Evaluating the Effects of the Jing Method™ on Stress, Anxiety, and Low Mood/ Depression in Grieving Parents

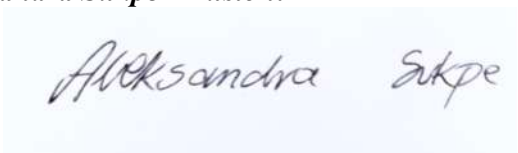
Aleksandra Sukpe

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

March 2026

Total word count: 4390

"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". ***Ms Aleksandra Sukpe - Fusion:***



Date: 05.03.2026

ACKNOWLEDGMENTS

"When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice or solutions, have chosen rather to share our pain and touch our wounds with a warm and tender hand."

(Nouwen, 1974).

This work is dedicated to the people I have had the privilege to support through healing touch, and to the parents who have endured the loss of a child. I am sincerely grateful for having encountered you on my professional journey, and for the generosity with which you shared your stories with honesty and openness. The trust you placed in me — to listen, to care, and to treat your bodies, and I believe your hearts — has profoundly shaped my practice. The strength you embody, and the love carried within grief, continue to guide and inform my work.

I would like to express my sincere gratitude to all those who supported me throughout this dissertation. I am grateful to all my tutors and staff at the Jing Institute for their encouragement, and academic support during my studies. In particular, I wish to thank Susie, whose care and concern for my well-being were deeply appreciated, especially given the personal sensitivity of this topic in relation to my own experience of loss. I am also profoundly grateful to Jemma, whose unwavering support throughout the dissertation process was a constant source of strength. Her guidance, presence, and reassurance were fundamental, and I will always remain deeply thankful for her support. A special mention goes to Sian, course mentor and BTEC Level 6 graduate, whose positivity, responsiveness, and readiness to help at any time were exceptional. My sincere thanks also extend to our directors, Rachel and Meg, whose strong and consistent support, availability, and understanding in all circumstances have meant more to me than words can fully express.

A huge role in my journey through the ACMT and BTEC courses was played by my fellow students. Their support was constant, both emotionally and practically. Whether offering encouragement or guidance with tasks such as work in Excel or correcting my English grammar; they were always ready to help, regardless of the time or circumstance. I am deeply grateful for their generosity and kindness, which have made a lasting impression on me.

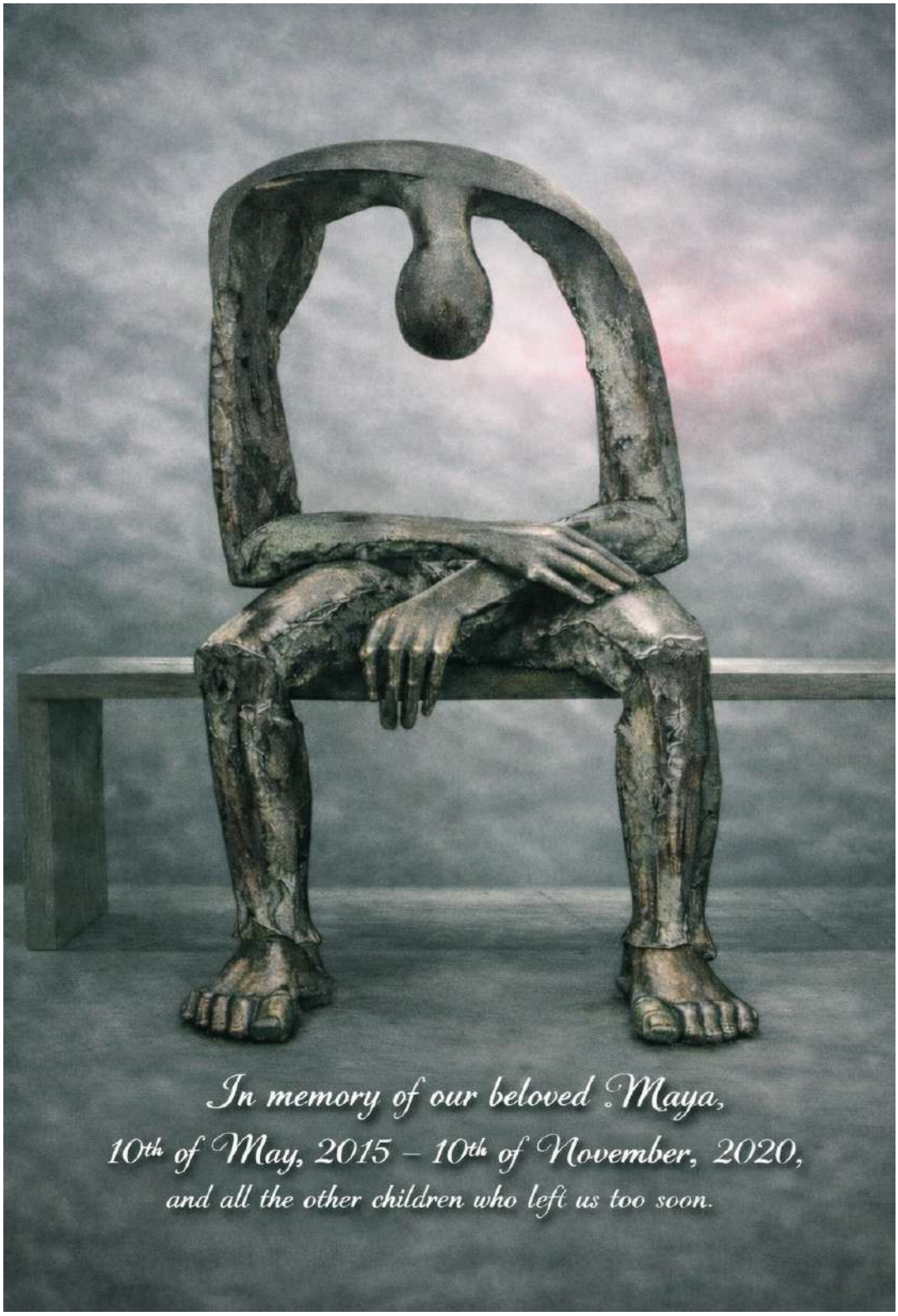
The most personal and profound thanks go to my son, Max, who has always been my greatest support and my rock. We lost his sister when he was only seven, and now, at twelve and a half, he has shown wisdom and resilience far beyond his years. Through all the tragedy, he has kept me going, encouraging me to persevere and inspiring me never to give up. His incredible strength motivated me to continue my personal development and to demonstrate that no matter what life brings, one should never give up. I would also like to acknowledge the profound and lasting influence of my dearest daughter, Maya, who was with us for only five and a half years. In that short time, she gifted me the most unconditional and beautiful love a mother can ever experience. Her joy, happiness, and remarkable bravery provided me with invaluable lessons that shaped me into a different woman for the future. Although she was suddenly taken from us far too soon, her loss not only broke me but also transformed me, fostering a depth of resilience, strength, and personal growth that I had never known before. Her life and legacy continue to inform my understanding of grief, healing, and human capacity for adaptation, and they remain deeply interwoven with both my personal journey and the foundations of this work.

I extend my heartfelt thanks to my friends, whose practical help and emotional support sustained me during challenging periods. In particular, I am deeply thankful to my best friend John for his continued support, including helping with the school run and being always the first person I call when I need any help.

There are so many wonderful people I have met throughout my life who have supported me in countless ways — from offering emotional support to helping with the purchase and renovation of my house. Thank you for simply being you. I truly believe that many of the difficulties I faced would have been impossible to overcome without your love and support.

This gratitude extends to my clients as well. Some of them have become such close friends, something I never expected but deeply value. Even within professional settings, we are first and foremost human beings. Building genuine connections — rooted in our hearts and souls — is what truly matters.

CREATIVITY PAGE



Original illustration created by the author, inspired by *Melancholy* (also known as *Mélancolie* or *Emptiness*), a 2012 bronze sculpture by Romanian artist Albert György, which powerfully represents grief, loss, and the emotional void experienced after the death of a loved one.

ABSTRACT

Background

The psychological impact of child loss on parents is profound and enduring, often manifesting as heightened levels of stress, anxiety, and low mood depression that can persist long after the bereavement event (Worden, 2009). Traditional therapeutic support for bereaved parents typically focuses on counselling and cognitive behavioural strategies; however, there is growing interest in complementary interventions that integrate physical and emotional dimensions of distress (McDaid et al., 2008). One such approach is the Jing Method™ of Advanced Clinical Massage, an outcome-based, multimodal bodywork system that blends advanced soft tissue techniques drawing from both Eastern and Western traditions. A key element of the Jing Method™ is the HFMAST approach, which stands for Heat, Fascia release, Muscles and massage, Acupressure, Stretching, and Teaching self-care. This holistic formula combines therapeutic heat application, fascial and soft tissue techniques, muscle release, acupressure stimulation, stretching protocols and client education in self-care practices to support ongoing well-being.

In addition to hands-on therapy, the intervention in this study incorporated online sessions to teach participants self-care techniques such as breathing exercises, self-massage, stretching and the use of acupressure points. Such remote instruction reinforces participants' ability to self-regulate physiological and emotional responses and supports habitual self-care practices in daily life.

Method

A quantitative pilot study was conducted with a final sample of six bereaved mothers. Eight participants were initially recruited. One participant was excluded for not meeting the inclusion

criteria due to non-elevated baseline scores on the Depression Anxiety Stress Scale (DASS-42), and a second participant withdrew prior to the first session due to anxiety related to the weekly commitment. This resulted in a final sample of six participants.

The 16-week study was structured into three phases.

Phase 1 (Weeks 1–6) served as a baseline control period with weekly DASS-42 assessments and no intervention.

Phase 2 (Weeks 7–12) was the intervention phase, during which participants attended alternating weekly sessions consisting of 50-minute hands-on HFMAST approach massage and 30-minute online Zoom sessions focused on teaching self-care practices, including breathing techniques, self-massage, stretching and acupressure point application.

Phase 3 (Weeks 13–16) was a follow-up phase without therapeutic intervention, culminating in a final DASS-42 assessment to gauge sustained effects.

Results

Analysis of the weekly DASS-42 scores revealed marked reductions in psychological distress across all participants over the 16-week period. Average scores demonstrated a 65% decrease in depression, a 78% decrease in anxiety, and a 75% decrease in stress. The overall combined DASS-42 score decreased by 72%, indicating substantial improvement in overall emotional well-being throughout the intervention and follow-up phases.

Conclusions

This study suggests that the Jing Method™ chronic stress protocols, alongside online self-care education, are associated with meaningful reductions in depression, anxiety and stress among

grieving parents. The integration of physical techniques with psychological self-management practices reflect a holistic model that acknowledges the interplay between physical and emotional well-being.

However, the small sample size and absence of a comparison control group limit the generalisability of these findings. Future research should employ larger samples, randomised controlled designs and extended follow-up assessments to further evaluate the efficacy and mechanisms of holistic interventions such as the Jing Method™ approach within bereavement support frameworks. Additionally, qualitative research could elucidate participant experiences of self-care adoption and its contribution to emotional adjustment following child loss.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

LITERATURE REVIEW

Introduction

The loss of a child is profoundly devastating for parents, often resulting in more intense and enduring grief compared to other losses (Middleton et al., 1998). Bereaved parents are at increased risk of anxiety, depression, suicidal ideation, suicide, and poor physical health (Lannen et al., 2008). Grief not only affects parents' wellbeing and quality of life but also family and social relationships (Gilmer et al., 2012).

According to The National Child Mortality Database (2024) there were 3,577 child deaths (0-17 years) in England in the year ending 31 March 2024, an estimated rate of 29.8 deaths per 100,000 children.

Massage therapy has long been used for relaxation and pain management, and evidence suggests it may lower cortisol and increase serotonin and dopamine - neurochemicals involved in the regulation of mood (Heinrichs et al., 2003; Henricson et al., 2008). This review evaluates current research on massage, with a focus on the Jing Method™ of Advanced Clinical Massage, as a supportive intervention for stress, anxiety, and depression in bereaved parents.

Parental Grief

In Western society, the death of a child has generally been found to elicit more intense and complicated grief reactions than other types of bereavement (Sanders, 1989). Qualitative research describes the loss as a profound sense of emptiness or loss of self (McClowry et al., 1987). Substantial psychological and physical health consequences for the parents have been established, including an increased risk of mortality (Li et al., 2003). Long-term studies

tracking parents over the years following the death of a child support the notion that parental grief often endures throughout the life span (Rubin, 1990; Rubin, 1999).

The 'amputation metaphor' (Klass et al., 1996) is used to articulate loss of part of the self, which may be adapted but can never be restored (Rubin and Malkinson, 2001; Christ et al., 2003). Studies show elevated risks of depression, guilt, anger, and identity loss (Li et al., 2003; Dyregrov & Gjestad, 2011). Neuroimaging indicates hyperactivity in limbic regions linked to attachment and emotional pain (O'Connor et al., 2008; Shear et al., 2011). Biologically, prolonged grief is associated with raised cortisol and inflammatory markers such as IL-6 and CRP, contributing to poor sleep and immune dysfunction (Buckley et al., 2012). Socially, parents often experience isolation and disenfranchised grief (Doka, 2002).

These multidimensional effects support a biopsychosocial view of grief: emotional pain manifests through physiological stress and somatic symptoms. Interventions that integrate touch, regulation of the autonomic nervous system, and compassionate relational support may therefore be particularly helpful.

Table 1 synthesizes current findings on the cognitive, neurobiological and somatic responses that grieving parents experience following the death of a child.

This literature collectively shows that child loss is one of the most severe life traumas triggering deep changes in brain function, stress psychology, and emotional regulation.

Table 1: Grieving Parents' Cognitive, Neurobiological, and Somatic Reactions After Child Death.

Section/Theme	Key Findings & Concepts	Supporting Studies
Psychological Impact	Intense, long-lasting grief; characterised by depression, guilt, anger, identity loss. Mothers show more depression and rumination; fathers more avoidance.	Li et al. (2003); Wijngaards-de Meij et al. (2008); Dyregrov & Gjestad (2011); Murphy et al. (2019)
Neurobiological Responses	Recall activates attachment- and pain-related brain regions (ACC, amygdala, insula). Prolonged grief involves disrupted emotion regulation and altered serotonin/dopamine systems.	O'Connor et al. (2008); Maccallum & Bryant (2013); Shear et al. (2011)
Physiological Effects	Chronic grief is associated with elevated cortisol and inflammation, increasing cardiovascular, sleep, and immune risks.	Buckley et al. (2012); Li et al. (2014); Rostila et al. (2012); Chen et al. (2019)
Cognitive Adaptation	Common effects include poor concentration and memory. Adaptation occurs over time via neuroplasticity, therapy, mindfulness, and social support.	Ott et al. (2007); Shear (2015)
Social and Cultural Factors	Cultural norms shape grief expression. Strong social support reduces stress and improves outcomes; lack of recognition can worsen grief.	Doka (2002); Rostila et al. (2012)
Overall Conclusion	The loss of a child affects psychological, neural, and physical systems simultaneously, requiring integrated, holistic intervention.	Shear (2015); Maccallum & Bryant (2013); Dyregrov & Gjestad (2011)

Emerging literature suggests that somatic and touch-based interventions may have potential as low-risk adjunctive support for individuals experiencing grief; however, further exploration is required to clarify their role in trauma-informed care for bereaved parents.

Mental Health

Grief often manifests as a complex interplay of psychological distress, including symptoms of stress, anxiety, and depression (Stroebe, Schut, & Stroebe, 2007). While traditional therapeutic interventions such as counselling and pharmacotherapy are commonly used, complementary approaches like massage therapy are gaining attention for their potential to ease emotional pain in bereaved individuals. In recent decades, researchers have increasingly focused on the potential psychological benefits of massage, particularly in alleviating stress, anxiety, and depression (Moyer, Rounds and Hannum, 2004).

Massage and Stress Reduction

Stress, defined as the body's response to physical or emotional threats, is closely tied to the hypothalamic-pituitary-adrenal (HPA) axis and the release of cortisol. Several studies indicate that massage can significantly reduce cortisol levels, supporting its role in stress management.

Field et al. (2005) reported reductions in cortisol and increases in serotonin following five weekly massage sessions, and a meta-analysis found medium-to-large effects on stress biomarkers for 30–60 minute treatments (Moraska & Chandler, 2009). However, these findings should be interpreted cautiously: many studies had small sample sizes, lacked active control groups, or used brief intervention periods, limiting internal validity and generalisability.

Massage Therapy and Anxiety

Massage has been widely studied in relation to anxiety, particularly among patients undergoing surgery, chemotherapy, or those with generalised anxiety disorder (GAD). The mechanism is believed to involve parasympathetic nervous system activation, leading to relaxation and reduction of hyperarousal symptoms. In a randomised controlled trial (RCT), Cutshall et al. (2010) showed that patients receiving massage therapy before surgery experienced

significantly lower anxiety scores compared to those receiving standard care. Similarly, Sharpe et al. (2007) observed reduced state and trait anxiety in individuals who received regular massage over six weeks. A 2016 Cochrane Review (Boylan et al., 2016) examining complementary therapies for anxiety found that massage consistently yielded moderate anxiety reduction, particularly in populations dealing with chronic illness or trauma. However, the review also emphasised methodological limitations in many studies, such as small sample sizes and lack of long-term follow-up.

Massage Therapy and Depression

Depression, a mood disorder marked by persistent sadness and loss of interest, is also affected by massage interventions. The serotonin-boosting and cortisol-lowering effects of massage have been linked to improvements in depressive symptoms. Field (2010) reviewed 17 studies on massage therapy for depression and concluded that moderate-pressure massage increased serotonin and dopamine levels while reducing cortisol, thus improving mood. In both clinical and non-clinical populations, such as postnatal mothers, patients with fibromyalgia, and elderly individuals, massage showed statistically significant improvements in depression scores (Hou et al., 2010).

Massage therapy may reduce stress, anxiety, and depressive symptoms, but effects are often short-term and enhanced when combined with psychotherapy, physical activity, or medication (Field et al., 2005; Moraska & Chandler, 2009). Evidence is limited by small samples, heterogeneous techniques (e.g., Swedish, deep tissue, aromatherapy), short follow-ups, and lack of blinding, which increases risk of bias and reduce generalisability. While research specifically on grieving parents is scarce, existing literature suggests that massage can promote relaxation, emotional regulation, and physiological balance, indicating its potential as a complementary intervention within multi-modal bereavement support.

The Online Approach

Online health and wellness programs have expanded access to mental and physical well-being interventions. Digital platforms allow individuals to practice self-care at home, including breathing techniques, acupressure, self-massage, and stretching. These practices target both psychological and physiological aspects of stress, anxiety, and depression, addressing chronic muscular tension and promoting body awareness (Mehling et al., 2018; Price & Hooven, 2018; Spijkerman et al., 2016).

Breathing exercises regulate the autonomic nervous system and reduce habitual muscular tension (Zaccaro et al., 2018; Ma et al., 2017). Acupressure and self-massage stimulate tactile and proprioceptive pathways, lowering stress hormones and promoting relaxation (Lee et al., 2015; Field, 2014). Stretching and gentle movement further enhance body awareness, flexibility, and mood (Ross & Thomas, 2010; Cramer et al., 2013). Multimodal online programs show the strongest outcomes, combining multiple somatic techniques to enhance interoceptive awareness and emotional regulation (Creswell et al., 2019; Porges, 2011). Challenges include user engagement, safe technique application, and personalized instruction. While online or web-based interventions for bereaved individuals show promising effects on grief and depression (Eisma et al., 2021; Lenferink et al., 2023), there is a paucity of research focusing specifically on parents who have lost a dependent child. Existing studies tend to focus on bereavement in broad adult populations (Wagner, Rosenberg and Hofmann, 2020) or prenatal loss, which differs in psychological and social circumstances (Domhardt et al., 2019) and often lack long-term follow-up or tailoring to the unique parental role (Kersting et al., 2013). Hence, there is a clear need for research to develop and evaluate digital interventions specifically targeted at grieving parents.

