

# Biodynamic Massage and Research

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Massage in its many forms is experiencing both a renaissance and a reassessment as a life enhancing health care modality. The subjective evaluation by recipients may inform decisions to purchase subsequent massage treatments or to influence others to experience it for the first time. Increasingly the public and the health care professions are asking for massage and other complementary therapies to be available as a health care provision, free at the point of delivery.

The lack of research evidence for an intervention is often given as a reason for not providing funding for it within conventional health care settings (Graham et al 1999). Whether an intervention is offered privately, charity or exchequer funded, it is equally important to ascertain potential benefits, risks and costs to inform and enable service users and providers in their decision making. Anecdotal reports of benefit or an intuitive belief in the therapy may be sufficient to a consumer who is spending his/her own money, but it is quite a different matter if the purchaser is accountable to the public for how money is spent on healthcare.

The demand for research evidence is not only confined to purchasers; increasingly students, practitioners and teachers of therapies are also wanting to have evidence and quality information to review their professional practice (Cant & Sharma, 1996). It has been argued that complementary and alternative medicine (CAM) practitioners should know how to access the research literature, be able to constructively critique research papers and most importantly for client work be able to 'interpret the practical implications' (Vickers, 1995 p. 143) of the findings.

More recently the House of Lords Science and Technology Report (2000) recommended that CAM professions should work towards ensuring that therapeutic claims for their treatments be supported by quality evidence of benefit and of safety.

The Report divided the most popular therapies into three categories. The first group included acupuncture, osteopathy and homeopathy, these were judged to have a growing body of evidence supporting therapeutic claims, as well as good progression in terms of professional regulation and training. Massage was one of a number of bodywork therapies classified as category two.

The Report acknowledged the popularity of these therapies in this group with the public, but recommended greater development in regulatory structures, training and a much stronger evidence base for practice. It was also recommended that training schools had greater liaison with Higher Education and a more robust infrastructure for research awareness and activities. Finally, group three, which included the practice of iridology and dowsing were deemed to have poor evidence and questionable theoretical basis.

## Arguments for and against engaging in research

Knowledge can be derived from a number and variety of sources, which can include tradition, authority, trial and error, reasoning and scientific investigation. Although Biodynamic massage is a relatively young therapy certain traditions and beliefs have already become evident. Charismatic and enthusiastic teachers of a therapy can have a lasting influence on the practice. A claim frequently made by Biodynamic massage practitioners is that it is a unique and potent bodywork therapy. It is also a requirement for Biodynamic massage practitioners to engage in supervision to protect, deepen and clarify therapeutic work with clients.

Here we have two areas for investigation already. It could be argued that the formal research process is an unnecessary, expensive and time-consuming process, when Biodynamic massage practitioners and teachers alike accept both these beliefs. It could also be argued that supervision is itself a process of investigation that can be used to inform our understanding of benefits, safety issues and requirements for practitioner development.

However research work can provide rich opportunities to examine established theory and practice and inform assumptions made about therapeutic outcomes. The following is a list of potential areas for Biodynamic massage research.

- Evidence of efficacy and outcomes.
- Review and develop professional practice
- Marketing purposes in reviewing access and provision.
- Risk assessment
- Comparative work
- Mechanism of action
- Assess patient satisfaction
- Ascertain research skills amongst Biodynamic massage practitioners and teachers
- Evaluate educational provision for Biodynamic massage practitioners
- Profile professional activities of practitioners
- Document historical development of the practice of Biodynamic massage
- Assessment of the demographic usage of Biodynamic massage

#### Hierarchy of evidence

The field of research is vast and complex, with an increasing array of methodologies and philosophical approaches to the activity. The jargon and language used can intimidate and exclude the novice researcher. Texts and articles containing terms such as 'grounded theory' 'quasi-experimental' and 'meta-analysis' can make anyone want to grab a copy of Hello for light relief.

Citing research findings is not enough to justify a particular therapy; critics will want to know the detail. For example what was the sample size? Was there a control group? Who conducted the study (i.e. are they skilled researchers with a track record of quality research work and supervision)? Can the findings be generalised or only be relevant to a particular population (i.e. people with primary-progressive multiple sclerosis)? The methodological approach and the techniques and tools used to collect data are also scrutinised.

