

Reframing Massage Therapy: The Somato-Relational Framework for Mental Health and Healing

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Massage therapy, often regarded as a tool for physical relief, has untapped potential in addressing mental health challenges such as anxiety, depression, and substance abuse. The somato-relational framework (SRF) offers a structured model to bridge manual therapies with modern mental health care by focusing on three interdependent pillars: embodiment, relational dynamics, and integration. By emphasizing body awareness, therapeutic connection, and the integration of healing experiences, SRF positions massage therapy as a biopsychosocial approach to holistic mental health care. This paper explores the applications of SRF in practice, education, and research, highlighting its potential to position massage therapy as a cornerstone of integrative care. Addressing current limitations and emphasizing interdisciplinary collaboration, the SRF invites innovation and sets the stage for transformative advancements in both massage therapy and mental health.

KEYWORDS: Massage therapy; mental health; integrative health; embodiment; therapeutic relationship; integration; interdisciplinary collaboration; somato-relational framework

INTRODUCTION

Global mental health care is at a critical juncture, with a recent review detailing alarming rates of anxiety and depression, increasing prevalence of substance abuse including alcohol and opioids, and similar mental health challenges among adolescents.⁽¹⁾ McGlone et al. highlighted the limitations of conventional approaches that often prioritize cognitive and pharmacological interventions

when proposing a new discipline, touch medicine, to address these gaps.⁽²⁾ As the recognition of the mind–body connection grows, so does interest in massage therapy.⁽³⁾ Though traditionally viewed as a physical modality, massage therapy possesses unique qualities that make it a valuable tool for mental health support.

Conceptualized from both my professional experience and academic studies, and in response to a lack of a unifying framework, the somato-relational framework (SRF) offers a nuanced approach to integrative care by emphasizing three interdependent pillars: embodiment, relational dynamics, and integration. Aligned with a biopsychosocial model of care and grounded in evidence from somatic psychology, interpersonal neurobiology, and integrative health practices, the SRF positions massage therapy as a transformative tool for mental health care. While aspects of the SRF exist in various therapeutic approaches, they have not been explicitly defined or researched within the context of massage therapy, an endeavor that could foster innovation and interdisciplinary collaboration. By reframing massage therapy as a cornerstone of integrative care, the SRF invites practitioners, educators, and researchers to expand the reach and impact of this profession.

THE CORE PILLARS OF THE SOMATO-RELATIONAL FRAMEWORK

The SRF is built on three interdependent pillars: embodiment, relational dynamics, and integration. Each pillar addresses unique aspects of the healing process, emphasizing a biopsychosocial approach to manual therapies that supports mental health and overall well-being. Together, these elements form a cohesive structure

that prioritizes the client's autonomy, healing potential, and interconnectedness with themselves and their environment.

Embodiment

Embodiment refers to the process of reconnecting with and fully experiencing the body as an integral part of mental and emotional health. Mental health conditions such as anxiety and depression can involve a disconnection from bodily awareness, manifesting as tension, chronic pain, or dissociation.⁽⁴⁾ Massage therapy inherently fosters somatic embodiment by providing tactile experiences that reconnect clients with their bodies.

In the SRF, embodiment is deepened through integrating physical touch with intentional engagement of breath and body awareness. For instance, therapists can encourage clients to notice their breathing during sessions or guide gentle breathwork to enhance parasympathetic activation and presence. These practices allow clients to inhabit their bodies more fully and process sensations and emotions held within. Building on Price and Weng's concept of somatic reappraisal,⁽⁵⁾ maintaining mindful attention to bodily sensations helps clients reframe negative bodily sensations into empowering ones. For instance, a client experiencing chronic pain may begin to view tension as an opportunity for understanding rather than a source of distress.

By cultivating interoceptive awareness, the ability to sense and interpret internal bodily signals, massage therapy becomes a powerful tool for emotional regulation and mental health recovery. Simple practices, like mindful breathing or somatic check-ins, can extend this work beyond the session, empowering clients to sustain embodiment in daily life.

Relational Dynamics

Relational dynamics encompass the nonverbal and verbal interactions between therapist and client, creating a foundation of trust, safety, and attunement. In massage therapy, these dynamics are expressed through the quality of touch, presence, and responsiveness to the client's needs. The SRF emphasizes relational attunement as a therapeutic tool, co-creating an environment that adapts to the client's unique goals.

Highlighted in research by Clark on the therapeutic relationship,⁽⁶⁾ relational attunement involves the therapist sensing and responding to subtle physical and emotional cues, such as shifts in muscle tension, breath, or posture. These interactions foster a sense of support, essential to healing. For example, noticing shallow breathing might prompt the therapist to slow their rhythm and encourage deeper breaths. This approach can strengthen the therapeutic relationship, facilitating emotional regulation and processing. Levin and Bradshaw noted that, for some clients, this connection may extend beyond physical and emotional healing, providing a pathway for self-actualization or even spiritual exploration.⁽³⁾ Long-term therapeutic relationships, often likened to those in psychotherapy, can develop when clients repeatedly seek the safe, attuned environment created by their therapist, reinforcing the relational depth of massage therapy.