The Jing Method™

The Jing Method™ of Advanced Clinical Massage, developed in the UK, is primarily used to address chronic musculoskeletal pain and related conditions. It combines clinical massage with a holistic, client-centred approach (Fairweather & Mari, 2015; Jing Institute, n.d.-a). The method draws on a fusion of Eastern and Western techniques, including trigger point therapy, fascial work, acupressure, and advanced stretching, applied in combination to treat pain and dysfunction (Fairweather & Mari, 2015; Jing Institute, n.d.-a). Treatment is typically delivered through a structured programme of approximately six sessions, with defined goals and regular assessment guiding clinical decision-making (Jing Institute, n.d.-a). The approach is informed by the biopsychosocial model, addressing physical symptoms such as pain, stiffness, or mobility restriction alongside relevant emotional and psychological factors (Gatchel et al., 2007; Fairweather & Mari, 2015). Self-care forms a core component of the Jing Method™ , with clients guided in stretching, strengthening, breathing techniques, and mindfulness practices to support recovery and enhance self-efficacy (Jing Institute, n.d.-b). Emerging research suggests potential applications of Jing protocols in areas beyond musculoskeletal pain. For example, pilot studies have applied the method in treating stress among unpaid carers, showing reductions in stress, anxiety, and depression (Revive Massage Therapy, 2022; Jing Institute, n.d.-c). While not created as a grief-specific intervention, the Jing Method™ naturally supports many of the needs of bereaved clients—including physical care, emotional regulation, relief from body tension, nurturing touch, and empowerment through self-care (Fairweather & Mari, 2015; Williams and Craig, 2016).

The techniques and methods used by the Jing Method™, are listed in the mnemonic HFMAST.

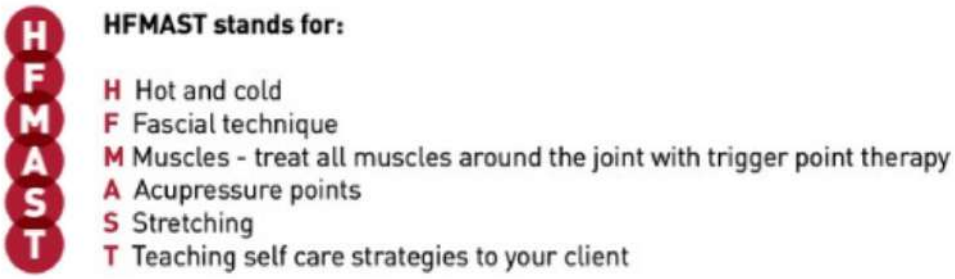


Figure 1: Jing Method™ Clinical Massage Therapy HFMAST (Reproduced with permission of Jing Institute of Massage and Complementary Medicine)

Table 2: HFMAST – Key Techniques and Components of the Jing Method™

Component	Description	Source(s)
Thermotherapy	Use of **hot and cold applications** to reduce pain, enhance circulation, and prepare tissue for deeper work.	Fairweather and Mari (2015); Bleakley and Costello (2013)
Fascial Techniques	Includes **myofascial release** and **unwinding** to reduce fascial restrictions, improve tissue mobility, and support pain modulation.	Fairweather and Mari (2015); Schleip et al. (2012)
Muscle Work	Focus on treating **skeletal muscles** using **trigger point therapy**, soft tissue release, and deep tissue massage to reduce hypertonicity and pain.	Fairweather and Mari (2015); Weerapong, Hume and Kolt (2005)
Acupressure	Application of sustained pressure on specific **acupoints** to regulate energy flow and reduce pain or tension, drawing from Eastern techniques.	Fairweather and Mari (2015); Jing Institute (n.d.)
Stretching	Use of **advanced passive and active stretches** to increase range of motion, support alignment, and improve functional movement.	Fairweather and Mari (2015)
Teaching Self-Care	Clients are taught **stretches, strengthening, mindfulness, and breathing techniques** to maintain progress and build self-efficacy.	Jing Institute (n.d.)

Pilot work in adults experiencing chronic stress showed large reductions in DASS-42 scores after a six-week programme (O'Flynn, 2024), though absence of a control group limits generalisation. Further research is warranted to test the approach in bereaved populations.

Biopsychosocial Model

The biopsychosocial model of health, introduced by George Engel in 1977, suggests that to understand a person's medical condition we must consider social and psychological factors as well as biological factors (Garner et al., 2008). The Jing Method™ is grounded in this model, which views pain as an interplay of biological, psychological, and social factors—not merely structural or tissue damage. This reflects a shift in modern pain science that emphasizes central nervous system sensitization, stress, trauma, and emotional health as key components of chronic pain conditions (Fairweather & Mari, 2015; Gatchel et al., 2007).

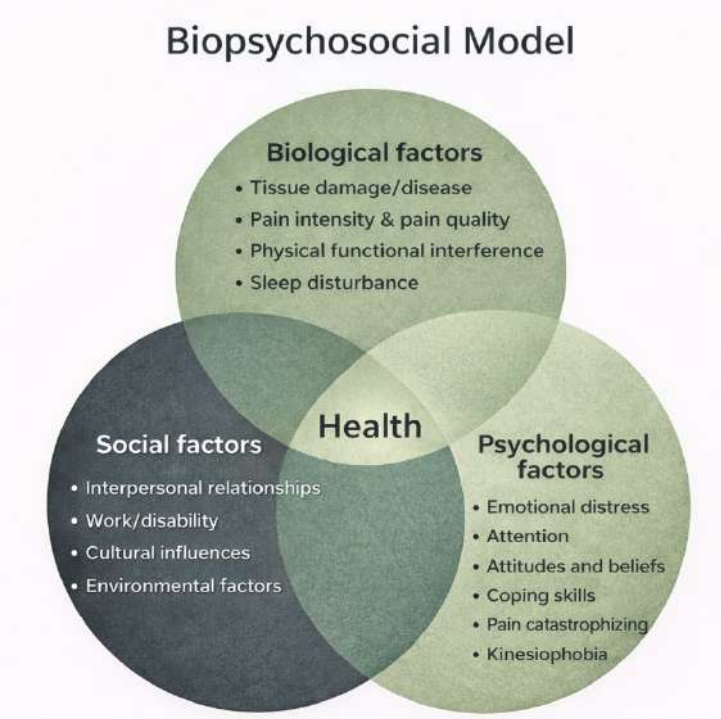


Figure 2: The Biopsychosocial Model of Health

Small-scale, within-subject studies can help explore feasibility and preliminary outcomes by which the Jing Method™ may support bereaved parents. While traditional bereavement interventions tend to prioritise cognitive or emotional processing (e.g., talk therapy, support groups), there is growing recognition of the importance of somatic and body-based approaches in trauma and grief recovery (Ogden, Minton and Pain, 2006; Van der Kolk, 2014). Despite theoretical relevance, there is a notable lack of empirical research evaluating this modality in bereaved populations.

Why the Jing Method™ for treating stress, depression, anxiety in bereaved parents?

Existing Jing-related studies provide a relevant evidence base supporting its potential applicability in bereaved parents. Research demonstrates that the Jing Method™ is effective in reducing stress, anxiety, and depressive symptoms in other adult populations, suggesting relevance for bereaved parents who experience overlapping psychological and somatic distress (O'Flynn, 2024; Quayle, 2023; Martinez-Perez, 2023; Stewart-Smith, 2024).

Jing-based interventions have shown positive outcomes in the treatment of depression, anxiety and stress, as will be considered in greater depth in the Discussion. Parental bereavement is associated with heightened physiological arousal, sleep disturbance, emotional dysregulation, and somatic pain. The Jing Method™ integrates soft-tissue techniques, stretching, acupressure, mindful attention, and emotional support within a trauma-informed framework. This multimodal approach aligns with contemporary biopsychosocial models of grief, which recognise the interaction between psychological distress, physiological stress responses, and somatic symptoms.

Although rigorous research evaluating the Jing Method™ specifically in bereaved parents is currently lacking, existing evidence from depression and stress-related populations supports its theoretical suitability. The present study therefore aims to explore the feasibility, acceptability,

and preliminary psychological outcomes of the Jing Method™ in bereaved parents, contributing to an emerging evidence base in this under-researched population. While direct evidence in bereaved parents is limited, this study is positioned as an exploratory, feasibility-focused investigation grounded in established Jing research in related clinical populations.

METHOD

Ethical approval was granted by the Jing Institute of Massage and Complementary Medicine (Appendix 1), and all procedures were conducted in accordance with current ethical research standards. Participants were recruited through the researcher's client base, social media platforms, a local cemetery, funeral directors, charities supporting bereaved families, community networking groups, and a published article in a local newspaper (Appendix 4).

The primary outcome measure used to assess both eligibility and symptom severity throughout the study was the Depression, Anxiety and Stress Scale (DASS-42) questionnaire (Appendix 6). The DASS-42 is a self-report measure developed by Lovibond and Lovibond (1995) to assess symptoms of depression, anxiety, and stress across 42 items. Each domain is scored on a scale from 0 to 42, with a possible combined total score ranging from 0 to 126. Higher scores indicate greater symptom severity (see Table 4).

Eligibility for inclusion required participants to score in the mild range or above in at least one DASS-42 subscale, or to have a combined score above 25. Additional inclusion criteria included being a parent who had experienced the death of a child/children, and having had no changes to prescribed medication within the previous 12 weeks.

The DASS-42 questionnaire was provided online by the researcher to allow potential participants to complete screening prior to enrolment. If the participant met the eligibility criteria, a consultation was arranged via telephone or Zoom to discuss the study, answer questions, and confirm participation. At this stage, participants were provided with an information letter and consent form for signature prior to commencement of the study (Appendix 2).

Eight participants were initially recruited for the study. One participant did not meet the inclusion criteria, as her baseline DASS-42 score was below the required threshold of 25, and therefore she was not eligible to take part in the study. Another participant completed the six-week control period and the DASS-42 assessment but withdrew before the first intervention session. Consequently, six participants were included in the final analysis.

The study was structured into three phases:

Phase 1 (Weeks 1–6): A baseline control period during which participants completed the DASS-42 questionnaire weekly without receiving any intervention.

Phase 2 (Weeks 7–12): The intervention phase involved alternating weekly sessions of 50-minute hands-on treatments following the Jing Method™ chronic stress protocol and 30-minute online individual Zoom sessions. Self-care education was delivered during the 30-minute individual Zoom sessions and included guided breathing, acupressure, and stretches.

Phase 3 (Weeks 13–16): A follow-up phase without treatment, where a final DASS-42 questionnaire was completed at the end of Week 16 to assess any sustained effects of the intervention.

As far as practicable, experimental conditions were standardised across all sessions to ensure that the Jing Method™ protocols constituted the primary variable under investigation. The treatment environment - including room setting, background music (instrumental, without lyrics), unscented massage wax, use of hot stones, and ambient temperature - was kept consistent for each participant on a weekly basis. Researcher interaction, whilst maintaining openness and professionalism, was kept to the minimum necessary to ensure safe, ethical, and comfortable treatment. However, given that the study involved a specific participant group of parents who had experienced the loss of a child, and acknowledging that massage therapy may

evoke emotional responses, ethical considerations were prioritised throughout the research process. An additional 15 minutes was therefore allocated following each hands-on treatment to provide participants with adequate time to process emotional responses, regain composure, and ensure emotional safety before leaving the treatment environment. Additional time was not formally allocated following the Zoom sessions; however, support was available if participants required further clarification.

RESULTS

The DASS-42 categorises the severity of symptoms using the following criteria:

Table 3: DASS-42 Validated Questionnaire Scoring Ranges with Severity Classifications

Source: Lovibond and Lovibond (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+

For the six participants of the study, the results reflected significant decreases across all three markers of depression, anxiety and stress with overall group scores decreasing by 72% at week 12, indicating the potential effectiveness of the Jing Method™ for the mental health of grieving parents. At follow-up (Week 16), depression scores continued to decrease by 11%; however, there was a small overall increase of 5% in combined DASS-42 scores compared with Week 12.

Table 4: Average Participant Scores from Week 1 to Week 16 by Score Variation and Percentage Decrease

Category	Score: Week 1	Score: Week 12	DASS Score Variation	Percentage %	Score Week 16
Depression	26	9	↓ 17	65%	8
Anxiety	18	4	↓ 14	78%	5
Stress	24	6	↓ 18	75%	7
Overall	68	19	↓ 49	72%	20

