EDITORIAL

Massage therapy: A profession in search of future directions?

The 3rd International Massage Therapy Research Conference (IMTRC) was held in Boston between April 25th and 27th. The organisers, The Massage Therapy Foundation (MTF), put together an excellent line-up of Keynote and Panel presentations, that reflected both the heart and the mind of this evolving profession.

Highlights (for this attendee) included a thoughtful presentation from Jeanette Ezzo PhD, that explored research findings that may help explain how massage therapy works via physiological, psychological, and neurological mechanisms. She also explored the question of what further research is required to demonstrate (in different contexts) both the efficacy (the extent to which a treatment method has the ability to bring about its intended effect under ideal circumstances, such as in a randomised clinical trial) of massage therapy, as well as its' effectiveness (the extent to which a treatment method achieves its intended effect in the usual clinical setting). A fascinating aspect of massage therapy evaluated by Leslie Korn PhD in her presentation looked at what she terms 'somatic empathy', in relation to massage and community health. Her own vivid experiences both in Mexican villages and in more conventional settings provided the background to the thought-provoking potentials of this medically underexplored therapeutic approach – where greater degrees of self-care was an unexpected outcome of the provision of basic massage therapy. Other (personal) highlights included presentations by JBMT Associate Editor, Geoffrey Bove PhD DC (see also later in this editorial) together with Lisa Hodge PhD, Mark Rapaport MD and Joel Bialowsky PhD – who all valiantly attempted to explain "how massage works" as they described potential mechanisms in a stimulating session moderated by Cynthia Price PhD. There were numerous other informative features including Massage in relation to public health, moderated by Jerrielyn Cambron PhD DC (see end of editorial); a panel on Case Reports moderated by Martha Menard PhD; as well as a session on Massage for special populations, moderated by Ruth Werner. A panel moderated by Michael Hamm LMP (Basic Science: Biological and Psychological Models of Massage), included a thoughtful perspective in a presentation by JBMT Associate Editor, Glenn Hymel PhD (together with Grant Rich PhD) on Health Psychology as a context for massage therapy.

A final 3 hour group session focused on Massage Therapy Research Agenda Planning, moderated by Janet Kahn PhD. This session went to the core of the massage therapy profession’s need to define and promote itself adequately.

- What directions should massage therapy research take?
- How should massage be defined (see Boxed text)?
- Should (does) the definition of massage therapy include use of modalities that have emerged from other professions (such as Proprioceptive Neuromuscular Facilitation (PNF), from physiotherapy, or Muscle Energy Techniques (MET), or Myofascial Release (MFR) from osteopathy)?
- How can massage therapy, most effectively, be promoted to mainstream scientists and medical personnel?
- And what do these professions know of the large body of research evidence already in existence, regarding the efficacy and effectiveness of massage therapy in a range of situations and conditions?
- Can current research data be adequately compiled and presented, as potential guidelines for the use of, or referral by, other health-care professionals working in private, community and hospital based settings?
- What should the massage therapy profession, clustered as it is under a large number of professional organisations, with disparate academic and licensing standards and regulations, do to gain the recognition and professional collaboration that evidence suggests it deserves?

Overall – the impression that this conference made was of a highly motivated, and passionately dedicated organisation, representing hundreds of thousands of therapists – many of whom are still searching for a professional identity.
Defining massage therapy

Menard (2002) has said: “Definitions are important for several reasons, and the lack of definitions in the majority of [massage related] studies is troubling. Studies that define massage, by implication or omission, as simply the rubbing of muscle tissue ignore crucial aspects of the therapy under investigation and may be more likely to result in findings that are ambiguous or difficult to interpret. On a more practical level, many studies do not define or describe the specific techniques used in the massage protocol in sufficient detail. As a result, it is impossible for the reader to determine exactly what was done or to evaluate whether or not the protocol was appropriate to the study hypothesis.”

- The Merriam-Webster Dictionary definition of massage is: “Manipulation of tissues (as by rubbing, kneading, or tapping) with the hand or an instrument for therapeutic purposes.”
- The freedictionary.com defines it as follows: “Massage therapy is the scientific manipulation of the soft tissues of the body for the purpose of normalizing those tissues and consists of manual techniques that include applying fixed or movable pressure, holding, and/or causing movement of or to the body.”
- This simplistic definition is expanded upon in Wikipedia: “Massage is the manipulation of superficial and deeper layers of muscle and connective tissue using various techniques, to enhance function, aid in the healing process, decrease muscle reflex activity, inhibit motor-neuron excitability (Weerapong et al. 2005) promote relaxation and well-being, (Menard, 2002) and as a recreational activity.”
- For a more comprehensive definition see: http://nccam.nih.gov/health/massage/massageintroduction.htm.

The answers will come, and the conferences organised by MTF (2005, 2010, 2013) are moving that process along at an accelerating pace.

JBMT is proud to support, and to be associated with, this important emerging and compassionate profession.

Editorial changes at JBMT

Dr Geoffrey Bove PhD DC, has decided to step down from his role as Associate Editor with JBMT, due to the need to balance a range of professional demands. I wish to thank Dr Bove for his important input over the past 3 years, and to wish him well as his research and clinical work evolve. Replacing Dr Bove will be Dr Jerrilyn Cambron, LMT, DC, MPH, PhD, Professor; National University of Health Sciences, Lombard, IL to whom I extend a warm welcome.

References


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