., Mørkved, S., Tønne, T., Furan, L., Vasseljen, O., & Johannessen, H. H. (2022). Mental health among patients with chronic musculoskeletal pain and its relation to number of pain sites and pain intensity, a cross-sectional study among primary health care patients. *BMC Musculoskeletal Disorders*, *23*(1). https://doi.org/10.1186/s12891-022-06051-9

Gillingham, T. (2017). *A comparative analysis of the significance of the positive working alliance in the treatment of chronic low back pain, specifically within the framework of 'The Jing Method' for Low Back Pain* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Go, G. Y., & Park, H. (2020). Effects of Auricular Acupressure on Women with Irritable Bowel Syndrome. *Gastroenterology Nursing*, *43*(2). https://doi.org/10.1097/SGA.0000000000000332

Gross, A. R., Lee, H., Ezzo, J., Chacko, N., Gelley, G., Forget, M., Morien, A., Graham, N., Santaguida, P. L., Rice, M., & Dixon, C. (2024). Massage for neck pain. *The Cochrane Database of Systematic Reviews*, *2*(2). https://doi.org/10.1002/14651858.CD004871.PUB5

Hooten, W. M. (2016). Chronic Pain and Mental Health Disorders. *Mayo Clinic Proceedings*, *91*(7). https://doi.org/10.1016/j.mayocp.2016.04.029

Hotfiel, T., Fanlo-Mazas, P., Malo-Urries, M., Paulino, E., Sequeira de Medeiros, L., Blondett, M., Vetrano, M., & Freiwald, J. (2024). Importance of heat therapy in the treatment of pain in the daily clinical practice. *Journal of Bodywork and Movement Therapies*, *38*. https://doi.org/10.1016/j.jbmt.2024.01.015

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 & Complementary Medicine.

Jarrett, G. (2024). *Evaluating the effect of the Jing method of clinical and sports massage on depression, anxiety, and stress in healthcare professionals* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Kassolik, K., Andrzejewski, W., Brzozowski, M., Wilk, I., Górecka-Midura, L., Ostrowska, B., Krzyzanowski, D., & Kurpas, D. (2013). Comparison of massage based on the tensegrity principle and classic massage in treating chronic shoulder pain. *Journal of Manipulative and Physiological Therapeutics*, *36*(7). https://doi.org/10.1016/j.jmpt.2013.06.004

Kelly, K., Posternak, M., & Alpert, J. E. (2008). Toward achieving optimal response: Understanding and managing antidepressant side effects. In *Dialogues in Clinical Neuroscience* (Vol. 10, Number 4). https://doi.org/10.31887/dcns.2008.10.4/kkelly

Kwon, C. Y., & Yeh, C. H. (2022). Use of Information and Communication Technologies to Enhance Self-Acupressure: a Literature Review. *JAMS Journal of Acupuncture and Meridian Studies*, *15*(4). https://doi.org/10.51507/j.jams.2022.15.4.214

Leavett, C. (2025). *Evaluating the effects of the Jing Method of Advanced Clinical Massage on women with caesarean scars and lumbopelvic pain* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Leijdesdorff, S. M. J., Huijs, C. E. M., Klaassen, R. M. C., Popma, A., van Amelsvoort, T. A. M. J., & Evers, S. M. A. A. (2023). Burden of mental health problems: quality of life and cost-of-illness in youth consulting Dutch walk-in youth health centres. *Journal of Mental Health*, *32*(1). https://doi.org/10.1080/09638237.2020.1836555

Leuenberger, J., Kohl Schwartz, A. S., Geraedts, K., Haeberlin, F., Eberhard, M., von Orellie, S., Imesch, P., & Leeners, B. (2022). Living with endometriosis: Comorbid pain disorders, characteristics of pain and relevance for daily life. *European Journal of Pain (United Kingdom)*, *26*(5). https://doi.org/10.1002/ejp.1926

Lovibond, S. H., & Lovibond, P. F. (1995). Manual fot The Depression Anxiety & Stress Scales, 2 nd. ed. *Psychology Foundation of Australia*.

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

Meade, E., & Garvey, M. (2022). The Role of Neuro-Immune Interaction in Chronic Pain Conditions; Functional Somatic Syndrome, Neurogenic Inflammation, and Peripheral Neuropathy. In *International Journal of Molecular Sciences* (Vol. 23, Number 15). https://doi.org/10.3390/ijms23158574

Meade, E., Hehir, S., Rowan, N., & Garvey, M. (2022). Mycotherapy: Potential of Fungal Bioactives for the Treatment of Mental Health Disorders and Morbidities of Chronic Pain. In *Journal of Fungi* (Vol. 8, Number 3). https://doi.org/10.3390/jof8030290

Medicines Used in Mental Health - England Quarterly Summary Statistics April to June 2024 | National Health Service Business Services Authority. (2024, September). https://www.nhsbsa.nhs.uk/statistical-collections/medicines-used-mental-health-england/medicines-used-mental-health-england-quarterly-summary-statistics-20242025/medicines-used-mental-health-england-quarterly-summary-statistics-april-june-2024