Figure 3: Overall – Average DASS-42 Scores for All Participants During the Study

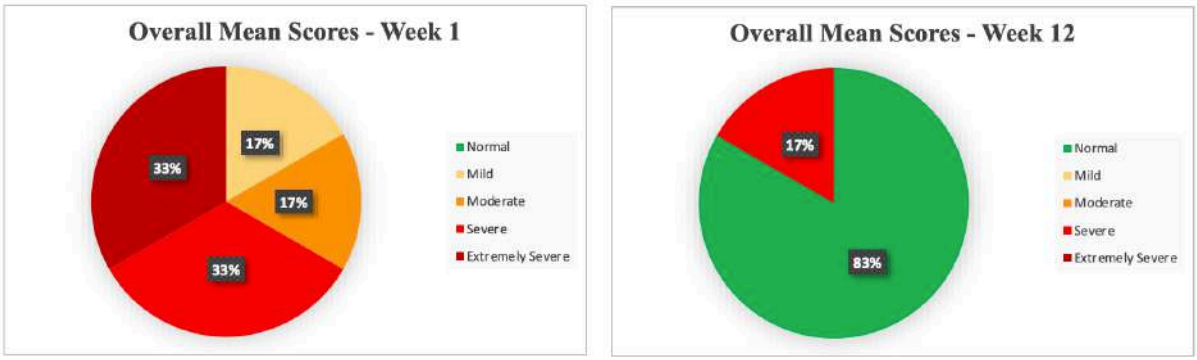


Figure 4: Overall – Severity Labels Mean Scores at Week 1 & Week 12

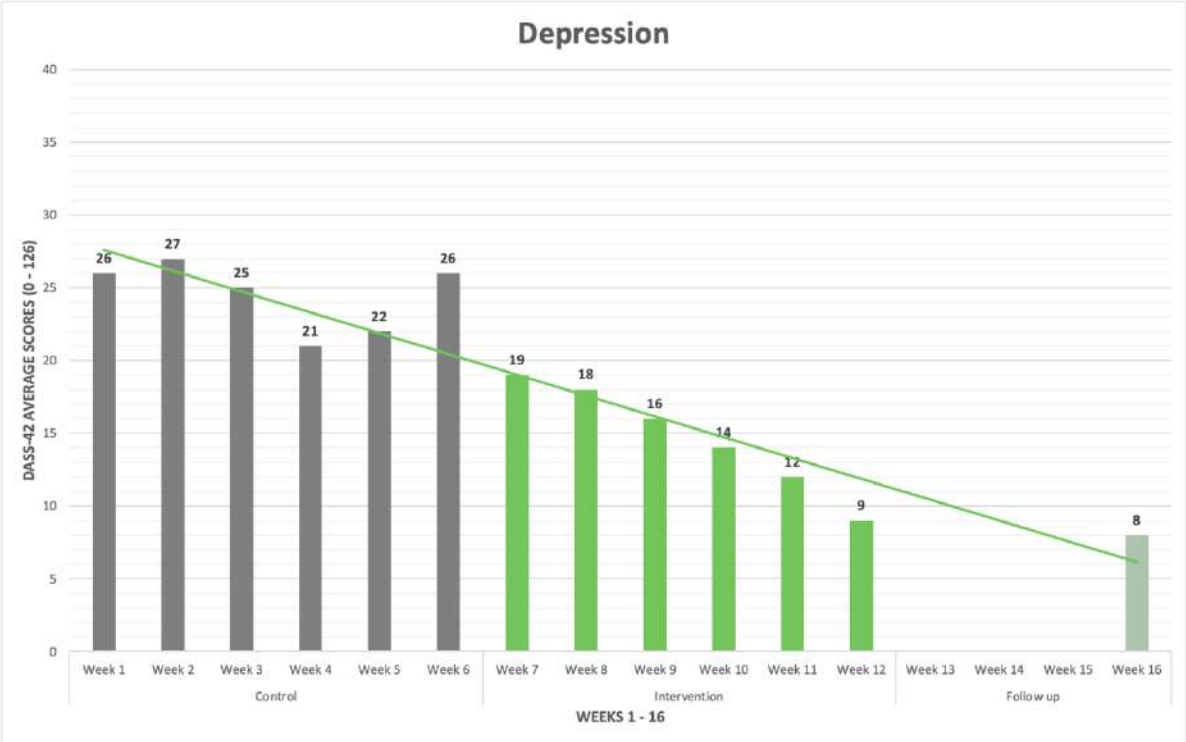


Figure 5: Depression – Average DASS-42 Scores for Depression During the Study

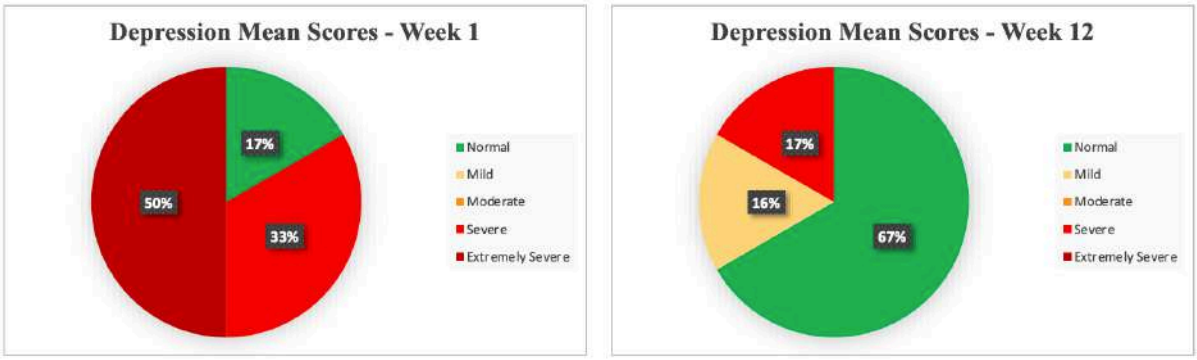


Figure 6: Depression – Severity Labels Mean Scores at Week 1 & Week 12

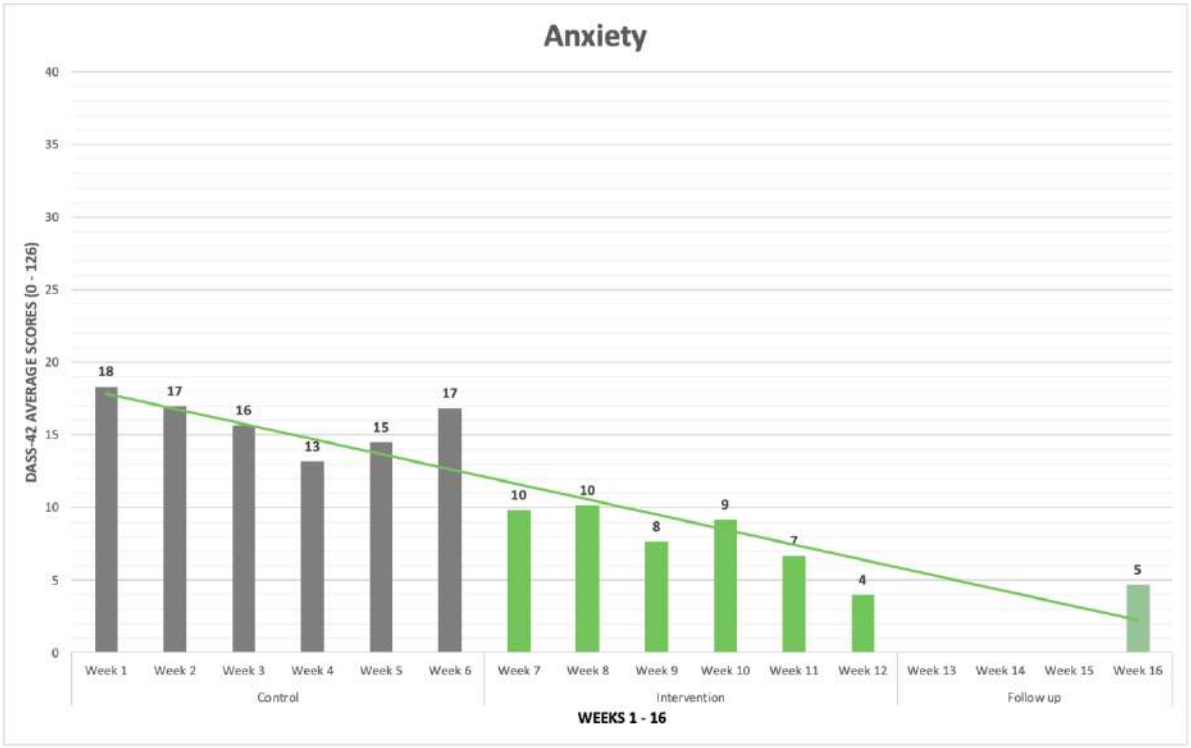


Figure 7: Anxiety – Average DASS-42 Scores for Anxiety During the Study

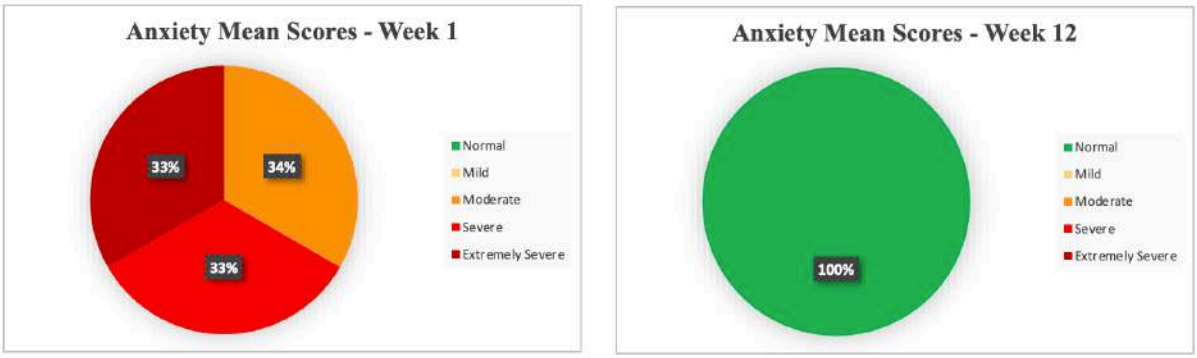


Figure 8: Anxiety – Severity Labels Mean Scores at Week 1 & Week 12

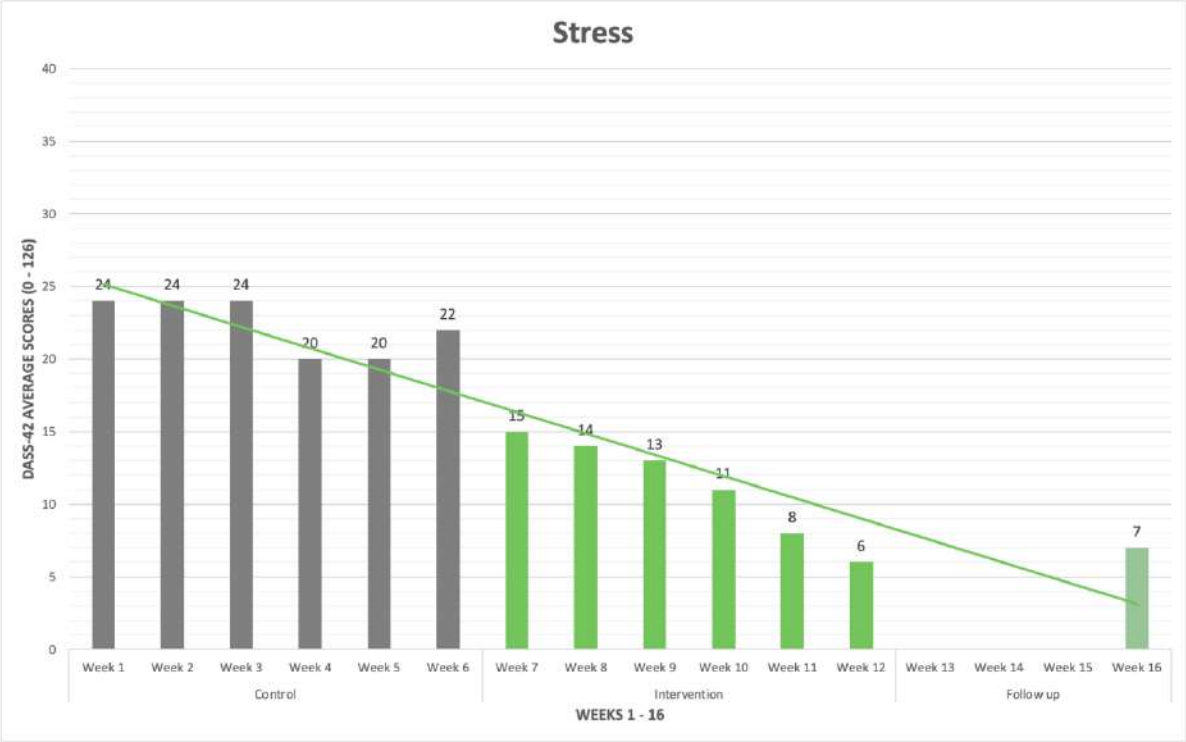


Figure 9: Stress – Average DASS-42 Scores for Stress During the Study

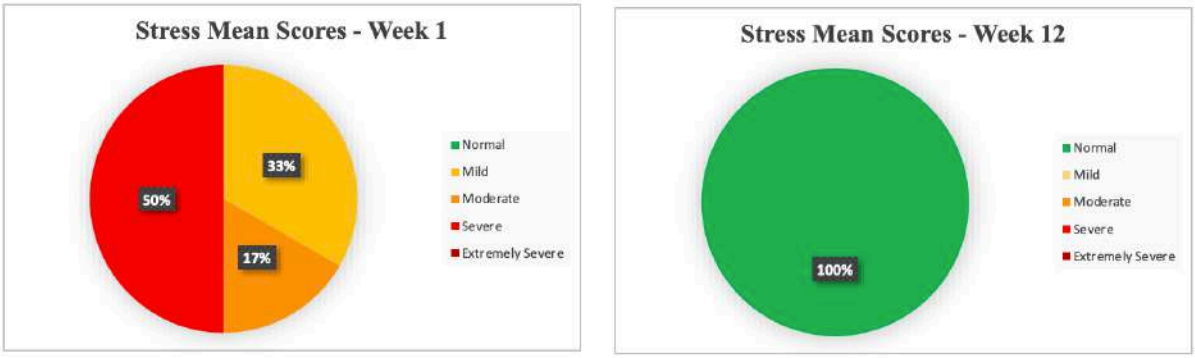


Figure 10: Stress – Severity Labels Mean Scores at Week 1 & Week 12

DISCUSSION

This study evaluated the effects of the Jing Method™ on depression, anxiety, and stress in bereaved parents following the loss of a child. The results demonstrated substantial reductions across all three psychological domains during the intervention phase, with the most pronounced improvements observed at Week 12, corresponding with the conclusion of active treatment. These findings suggest that the Jing Method™, delivered through a combination of hands-on therapy and guided online self-care, may offer meaningful psychological support for parents experiencing chronic grief-related distress.

Relationship Between Results and Existing Literature

The reductions in depression (65%), anxiety (78%), and stress (75%) observed by Week 12 are consistent with existing research indicating that repeated massage therapy can significantly improve psychological wellbeing across a range of adult populations, including healthy adults and adults experiencing elevated stress, anxiety and depressive symptoms (Field et al., 2005; Hou et al., 2010). Although research specifically focusing on bereaved parents remains limited, the symptom profile associated with parental bereavement—including heightened stress, emotional dysregulation, and somatic tension—closely parallels populations examined in prior massage research (Dyregrov & Gjestad, 2011; Buckley et al., 2012).

The literature review highlighted that parental grief is associated with neurobiological changes such as increased limbic system activation, elevated cortisol, and chronic autonomic nervous system dysregulation (O'Connor et al., 2008; Buckley et al., 2012). Massage therapy has been shown to reduce cortisol levels and increase serotonin and dopamine, thereby supporting emotional regulation and stress reduction (Field et al., 2005). While neurobiological measures were not directly assessed in this study, the significant improvements in DASS-42 scores

suggest that similar regulatory mechanisms may have been activated through the Jing Method™, supporting its theoretical relevance within a grief context. Quayle (2023) and Martinez-Perez (2023) reported significant improvements in mood, emotional regulation, and perceived stress following Jing treatment in men with depressive symptoms. Although this population differs from bereaved parents, the therapeutic mechanisms targeted—including autonomic regulation, emotional processing, and reduced somatic tension—are highly relevant to grief-related distress.

Similarly, Aherin (2023) demonstrated meaningful reductions in depression and anxiety, alongside improved emotional resilience and self-regulation. These findings suggest that core principles of the Jing Method™, such as somatic awareness, compassionate practitioner–client interaction, and structured self-care practices, are effective across delivery formats and populations experiencing psychological distress.

Further evidence is provided by O'Flynn (2024), who reported significant reductions in stress, anxiety, and depressive symptoms following Jing treatment in a non-bereaved adult sample. While bereavement was not the focus of this study, the findings indicate that Jing-based interventions positively influence psychological wellbeing and nervous system regulation—processes commonly disrupted in parental bereavement.

Hands-On Treatment and Online Self-Care Integration

A notable finding was the absence of a clear distinction in weekly outcomes between hands-on sessions and online Zoom-based self-care sessions. This finding supports the clinical value of the online component and suggests that alternating delivery methods may strengthen the study's clinical relevance. Improvements were maintained regardless of session format, indicating that guided self-care practices—including breathing exercises, self-massage,

stretching, and acupressure—were effective in supporting emotional regulation between treatments.

This finding is consistent with research demonstrating that online and digital somatic interventions can reduce stress, anxiety, and depressive symptoms when grounded in autonomic regulation and body awareness (Spijkerman et al., 2016; Zaccaro et al., 2018). Aherin's (2023) work on online Jing-based treatment for depression and Stewart-Smith's (2024) study on treating stress in carers further supports the feasibility of remote delivery. For bereaved parents, who may face emotional or practical barriers to attending regular in-person sessions, the integration of online self-care represents a clinically valuable and accessible approach.

Therapeutic Alliance and Jing-Specific Evidence

The therapeutic alliance may have played a significant role in the outcomes observed. Jing-related research by Gillingham (2017) emphasises the importance of compassionate practitioner–client interaction in facilitating emotional safety and engagement. Participants in this study frequently reported feeling understood, supported, and emotionally held, which may have contributed to reductions in anxiety and stress through enhanced parasympathetic activation and reduced hyperarousal.

Findings from Martinez-Perez (2023) and Quayle's (2023) study on depression in men, as well as O'Flynn's (2024) research on chronic stress in non-bereaved adults, demonstrate that Jing-based interventions can produce consistent psychological benefits across populations. Although this study included only female participants, the convergence of outcomes across Jing research suggests that the method targets core mechanisms—such as emotional regulation, somatic release, and self-efficacy—that are not population-specific.

Somatic Changes and Biopsychosocial Integration

Participants reported physical improvements including reduced stiffness, improved posture, decreased pain, and increased energy levels. These findings align with literature identifying chronic stress and grief as contributors to sustained muscular tension and altered movement patterns (Schleip et al., 2012; Van der Kolk, 2014). By addressing fascial restriction, muscular hypertonicity, and nervous system regulation through the HFMAST framework, the Jing Method™ may reduce somatic contributors to psychological distress.

These physical improvements support the biopsychosocial model underpinning the Jing Method™, which recognises the reciprocal relationship between physical discomfort and emotional wellbeing (Gatchel et al., 2007). Reduced bodily tension may lessen physiological stress responses, thereby contributing indirectly to improved mood and reduced anxiety.

Week 12 Versus Week 16: Intervention and Follow-Up

It is important to distinguish between Week 12 results, representing the end of the intervention phase, and Week 16 results, reflecting follow-up without treatment. While improvements were largely maintained, a small increase in overall DASS-42 scores was observed during the follow-up phase. Despite this slight increase, mean DASS-42 scores remained within the 'Normal' severity category. This gradual uptick may indicate that continued support or periodic follow-up sessions could help sustain therapeutic gains. However, further longitudinal research is needed to clarify the optimal intervention 'dose' and maintenance frequency required to support maximum long-term benefit.

This pattern aligns with broader massage therapy literature suggesting that benefits may diminish over time without ongoing intervention (Moraska & Chandler, 2009). Given the

enduring nature of parental grief, the inclusion of maintenance sessions or extended self-care support may be clinically appropriate.

Changes in Symptom Severity Across the Intervention

In addition to reductions in mean DASS-42 scores, analysis of severity classifications further supports the clinical relevance of the findings. At baseline (Week 1), the majority of participants fell within the severe or extremely severe categories across anxiety, depression, stress, and overall scores. By Week 12, following the intervention phase, a majority had instead shifted into the normal or mild severity ranges. This movement across severity bands suggests that the observed changes may be clinically meaningful. Such reclassification may reflect improved day-to-day coping and emotional regulation. Although functional outcomes were not directly measured in this study, the observed shift across severity categories supports the interpretation that the Jing Method™ intervention may have produced meaningful psychological benefits rather than marginal symptom reduction.

Limitations and Future Practice Implications

As a small-scale pilot study using a within-subject baseline (control) phase rather than an external control group the findings should be interpreted cautiously. The reliance on self-report measures, absence of male participants, and limited follow-up period restrict generalisability. If the study were to be repeated, future research could incorporate a comparison group, longer follow-up periods, and qualitative interviews to further explore participant experiences. In addition, the inclusion of validated quality-of-life measures and physical symptom outcomes (e.g., muscular tension or pain) may help capture broader therapeutic effects beyond psychological distress scores.

Despite these limitations, this study highlights potential opportunities for collaboration with bereavement charities, counselling services, and multidisciplinary healthcare teams. Integrating Jing-based interventions into broader bereavement support frameworks may enhance accessibility and provide a valuable complementary option alongside traditional psychological therapies.

Summary of Findings

Overall, the findings suggest that the Jing Method™, delivered through a combination of hands-on treatment and guided online self-care, may offer a compassionate and effective approach to supporting bereaved parents. By addressing emotional regulation, somatic tension, self-efficacy, and nervous system balance within a biopsychosocial framework, the intervention aligns closely with contemporary understandings of grief and trauma. This study contributes meaningful practice-based evidence to an under-researched area and provides a foundation for future research and clinical application

CONCLUSIONS

This study demonstrates that the Jing Method™ massage protocols are associated with substantial reductions in depression, anxiety, and stress among bereaved parents, with overall DASS-42 scores decreasing by 72%. These findings suggest that structured, repeated massage therapy may provide meaningful psychological support for individuals experiencing chronic grief.

The results align with existing evidence indicating that massage therapy can enhance emotional regulation, reduce stress, and improve mood (Field et al., 2005; Hou et al., 2010; Yuan et al., 2015). Ethical considerations, including the provision of post-session emotional processing time, contributed to participant safety and engagement, highlighting the importance of trauma-informed care when working with bereaved populations.

Although limitations such as the small sample size and absence of a control group restrict the generalisability of these findings, the consistency and magnitude of the improvements observed suggest that massage therapy may represent a valuable complementary, person-centred intervention for supporting psychological wellbeing.

Future research should employ larger samples, controlled study designs, and longer follow-up periods in order to confirm these findings and further explore the long-term outcomes of Jing Method™ interventions.

Overall, the Jing Method™ shows promise as a compassionate and potentially effective approach to supporting psychological wellbeing in vulnerable populations.

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. Brighton: Jing Institute of Massage & Complementary Medicine.

Arnold, J., Gemma, P.B. and Cushman, L.F. (2005) 'Exploring parental grief: combining quantitative and qualitative measures', *Archives of Psychiatric Nursing*, 19(6), pp. 245–255.

Bleakley, C.M. and Costello, J.T. (2013) 'Do thermal agents affect range of movement and mechanical properties in soft tissues? A systematic review', *Archives of Physical Medicine and Rehabilitation*, 94(1), pp. 149–163. doi: 10.1016/j.apmr.2012.07.026.

Boylan, L.S. *et al.* (2016) 'Massage therapy for anxiety: a systematic review', *Cochrane Database of Systematic Reviews*, Issue 4.

Buckley, T., Sunari, D., Marshall, A. and Bartrop, R. (2012) 'Physiological correlates of bereavement and grief', *Dialogues in Clinical Neuroscience*, 14(2), pp. 129–139.

Bruder, L. (2022) *Hot Stone Massage: A Three-Dimensional Approach*. Burlington, MA: Jones & Bartlett Learning.

Chen, Y., Li, J., Zhang, J. and Xiao, W. (2019) 'Somatic symptoms in parental bereavement: stress and immune response', *Psychosomatic Medicine*, 81(4), pp. 345–352.

Christ, G.H., Bonanno, G.A., Malkinson, R. and Rubin, S. (2003) 'Bereavement experiences after the death of a child', in Field, M.J. and Behrman, R.E. (eds.) *When Children Die: Improving Palliative and End-of-Life Care for Children and Their Families*. Washington, DC: National Academy Press, pp. 553–579 (Appendix E).

Cramer, H., Lauche, R., Anheyer, D., Pilkington, K., de Manincor, M., Dobos, G. and Ward, L. (2013) 'Yoga for depression: a systematic review and meta-analysis', *Depression and Anxiety*, 30(11), pp. 1068–1083.

Creswell, J.D., Lindsay, E.K. and Moyers, T.B. (2019) 'How does mindfulness training affect health?', *Current Directions in Psychological Science*, 28(6), pp. 483–490.

Cutshall, S.M. *et al.* (2010) 'Effect of massage therapy on preoperative anxiety in ambulatory surgery patients', *Journal of Clinical Nursing*, 19(7–8), pp. 1047–1057.

deJong-Berg, M.A. and Kane, L. (2006) 'Bereavement care for families part 2: evaluation of a paediatric follow-up programme', *International Journal of Palliative Nursing*, 12(10), pp. 484–494.

D'Agostino, N.M., Berlin-Romalis, D., Jovcevska, V. and Barrera, M. (2008) 'Bereaved parents' perspectives on their needs', *Palliative & Supportive Care*, 6(1), pp. 33–41.

Diego, M., Field, T., Hernandez-Reif, M., Deeds, O., Ascencio, A. and Begert, G. (2007) 'Preterm infant massage elicits consistent increases in vagal activity and gastric motility that are associated with greater weight gain', *Acta Paediatrica*, 96, pp. 1588–1591.

Diego, M.A., Field, T., Sanders, C. and Hernandez-Reif, M. (2004) 'Massage therapy of moderate and light pressure and vibrator effects on EEG and heart rate', *International Journal of Neuroscience*, 114, pp. 31–45.

Doka, K.J. (2002) *Disenfranchised Grief: Recognizing Hidden Sorrow*. San Francisco: Jossey-Bass.

Domhardt, M., Steubl, L., Boettcher, J., Buecker, B., Knaevelsrud, C. and Baumeister, H. (2019) 'Internet- and mobile-based psychological interventions for grief after bereavement: a systematic review and meta-analysis', *Internet Interventions*, 17, p. 100299.

Dyregrov, A. and Dyregrov, K. (1999) 'Long-term impact of sudden infant death: a 12- to 15-year follow-up', *Death Studies*, 23(7), pp. 635–661. doi: 10.1080/074811899200812.