A debate exists between researchers about which research designs are appropriate or even essential to determine efficacy. Many conventional scientists and health care practitioners often accept only one design or have a hierarchy in mind when reviewing research work.

On top of the tree is the Systematic Review - here the researcher collects together existing research work, and then critically evaluates and summarises the evidence and its limitations. These projects can be problematic, if the studies reviewed are poorly conducted and reported. Ernst (2001) recommends that the most optimal method is one that best answers the question being posed.

However conventional medicine holds the double-blinded randomised controlled trial (RCT) as the acceptable form of evidence. This is where the subject and evaluator are blinded to the intervention. In practice this can only really be done with a placebo such as a coloured pill. A more pragmatic approach is an RCT where the intervention is tested with one group compared to a well-matched control group who receive a conventional treatment or nothing. For example we might want to evaluate the potential of Biodynamic massage to reduce anxiety, in which case we could organise a trial where group A would receive 6 sessions of Biodynamic massage while group B receives six sessions of hypnotherapy.

#### Sources of information

Haines and Jones (1994) have suggested that inaccessibility of research and lack of skill to appraise research is a major stumbling block to the dissemination of evidence to health care professionals. It is of course important to acknowledge that while BMT research work is sparse, evidence does exist supporting the value of biodynamic massage as a useful intervention in practice. It appears in the writings of Biodynamic massage teachers and practitioners as well as individual accounts by clients who have been moved to write their own narratives in magazine and newspaper articles (Southwell, 2001; Westland, 1996). These forms of anecdotal evidence can be analysed and explored contributing to a growing body of experience and understanding of the therapy.

There is however limitations to this form of evidence, particularly as it can be subjective and difficult to replicate or quantify given the variety of variables and individual nature of the therapeutic relationship, treatment and client profile. It has been argued that the complexities of complementary and psychological approaches make it difficult to subject them to scientific investigation.

### Reading research papers.

Computer databases can be a useful starting point for locating research papers that maybe of interest. Accessing the Internet via search engines can also identify details of published studies, although the information may not always be correct or detailed enough to be of value.

The most useful sources are recent publications that have been subjected to peer review. Most peer-reviewed journals include an abstract at the beginning of a paper, which is intended to provide an overview of the study, but rarely gives sufficient information to decide whether the study was conducted properly. It is normal practice for university students studying complementary therapies or indeed any other discipline to use a checklist when critically reading research reports. The Foundation for Integrated Medicine has recommended that all CAM courses teach their students skills in locating and critically appraising research papers. Kahn (2001) says massage schools have an important role in transforming massage into a research- conscious profession

### Existing research

It is important to recognise that massage is the most common 'contact' CAM intervention being used worldwide. It has a history that predates conventional medicine, and was supported by Hippocrates himself as an essential tool for all physicians (Field, 2000). Virtually every country and culture has some form of touch therapy being practised. There is also a growing 'body' of research in the public domain, even finding its way into peer reviewed medical journals such as the British Medical Journal and the Lancet.

There are now a number of established CAM journals such as Complementary Therapies in Nursing and Midwifery, and Complementary Therapies in Medicine, as well as organisational newsletters like our own providing practitioners with information and critiques of the evidence. Apart from individual published reports there are also regular reviews of literature and research studies published. It is important to acknowledge that a published research paper may be the culmination of up to five years work, as is the case of a part-time PhD. The process can involve reviewing the literature, clarifying the research question and identifying a research design and suitable outcome measures, painstaking data collection, analysis and report writing. Eventually the successful PhD student then sets about preparing a report that matches the requirements and readership interests of a peer reviewed journal.

It could be argued that popularity and experience that spans many centuries and intuitive knowledge should be sufficient evidence. Ernst (2001) has argued that blood-letting provides an example of an established practice that was an undisputed panacea for centuries (p. 12).

Whether we think research will be of use to us in clinical practice is no longer a question just for ourselves. It is not now uncommon for patients to search the Internet for information and research about both complementary and conventional therapies. Societies and support groups for people with health problems now include in newsletters details of the latest research, as well as individual accounts of experiences of a therapy.