Mental health. (2025, October). https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Meyrick, M. (2017). *Evaluating the effects of clinical massage treatment on perceived stress levels in selfemployed women* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Mills, S. E. E., Nicolson, K. P., & Smith, B. H. (2019). Chronic pain: a review of its epidemiology and associated factors in population-based studies. *BJA: British Journal of Anaesthesia*, *123*(2), e273. https://doi.org/10.1016/J.BJA.2019.03.023

Montero-Cuadrado, F., Barrero-Santiago, L., & Santos-Bermejo, M. (2025). Pain revolution in the public health system: Active coping strategies for chronic pain unit. In *Brazilian Journal of Physical Therapy* (Vol. 29, Number 2). https://doi.org/10.1016/j.bjpt.2025.101176

Muchowski, K. (2025). Chronic Pain Syndromes in Women. *Primary Care - Clinics in Office Practice*, *52*(2), 329–340. https://doi.org/10.1016/j.pop.2025.01.006

Mueller, S. M., & Grunwald, M. (2021). Effects, side effects and contraindications of relaxation massage during pregnancy: A systematic review of randomized controlled trials. In *Journal of Clinical Medicine* (Vol. 10, Number 16). https://doi.org/10.3390/jcm10163485

Nemati, D., Hinrichs, R., Johnson, A., Lauche, R., & Munk, N. (2024). Massage Therapy as a Self-Management Strategy for Musculoskeletal Pain and Chronic Conditions: A Systematic Review of Feasibility and Scope. In *Journal of Integrative and Complementary Medicine* (Vol. 30, Number 4). https://doi.org/10.1089/jicm.2023.0271

Obata, H. (2017). Analgesic mechanisms of antidepressants for neuropathic pain. In *International Journal of Molecular Sciences* (Vol. 18, Number 11). https://doi.org/10.3390/ijms18112483

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 Advanced Massage Training.

Overmann, L., Schleip, R., Anheyer, D., & Michalak, J. (2024). Myofascial release for adults with chronic neck pain and depression. *Acta Psychologica*, *247*. https://doi.org/10.1016/j.actpsy.2024.104325

Paller, C. J., Campbell, C. M., Edwards, R. R., & Dobs, A. S. (2009). Sex-Based Differences in Pain Perception and Treatment. *Pain Medicine (Malden, Mass.)*, *10*(2), 289. https://doi.org/10.1111/J.1526-4637.2008.00558.X

Qian, X., Zhong, Z. dong, Zhang, Y., Qiu, L. qin, & Tan, H. jun. (2024). Fluoxetine mitigates depressive-like behaviors in mice via anti-inflammation and enhancing neuroplasticity. *Brain Research*, *1825*. https://doi.org/10.1016/j.brainres.2023.148723

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 & Complementary Medicine.

Ramic, E., Prasko, S., Gavran, L., & Spahic, E. (2020). Assessment of the Antidepressant Side Effects Occurrence in Patients Treated in Primary Care. *Materia Socio-Medica*, *32*(2). https://doi.org/10.5455/msm.2020.32.131-134

Reeder, M., Anderson, T., Alumbaugh, B., & Murray, S. (2023). Sauna Bathing as an Alternative Adjunct Therapy in the Prevention and Treatment of Chronic Health Conditions Including Cardiovascular Disease, Neurodegenerative Disease, Metabolic Disease, and Mental Health Disorders. *Medical Research Archives*, *11*(6). https://doi.org/10.18103/mra.v11i6.3965

Roughan, W. H., Campos, A. I., García-Marín, L. M., Cuéllar-Partida, G., Lupton, M. K., Hickie, I. B., Medland, S. E., Wray, N. R., Byrne, E. M., Ngo, T. T., Martin, N. G., & Rentería, M. E. (2021). Comorbid Chronic Pain and Depression: Shared Risk Factors and Differential Antidepressant Effectiveness. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.643609

Ruschak, I., Montesó-Curto, P., Rosselló, L., Aguilar Martín, C., Sánchez-Montesó, L., & Toussaint, L. (2023). Fibromyalgia Syndrome Pain in Men and Women: A Scoping Review. In *Healthcare (Switzerland)* (Vol. 11, Number 2). https://doi.org/10.3390/healthcare11020223

Saha, K., Torous, J., Kiciman, E., & De Choudhury, M. (2021). Understanding side effects of antidepressants: Large-scale longitudinal study on social media data. *JMIR Mental Health*, *8*(3). https://doi.org/10.2196/26589

Schaay, A. (2023). *An evaluation of the JING Method of Advanced Clinical Massage for headaches and pain attributed to Temporomandibular Joint Disorder* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Scherer, M., Schaefer, H., Blozik, E., Chenot, J. F., & Himmel, W. (2010). The experience and management of neck pain in general practice: The patients' perspective. *European Spine Journal*, *19*(6). https://doi.org/10.1007/s00586-010-1297-x