Dyregrov, A. and Gjestad, R. (2011) 'Parents' reactions after the loss of a child', *Death Studies*, 35(8), pp. 683–708.

Eisma, M.C., Boelen, P.A. and Lenferink, L.I.M. (2021) 'Prolonged grief disorder following the Coronavirus (COVID-19) pandemic', *Psychiatry Research*, 295, p. 113604.

Engel, G.L. (1977) 'The need for a new medical model: a challenge for biomedicine', *Science*, 196(4286), pp. 129–136.

Engert, V., Grant, J.A. and Strauss, B. (2020) 'Psychosocial factors in disease and treatment—a call for the biopsychosocial model', *JAMA Psychiatry*, 77(10), pp. 996–997.

Fairweather, R. and Mari, M.S. (2015) *Massage Fusion: The Jing Method™ for the Treatment of Chronic Pain*. Edinburgh: Handspring Publishing.

Field, T. (2005) 'Massage therapy research', *Developmental Review*, 25(1), pp. 118–145.

Field, T. (2010) 'Massage therapy facilitates weight gain in preterm infants', *Current Directions in Psychological Science*, 19(5), pp. 390–394.

Field, T. (2014) 'Massage therapy research review', *Complementary Therapies in Clinical Practice*, 20(4), pp. 224–229.

Field, T., Diego, M. and Hernandez-Reif, M. (2006) 'Massage therapy research', *Developmental Review*, 27, pp. 75–89.

Field, T. and Diego, M. (2008a) 'Maternal depression effects on infant frontal EEG asymmetry', *International Journal of Neuroscience*, 118, pp. 1081–1108.

Field, T. and Diego, M. (2008b) 'Vagal activity, early growth and emotional development', *Infant Behavior and Development*, 31, pp. 361–373.

Field, T., Diego, M., Dieter, J., Hernandez-Reif, M., Schanberg, S., Kuhn, C. *et al.* (2004) 'Prenatal depression effects on the fetus and the newborn', *Infant Behavior and Development*, 27, pp. 216–229.

Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S. and Kuhn, C. (2005) 'Cortisol decreases and serotonin and dopamine increase following massage therapy', *International Journal of Neuroscience*, 115, pp. 1397–1413.

Field, T., Morrow, C., Valdeon, C., Larson, S., Kuhn, C. and Schanberg, S. (1992) 'Massage reduces anxiety in child and adolescent psychiatric patients', *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, pp. 125–131.

Field, T. (2010) 'Touch for socioemotional and physical well-being: a review', *Developmental Review*, 30(4), pp. 367–383.

Fogarty, S. and Hay, P. (2019) 'The role of massage in bereavement: a scoping review', *OBM Integrative and Complementary Medicine*, 4(4), pp. 1–14.

French, S.D., Cameron, M., Walker, B.F., Reggars, J.W. and Esterman, A.J. (2006) 'Superficial heat or cold for low back pain', *Cochrane Database of Systematic Reviews*, (1).

Garner, B., Phillips, L.J., Schmidt, H.M., Markulev, C., O'Connor, J., Wood, S.J., Berger, G.E., Burnett, P. and McGorry, P.D. (2008) 'Pilot study evaluating the effect of massage therapy on stress, anxiety and aggression in a young adult psychiatric inpatient unit', *Australian & New Zealand Journal of Psychiatry*, 42(5), pp. 414–422.

Gatchel, R.J., Peng, Y.B., Peters, M.L., Fuchs, P.N. and Turk, D.C. (2007) 'The biopsychosocial approach to chronic pain: scientific advances and future directions', *Psychological Bulletin*, 133(4), pp. 581–624. doi: 10.1037/0033-2909.133.4.581.

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

Gilmer, M.J., Foster, T.L., Vannatta, K., Barrera, M., Davies, B., Dietrich, M.S., Fairclough, D.L., Grollman, J., Gerhardt, C.A. *et al.* (2012) 'Changes in parents after the death of a child from cancer', *Journal of Pain and Symptom Management*, 44(4), pp. 572–582. doi: 10.1016/j.jpainsymman.2011.10.017.

Goodenough, B., Drew, D., Higgins, S. and Trethewie, S. (2004) 'Bereavement outcomes for parents who lose a child to cancer: are place of death and sex of parent associated with differences in psychological functioning?', *Psycho-Oncology*, 13(11), pp. 779–791. doi: 10.1002/pon.795.

Goodenough, B., Drew, D., Higgins, S. and Trethewie, S. (2004) 'Bereavement outcomes for parents following the death of a child from cancer: a review of the literature', *Palliative Medicine*, 18(3), pp. 227–239.

Grewen, K.M., Anderson, B.J., Girdler, S.S. and Light, K.C. (2003) 'Nonverbal encouragement of participation in a course: the effect of touching', *Social Psychology of Education*, 7, pp. 89–98.

Heinrichs, M., Baumgartner, T., Kirschbaum, C. and Ehlert, U. (2003) 'Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress', *Biological Psychiatry*, 54, pp. 1389–1398.

Henricson, M., Berglund, A.L., Maatta, S., Ekman, R. and Segesten, K. (2008) 'The outcome of tactile touch on oxytocin in intensive care patients: a randomized controlled trial', *Journal of Clinical Nursing*, 17, pp. 2624–2633.

Hernandez-Reif, M., Field, T. and Diego, M. (2005) 'Massage therapy and depression in adolescents', *International Journal of Neuroscience*, 115(10), pp. 1397–1413.

Hou, W.H., Chiang, P.T., Hsu, T.Y., Chiu, S.Y. and Yen, Y.Y. (2010) 'Treatment effects of massage therapy in depressed people: a meta-analysis', *Journal of Clinical Psychiatry*, 71(7), pp. 894–901.

Huberty, J.L., Matthews, J., Leiferman, J., Hermer, J. and Cacciatore, J. (2017) 'When a baby dies: a systematic review of experimental interventions for women after stillbirth', *Reproductive Sciences*, 24(7), pp. 967–975.

Jing Institute (n.d.-a) *The Jing Method™ and Research*. Available at: https://jingmassage.com/about-us/the-jing-method-and-research/ (Accessed: 16 October 2025).

Jing Institute (n.d.-b) *The Jing Method™: A Results Driven Approach to Pain*. Available at: https://www.jingmassage.com/therapists/the-jing-method/ (Accessed: 16 October 2025).

Jing Institute (n.d.-c) *Online Training and Research*. Available at: https://jingmassage.com/about-us/the-jing-method-and-research/ (Accessed: 16 October 2025).

Klass, D., Silverman, P.R. and Nickman, S.L. (1996) *Continuing Bonds: New Understandings of Grief*. Washington, DC: Taylor & Francis.

Kersting, A., Dölemeyer, R., Steinig, J., Walter, F., Kroker, K., Wesselmann, U. and Wagner, B. (2013) 'Brief internet-based intervention reduces posttraumatic stress and prolonged grief in parents after the loss of a child during pregnancy: a randomized controlled trial', *Psychological Medicine*, 43(1), pp. 1–10.

Kochen, E.M., Jenken, F., Boelen, P.A., Deben, L.M., Fahner, J.C., van den Hoogen, A., Teunissen, S.C., Geleijns, K. and Kars, M.C. (2020) 'When a child dies: a systematic review of well-defined parent-focused bereavement interventions and their alignment with grief-and loss theories', *BMC Palliative Care*, 19, pp. 1–22.

Kreicbergs, U.C., Lannen, P., Onelov, E. and Wolfe, J. (2007) 'Parental grief after losing a child to cancer: impact of professional and social support on long-term outcomes', *Journal of Clinical Oncology*, 25(22), pp. 3307–3312. doi: 10.1200/JCO.2006.10.0743.

Lannen, P.K., Wolfe, J., Prigerson, H.G., Onelov, E. and Kreicbergs, U.C. (2008) 'Unresolved grief in a national sample of bereaved parents: impaired mental and physical health 4 to 9 years later', *Journal of Clinical Oncology*, 26(36), pp. 5870–5876. doi: 10.1200/JCO.2007.14.6738.

Lee, M.S., Kang, C.W. and Ernst, E. (2015) 'Effectiveness of self-administered acupressure for symptom management: a systematic review', *Complementary Therapies in Medicine*, 23(3), pp. 365–370.

Lenferink, L.I.M., Eisma, M.C., de Keijser, J. and Boelen, P.A. (2023) 'Online interventions for bereaved adults: a meta-analysis and systematic review of components and mechanisms', *Behaviour Research and Therapy*, 166, p. 104334.

Li, J., Laursen, T.M., Precht, D.H., Olsen, J. and Mortensen, P.B. (2003) 'Mortality in parents after death of a child in Denmark: a nationwide follow-up study', *The Lancet*, 361(9355), pp. 363–367. https://doi.org/10.1016/S0140-6736(03)12387-2

Li, J., Laursen, T.M., Precht, D.H. and Mortensen, P.B. (2014) 'Hospitalization for mental disorders following the loss of a child', *New England Journal of Medicine*, 370(12), pp. 1192–1200.

Lowen, A. (1975) *Bioenergetics*. London: Penguin Books.

Ma, X., Yue, Z.Q., Gong, Z.Q. *et al.* (2017) 'The effect of diaphragmatic breathing on attention, negative affect, and stress in healthy adults', *Frontiers in Psychology*, 8, p. 874.

Maccallum, F. and Bryant, R.A. (2013) 'Neural mechanisms of prolonged grief', *Biological Psychiatry*, 74(4), pp. 344–351.

Macdonald, M.E., Liben, S., Carnevale, F.A., Rennick, J.E., Wolf, S.L., Meloche, D. *et al.* (2005) 'Parental perspectives on hospital staff members' acts of kindness and commemoration after a child's death', *Pediatrics*, 116(4), pp. 884–890.

Malkinson, R. and Bar-Tur, L. (2005) 'Long term bereavement processes of older parents: the three phases of grief', *OMEGA – Journal of Death and Dying*, 50(2), pp. 103–129.

Martinez-Perez, C. (2023) *Effects of the Jing Method™ of Advanced Clinical Massage on the Well-being of Men Aged 35–54*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.

McClowry, S.G., Davies, E.B., May, K.A., Kulenkamp, E.J. and Martinson, I.M. (1987) 'The empty space phenomenon: the process of grief in the bereaved family', *Death Studies*, 11(5), pp. 361–374.

Mehling, W.E., Wrubel, J., Daubenmier, J.J., Price, C.J., Kerr, C.E., Silow, T. and Stewart, A.L. (2018) 'Body awareness: a phenomenological inquiry into the common ground of mind–body therapies', *Philosophy, Ethics, and Humanities in Medicine*, 13(1), p. 6.

Middleton, W., Raphael, B., Burnett, P. and Martinek, N. (1998) 'A longitudinal study comparing bereavement phenomena in recently bereaved spouses, adult children and parents', *Australian and New Zealand Journal of Psychiatry*, 32(2), pp. 235–241. doi: 10.3109/00048679809062734.

Moyer, C.A., Rounds, J. and Hannum, J.W. (2004) 'A meta-analysis of massage therapy research', *Psychological Bulletin*, 130(1), pp. 3–18. doi:10.1037/0033-2909.130.1.3.

Mok, E. and Woo, C.P. (2004) 'Effect of slow-stroke back massage on anxiety and shoulder pain in elderly stroke patients', *Journal of Clinical Nursing*, 13(1), pp. 115–121.

Moraska, A. and Chandler, C. (2009) 'Changes in psychological parameters in patients undergoing massage therapy', *Journal of Alternative and Complementary Medicine*, 15(2), pp. 185–192.

Morris, S., Fletcher, K. and Goldstein, R. (2019) 'The grief of parents after the death of a young child', *Journal of Clinical Psychology in Medical Settings*, 26, pp. 321–338.

Murphy, S.A., Johnson, L.C. and Lohan, J. (2019) 'Gender differences in parental bereavement', *OMEGA – Journal of Death and Dying*, 79(1), pp. 60–84.

NCMD Programme (2024) *Child Death Review Data Release 2024: Year Ending 31 March 2024*. National Child Mortality Database. Available at: https://www.ncmd.info/publications/child-death-review-data-release-2024/(Accessed: 2 March 2026).

Nouwen, H.J.M. (1974) *Out of Solitude: Three Meditations on the Christian Life*. Notre Dame, IN: Ave Maria Press.

Ogden, P., Minton, K. and Pain, C. (2006) *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. New York: W.W. Norton.

O'Connor, M.F. *et al.* (2008) 'Brain activation in complicated grief', *American Journal of Psychiatry*, 165(7), pp. 924–932.

O'Connor, M.F. (2019) 'Grief: a brief history of research on how body, mind, and brain adapt', *Biopsychosocial Science and Medicine*, 81(8), pp. 731–738.

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. Brighton: Jing Institute of Massage & Complementary Medicine.

Ott, C.H., Sanders, S. and Kelber, S.T. (2007) 'Grief and cognitive functioning', *Journal of Gerontological Nursing*, 33(2), pp. 29–36.

Porges, S.W. (2001) 'The polyvagal theory: phylogenetic substrates of a social nervous system', *Psychoneuroendocrinology*, 23, pp. 837–861.

Porges, S.W. (2011) *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. New York: Norton.

Price, C.J. and Hooven, C. (2018) 'Interoceptive awareness skills for emotion regulation: theory and approach of mindful awareness in body-oriented therapy (MABT)', *Frontiers in Psychology*, 9, p. 798.

Prigerson, H.G., Horowitz, M.J., Jacobs, S.C., Parkes, C.M., Aslan, M., Goodkin, K. and Maciejewski, P.K. (2009) 'Prolonged grief disorder: psychometric validation of criteria proposed for DSM-V and ICD-11', *PLoS Medicine*, 6(8), p. 12. doi: 10.1371/journal.pmed.1000121.

Quayle, K., (2023) *Evaluating the effect of the Jing method™ of advanced clinical massage in the treatment of depression in men*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.

Radziejowski, P. (2018) 'Hot stone massage therapy—mechanisms of the influence on the human organism of selected methods of use', *Journal of Education, Health and Sport*, 8(5), pp. 335–348.

Rando, T.A. (1986) *Parental Loss of a Child*. Champaign, IL: Research Press.

Revive Massage Therapy (2022) *Massage Therapy & Stress in Unpaid Carers: Study Overview*. Available at: https://www.revivemassagetherapy.co.uk/news/jing-carers-research (Accessed: 16 October 2025).

Richards, K.C. *et al.* (2010) 'The effect of massage on sleep in critically ill patients', *American Journal of Critical Care*, 19(5), pp. 485–493.

Riches, G. and Dawson, P. (1996) 'Communities of feeling: the culture of bereaved parents', *Mortality*, 1(2), pp. 143–161.

Ross, A. and Thomas, S. (2010) 'The health benefits of yoga and exercise: a review of comparison studies', *Journal of Alternative and Complementary Medicine*, 16(1), pp. 3–12.

Rostila, M. *et al.* (2012) 'The long-term health effects of losing a child', *Social Science & Medicine*, 74(7), pp. 1145–1151.

Rubin, S. (1990) 'Death of the future: an outcome study of bereaved parents in Israel', *OMEGA – Journal of Death and Dying*, 20(4), pp. 323–339.

Rubin, S. (1999) 'The Two-Track Model of bereavement: overview, retrospect and retrospect', *Death Studies*, 23(8), pp. 681–714.

Rubin, S. and Malkinson, R. (2001) 'Parental response to child loss across the life-cycle: clinical and research perspectives', in Stroebe, M., Hansson, R., Stroebe, W. and Schut, H. (eds.) *Handbook of Bereavement Research: Consequences, Coping and Care*. pp. 219–240.

Sanders, C.M. (1989) *Grief: The Morning After: Dealing with Adult Bereavement*. Oxford: Wiley.

Sanders, C.M. (1980) 'A comparison of adult bereavement in the death of a spouse, child, and parent', *OMEGA – Journal of Death and Dying*, 10(4), pp. 303–322.

Schleip, R., Findley, T.W., Chaitow, L. and Huijing, P.A. (2012) *Fascia: The Tensional Network of the Human Body*. Edinburgh: Churchill Livingstone.

Sharpe, P.A., Williams, H.G., Granner, M.L. and Hussey, J.R. (2007) 'A randomized study of the effects of massage therapy compared to guided relaxation on well-being and stress perception among older adults', *Complementary Therapies in Medicine*, 15(3), pp. 157–163.

Shear, M.K. (2015) *Complicated Grief Treatment: A Clinician's Guide*. New York: Guilford Press.

Shear, M.K., Simon, N. and Wall, M. (2011) 'Complicated grief and related bereavement issues for DSM-5', *Depression and Anxiety*, 28(2), pp. 103–117.

Snaman, J.M., Kaye, E.C., Torres, C., Gibson, D.V. and Baker, J.N. (2016) 'Helping parents live with the hole in their heart: the role of health care providers and institutions in the bereaved parents' grief journeys', *Cancer*, 122(17), pp. 2757–2765.

Spijkerman, M.P.J., Pots, W.T.M. and Bohlmeijer, E.T. (2016) 'Effectiveness of online mindfulness-based interventions in improving mental health: a review and meta-analysis', *PLoS ONE*, 11(8), e0160567.

Stevenson, M., Achille, M., Liben, S., Proulx, M.C., Humbert, N., Petti, A., Macdonald, M.E. and Cohen, S.R. (2017) 'Understanding how bereaved parents cope with their grief to inform the services provided to them', *Qualitative Health Research*, 27(5), pp. 649–664.

Stewart-Smith, C. (2024) *Assessing an Online Jing Method™ Advanced Clinical Massage Protocol to Treat Stress in Unpaid Carers of Children or Adults with Disability*. BTEC Level 6 Dissertation. Brighton: Jing Institute of Massage & Complementary Medicine.

Stroebe, M., Schut, H. and Stroebe, W. (2007) 'Health outcomes of bereavement', *The Lancet*, 370(9603), pp. 1960–1973.

Toller, P.W. and Braithwaite, D.O. (2009) 'Grieving together and apart: bereaved parents' contradictions of marital interaction', *Journal of Applied Communication Research*, 37(3), pp. 257–277.

Vachon, M.L. (1976) 'Stress reactions to bereavement', *Essence: Issues in the Study of Ageing, Dying, and Death*.

Van der Kolk, B. (2014) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking.

Wagner, B., Rosenberg, N. and Hofmann, L. (2020) 'Web-based bereavement care: a systematic review and meta-analysis', *Frontiers in Psychiatry*, 11, p. 525.

Walters, T. and Cordoza, G. (2023) *Rehab Science: How to Overcome Pain and Heal from Injury*. New York: Victory Belt Publishing.

Weerapong, P., Hume, P.A. and Kolt, G.S. (2005) 'The mechanisms of massage and effects on performance, muscle recovery and injury prevention', *Sports Medicine*, 35(3), pp. 235–256. doi: 10.2165/00007256-200535030-00004.

Wijngaards-de Meij, L. *et al.* (2008) 'Parents grieving the loss of their child: a prospective study', *Journal of Personality and Social Psychology*, 94(4), pp. 924–938.

Williams, A.C. de C. and Craig, K.D. (2016) 'Updating the definition of pain', *Pain*, 157(11), pp. 2420–2423. doi:10.1097/j.pain.0000000000000613.

Worden, J.W. (2009) *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. 4th edn. New York: Springer Publishing Company.

Meyer-Pingel, S.A., Murphy, D. and Hammelef, K.J. (2013) 'Improving a grief and loss program: caring for patients, families, and staff', *OMEGA – Journal of Death and Dying*, 67(1–2), pp. 233–239.

Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B. and Gemignani, A. (2018) 'How breath-control can change your life: a systematic review on psychophysiological correlates of slow breathing', *Frontiers in Human Neuroscience*, 12, p. 353.