### The process of research work

This begins with a process of clarifying the area or focus of the research. This has to be more focused than just wanting to research Biodynamic massage or to prove that it is beneficial for all. Vickers (1995) has suggested three rules to developing a specific research question or hypothesis:

1. One question only
2. Stated in a single phrase
3. With the research design evident from the question itself (p.146).

It is important for any budding researcher to consider the relevance and the feasibility of a proposed project. If the focus is to be patients it maybe that there might be a problem in recruiting sufficient numbers to adequately demonstrate an effect.

### Methodologies

There are a variety of methodologies that can be used to gather data to inform the answer to a research question. The Foundation for Integrated Medicine (FIM) has suggested a number of methods linked to the question being asked (FIM, 1997). These have been adapted to possible questions that could be asked about Biodynamic massage (see Box 1).

## Funding

Goethe's last words were 'More light', but who pays the light bill for research? There are costs involved with any research activity. These can include paying for a researchers time, fees for statistical advice, charges for registering to use outcome measures and costs associated with data collection e.g. postage.

The growth in CAM research has been phenomenal over the last decade, funding however continues to be one of the greatest challenges, alongside beliefs that 'someone else will do it', and the myth that 'but CAM does not fit the research methodologies used to evaluate conventional medicine'.

These aside there are ways of raising the funds either internally from professional bodies representing a therapy or by applying to charities. Aside from AHBMT being a small organisation with limited funds external funding can be a means of validating the broader interest in evaluating the therapy. Research projects requiring external funding must find a willing and interested agency to convince. For example if the organisation's remit is to support/advance quality and effective treatment/services for multiple sclerosis, then any proposed study must be argued from that mission statement.

## Multiple Sclerosis Research Project

This project was conceived from my clinic work at Manchester Royal Infirmary where I provided reflexology, therapeutic massage and Biodynamic massage to people with a variety of neurological problems attending a day care centre. This work was expanded to include providing a service of hand and foot massage to inpatients on a neurology ward. A pilot project, evaluating this provision, was conducted in 1997 following a successful bid to the Hospital Trust for a small scholarship. The results of which formed the basis of three publications (Dryden et al, 1998; Dryden et al, 1998; Cromwell et al, 1999) and invitations to present the work at national conferences.

In discussing my interest to pursue a much larger research project with the largest diagnostic group in the pilot project- multiple sclerosis; an experienced researcher at Manchester University encouraged me to register for a PhD.

Prior to embarking on finalising the research design I travelled to the University of Miami to participate in a CAM researchers course. Here I had an opportunity to meet and interview Dr Tiffany Field, Director and lead researcher at the Touch Research Institute (see website address) within the University's School of Medicine (Mackereth, 2000). I was encouraged to consider using a randomised controlled trial to investigate therapeutic outcomes of a complementary therapy with people who have MS.

Biodynamic massage was considered as the intervention to be investigated, but it became clear that I would need to choose a therapy that could be delivered by therapists in Manchester who would follow a fairly standard treatment protocol. Reflexology has been reported as a popular therapy with people who have MS and as a teacher of reflexology I had contact with a number of reflexologists in Manchester. With the help of my academic supervisor we submitted a bid for funding. My first attempt was unsuccessful, but with some adjustments we submitted the proposal again, this time to a larger organisation, The MS Society and was successful in obtaining a £25,000 grant. The project is now well under way with 27 participants enrolled into the study and a further 19 to recruit.

## Suggestions/Recommendations

For some Biodynamic massage practitioners the idea of being involved or leading a research project might well be an overwhelming challenge. Below is a list of some suggestions and recommendations for becoming more research active as an organisation. This is not an exhaustive list and it maybe that some of these activities would be long term rather than short term goals.

- Identify interest and skills of AHBMT members in research
- Develop and document a research agenda
- Continue to build archive
- Provide a 'Research & Biodynamic massage' leaflet for practitioner and the public.
- Workshop to develop skills in critiquing research work
- Develop a Research Officer Role to be a resource for the membership
- Use internal funding for small pilot or survey work
- Seek to publish any research activities, literature reviews and theoretical papers in the wider arena.
- Identify and make recommendations for research projects.
- Keep research on the agenda of any meetings/presentations

- Support and encourage journal contributors to include relevant research to support arguments and discussion of practice.
- Consider developing a Biodynamic massage Research Trust and/or linking with a Massage/Bodywork/CAM Research Group.

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The Touch Research Institute's website is: <http://www.miami.edu/touch-research/triresearch.htm>.