Scott, E. (2024). *The Effect of Online Rehabilitation on Non-Specific Shoulder Pain in Women Aged 40-60* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Sığlan, Ü., & Çolak, S. (2023). Effects of diaphragmatic and iliopsoas myofascial release in patients with chronic low back pain: A randomized controlled study. *Journal of Bodywork and Movement Therapies*, *33*, 120–127. https://doi.org/10.1016/J.JBMT.2022.09.029

Snook, E. (2024). *Evaluating the effects of using the Jing Method of Advanced Clinical Massage to improve well-being in women with Fibromyalgia Syndrome* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Sritoomma, N., Wendy, M., Marie, C., & Siobhan, O. (2012). The effectiveness of Swedish massage and traditional Thai massage in treating chronic low back pain: A review of the literature. In *Complementary Therapies in Clinical Practice* (Vol. 18, Number 4). https://doi.org/10.1016/j.ctcp.2012.07.001

Stewart-Smith, C. (2024). *Assessing an online Jing Method Advanced Clinical Massage Protocol to treat carers of children or adults with disability* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Støve, M. P., Dissing, A. M. L., Thomsen, J. L., Magnusson, S. P., & Riis, A. (2024). The effectiveness of stretching exercises in patients with fibromyalgia: A systematic review. In *Clinical Rheumatology* (Vol. 43, Number 10). https://doi.org/10.1007/s10067-024-07066-4

Tang, N. K. Y. (2018). Cognitive behavioural therapy in pain and psychological disorders: Towards a hybrid future. In *Progress in Neuro-Psychopharmacology and Biological Psychiatry* (Vol. 87). https://doi.org/10.1016/j.pnpbp.2017.02.023

Ughreja, R. A., Venkatesan, P., Balebail Gopalakrishna, D., & Singh, Y. P. (2021). Effectiveness of myofascial release on pain, sleep, and quality of life in patients with fibromyalgia syndrome: A systematic review. In *Complementary Therapies in Clinical Practice* (Vol. 45). https://doi.org/10.1016/j.ctcp.2021.101477

van Dijk, H., Köke, A. J. A., Elbers, S., Mollema, J., Smeets, R. J. E. M., & Wittink, H. (2023). Physiotherapists Using the Biopsychosocial Model for Chronic Pain: Barriers and Facilitators—A Scoping Review. In *International Journal of Environmental Research and Public Health* (Vol. 20, Number 2). https://doi.org/10.3390/ijerph20021634

Velázquez Saornil, J., Sánchez Milá, Z., Campón Chekroun, A., Barragán Casas, J. M., Frutos Llanes, R., & Rodríguez Sanz, D. (2023). Effectiveness of Dry Needling and Ischaemic Trigger Point Compression of the Levator Scapulae in Patients with Chronic Neck Pain: A Short-Term Randomized Clinical Trial. *Journal of Clinical Medicine*, *12*(19). https://doi.org/10.3390/JCM12196136

Wall, E. (2025). *Evaluating the effect of online Jing Method on quality of life in adults aged 38-74 experiencing non-specific low back pain* [BTEC Level 6 Dissertation]. Jing Advanced Massage Training.

Wigmore, S. (2023). *Assessing the effectiveness of the Jing Method of Advanced Clinical Massage for treating lumbopelvic pain in postpartum runners* [BTEC Level 6 Dissertation]. Jing Institute of Massage & Complementary Medicine.

Wright, A., Fisher, P. L., Baker, N., O'Rourke, L., & Cherry, M. G. (2021). Perfectionism, depression and anxiety in chronic fatigue syndrome: A systematic review. In *Journal of Psychosomatic Research* (Vol. 140). https://doi.org/10.1016/j.jpsychores.2020.110322

Written statements - Written questions, answers and statements - UK Parliament. (n.d.). Retrieved 18 January 2026, from https://questions-statements.parliament.uk/written-statements/detail/2025-03-27/hcws562

Wu, Z., Wang, Y., Ye, X., Chen, Z., Zhou, R., Ye, Z., Huang, J., Zhu, Y., Chen, G., & Xu, X. (2021). Myofascial Release for Chronic Low Back Pain: A Systematic Review and Meta-Analysis. In *Frontiers in Medicine* (Vol. 8). https://doi.org/10.3389/fmed.2021.697986

Xu, Y., Wang, Y., Chen, J., He, Y., Zeng, Q., Huang, Y., Xu, X., Lu, J., Wang, Z., Sun, X., Chen, J., Yan, F., Li, T., Guo, W., Xu, G., Tian, H., Xu, X., Ma, Y., Wang, L., … Li, G. (2020). The comorbidity of mental and physical disorders with self-reported chronic back or neck pain: Results from the China Mental Health Survey. *Journal of Affective Disorders*, *260*. https://doi.org/10.1016/j.jad.2019.08.089

Yoon, A. S., Lee, H. J. D., & Moon, I. (2023). Social determinants of mental health. In *Encyclopedia of Mental Health, Third Edition: Volume 1-3* (Vol. 3). https://doi.org/10.1016/B978-0-323-91497-0.00210-1