Yuan, S.L.K., Matsutani, L.A. and Marques, A.P. (2015) ‘Effectiveness of different styles of massage therapy in fibromyalgia: a systematic review and meta-analysis’, *Manual Therapy*, 20(2), pp. 257–264. doi:10.1016/j.math.2014.09.003.

APPENDICES

Appendix 1. Jing Ethics Form – Completed & Signed

	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	✓
1	Complete Section 1 to Section 13	✓
2	Electronically sign and date	✓
3	Participation information form (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:	ALEKSANDRA SUKPE
Student number:	RC84146
BTEC Year-group:	2024 – 2026
Date of application:	28.04.2025
Student e-mail address:	aleksandrasukpe@gmail.com
Title of research project:	**Evaluating the effects of the Jing Method™ on stress, anxiety, and low mood/ depression in grieving parents**

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)? Grieving parents	**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.? *Associated with DASS-42*	**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**	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. DASS – 42		

DASS-42 Questionnaireand Scoring

DASS

Name: *Date:*

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

The rating scale is as follows:

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

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page ☞

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

Section 3: Research premises

Where is your research being undertaken? 1) BODY HARMONY MASSAGE THERAPY (my Clinic in Haverhill) CB9 8PU, 29 Hollands Road office no 4 2) My home in Bury St Edmunds IP33 2EQ, 30 Lindisfarne Road	
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?

1. Using soft copy adverts/posters on social media – Facebook, Instagram, Google My Business
2. Leaving leaflets in local places such as: Churches, Cemeteries, Support groups, Cafes etc.
3. Soft copy adverts/posters, hard copy posters & email approaches to charities supporting grieving parents such as: The Compassionate Friends, Childhood Bereavement Network, SLOW-Surviving the Loss of Your World, Nicky's Way in West Suffolk.
4. Contacting (messaging my research leaflet) other grieving parents who I met whilst searching for support after losing my daughter.
5. Contact (email my research leaflet) Child Death Review Nurse
6. Spread the word between existing clients and friends.

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.

- Recruit participantsto evaluate the effects of the Jing Method™on stress, anxiety, and low mood/ depression in grieving parents.
- Holdaninitialbrief phonecallto answer any questions,assessandconfirmparticipants' willingness and initial eligibility to take part in the study.
-Sent any potential participants "New Client Intake Form" via "Jotform", in order to gain basic details of each person like (phone number, address, email etc.)
-Sendany potential participants aninitial DASS-42 questionnaire to fillinvia email for return withintwodays.Anyonewhoscores positively(Stress+15,Anxiety+8,Depression +10ora combined total score of +25) would be eligible as participants.
- Hold initial 1-to-1 consultations over Zoom with no treatment intervention. Takeotherdatasuchasemployment,basichealth,and lifestyleinformation. Ask participants to signconsent forms and receive a PDF explaining the basic details of the study andtechniques used, or if consultation isonline arranging a time to do this.
- Control phase- week 1-6.
Issue the DASS-42 questionnaire weekly (via email as a word document) over a 6-week period for completion by participants. No intervention.
- Intervention phase- weeks 7 -12.
It will comprise alternating weeks of 50-minute hands-on treatment (appointment 75 minutes: 10 minutes to allow for check-in, 50-minute treatment and 15 minutes space afterwards so clients do not have to rush) based on Jing stress protocol using; AMMA, heat & hot stones, acupressure, myofascial release, effleurage andsoft tissue massage, trigger point release and grounding techniques.; and online 1-to-1 30-minute zoom sessions in Weeks 8, 10 and 12, using elements of Jing stress protocol. Each zoom session will be focusing on a different area of the body: head & shoulders, core, belly and sides, and lower body.
- Participants will be required to complete the DASS-42 questionnaire 6 days after each treatment/ session and return to me prior to the next.
-Follow-up phase, the DASS-42 questionnaire will be requested at week 16 to assess any longer-term benefits of the study.
-Collate data.

Section 6: Describe what your participants need to do

- Have an initial brief phone call to ask any questions, confirm eligibility, commitment to 12- week study period and interest in participation. Any on-going medical conditions, therapies, or medication to be discussed as these may affect suitability for the study.
- Fill out 'New Client Intake Form' via 'jotform' in order to provide me with basic details (phone number, address, email etc.)
- Fill out an initial DASS-42 questionnaire via email for return within two days to establish if they have positive DASS-42 scores. Stress +15, Anxiety +8, Depression +10 or a combined total score of +25 would be considered positive baseline scores and would make them eligible as participants.
- Participate in a consultation in person (or online via Zoom as required) to take additional data such as employment, basic health, and lifestyle information.
- Complete and sign consent form prior to taking part in:
16 weeks' study comprising six control weeks, six intervention weeks, and follow-up at week 16.
- Weeks 1-6: complete the DASS-42 questionnaire, sent by email. There is no treatment during this time.
- Participants will attend treatments on weeks 7,9 and 11. Each appointment will be scheduled for 75 minutes with 50 minutes hands-on treatment based on the Jing Method chronic stress protocol. The DASS-42 questionnaire to be completed 6 days after their last treatment and before having the next treatment. Email reminders will be sent.
- Participants will attend online 1-to-1 30-minute zoom sessions on weeks 8, 10 and 12. It will include elements of the Jing stress protocol. Each zoom session will focus on a different area of the body: head & shoulders, core, belly and sides, and lower body. The DASS-42 questionnaire to be completed 6 days after their last zoom session and before having the next session. Email reminders will be sent.
- Week 16: fill in a final questionnaire to assess any longer-term effects of the study.

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 to be held in accordance with the General Data Protection (GDPR –Data Protection act 2018);
- Inform participants that all personal information will be stored on a hard-drive dedicated to this study;
- Data collected will be stored on a hard-drive that is password protected and stored securely;
- Participants' names will be replaced by numbers to remain anonymous;
- All data relating to the study will be deleted upon completion.
- During the Zooms, participants will be performing self-care and it is possible if they press too firmly there is a very small risk of bruising.
- For participants if researcher had any concerns she has a number of organisations to whom she can refer that offer bereavement support. Local services like those from Cruse Bereavement Support, The Compassionate Friends, Winston's Wish, Children's Bereavement Centre and adult division Lift From Loss, as they can provide counselling, support groups, and resources. For immediate Support the Samaritans can be reached at 116 123 and NHS 111 if needing urgent medical attention.
- Fully qualified massage therapist with personal understanding of grief from losing a child. If

the study became emotionally challenging for the researcher, she can contact her counsellor whom she has worked with before; ongoing supervision from her tutor to check-in and make sure that she is managing the study with respect to own well-being.

Section 8: Inclusion and exclusion criteria

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

- Parents who have lost a child/children, able to commit to the 16-week study. It will include travel to my clinic in Haverhill or my home in Bury St Edmunds for the 3 weeks of hands-on treatment (weeks: 7,9,11), and attend 30-minute 1-to-1 self-care online session via Zoom, on weeks: 8,10, and 11.
- Experiencing stress, anxiety or low mood/depression as identified by positive scoring on an initial DASS-42 instrument: Stress +15, Anxiety +8, Depression +10 or a combined total score of +25.
- Regular medication: any regular medication needs to have been taken for over 12 weeks to ensure stabilisation.
- Any on-going medical issues/medication may affect suitability for the study and will need to be discussed.
- If participants start a new medication, therapy, or develop a medical condition during the study, inform the researcher in case it impacts the study.

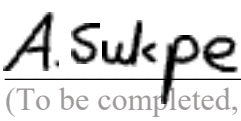
The study will exclude:

- Normal scores on the DASS-42 questionnaire: Stress 0-14, Anxiety 0-7, Depression 0-9 or a combined total score of 0-24.
- No two parents from the same household.
- Parents who have lost a child within the last 6 months.
- Medication: if these affect stress, anxiety, or low mood/depression; for example, Amitriptyline taken as painkillers (as these are also antidepressants which may affect these factors).
- New medication: taken for fewer than 12 weeks, as these may not have stabilised for the participant.
- Any on-going medical issue/medication which may affect well-being; for example, cancer treatments such as chemotherapy, as the treatment course and cyclical nature would affect levels of stress, anxiety, or low mood/depression and potentially the results of the study.
- Mental disorders like bipolar disorder, schizophrenia, disruptive behaviour and dissocial disorders, neurodevelopmental disorders.

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: ALEKSANDRA SUKPE Date: 25/05/2025

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.

Informedconsent 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: .....17/5/25.....

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

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

Appendix 2. Participants Letter and Consent Form

STUDENT NAME: Aleksandra Sukpe

STUDY LOCATION:

BODY HARMONY MASSAGE THERAPY

Office Number 4, 29 Hollands Road,

Haverhill CB9 8PU

Or

30 Lindisfarne Road, Bury St Edmunds

IP33 2EQ

Tel: 07733 433 539

e-mail: aleksandrasukpe@gmail.com

Jing Advanced Massage Training

28/29 Bond Street

Brighton BN1 1RD

www.jingmassage.com

01273 628942

Dear Madam/Sir,

Re:

Evaluating the effects of the Jing Method™ on stress, anxiety, and low mood/ depression

in grieving parents.

Thank you for showing interest in my study. I very much appreciate you responding to my search for participants. Let me tell you a little more about what it will entail.

My name is Aleksandra, and I am a Jing Method™ Advanced Clinical and Sports Massage Therapist with over 5 years' experience. As a Jing Method™ therapist, I use the best advanced bodywork techniques from both the East and the West to achieve excellent results. I treat all types of acute and chronic musculoskeletal pain including back pain, sciatica, neck pain, whiplash, frozen shoulder, sports injuries, knee pain, plus ligament and tendon issues. I also treat systemic conditions like fibromyalgia, myofascial pain syndrome, chronic fatigue syndrome, rheumatoid arthritis, long Covid etc. A large part of my treatments is aimed at helping and supporting clients with mental health and emotional issues such as feeling stressed, experiencing anxiety, depression, panic attacks and so on.

In 2024, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Institute of Massage and Complementary Medicine, 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 the opportunity to design and carry out a study into the effects of a clinical massage wellness programme. I have chosen to investigate the effectiveness of the Jing Method™ on stress, anxiety, and low mood/depression in grieving parents.

You might wonder why I have chosen to explore such an emotional and sensitive topic. You and I have both been handed a path in life that nobody would ever ask for… and it is the hardest, most gut-wrenching, horrific, life-altering of things to have to live: the loss of a child. I know that your grief is as unique as your fingerprint and that life will never fully get back to the way it was before… but I am trying to search for a way to help you and other grieving parents on their long and emotional journey.

Hence, why I am inviting you to take part in my research to evaluate whether the Jing Method™ could be one of the tools that could help you and others live life every day after losing a child.

Who can participate?

- Adults over the age of 18
- Parent who has lost a child (I apologise but only one parent from each household) more than 6 months ago.
- Experiencing stress, anxiety, or low mood/depression – this will be assessed with a simple 5–10-minute questionnaire sent via email
- Able to commit to:
    - First 6 weeks: fill out a questionnaire once a week (5-10 minutes)
    - On weeks 7,9 and 11: attend my clinic in Haverhill or my home in Bury St Edmunds for hands-on treatment; filling out the questionnaire
    - On weeks 8,10 and 12: attend 1-to-1 online sessions related to self-help techniques such as breath work and de-stressing body exercises: filling out the questionnaire.
- Any regular medication needs to have been taken for over 12 weeks to ensure stabilisation.
- Any on-going medical issues/medication may affect suitability for the study and will need to be discussed.
- If you start a new medication, therapy, or develop a medical condition during the study, I will need to be informed in case it impacts the study.

If you decide to participate in the study, it will begin around the middle of September. Participation is completely voluntary, and you can withdraw from the study at any time without giving reason. All your information will be kept confidential, and your data will be anonymised.

What does the research study involve?

- Have an initial brief phone or video call (whatever you prefer) to ask any questions, confirm eligibility, and your commitment to the 12-week study period. Any on-going medical conditions, therapies, or medication to be discussed as these may affect suitability for the study.
- Fill out an initial DASS-42 questionnaire (5-10 minutes) via email to establish and assess your level of stress, anxiety, or low mood/depression.
- An initial consultation via 'JotForm' to take details such as your name, age, occupation, address, basic health, and lifestyle information.
- The research study uses treatments of the Jing Method™ Chronic Stress and Pain Protocol every other week during a 6-week period and 3 self – care online sessions during the other weeks when we do not have hands-on treatments.
- Your well-being during this time will be assessed using an online questionnaire, as well as for a 6-week control period beforehand when you will receive no treatment.
- At the end of the study, I will ask you for any feedback as to what worked or not for you and any ways in which I could have improved the treatment. I will also send you a final questionnaire to fill in four weeks after the end of the study to see if there are any longer-term effects of the treatments. Once my research is published, I will share with you my findings and invite you to a conference, where my colleagues and I will be presenting all our findings.

- **Cost**: to help support the research and costs for the 6 weeks of the study I am offering a substantial discount – just £90 for all 6 sessions (normal cost would be £315) with my gratefulness for your assistance with the Research Study.

What you would be asked to do:
- Complete an online weekly questionnaire about your well-being for 12 weeks, starting at the end of July.
- Complete online via 'JotForm' a New Client Intake Form to provide me with your basic details.
- Commit to attend 3 x 75-minute treatment appointments (50-minute hands-on treatment), starting in the middle of September.
- Commit to attend 3 x 30-minute individual self-care online Zoom sessions starting later in September.
- After the study fill in a final questionnaire to assess any longer-term effects and provide any feedback.

Are there any risks involved?
I do not anticipate any physical or ethical risks for those choosing to participate in this project. However, physical, mental & emotional health issues can occur for anyone at any time and if this arises, I will continue to employ all my usual safeguarding procedures.: In addition, I am very familiar with local services that can help support parents who have lost a child.
- Treat participants with sensitivity.
- During consultation and throughout the study observing participants for any such issues to ensure their well-being.
- Injury/Accident: I am a fully qualified and insured therapist with up-to-date emergency at work first aid training certification.
- We will be using heat and hot stones. I will ensure that I will be using the correct safeguards and temperatures to ensure no risks from this use of thermotherapy.
- As with all massage treatment there is a small, but unlikely risk of muscle aching or soreness; this is transient and should ease after 24 hours.

What are the potential benefits to you, the participants?
These are protocols that I use regularly with good effects on the general well-being and stress levels of all my clients. You will be able to experience grounding and relaxation techniques, AMMA fusion massage, hot stones massage, myofascial release, acupressure, trigger point therapy and soft tissue massage in a treatment that has been specifically designed for treating those suffering with chronic stress, anxiety, pain, and conditions affecting their well-being. You will also have the opportunity to learn - through our 3 online sessions - self-care techniques which you could potentially use in the future.
The aim of this study is to see, from a research perspective, whether the Jing Chronic Stress and Pain Protocol can affect levels of stress, anxiety, and low mood in grieving parents.

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

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

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.

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

What to do now if you have decided to participate
If you would like to participate, I will have brief 1-to-1 sessions in-person, by email or over the phone to confirm your eligibility and ask you to sign and return a completed consent form to me, Aleksandra Sukpe. If you have any further questions, please contact me on the telephone number or email address above. Thank you for taking the time to read this letter and consider participating in my research study.

Thank you once again for considering this project - your participation will make a real difference to your pain/stress/wellbeing and that of many others parents who are grieving.
Sincerely,

Aleksandra Sukpe
ACMT Advance Clinical Massage Therapist

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

www.jingmassage.com
Tel: 01273 628 942

STUDENT NAME: Aleksandra Sukpe
STUDY LOCATION:
BODY HARMONY MASSAGE THERAPY
Office Number 4, 29 Hollands Road,
Haverhill CB9 8PU

Tel: 07733 433 539
e-mail: aleksandrasukpe@gmail.com

Dear Parent,

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

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

Sincerely,

Aleksandra Sukpe
Advance Clinical Massage Therapist

PARTICIPANT CONSENT FORM

Title of study: **Evaluating the effects of the Jing Method™ on stress, anxiety, and low mood/ depressionin grieving parents.**

Name of Massage Therapist: Aleksandra Sukpe

	Yes	No
I have read the information about this study		
I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
I understand that I am / the participant free to withdraw from this study at any point		
I understand that my research data may be used for a further project in an anonymous form. I am able to opt out of this if I so wish, by ticking 'No' here.		
I understand that online sessions can not be recorded		
I agree to take part in this study		

Signature (participant) Date:

Name: (BLOCK LETTERS)

Signature Date:

Name: (BLOCK LETTERS)

BTEC Massage Therapist contact details:

Aleksandra Sukpe
Tel no: 07733 533 439
Email: aleksandrasukpe@gmail.com

Appendix 3. Recruitment Leaflet

CALL FOR PARTICIPANTS OF RESEARCH STUDY

TO THE PARENTS WHO'VE LOST A CHILD...

I understand that you are living with the heartache that no one can heal. As a mum who shares this experience myself and Clinical Massage Therapist who helped many of my clients while using the Jing method, I am dedicated to supporting you and other grieving parents throughout this emotional journey.

PLEASE CONTACT ME:

- If you would like to take a part in a **research study** about how receiving a combination of hands on and online **massage** effects your **wellbeing.**
- You are a grieving parent.
- You are age over 18.
- You are experiencing stress, anxiety, or low mood/depression

Aleksandra Sukpe Body Harmony Massage Therapy
07733 433 539
body harmony.online
29 Hollands Road, CB9 8PU
Haverhill, office no 4

Recruitment until 1st of July 2025

Appendix 4. Recruitment – Article in the local newspaper

www.suffolknews.co.uk Friday, June 20, 2025

Massage therapist wants study to help other grieving parents

Steve Barton
steve.barton@iliffemedia.co.uk

More than four years since the death of her daughter, a clinical massage therapist is conducting a research study that she hopes will help ease the pain for other grieving parents.

Aleksandra Sukpe, who is in the final stages of gaining the highest qualification in the Jing method of advanced massage, is now looking for parents who have lost a child to take part in a six week-long study to learn how much the treatment will alleviate their pain and grief.

Her own daughter, Maya, was just five when she died of a cardiac arrest in November 2020, when they lived in Salisbury Court, Haverhill with her then partner and their son Max, now 12. No medical explanation could ever be given for the arrest.

Participants in the study would have one week of hands-on massage at Aleksandra's treatment room in Hollands Road, Haverhill, followed by one week of online support, a pattern that would be repeated until the six weeks were up.

Volunteers have to be over 18 and must not have been bereaved within the last six months. Only one parent, not both, could be treated.

Aleksandra, whose practice is called Body Harmony Massage Therapy, said: "When I lost my daughter I met some lovely people and they would be all feeling very sorry for you but no-one can really understand you because no-one has lost a child.

"So I thought that having some project to do and having these skills and knowledge already and because of what has happened and what I'm going through every day, because it's not an incident that happened and you can get over it, it's staying with you until the end of your life.

"I just thought, It would be great if I could provide a safe space for someone to bring their pain."

Parents that take part do not have to speak about what happened to their child if they don't want to and the results of the study can be provided on request.

Aleksandra also described the impact of Maya's death on her older brother Max.

She said: "There's only 21 months between them. They were absolute besties. It completely took his security, his order of the world, everything was absolutely ripped and taken away from him."

Aleksandra hopes that one day, her research might be picked up by someone with greater resources and used to help more grieving parents.

To take part in the study, contact Aleksandra at bodyharmony.online or on 07733433539.

Aleksandra Sukpe with a client at her treatment room in Haverhill.

Aleksandra Sukpe with her daughter Maya and, right, Maya.

Appendix 5. Participants Consultations Form

Client Intake Form

All information is held strictest confidence. At no given point is information disclosed or shared without client's written consent. You may choose to skip answering any question you feel impinges on personal information you do not wish to disclose.