Biologically, relational presence is reinforced through the release of oxytocin, a neuropeptide associated with bonding, relaxation, and stress reduction.^(7,8) The therapist's ability to create safety and connection helps integrate healing experiences into broader mental and emotional well-being. This dynamic aligns with research emphasizing the transformative potential of secure relational experiences in fostering resilience and emotional regulation,⁽²⁾ highlighting how massage therapy bridges physical care and integrative mental health practices.

Integration

Integration allows healing experiences to facilitate lasting change, and it involves both preparation before the session and consolidation afterward. Preparation sets the stage by creating intentional space, establishing goals, and fostering trust. Post-session, integration focuses on applying insights to daily life, promoting sustained well-being. Drawing from research in psychedelic-assisted therapy, integration includes reflective practices like journaling, mindfulness, and body scans, helping clients make sense of their experiences and adapt behaviors.⁽⁹⁾ For example, a client might use somatic check-ins to manage stress or track shifts in their body and emotions. These practices reinforce therapeutic benefits beyond the session.

Integration also addresses challenges such as discomfort or disorientation from healing experiences. Therapists can guide clients in creating narratives to contextualize these feelings, fostering emotional alignment and resilience. By emphasizing integration, the SRF ensures that the therapeutic process contributes to lasting, meaningful change.

APPLICATIONS IN PRACTICE, EDUCATION, AND RESEARCH

The SRF offers a versatile and transformative approach to integrating manual therapies into mental health care. Its emphasis on embodiment, relational dynamics, and integration creates opportunities for innovation in clinical practice, educational curricula, and research. These applications have the potential to bridge existing gaps and position massage therapy as a key modality in addressing mental health challenges.

Practice

The SRF encourages therapists to expand their role beyond technique-focused applications, integrating practices that address clients' mental and emotional well-being. By emphasizing the biopsychosocial aspects of care, therapists can deepen their therapeutic impact and foster more meaningful, lasting outcomes. Key strategies include the following.

Preparation and intention setting

Preparation is critical in creating a therapeutic container for the session. Therapists can guide clients in identifying their goals, areas of focus, or emotional states they wish to address, framing the process as collaborative and intentional. For instance, a client seeking relief from anxiety could be encouraged to tune into their breath and body sensations at the start of the session, aligning their awareness with the therapist's work. This preparatory phase fosters a sense of agency, grounding clients in the present moment, and opening them to the therapeutic experience.

Relational presence and attunement

Relational dynamics lie at the heart of the SRF. The therapeutic relationship is recognized as an important contributor to positive outcomes in massage therapy,⁽¹⁰⁾

although Clark conceded that a clearer conceptualization would be helpful.⁽⁶⁾ Massage therapists develop skills in attunement by reading subtle physical and emotional cues, such as shifts in muscle tension, breath patterns, or posture, and adjusting their touch, rhythm, or approach accordingly. This adaptability creates a sense of safety and trust, allowing clients to feel seen and supported.

The therapist's own state of embodiment and presence also plays a crucial role in setting the tone for the session. By maintaining healthy boundaries and staying mindful of transference, therapists model safety and ease for their clients. Additionally, elements of the physical and energetic environment, such as calming music, grounding scents, or intentional lighting, can further act as co-regulating tools to enhance relaxation and support a deeper therapeutic connection.

Integration support

Post-session, therapists can help clients consolidate and extend the benefits of their experiences into daily life. Simple follow-up practices, such as guided body scans, mindful movement exercises, or journaling prompts, empower clients to maintain the connection to their body and emotional state beyond the session. For instance, a therapist might recommend a brief somatic check-in exercise to help a client manage stress during the week. These integration practices ensure that the therapeutic effects are not fleeting but become sustainable resources for mental and emotional resilience.

Incorporating these elements into practice not only enhances outcomes but also positions massage therapy as a holistic, client-centered modality that bridges physical and emotional health. By adopting the SRF, therapists can create transformative experiences that empower clients to reconnect with themselves, fostering resilience and well-being in ways that extend far beyond the session.

Education

The SRF emphasizes the need for continuing education (CE) programs that align massage therapy with modern mental health care practices. While foundational massage therapy curricula do focus on technique, anatomy, and relational skills, integration skills and somatic terminology

are not always emphasized or systematically taught. CE programs provide an opportunity to bridge this gap by highlighting and refining existing, researchable features of massage therapy that support mental and emotional well-being. To address this, the framework proposes CE modules that focus on the following.