APPENDICES

Appendix A – Ethics form

	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	✓
1	Complete Section 1 to Section 13	✓
2	Electronically sign and date	✓
3	Participation information form (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:	Karina Phillips
Student number:	SG50852
BTEC Year-group:	24-26
Date of application:	April 2025
Student e-mail address:	Kp.acmt@outlook.com
Title of research project:	*The effects of the Jing Method ™ on Mental Health in Women with Chronic Pain*

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?	✓	
If yes, does it involve children under 16?		✓

If yes, does it involve children under 18?		✓
Other vulnerable populations (i.e. mental illness, aged subjects)?	✓	
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		✓
Are you planning to use deception?		✓
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?	✓	
Does your study involve paying participants or an alternative incentive to participate		✓
Could the study put you or someone else at risk of injury?		✓
Does your project make use of a validated questionnaire?	✓	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. DASS 42 Visual pain scale		

Section 3: Research premises

Where is your research being undertaken? My clinic. The Space Place Unit 1 Greys Green Business Centre Rotherfield Greys Henley on Thames RG9 4QG	
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?

Soft copy of recruitment poster to:
My business Facebook and Instagram page.
Email to current and past clients
Local Facebook communities for surrounding areas.
Existing groups I'm a part of: Yoga groups, Women's circles, Canoe club (and wider paddling community)
Women's health specialists in local area

Hard copy posters put up in:
Women's health specialists in local area
Health clubs/gyms/surgeries
Local community centres

Other:
Word of mouth

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.

This is a 16-week research project to evaluate the effects of Jing Method Clinical Massage on the mental health of women with chronic pain. It will use a within subjects design.

Social media and local resources will be used to recruit participants. Interested people will be invited to a consultation in person or online where they will have the study explained, be checked for suitability, given the opportunity to ask any questions and give consent to proceed if applicable.

Weeks 1 – 6
Control phase – each Monday morning participants will be sent a participant data survey consisting of a DASS 42 form, a simple pain scale chart (for severity of pain) and to confirm frequency of pain (how many days experienced over the past week). This needs to be completed and returned by Tuesday evening.

Weeks 7 – 12
Intervention phase – participants attend one 60-minute clinic session per week

- Receive standardised instructions about the treatment
- Receive a 50-minute massage using techniques from Jing Method Chronic Pain and Stress Protocol

Protocol: Heat & prep work: guided deep breathing/arrival talk, forearm pressures - 3mins
Double palming to erectors/bladder channel – Acupressure point L1 3 breaths - 4mins
Fascial work – cross hand stretch across upper back then lower back then leaning in with forearms – 10mins
Power effleurage - with hot stones, then forearms to shoulders then back – 5mins
Turn – 1min
Hot stone placement/breathing – 2mins
Double fascial leg pull then single leg pulls – 10mins
Transverse fascial release – pelvis, solar plexus – 8mins
Working conception vessel -1min
Deep neck work, work to mastoid process, masseter and temporalis - CV17 -4mins
Head pull then hold to finish -2mins

- soft instrumental (no lyrics) music will be played
- unscented Songbird Fascial release wax will be used
- receive and complete a standardised home care video to complete each day, consisting of a breathing exercise and body scan. This will begin as a 5-minute exercise in total, for week 7, in week 9 will increase to 7.5 minutes and in week 11 increase to 10 minutes.
- Six days after the intervention the participant data survey (as used in the control phase) will be sent out to be completed within 24hours or before their next appointment, whichever is soonest. There will be one additional question about how many times this week they completed home care activity.

Week 16 – participants complete a follow up participant data survey (Dass42, visual pain scale, question about frequency of pain and question about whether they have continued with the home care exercise and if so frequency).

Section 6: Describe what your participants need to do

On application to take part in the 16-week research project participants will;
- be sent the participant letter with some more information about the study.
- ensure suitability by completing an initial intake participant data survey (DASS42, visual pain scale, question about frequency of pain).
- have an in person or video call consultation to finalise suitability, answer any questions they have and discuss the particulars of the study; dates, required commitment and actions on their part (as detailed on following points), confirmation of their ability to withdraw at any time without explanation.
- sign and date a participant consent form.

In weeks 1-6 (control phase) they will:
Be sent a participant data survey on Monday morning. They need to complete and return this by 6pm Sunday evening. There is no intervention at this stage.

In weeks 7-12 (intervention phase) they will:
Attend a 60-minute appointment at my clinic in which they will receive a 50-minute massage using a selection of techniques from the Jing Method chronic pain and stress protocol (as detailed in section 5) such as, heat, amma, fascial release, power effleurage, leg pulls and transverse fascial holds, work to neck, jaw and acupressure points.
In weeks 9 and 11 any positive orthopaedic assessment ROM tests will be repeated to establish any changes.
Be given a link to a video with standardised homecare practice to complete each day (7 days a week), consisting of a breathing exercise and body scan. This will begin as a 5-minute exercise in total, for week 7, in week 9 will increase to 7.5 minutes and in week 11 increase to 10 minutes.
Continue to be sent the DASS42 and visual pain scale chart six days after the intervention, to be completed within 24hours or before their next appointment, whichever is soonest. There will be one additional question about how many times this week they completed home care activity.