Full Name

First Name | Middle Name | Last Name

Date

MM-DD-YYYY

Date

Address

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code | Country

Please Select

Birth Date

Please | Please | Please

Month | Day | Year

E-mail

ex: myname@example.com

example@example.com

Emergency Contact

First Name | Last Name

Mobile number of Emergency contact

Your mobile number

Occupation

GP address and phone number

History of Pathology

1. List Areas of Discomfort or Pain

2. Describe Onset of Discomfort or Pain

3. Rate of Pain Today

Please Select

4. Frequency - please select the most accurate

- [ ] Constant
- [ ] Off/On
- [ ] At Rest
- [ ] With Activity
- [ ] Other

5. At what time of day is the pain at its worse?

- [ ] Morning
- [ ] Afternoon
- [ ] Evening
- [ ] During Sleep
- [ ] Other

6. Have you ever injured this area before?

7. Have you ever been in an accident (automobile, work, falls, etc.) ?

8. List all related treatments received for this injury.

9. Have you ever received therapeutic massage for a specific problem or injury?

Was the treatment used effective?

10. Is there anything that you do that creates, increases or decreases pain?

11. What are the physical duties required of your occupation?

12. What activities/hobbies do you enjoy?

13. Please list exercise and stress reduction activities (including frequency).

14. In what position do you most often wake up?

- [ ] Back
- [ ] Side
- [ ] Stomach
- [ ] Other

15. Are you currently seeing any other healthcare professional?

Please check any symptoms that apply to you and indicate right or left when applicable:

Head

- [ ] Temples
- [ ] Forehead
- [ ] Top of head
- [ ] In the eyes
- [ ] Entire head
- [ ] Base of skull
- [ ] Dizziness
- [ ] Fainting
- [ ] Light-headedness
- [ ] Pain in ears
- [ ] Ringing in ears
- [ ] Other

Neck

- [ ] Stiffness
- [ ] Pain at neck shoulder junction
- [ ] Pain when turning head
- [ ] Pain with side to side movements
- [ ] Neck feels out of place
- [ ] Muscle spasm in neck
- [ ] Gliding/Grating sound with neck movement
- [ ] Diagnosed bone spurs
- [ ] Diagnosed disc herniation
- [ ] Other

Shoulders

- [ ] Pain in shoulder
- [ ] Front
- [ ] Back
- [ ] Side
- [ ] Pain deep in shoulder joint
- [ ] Diagnosed bursitis
- [ ] Diagnosed Arthritis
- [ ] Can't raise arm above shoulder level
- [ ] Can't raise arm over head
- [ ] Other

Arms & Hands

- [ ] Pain in upper arm
- [ ] Pain in forearm
- [ ] Pain in wrist
- [ ] Pain in fingers
- [ ] Sensation of pins & needles in arm
- [ ] Sensation of pins & needles in fingers
- [ ] Fingers go to sleep
- [ ] Hands cold
- [ ] Swollen joints in fingers
- [ ] Sore joints in fingers
- [ ] Diagnosed arthritis
- [ ] Loss of grip strength
- [ ] Other

Mid-Back

- [ ] Mid-back pain
- [ ] Pain between shoulder blades
- [ ] Pain up/down back
- [ ] Pain across mid back
- [ ] Pain with breathing
- [ ] Other

Low Back

- [ ] Low back pain
- [ ] Low back pain is worse when working
- [ ] Low back pain is worse when lifting
- [ ] Low back pain is worse when stooping
- [ ] Low back pain is worse when standing
- [ ] Low back pain is worse when sitting
- [ ] Low back pain is worse when bending
- [ ] Low back pain is worse when coughing
- [ ] Pinched nerve in low back
- [ ] Low back feels out of place
- [ ] Pain up/down low back
- [ ] Pain across low back
- [ ] Diagnosed disc herniation
- [ ] Other

Hip

- [ ] Pain in buttocks
- [ ] Pain in buttocks when standing
- [ ] Pain buttocks in buttocks when sitting
- [ ] Pain on side of hip
- [ ] Pain deep in hip joint
- [ ] Pain on sit bone
- [ ] Diagnosed bursitis
- [ ] Diagnosed arthritis
- [ ] Other

Legs and Feet

- [ ] Pain down RIGHT leg
- [ ] Pain down LEFT leg
- [ ] Pain down BOTH legs
- [ ] Leg cramps
- [ ] Pin & Needles in RIGHT leg
- [ ] Pin & Needles in LEFT leg
- [ ] Numbness in RIGHT leg
- [ ] Numbness in LEFT leg
- [ ] Numbness in RIGHT foot
- [ ] Numbness in LEFT foot
- [ ] Numbness in toes
- [ ] Feet feel cold
- [ ] Cramps in RIGHT foot
- [ ] Cramps in LEFT foot
- [ ] Swollen RIGHT ankle
- [ ] Swollen LEFT Ankle
- [ ] Swollen RIGHT foot
- [ ] Swollen LEFT foot
- [ ] Pain in RIGHT Foot
- [ ] Pain in LEFT Foot
- [ ] Pain in RIGHT knee
- [ ] Pain in LEFT knee
- [ ] Diagnosed Arthritis
- [ ] Other

Date

02-20-2026

Date

Signature

Appendix 6. DASS-42 Online Questionnaire Form

DASS

Name: *Date:*

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

The rating scale is as follows:

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

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page ☞

Reminder of rating scale:

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

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

DASS 42 Score Sheet

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

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

D = Depression

A = Anxiety

S = Stress

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

Appendix 7. Weekly DASS-42 Scores Across Control, Intervention, and Follow-Up Phase (Weeks 0 – 16)

		Depression	Anxiety	Stress	Overall
Initial	Week 0	25	20	23	67
Control	Week 1	26	18	24	68
	Week 2	27	17	24	68
	Week 3	25	16	24	64
	Week 4	21	13	20	54
	Week 5	22	15	20	56
	Week 6	26	17	22	65
Intervention	Week 7	19	10	15	44
	Week 8	18	10	14	41
	Week 9	16	8	13	36
	Week 10	14	9	11	34
	Week 11	12	7	8	26
	Week 12	9	4	6	19
	Week 13				
	Week 14				
	Week 15				
Follow-up	Week 16	8	5	7	20

Appendix 8. Chronic Stress Protocol

Phase 1: Prone – Over Drape

Grounding and Preparatory Work

The client was positioned prone and fully draped.

- The session commenced with sustained **bilateral forearm contact** placed either side of the spine (therapist in horse stance). Body weight was gradually transferred through the forearms in synchrony with the client's exhalation. Pressure was maintained until visible and palpable signs of tissue softening and respiratory slowing were observed.
- **AMMA** palming was then applied down the Bladder meridian from the side of the couch with hot stones (Heat was introduced using hot stones over the drape to facilitate tissue warming and parasympathetic activation).

Phase 2: Prone – Back, Neck and Shoulders

The drape was adjusted to expose the back, neck and shoulders.

Acupressure

- Bilateral stimulation of the **12 Back Shu** points along the Bladder meridian was performed sequentially using supported thumb pressure.

Myofascial and Soft Tissue Techniques

- **Soft fascial fist stripping** applied to the erector spinae muscles.
- **Indirect myofascial release** (cross-hand stretches where restriction was palpated).
- **Direct myofascial techniques** including focus work, windmill, torquing and skin rolling as indicated.
- **Effleurage using figure-of-eight** patterns with hands and forearms.
- **Power effleurage using hot stones** to deepen tissue relaxation and enhance parasympathetic response.
- **Trigger point therapy** applied selectively where clinically indicated.

This phase aimed to reduce sympathetic overactivity, release paraspinal tension, and encourage systemic relaxation.

Phase 3: Supine – Over Drape

Midline Stone Placement and Regulation

The client was repositioned supine.

- **Heated stones** were **placed** along the midline at the sternum, solar plexus and abdominal region.
- The therapist maintained **gentle hand contact** over the heart and abdomen, attuning to the client's breathing rhythm to encourage autonomic settling.
- **Myofascial transverse plane release** techniques were applied at:
  - The pelvic diaphragm ("tummy sandwich")
  - The solar plexus region
- **Conception Vessel 17** (hands in prayer position, rock the ulnar edge of the hands at the centre of sternum) was stimulated to support emotional regulation and chest relaxation.

Modified Clinical Sequence (As Delivered)

Following initial stone placement, the sequence was adapted.

- ## Fascial Leg Pulls

Gentle bilateral fascial traction was applied to the lower limbs. Sustained, subtle traction was maintained until tissue softening and longitudinal release were perceived, encouraging whole-body fascial integration and grounding.

- ## Myofascial Arm Pull

Unilateral arm traction was applied, engaging the palmar fascia and following the fascial chain proximally through the upper limb and shoulder girdle. Micro-adjustments were made in response to tissue barriers, allowing gradual yielding and integration.

- ## Acupressure: Heart 8 (HT 8) – Lesser Mansion

Following the arm pull, Heart 8 was stimulated bilaterally.

The client was asked to form a loose fist. The point is located where the tip of the little finger rests between the fourth and fifth metacarpal bones on the palm.

Sustained thumb pressure was applied for approximately 3–5 slow breaths.

Phase 4: Anterior Work – Diaphragm and Intercostals

- **Diaphragmatic release** was performed using static thumb compressions under the costal margin in synchrony with the client's breath.

- **Intercostal soft tissue release** techniques; standing on the opposite side of the table to strip in between the ribs. Continue to the pectoral area.

Phase 5: Neck, Shoulders, Face and Scalp

Posterior Neck (Supine)

- **Deep work to posterior neck.** Fingers positioned beneath the neck and work slowly form distal to proximal.
- **Cervical mobilisation** and alternate neck pull.
- **Positional release** techniques to upper trapezius and scalenes

Face and Scalp

- **Face massage** to encourage parasympathetic dominance.
- **Scalp massage**
- **Acupressure**: Governing Vessel 20 (GV20) (Hundred Convergences). Top of the head, with hands cupping the head, hold the point for 3 – 5 breaths.
- **Holding the head and grounding.**

Integration

Effleurage techniques were applied to the neck and shoulders to integrate the work.

The session concluded with a gentle cranial hold, allowing stillness and containment to support nervous system integration.

Appendix 9. Online Zoom session 1 - Neck & Shoulders

Zoom Session 1: Neck & Shoulders and Breath Regulation

Purpose of the Session

This self-care session was designed to reduce tension in the neck and shoulder region, support gentle nervous system regulation, and encourage body awareness through breathing, movement, self-massage, and acupressure. All practices were taught at a slow, comfortable pace and adapted to individual ability.

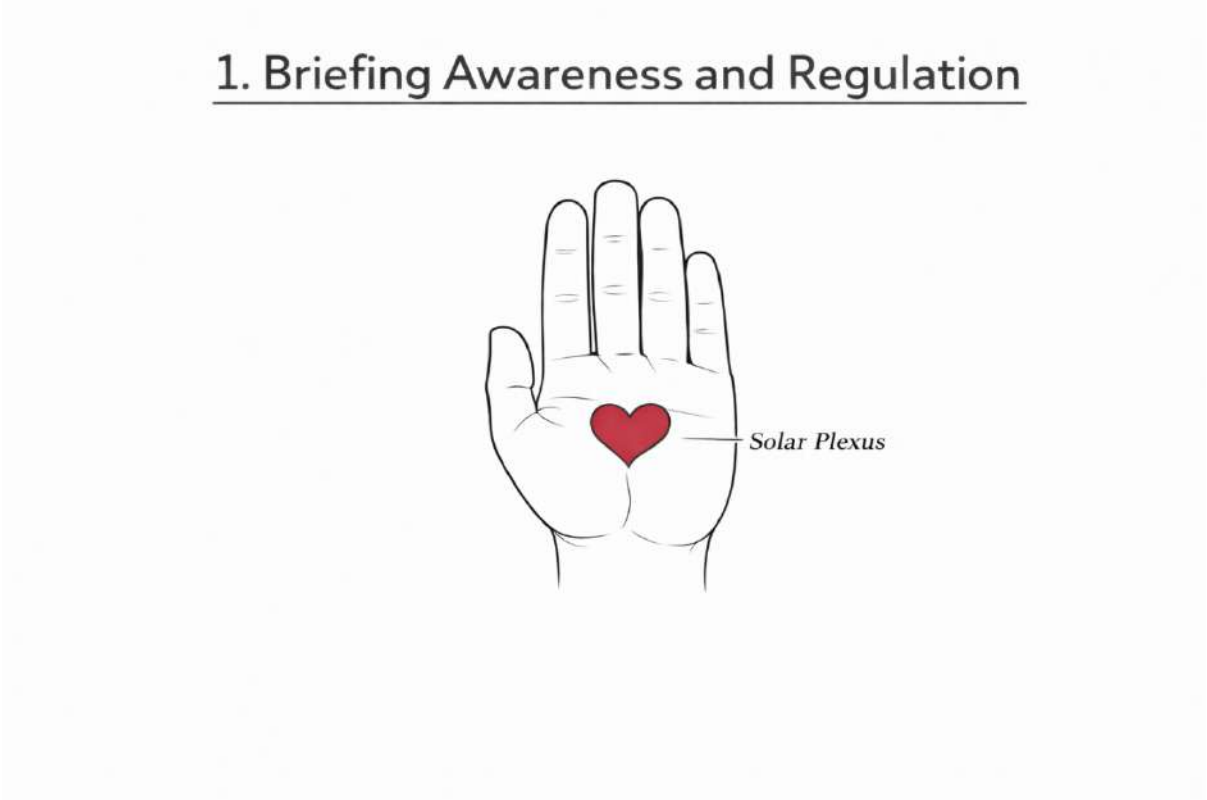
1. Breathing Awareness and Regulation

Sit in a comfortable position, ideally with both feet resting flat on the floor. Allow the spine to be upright but relaxed.

Close the eyes if comfortable. Bring attention to the natural rhythm of the breath without attempting to change it. Simply notice the sensation of breathing in and out. Observe any areas of tightness or holding within the body.

Place the thumb of one hand into the centre of the opposite palm. Apply gentle pressure and remain there for approximately ten slow breaths, inhaling through the nose and exhaling through the mouth. Release and repeat on the other hand.

Focus on allowing the breath to soften the body, particularly on the exhale.

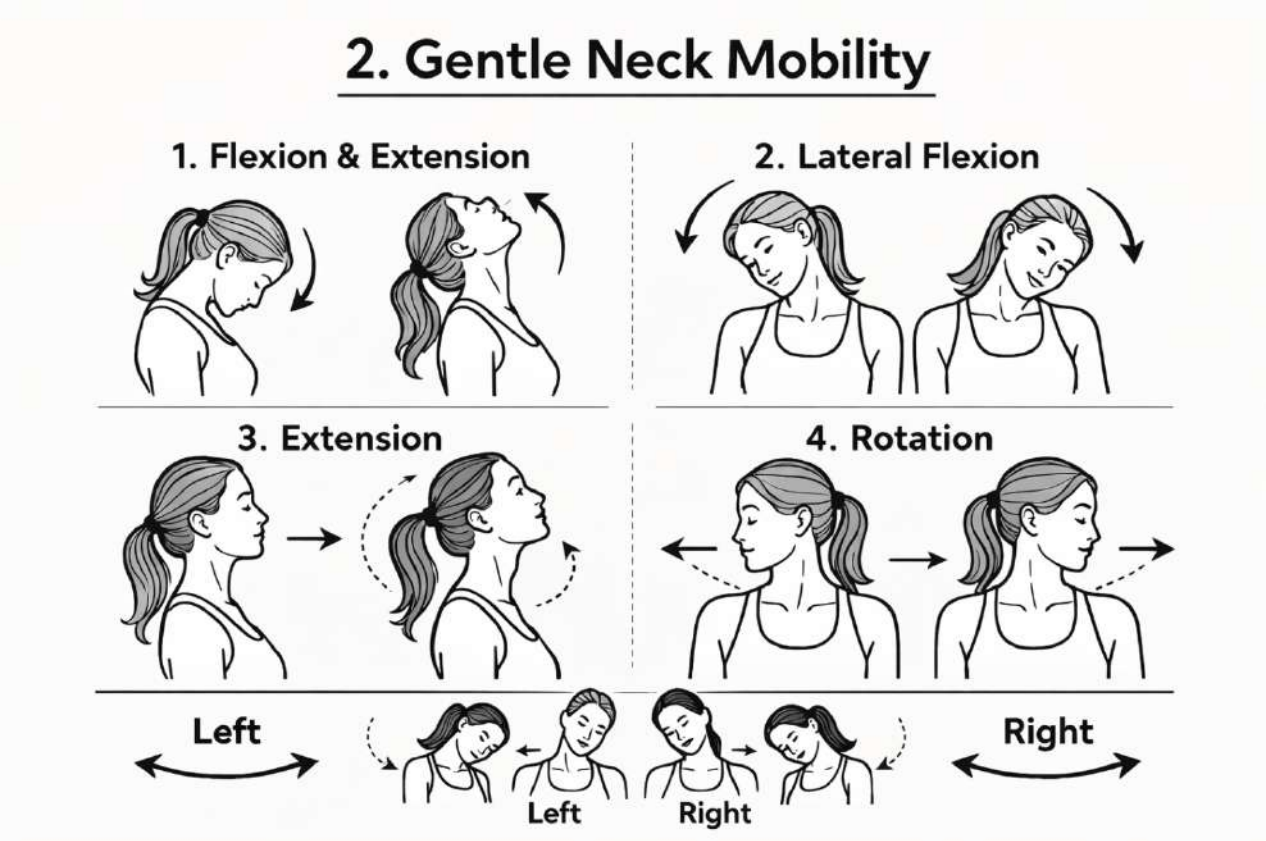


2. Gentle Neck Mobility

Remain seated and place the hands underneath the thighs or sit on the hands to help keep the shoulders relaxed and down.

Each movement should be slow, controlled, and pain-free. Repeat each movement three to five times as comfortable.

- **Neck flexion:**
  Slowly lower the chin towards the chest and allow the head to rest there for a count of ten.
- **Neck extension:**
  Gently raise the chin upwards, looking towards the ceiling, and hold for a count of ten.
- **Side bending (lateral flexion):**
  Keeping the face looking forward, slowly bring the left ear towards the left shoulder. Hold for ten seconds and repeat on the right side.
- **Rotation:**
  Slowly turn the head to look over the left shoulder, keeping the shoulders facing forward. Hold for ten seconds and repeat on the right side.