In week 16 on the Monday they will be sent the participant data survey for completion by Tuesday evening.
They will also be asked for any feedback that they would like to share about their experience.

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?

This study is being completed by a fully qualified and insured massage therapist with first aid training .
Participants will be asked to complete a GDPR and confidentiality agreement.
This will explain that their personal details (name, mobile number and email address) will be used to set up a profile on my booking system (Fresha) for the purposes of booking in their appointments, so that they receive appointment reminders and to record consultation details and treatment records (in accordance with my business insurance requirements).
They will also have the option of choosing to opt-in to receive ongoing communications from my business. Should they choose to opt-in, they can subsequently choose to opt-out at any time on request.
Participants will be informed that they can ask to see any of the data held about them at any time.

For the purpose of the study a consultation form will be completed as a hard copy then scanned to my PIN protected laptop and stored on my passworded Microsoft one drive until the study is completed.

Once the consultation process is completed, participants will be assigned a participant number. Any reference to them within the study will use their participant number and not their personal information.
Data collected as part of the study will be anonymised

All participant information will be

- Stored in accordance with the latest General Data Protection Regulation (UK GDPR and Amended Data Protection Act 2018) legislation.
- Scanned and stored on a PIN protected laptop with any hardcopies being shredded.

As this project involves people experiencing stress, anxiety and depression, if there are any concerns about their mental state they will be signposted to local services that can help them in the event of a crisis or worsening of their mental health. Participants will be made aware of their ability to withdraw from the study at any time without explanation.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?
The study will include:

- Adult (18+) females
- Able to commit to the 16-week study time frame
- Able to attend a weekly 60-minute massage appointment (at my business place in Rotherfield Greys) every week from week 7-12.
- Experiencing stress, anxiety or depression that meets the following criteria based on scoring of an intake DASS42 form: a single element meeting a minimum score of +15 for Stress, +8 for Anxiety or +10 for Depression OR a combined minimum score of 25 across all three.
- Experiencing a chronic/persistent pain OR recurrent pain (pain that comes and goes such as headaches) that currently occurs at least once a week and has been going on for a minimum of 3 months.

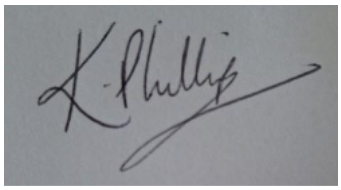
The study will exclude:

- Anyone about to make changes to the way they currently manage either their chronic pain or their mental health (by way of starting new medications or treatments with new specialists/therapists) and must be willing to maintain this for the duration of the study.
- Anyone currently under medical investigation.
- Anyone who has received a diagnosis of, or are currently undergoing treatment for, any terminal condition.
- Anyone who has started a new medication relating to mental health or pain, in the last 3 months

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

Student's handwritten signature:



_____

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

Print Name: Karina Phillips Date: 08/05/2025

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

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time.

Studies should not involve participants under 18 without express permission from your supervisor. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

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

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

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

Signature: .....date: .....

OR:
This project is designed to include fieldwork with human participants.
(please circle yes or no)
YES All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).
YES The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

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

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

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

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

Signature: .....Susan Harrison..... date: ....12/5/25.....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:
Advisor's name (please print):

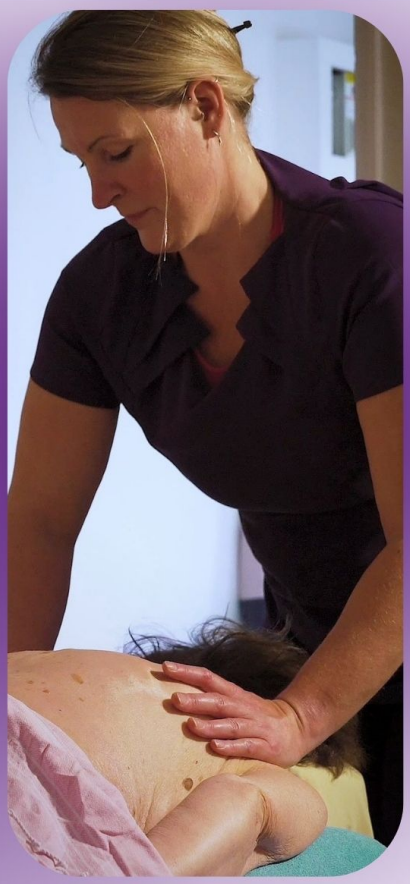
Advisor's signature: ..... date: .....
Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix B – Recruitment poster

KARINA PHILLIPS

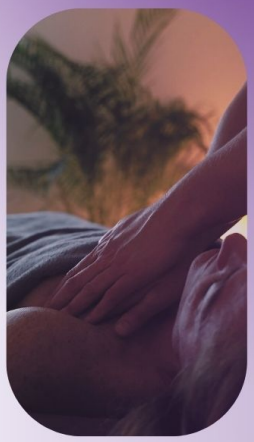
ADVANCED CLINICAL MASSAGE THERAPIST

Research participants needed



Are you a woman (35years+) who suffers with stress, anxiety or depression? Do you also have long-term or recurring pain?

Would you like to make a positive difference to your mental health?



Join a 16 week research project into the effects of clincal massage on mental health in women with chronic pain

Includes a heavily discounted 6 week course of massage treatment in Rotherfield Greys

JING

ADVANCED MASSAGE TRAINING

Contact me for more details:
07727 26 29 25
kp.acmt@outlook.com
or scan the QR code

Appendix C – Participant information letter

Karina Phillips – ACMT
Unit 1 Greys Green Business Centre
Rotherfield Greys RG9 4QG

07727262925
kp.acmt@outlook.com
www.kpacmt.com

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

www.jingmassage.com
01273 628942

Dear (INSERT NAME),

Re: Research study information

Thank you for your interest in my study, I appreciate your response to my call for participants. This letter will give you some details about the study and what's involved.

I've been a massage therapist for 20years now, regularly working with individuals suffering from a wide range of pain conditions. My commitment to continually developing myself as a massage therapist and keeping my knowledge/skills current led me to enroll on the BTEC Level 6 in Advanced Clinical and Sports Massage; a degree qualification that's the highest level of education a manual therapist can achieve in the UK. It's offered by a team of passionate and experienced massage therapists at Jing Advanced Massage Training and overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of the course, I have the opportunity to design and carry out a study into the effects of clinical massage; I've chosen to investigate the effects of the Jing Method™ clinical massage on mental health in women with chronic pain.

I'm looking for participants that are women over 35 years old and currently living with the following:

- *Depression, anxiety or stress (or a combination of all three)*
  and
- *Chronic pain {that is constantly there) or recurrent pain (that comes and goes at least once a week), that has lasted for at least 3 months. Some examples include headaches, neck pain, shoulder pain, low back pain, hip pain, joint pain. This list isn't exhaustive.*

If you decide to participate, the study will officially begin in July (some initial meetings and checks of your suitability to take part will happen before then) and last for 16 weeks in total.

<u>Participation is completely voluntary; you can withdraw from the study at any time without giving a reason.</u>

What does the study involve?

If you decide to participate, you'll be required to fulfil the following:

- Weeks 1 to 6 (expected to begin 28th July 2025) each Monday you'll be sent the participant data survey, consisting of a DASS-42 (Depression, Anxiety and Stress Score survey used to monitor these elements of mental health), a visual pain scale for rating the severity of your pain and a question about how often you experienced the pain in the past week. This is to be completed and returned by Tuesday evening.
- Weeks 7 to 12 (expected to begin 8th September 2025), each week you'll attend my clinic for a 60-minute appointment, receive a 50-minute massage using techniques from the Jing Method™ chronic pain and stress protocol. You'll also be sent a link to a video with a simple homecare exercise that will take 5-minutes (this will gradually build in length to a maximum of 10-minutes by the end of the 6-week period), to be completed daily between treatments.
- Six days after each treatment you'll receive the 'participant data survey' (with one extra question about how many times over the week you completed the home care exercise) to be completed within 24hours or before your next appointment, whichever is soonest.
- In week 16 you'll be sent the 'participant data survey' one last time to see if there is any lasting effect from the course of treatment that you received. This will also ask if you continued to use the home care exercise and give the opportunity for you to provide any feedback.

It's important that from the start of your application process to the final follow-up in week 16, you avoid engaging in any other ***<u>new</u>*** pain-relieving activities or making changes to anything that you do currently, such as:

- Using any new medication or changing the frequency/dose of any regular medications that you already use for your mental health or chronic pain.
- trying a new therapy such as (but not limited to) physio, chiropractic, acupuncture, herbalism etc for your pain/wellbeing/stress.
- starting a new wellness or fitness regime or significantly changing what you already do as part of an existing routine.

Your health and wellbeing are the main priority, always, however, to ensure the validity of the research project we may need to remove your data in the event of a change – this is not a reason to avoid making necessary changes as advised by your medical practitioner!

There are certain things that will mean you're unable to take part:

- If you're about to make changes to the way you currently manage either your chronic pain or your mental health (by way of starting new medications or treatments with new specialists/therapists).
- If you're currently under medical investigation.
- If you've received a diagnosis of, or are currently undergoing treatment for, any terminal condition.
- If you've started a new medication relating to mental health or pain, in the last 3 months.

If any of these points mean you can't take part in the study, it doesn't mean that clinical massage

won't be of great benefit to you – please talk to me if you're still interested in receiving treatment outside of the study.

Are there any other commitments from participants?

There is a charge of £240 to secure your place in this study. This is a significant saving compared with my normal clinic charges for a 6-week package of treatment. Full payment is required before the study begins in July (if it helps to spread this over 2 payments before the study begins in July this can be done). If you withdraw before the study begins a full refund will be given. If you withdraw during the first 6 weeks of the study a partial refund will be calculated of the total amount paid minus an admin fee of £40 + £12.50 per week of the study that has passed. From week 7 no refunds will be given (exceptional circumstances will be considered).

Are there any risks to taking part?