3. Scalenes& Upper Trapezius Stretch

- **Right Side**

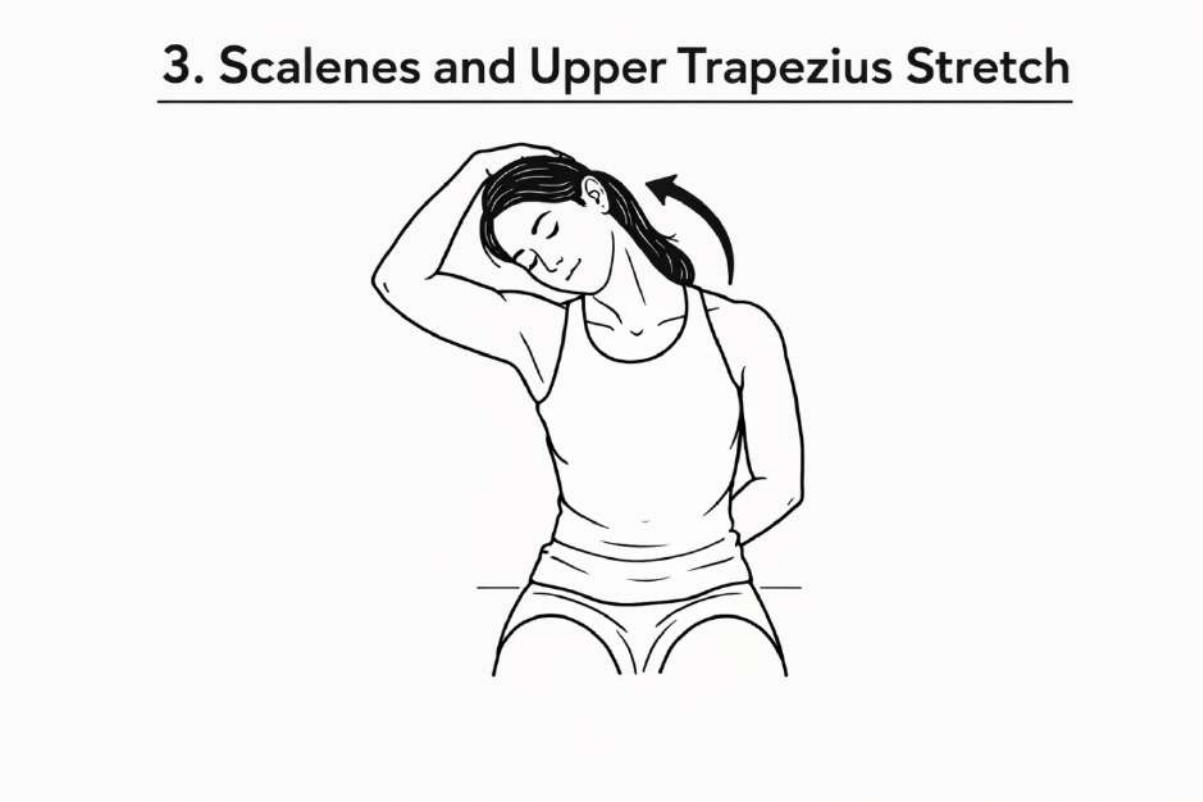
Sit on the right hand to help anchor the shoulder. Place the left hand gently on the right side of the head. Slowly guide the head to the left, creating a stretch along the right side of the neck. Keep the shoulders relaxed and avoid forcing the movement.

Hold for approximately thirty seconds and repeat once.

For a deeper variation, gently bring the chin slightly forward and down so the gaze moves towards the armpit. Hold for thirty seconds and repeat once.

- **Left Side**

Repeat the same sequence on the opposite side, sitting on the left hand and guiding the head gently to the right.



4. Self-Massage for Neck and Shoulders

Begin by applying gentle hand compressions along the forearms, either drawing the fingers towards the palm or pressing/pushing the heel of the hand towards the fingers.

Using the hands, apply slow, steady pressure across the tops of the shoulders and up the sides of the neck. Alternate between pushing and pulling motions, moving at a pace that feels soothing.

If a tender area is found, pause and remain there for a few slow breaths before moving on.

5. Neck, Throat and Jaw Stretch

Place both hands flat on the upper chest, just below the throat, with one hand resting on top of the other. Skin contact is ideal if comfortable, though this can also be done through clothing.

Gently draw the hands downward by a small amount and slowly lift the chin upwards. A stretch may be felt through the front of the neck, throat, and jaw.

Slowly turn the head from side to side, noticing any difference between each side.

If comfortable and pain-free, repeat the stretch while gently opening and closing the mouth.

Repeat three to five times as tolerated.

6. Facial Release

Rest the elbows on a table or desk. Place the palms against the sides of the head, supporting the weight of the head in the hands.

Allow gravity to gently stretch the face, jaw, and neck. Breathe slowly and remain here for at least ten relaxed breaths.

7. Self-Acupressure Point: GB20 (Feng Chi) “Wind Pool”

Why this point?

GB20 is a powerful point used to:

- Reduce headaches and migraines
- Relieve neck and shoulder tension
- Support dizziness and vertigo
- Calm anxiety and stress
- Improve sleep quality
- Ease eye strain and mental fatigue
- Clear the head and support the sense organs

In Traditional Chinese Medicine, this point helps to “eliminate wind,” clear the mind, and regulate rising tension in the head and neck.

How to Apply Self-Acupressure

1. Sit upright with your shoulders relaxed.
2. Place your thumbs into the hollows at the base of your skull (GB20).
3. Apply firm but comfortable pressure.
4. Hold the pressure for **3–5 slow breaths**.
5. Breathe slowly and deeply, allowing your jaw and shoulders to soften.
6. If comfortable, apply small circular movements with your thumbs.
7. Repeat 2–3 times.

For deeper relaxation, combine with slow diaphragmatic breathing:

- Inhale gently through the nose
- Exhale slowly through the mouth
- Allow tension in the head, neck, and shoulders to soften with each breath

Appendix 10. Online Zoom session 2 - Core, Belly & Side

Self-Care Zoom Session 2

Core, Belly & Side Regulation

This session focuses on supporting emotional regulation through the diaphragm, chest, and lateral body. These areas are strongly connected to breath, stress holding patterns, and protective tension responses.

Move slowly and always stay within a comfortable range.

1. Breathing Awareness – Diaphragmatic Breathing

Sit comfortably with your spine supported.

Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.

Breathe slowly in through the nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.

Tighten your stomach muscles, so that your stomach moves back in, as you exhale through pursed lips (if you can on 6). The hand on your upper chest must remain as still as possible.

Continue for 1–2 minutes.

This breathing pattern supports nervous system regulation and prepares the body for deeper release.

2. Fascial Release – Chest & Solar Plexus

Remain seated or lie down comfortably.

Place one hand over the other at the upper chest, above the breast tissue.

Allow the arms to feel heavy and supported. Bring your attention to the lower hand, sinking into chest.

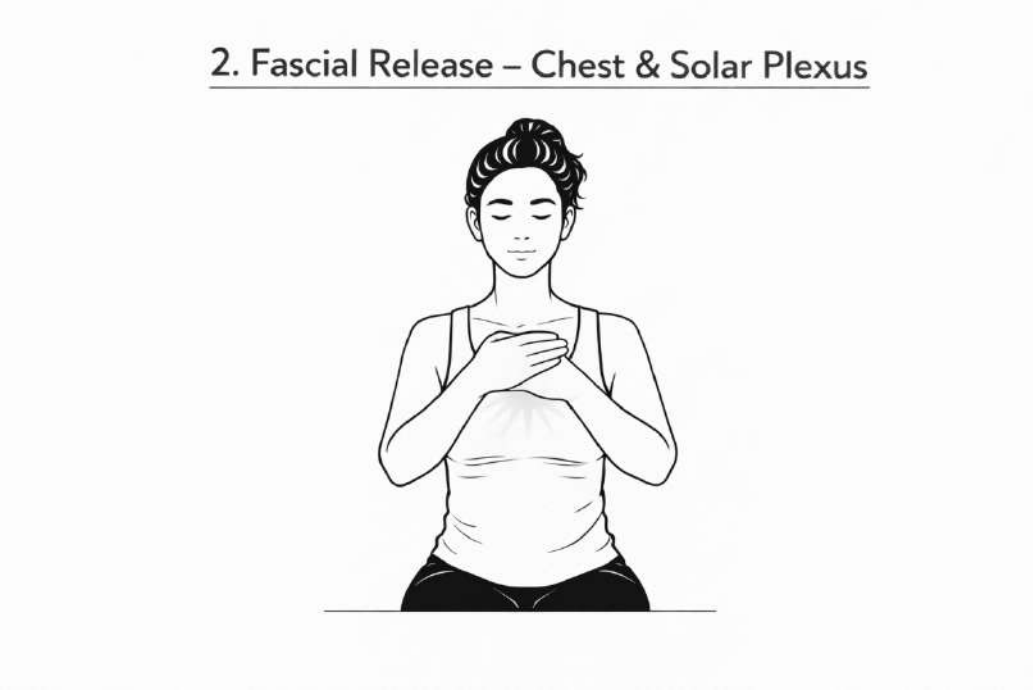
Gently allow the tissues beneath the hand to soften.

Remain here for 2–3 minutes, breathing slowly.

Notice warmth, softening, or subtle release across the chest and upper abdomen.

This position supports emotional containment and gentle unwinding through the anterior fascial line.

This can be done also when lying down, hand over hand either just below tummy button, or under ribcage.



3. Acupressure – CV17 (Conception Vessel 17)

Locate CV17 at the centre of the chest, in the shallow hollow along the midline of the sternum.

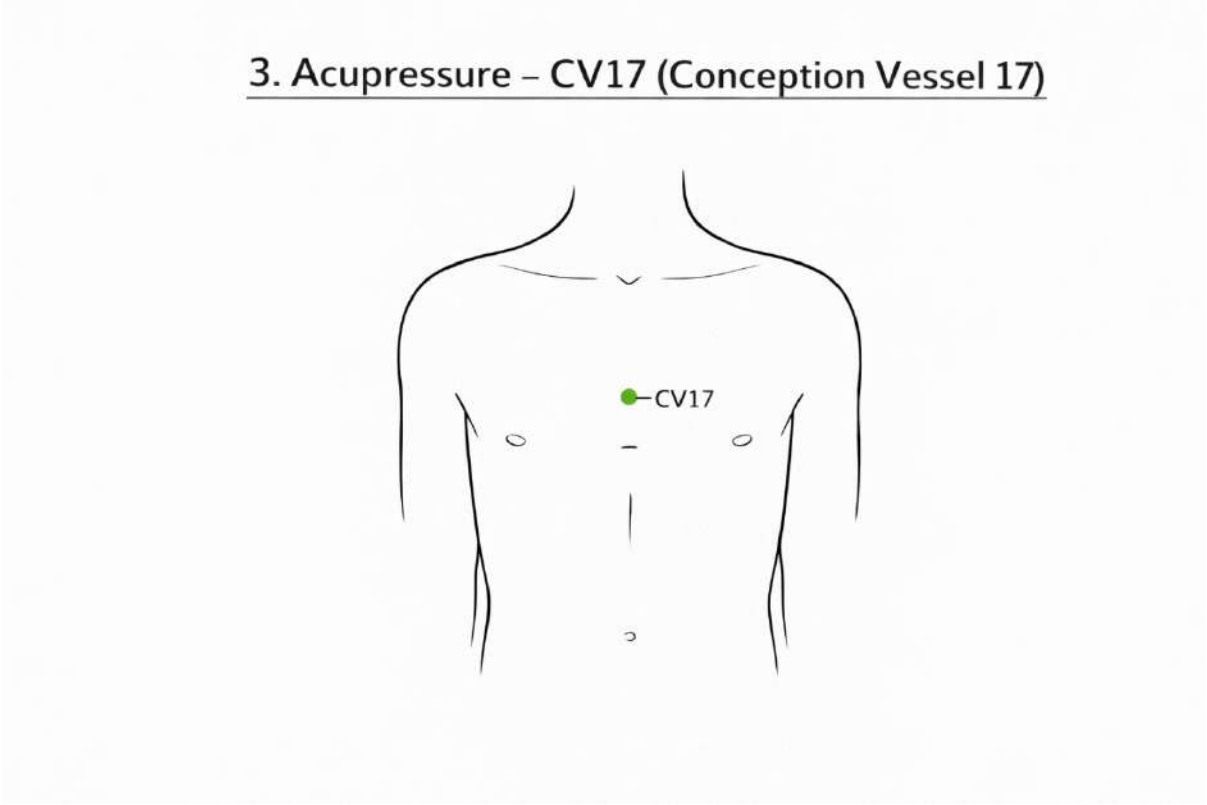
Using gentle, comfortable pressure, sink into the point as you breathe out.

Hold for 3–5 slow breaths.

This point supports:

- Emotional regulation
- Chest openness
- Calming of the heart and breath
- Reduction of anxiety-related tightness

Pressure should feel supportive, not painful.



4. Diaphragm Self-Release

Relax the abdominal wall by softening the core.

You may gently lean slightly forward to reduce tension (slouching).

Place your fingers under the lower ribs at the centre of the rib cage.

As you exhale, allow the fingers to gently sink inward.

Slowly move outward under the rib cage toward the sides of the body.

If tenderness is felt, pause and hold gentle pressure for 15 seconds before continuing.

Work slowly and stay within comfort.

This technique supports:

- Breath expansion
- Reduction of protective guarding
- Improved diaphragm mobility
- Regulation of stress responses
- In a spiritual sense, the diaphragm is the transition zone between our earth body and our spirit body.
-

5. Side Body & QL Stretch

This stretch supports:

- Lateral stability
- Postural balance
- Rib mobility
- Emotional “holding” patterns in the side body

Standing tall, take your right foot behind and place it on the floor to your left side. Lift your right arm over your head to the left side. You should feel stretch all down your right side.

Hold for proximity 30 seconds.

Always move slowly, and work within a comfortable, pain-free range.

Move back to the centre and then repeat to the other side.

Seated version:

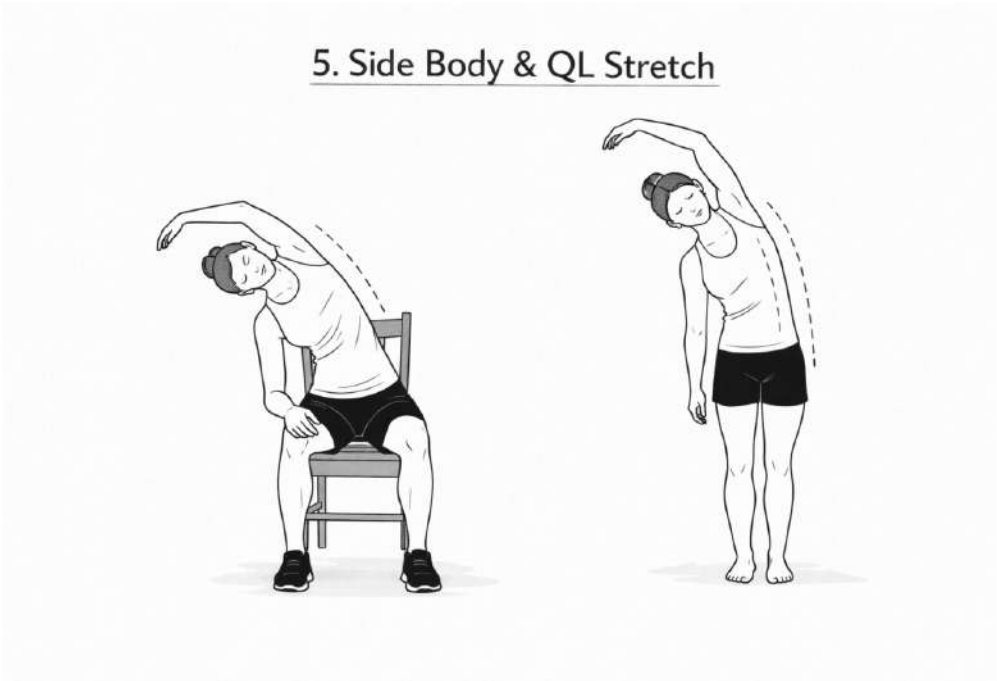
Begin sitting upright in the chair.

Lean forward with your weight on your forearms.

Keeping the weight on one arm, reach across in a diagonal with your opposite arm and hold.

Side bend towards the reaching hand.

You should feel a stretch in the lower back on the opposite side of the stabilizing arm.



Appendix 11. Online Zoom session 3–Lower Body

Self-Care Zoom Session 3

Lower Body Regulation & Grounding

This session focuses on grounding, lower body stability, and releasing stored tension through the hips, legs, and ankles.

The lower body plays a key role in feelings of safety, stability, and nervous system regulation.

Move slowly and stay within a comfortable, pain-free range always.

1. Box Breathing

Box breathing is a structured breathing technique that supports nervous system regulation and stress reduction.

It may help to:

- Lower stress and anxiety
- Support sleep quality
- Improve emotional balance
- Reduce muscular tension

Sit upright in a comfortable chair with your feet flat on the floor.

Place your hands gently in your lap and lengthen your spine.

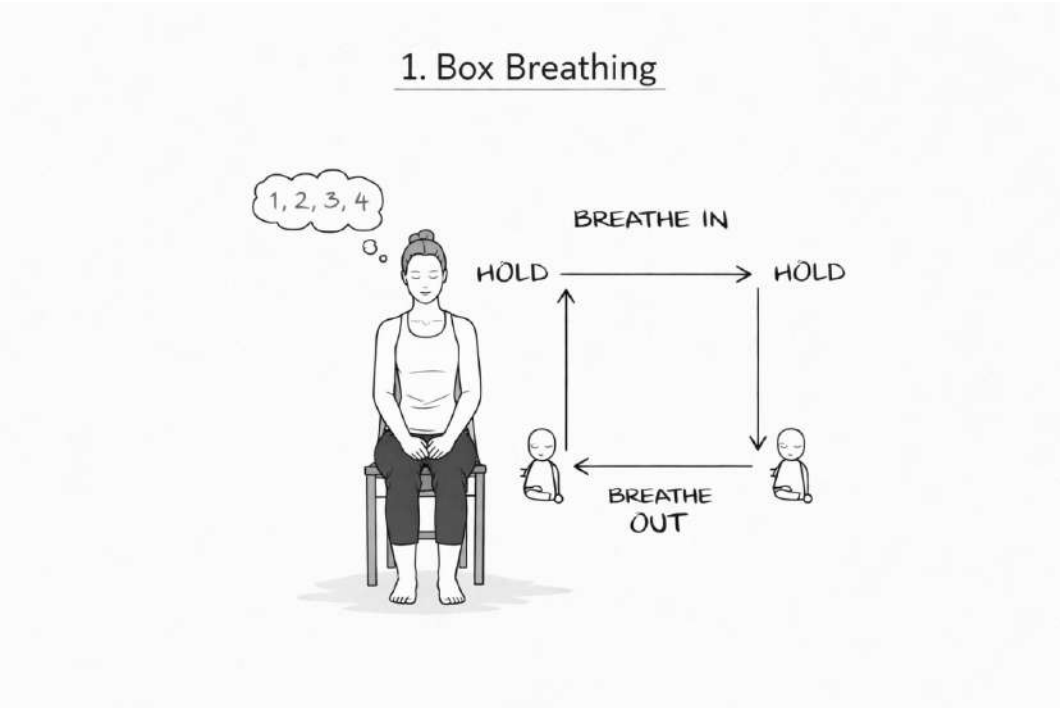
Practice:

1. Inhale slowly through the nose for a count of 4.
2. Hold the breath for a count of 4.
3. Exhale slowly through the mouth for a count of 4.
4. Hold again for a count of 4.

This completes one cycle.

Repeat for 4 cycles or longer if comfortable.

Allow your breath to remain smooth and unforced.



2. Seated Piriformis Stretch

This stretch supports:

- Hip mobility
- Release of deep gluteal tension
- Reduction of sciatic-type discomfort
- Lower back support

Sit upright in a supportive chair.

1. Place your right ankle on your left knee.
2. Allow the right knee to gently drop downward.
3. Sit tall, then slowly lean forward from the hips.

You may feel the stretch in:

- The right buttock
- Lower back
- Back of the upper leg

If the stretch feels mild:

- Use your right elbow to gently press the right knee downward.
- Lean slightly further forward.

Hold for 10 seconds.
Repeat 5–10 times before switching sides.

Move gently and avoid forcing the stretch.