The gentle nature of the treatment protocol being used, by a highly qualified and experienced therapist, means it's very unlikely that you'll experience any adverse effects, however, as with any form of hands-on treatment, there is a low risk of the following natural reactions to treatment:

- light bruising or muscle tenderness for 24-48hours after your massage.
- occasionally the body may react to treatment in such a way that pain 'shifts' to somewhere new or creates sensations elsewhere in the body.
- you may experience an emotional response or be reminded of previous trauma or events that contribute to your depression, anxiety, stress or pain.

These risks are usually not significant in intensity, or long lasting and I'll fully support you throughout the whole process and any changes that you experience in response to your treatment. You'll be treated with full professionality, consideration and respect for your individual needs at all times, exactly as I would with any non-research project client.

Are there any benefits to taking part?

Yes! More and more research has taken place recently that confirms the wide-reaching general benefits of massage including lowering blood pressure, improving immunity, increasing wellbeing and feel-good hormones, reducing stress hormones and so much more.

Also, every year, students of this BTEC qualification complete a range of studies into the effects of Jing Method™ massage on many different areas of health, wellbeing and pain – I haven't read them all (there is literally a whole, very sizeable, wall of hard copy dissertations at Jing HQ!) but every single one that I've read has shown some positive change for the participants.

Personally, I've been using the Jing Method™ of clinical massage since 2017; over the years I've helped many clients improve their wellbeing and heal from a wide range of pain conditions. My clients love their massages with me and often continue having treatment long after they've healed the pain they first come in with, because they feel so much better for it.

I'm excited to be researching the benefits of massage on mental health; I'm confident that I can replicate some of the impressive decreases in depression, anxiety and stress that other Jing

therapists have seen in similar studies. As there's such a strong link between mental health and chronic pain, I'm also hopeful that we'll improve your pain intensity or frequency as well.

Using your data

All your information will be held securely and confidentially in line with UK GDPR legislation. Your data will be anonymised within the study and will be mathematically analysed together with all the other participants' data. The findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

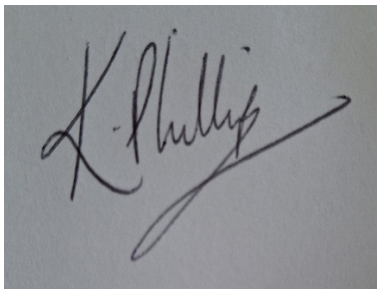
Once my research is published, I'll share my findings and invite you to a conference (online or in person) where my colleagues and I will present our findings. It will give a great insight into the wide-spread benefits of the Jing Method™ of clinical massage.

What happens next if you want to be involved

- Contact me to confirm your interest in taking part
- I'll then send you your initial participant data survey (to be completed and returned within 2 days) and we'll arrange a convenient time for a video call (or in person meeting if preferred, either will last approximately 30minutes) to;
    - answer any questions that you have.
    - complete a full consultation to establish medical history.
    - complete a consent form.

Thank you again for your consideration of taking part in this study. Please don't hesitate to reach out if you have any questions that need answering to help you decide whether to take part.

Sincerely



Karina Phillips

Appendix D – Participant consent form

PARTICIPANT CONSENT FORM

Title of study: The effects of the Jing method™ of clinical massage on mental health in women with chronic pain

	Yes	No
I have read the information letter about this study	Yes	No
I have had an opportunity to ask questions and discuss this study	Yes	No
I have received satisfactory answers to all my questions	Yes	No
I have received sufficient information about this study	Yes	No
I understand that I am free to withdraw from this study: At any time (until such date as this will no longer be possible, which 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.	Yes	No
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.	Yes	No
I agree to pay the agreed research study fee of £240 in full (or as discussed with Karina)	Yes	No
I agree to take part in this study	Yes	No
Signature (participant) **Date:**		
Name: (BLOCK LETTERS)		
Signature (parent/guardian/other, if under 18) **Date:**		
Name: (BLOCK LETTERS)		
BTEC students contact details (including telephone number and e-mail address): **Karina Phillips – ACMT** **The Space Place Wellness Studio, Unit 1, Greys Green Business Centre** **Rotherfield Greys RG9 4QG** **07727262925 - kp.acmt@outlook.com**		

Appendix E – Participant Data Survey

The effects of the Jing Method of clinical massage on mental health in women with chronic pain - Research Study

This survey will ask you about your mental health and your pain severity and frequency over the past week. It also gives you the opportunity to share any feedback that may be relevant to the study. and the final question is to find out how may days you completed the home care advice in the past week. There are no right or wrong answers, please answer honestly; all data is confidential and anonymised for the purpose of the project.

Name *

First Name

Last Name

Date *

MM-DD-YYYY

Date

DASS-42

The Depression, Anxiety and Stress Score questionnaire uses 42 questions to provide a measurable score of these elements of your mental health.

Read each question and (without thinking about it too much) select the answer that best describes how much the statement applied to you over the past week. There are no right or wrong answers. *

	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 consideable degree or a good part of the time	3 = applied to me very much or all of the time
1. I found myself getting upset by quite trivial things	○	○	○	○
2. I was aware of dryness of my mouth	○	○	○	○
3. I couldn't seem to experience any positive feeling at all	○	○	○	○
4. I experienced breathing difficulty (e.g. excessively rapid breathing/breathlessness in the absence of physical exertion)	○	○	○	○
5. I just couldn't seem to get going	○	○	○	○
6. I tended to over-react to situations	○	○	○	○
7. I had a feeling of shakiness (e.g. legs going to give way)	○	○	○	○
8. I found it difficult to relax	○	○	○	○
9. I found myself in situations that made me so anxious I was most relieved when they ended	○	○	○	○
10. I felt that I had nothing to look forward to	○	○	○	○
11. I found myself getting upset rather easily	○	○	○	○
12. I felt that I was using a lot of nervous energy	○	○	○	○
13. I felt sad and depressed	○	○	○	○
14. I found myself getting impatient when I was delayed in any way (e.g. lifts, traffic lights, being kept waiting)	○	○	○	○
15. I had a feeling of faintness	○	○	○	○
16. I felt that I had lost interest in just about everything	○	○	○	○

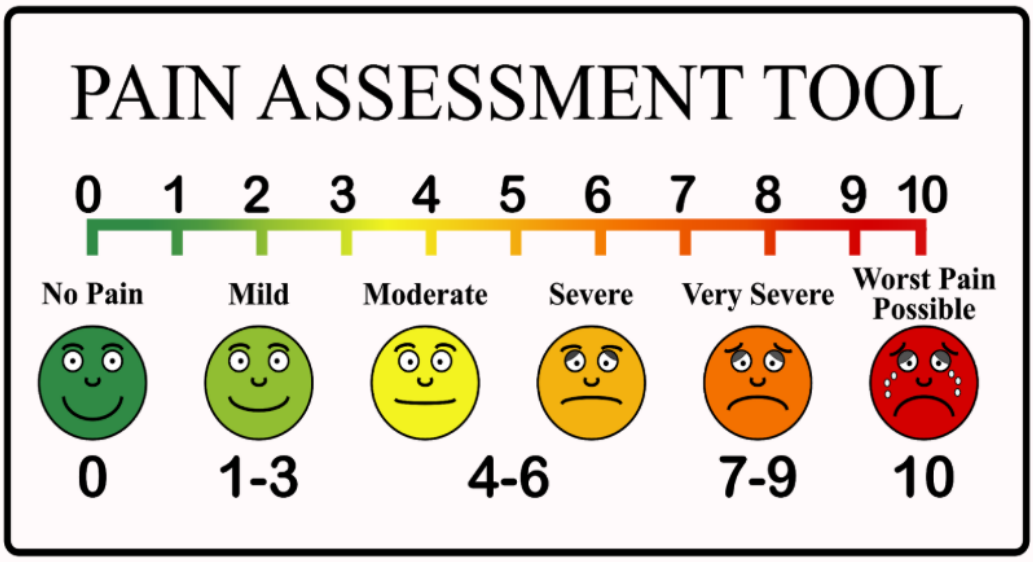
17. I felt I wasn't worth much as a person	◯	◯	◯	◯
18. I felt that I was rather touchy	◯	◯	◯	◯
19. I perspired noticeably (e.g. hands sweaty) in the absence of high temperatures or physical exertion	◯	◯	◯	◯
20. I felt scared without any good reason	◯	◯	◯	◯
21. I felt that life wasn't worthwhile	◯	◯	◯	◯
22. I found it hard to wind down	◯	◯	◯	◯
23. I had difficulty swallowing	◯	◯	◯	◯
24. I couldn't seem to get any enjoyment out of the things I did	◯	◯	◯	◯
25. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	◯	◯	◯	◯
26. I felt down-hearted and blue	◯	◯	◯	◯
27. I found that I was very irritable	◯	◯	◯	◯

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

Pain assessment

The pain assessment tool is a simple visual tool for assessing your level of pain. You'll also be asked to confirm how many days you experienced your pain this week.

Use the following image to help you rate the worst pain you experienced over the last week. There is a box below the image where you can record your score.



Your score (between 0 and 10) of your pain at it's worst in the past week *

e.g., 7

Please enter a number that you feel best represents your experience of your pain over the past week

How many days this week did you experience your pain? *

- ◯ Every day
- ◯ Six (6) days
- ◯ Five (5) days
- ◯ Four (4) days
- ◯ Three (3) days
- ◯ Two (2) days
- ◯ One (1) day
- ◯ Not at all

Appendix F – Protocol used during the intervention phase

Heat & prep work: guided deep breathing/arrival talk, forearm pressures - 3mins

Double palming to erectors/bladder channel – Acupressure point L1 3 breaths - 3mins

Fascial work – cross hand stretch across upper back then lower back then leaning in with forearms – 10mins

Power effleurage - with hot stones, then forearms to shoulders then back – 6mins

@ 22 mins Turn – 1min

Hot stone placement/breathing – 2mins

Double fascial leg pull then single arm pulls – 10mins

Transverse fascial release – pelvis, solar plexus – 8mins

Working conception vessel -1min

Deep neck work, work to mastoid process, masseter and temporalis - CV17 - 4mins

Head pull then hold to finish - 2mins