3. Ankle Mobilisation

Healthy ankle mobility supports:

- Knee and hip stability
- Postural alignment
- Reduced strain on the lower back

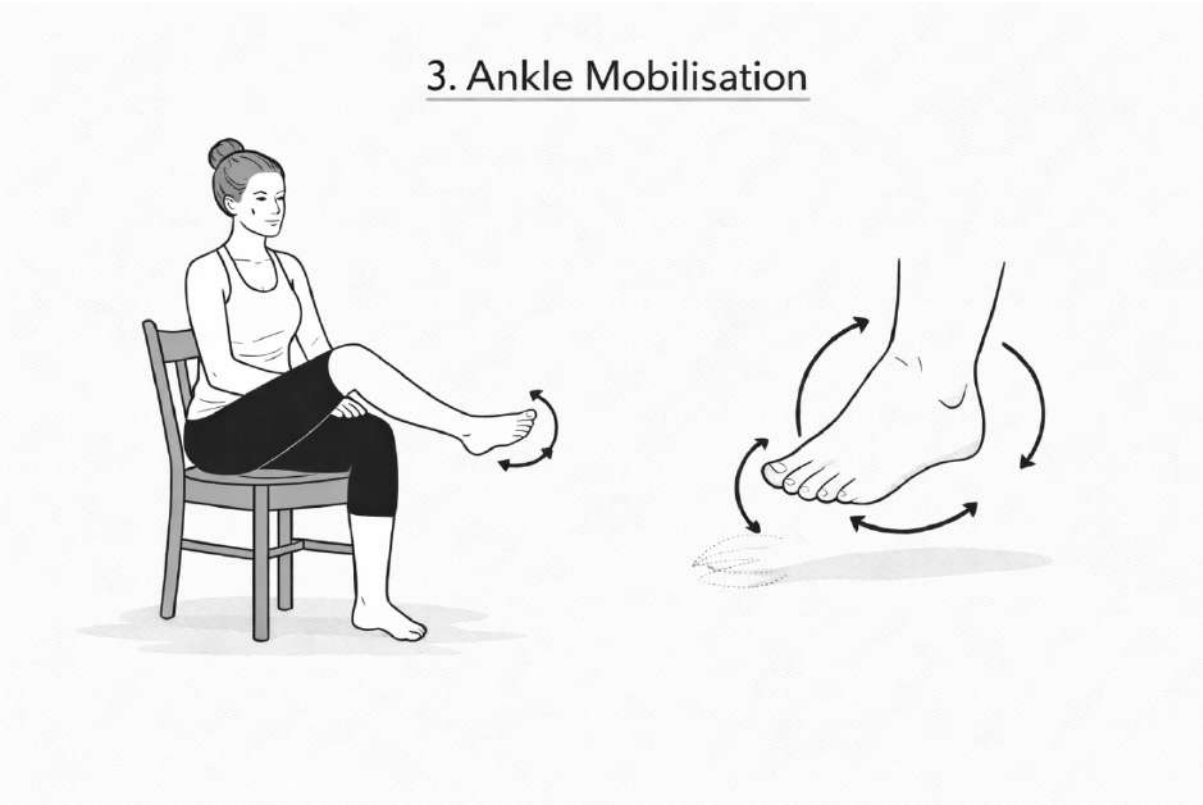
This exercise can be performed seated or lying down.

1. Lift one foot slightly off the ground.
2. Slowly move the ankle in large circles.
3. After several circles, change direction.

Alternatively, draw the letters of the alphabet in the air with your foot.

Continue for approximately 1 minute per ankle.

Movement should feel smooth and controlled.



4. Self-Massage Using a Ball

Self-massage supports:

- Circulation
- Muscle release
- Reduction of trigger points
- Increased body awareness

For Hips & Upper Leg (Wall Technique)

Areas may include:

- TFL (tensor fasciae latae)
- Gluteus medius
- Gluteus maximus

Stand with your back or side to a wall.

1. Place the ball between your body and the wall.
2. Apply gentle pressure before moving.
3. Slowly roll along the muscle.
4. If you find a tender point, pause and hold for 8–10 seconds while breathing slowly.

For Calves & Hamstrings (Floor Technique)

Areas may include:

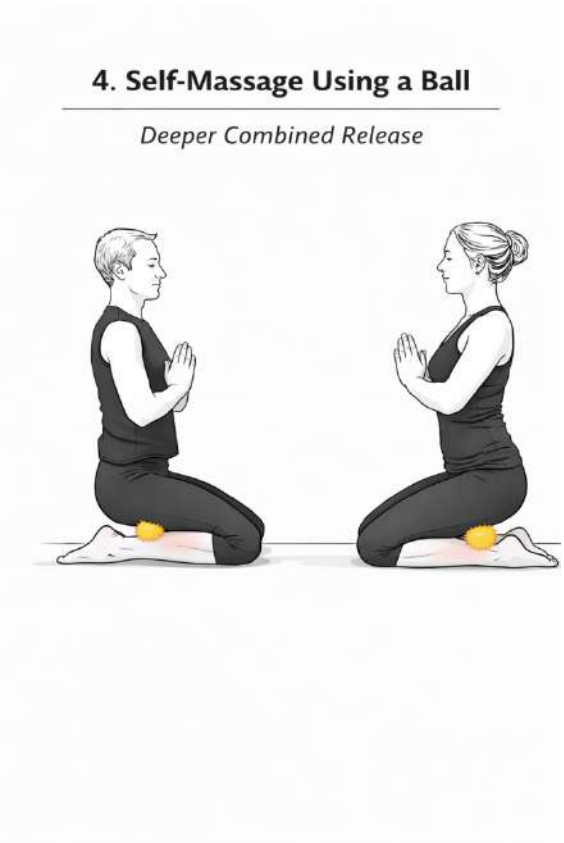
- Gastrocnemius
- Hamstrings
- Tibialis posterior

Sit on the floor and place the ball under the target area.

1. Apply gentle body weight onto the ball.
2. Slowly roll along the muscle.
3. Pause on tender areas and hold for 8–10 seconds.

For deeper combined release:

Kneel and place the ball between the hamstrings and gastrocnemius.
Gently lean back and breathe.



Work slowly and avoid sharp pain.

5. Acupressure – SP6 (San Yin Jiao)

SP6 is widely used for:

- Full-body relaxation
- Supporting sleep quality
- Reducing fatigue
- Emotional regulation
- Hormonal balance
- Helpful for those recovering from illness

Location

SP6 is located four finger-widths above the inner ankle bone, just behind the shin bone in the soft tissue.

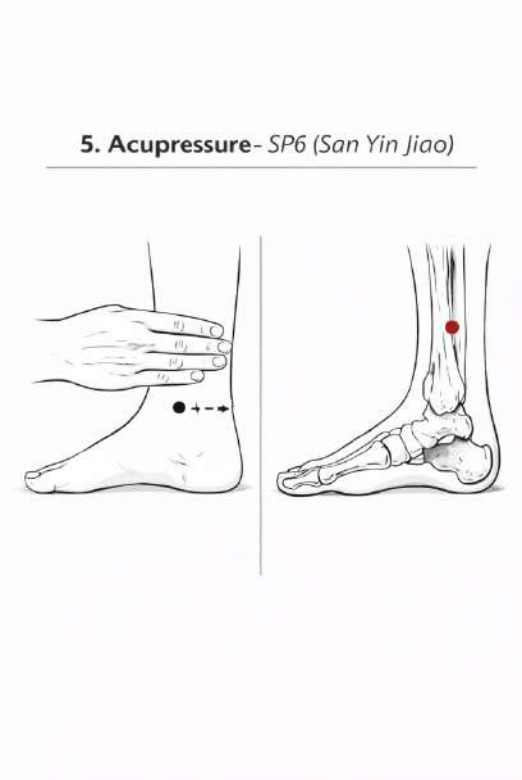
How to Apply

1. Use your thumb or knuckle to apply steady, comfortable pressure.
2. Hold for 3–5 slow breaths.
3. Repeat on the opposite leg.

Pressure should feel therapeutic but not painful.

Important

Do not stimulate SP6 during pregnancy, as it may stimulate uterine activity.



Appendix 12. Participants Feedback and Evaluation Form

Participant Feedback Form

Title: Evaluating the effects of the Jog Method™ on stress, anxiety, and low mood/ depression in grieving parents Week 16 – Final FeedbackIntroductionThank you for taking part in this study and for your time and openness throughout the past 16 weeks. Your participation and reflections are deeply valued.This final feedback form invites you to share your thoughts about your experience of taking part. Your responses will help improve future research and support for grieving parents. There are no right or wrong answers — please answer as honestly and openly as you wish.All information will remain confidential and anonymous.

Section 1: Your Experience of the StudyPlease tick the option that best represents your experience. 1. I felt supported during my participation in the study.

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

2. The activities and weekly DAS-42 questionnaires were clear and easy to complete

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

3. Taking part helped me reflect on my own emotions and well-being.

- strongly agree
- agree
- neutral
- Type option 4
- strongly disagree

4. I found the study to be a positive experience overall.

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

5. I would recommend this type of support or research to other parents who are grieving.

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

Section 2: Personal Impact Please complete the following statements in your own words: 1. The most helpful part of taking part in this study was:

2.The most challenging part of taking part was:

3.Since starting the study, I have noticed the following changes in myself:

Section 3: Suggestions for Improvement. 4. Is there anything you think could be improved in how this study was designed or delivered?

5. Are there any other types of support or activities you feel would be beneficial for grieving parents?

Section 4: Closing Reflections 6. . Please share any other comments, reflections, or thoughts about your experience:

Thank You
Your time, honesty, and willingness to share your experience are deeply appreciated.
If you would like to receive a summary of the study's findings once it is completed, please indicate this below:

Type a question

- Yes, I would like to receive a summary (please provide contact details if you wish).
- No, thank you.

Signature

Sign Here

Clear

Submit

Jotform

Now create your own Jotform – It's free! Create your own Jotform

Appendix 13. A Summary of Outcomes for Participants

Evaluating the effects of the Jing Method™ on stress, anxiety, and low mood/depression in grieving parents

A Personal Thank You

First and foremost, I would like to sincerely thank you. Thank you for your trust, your openness, and your courage in taking part in this research study. This was not simply participation in a project — it was a commitment to showing up, week after week, during grief. Your contribution has helped build meaningful knowledge about how bereaved parents can be supported in holistic, compassionate ways. I am deeply grateful for your strength and willingness to be part of something that may help other parents in the future.

Purpose of the Study

This 16-week pilot study explored whether the Jing Method™ of Advanced Clinical Massage — combined with structured online self-care sessions — could help reduce stress, anxiety, and low mood/depression in parents who had experienced the death of a child. Emotional wellbeing was measured weekly using the Depression, Anxiety and Stress Scale (DASS-42).

Structure of the study

Phase 1 (Weeks 1–6): Baseline control period (weekly DASS-42 assessments; no intervention).

Phase 2 (Weeks 7–12): Intervention phase (alternating weekly 50-minute hands-on Jing Method™ chronic stress protocol sessions and 30-minute individual Zoom self-care teaching sessions).

Phase 3 (Weeks 13–16): Follow-up phase (no treatment; final DASS-42assessment at Week16 to explore whether changes were maintained).

Summary of Results (Week 12)

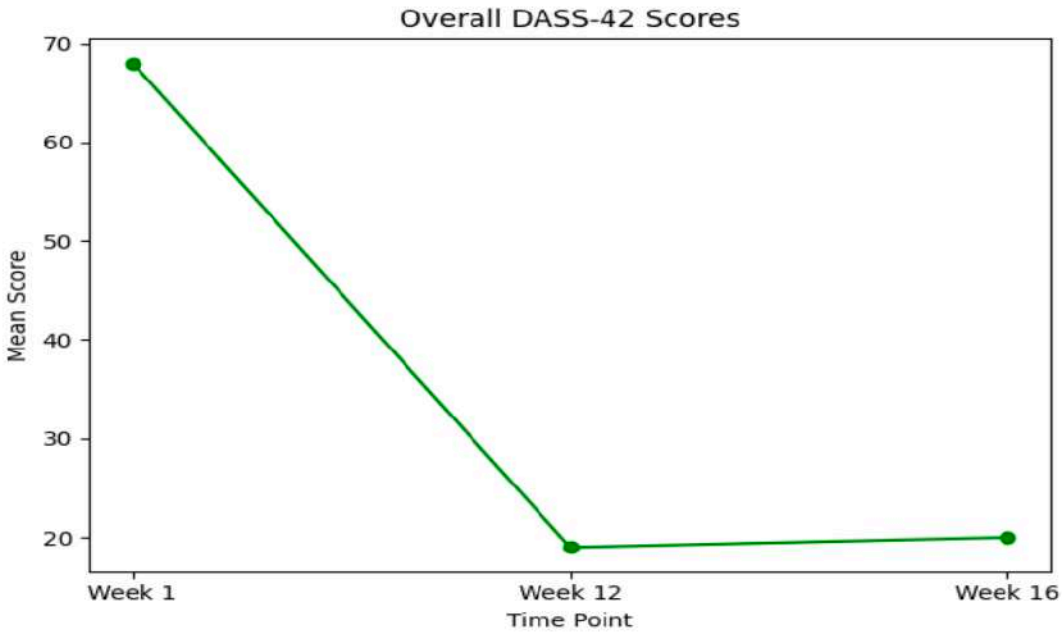
Depression reduced by 65% (26 → 9)

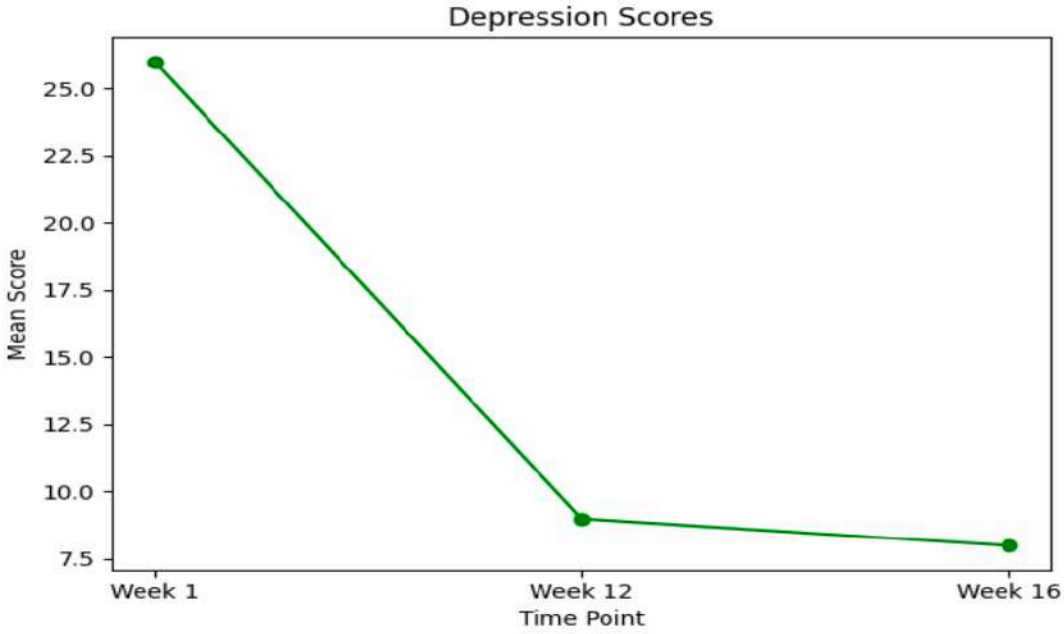
Anxiety reduced by 78% (18 → 4)

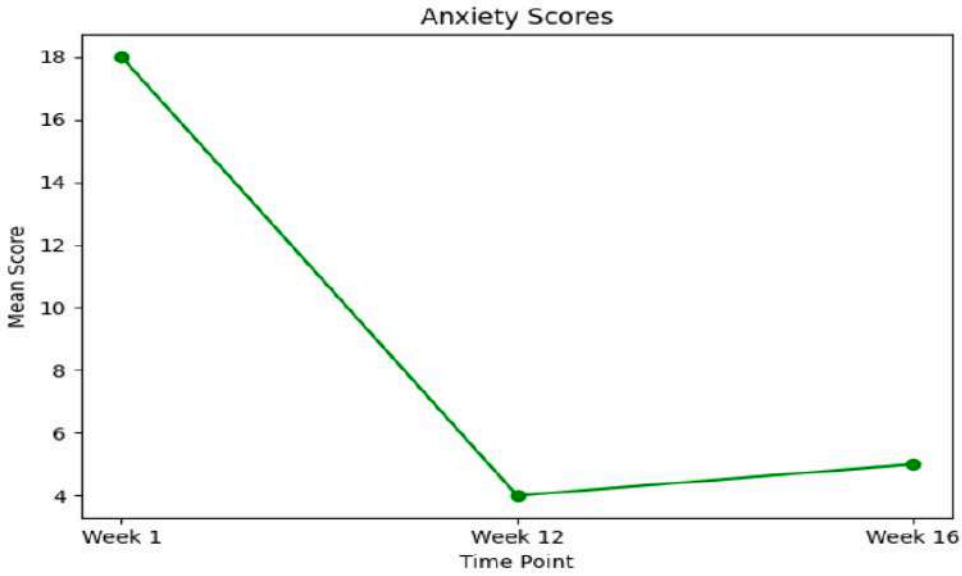
Stress reduced by 75% (24 → 6)

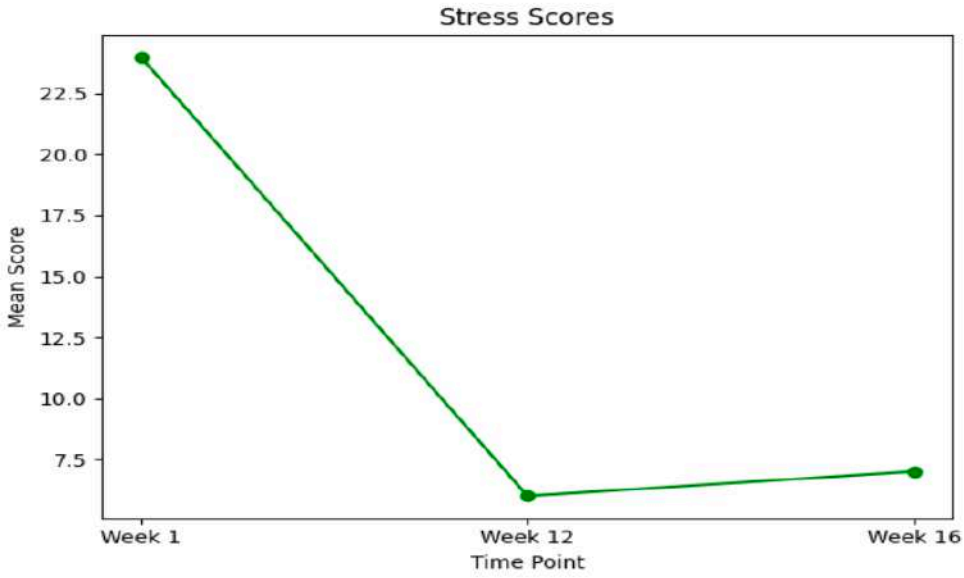
Overall emotional distress reduced by 72% (68 → 19)

At Week 16 follow-up, improvements were largely maintained. Although there was a small 5%overall increase after treatment ended (19 → 20), scores remained within the Normal severity range.


Overall DASS-42 Scores
70
60
50
40
30
20
Mean Score
Week 1
Week 12
Week 16
Time Point


Depression Scores
25.0
22.5
20.0
17.5
15.0
12.5
10.0
7.5
Mean Score
Week 1
Week 12
Week 16
Time Point





What This Means

The findings suggest that the Jing Method™, delivered through both hands-on therapy and guided self-care, may provide meaningful psychological support for grieving parents.
Participants reported improved emotional regulation, reduced physical tension, better sleep, and a greater sense of grounding.
Importantly, this intervention does not aim to remove grief, but to support the nervous system and reduce chronic stress responses within grief.

Why these findings matter

Many bereaved parents experience grief in both mind and body — including chronic tension, sleep disturbance, hyper-arousal, and low mood. These results suggest that combining supportive touch, nervous-system regulation and self-care education may offer meaningful help alongside other forms of bereavement support.

A note on limitations

This was a small pilot study with a small number of participants and without a separate comparison group, so the findings cannot be generalised to all grieving parents. Results are based on self-report (DASS-42). Further research with larger samples, longer follow-up, and comparison designs would strengthen the evidence.

Closing words

Thank you again for being part of this research. Your participation contributes to a growing understanding of how bereaved parents can be supported through compassionate, holistic approaches — including care that honours both the body and the heart.

It is my hope that this work continues to grow and helps create safe, compassionate spaces for bereaved families in the future.

With heartfelt gratitude,

Aleksandra Sukpe

Advanced Clinical Massage Therapist

BTEC Level 6 Candidate