Somatic embodiment practices

CE programs could also teach massage therapists to integrate somatic tools and terminology, such as breath awareness and body-focused mindfulness, into sessions. These practices offer clients a deep sense of connection with their bodies, supporting emotional regulation and resilience, while having shared terminology encourages interdisciplinary collaboration. CE programs can help therapists implement these techniques, which have been shown in research to promote interoceptive awareness and emotional integration.⁽²⁾

Integration practices and self-care

Modules could focus on equipping therapists with tools to support clients post-session, such as goal setting, reflective dialogue, or simple somatic exercises clients can use in daily life. At the same time, CE programs should address therapist self-care, providing strategies for maintaining resilience and avoiding burnout while engaging in intensive work. By framing self-care as a foundational practice, therapists are better positioned to model holistic well-being for their clients.

These CE programs are not intended to overhaul foundational education but to enhance it by bringing to light the innate relational and somatic features of massage therapy and situating them within the context of modern mental health care. By expanding educational offerings in this way, the SRF not only improves therapist competency but also creates pathways for further research.

Research

The SRF opens exciting opportunities for research, particularly in addressing critical gaps in understanding how massage therapy impacts mental health. Research can further illuminate the deep-rooted but underexplored elements of massage therapy, validating its role in mental health care. Areas of inquiry might include the following.

Mechanisms of action

Research could explore how practices such as somatic embodiment, relational attunement, and integration influence mental health outcomes. For instance, studies might investigate how interoceptive awareness, fostered through massage therapy, impacts emotional regulation in conditions like post-traumatic stress disorder (PTSD), anxiety, and grief. Additionally, examining the neurophysiological mechanisms, such as oxytocin release and parasympathetic activation, could provide a biological basis for the therapeutic benefits of massage.

Comparative and longitudinal studies

Comparing the efficacy of the SRF approach to traditional massage therapy techniques for mental health challenges could yield valuable insights. Such studies might evaluate whether incorporating relational and integration-focused practices enhances client outcomes, helping to identify best practices within the field. Additionally, long-term studies could examine the sustained impact of preparation and integration practices in massage therapy. These might include tracking clients' mental health improvements over time and exploring how integrating these elements affects their overall resilience and quality of life. Such research would address whether these practices contribute to lasting behavioral and emotional changes.

Interdisciplinary and implementation research

Collaborating with fields like somatic psychology, interpersonal neurobiology, and integrative health offers opportunities to position massage therapy as part of a broader, multidisciplinary approach to mental health care. For example, integrating massage therapy into existing mental health interventions could provide insights into how touch-based therapies complement or enhance other modalities, such as psychotherapy or mindfulness practices.

Investigating the feasibility and effectiveness of incorporating somato-relational CE programs into massage therapy practice could bridge research and application. These studies could examine therapist engagement with the framework, client responses, and potential barriers to widespread adoption. Such findings would guide future iterations of the framework and its educational components.

By advancing research in these areas, the SRF could provide a robust evidence base for massage therapy's role in mental health care. These investigations would not only validate the framework but also promote wider adoption and recognition of massage therapy as a key modality in addressing mental health challenges. In doing so, the profession can evolve to meet the growing demand for integrative mental health solutions, positioning itself as a cornerstone of holistic, client-centered care.

LIMITATIONS OF THE SOMATO-RELATIONAL FRAMEWORK

While the SRF has significant potential to advance massage therapy's role in mental health care, certain limitations warrant attention. One challenge is the limited empirical evidence specific to massage therapy's utilization of embodiment, relational dynamics, and integration. This gap presents an opportunity for research to validate and refine the framework, potentially elevating massage therapy's evidence base.

Variability in therapist training is another consideration, as current curricula often emphasize physical techniques over relational or integrative skills. This highlights the need for educational reform, which the SRF addresses by offering a roadmap for incorporating these elements into training programs. Additionally, while some clients may view massage solely as a physical or relaxation modality, intentional preparation and dialogue can reframe their expectations, allowing them to engage more deeply in the therapeutic process. Ensuring clear practice guidelines and collaboration with mental health professionals will be critical to the SRF's successful implementation into mental health care.

Finally, some studies, such as a case report focusing on PTSD,⁽¹¹⁾ highlight the limitations of existing measures, which often prioritize physical outcomes over mental health indicators. Others report inconsistent effects of massage therapy on areas like sleep,⁽¹²⁾ despite anecdotal and theoretical support. These discrepancies underscore the need for a standardized, biopsychosocial approach like the SRF to contextualize and refine future research.

CONCLUSION

The SRF represents a pivotal opportunity to redefine massage therapy as a vital modality for mental health care. By focusing on embodiment, the SRF empowers clients to reconnect with their bodies, fostering emotional regulation and resilience. Through relational dynamics, it leverages therapeutic attunement to build trust and safety, facilitating profound healing experiences. Finally, by emphasizing integration, the SRF ensures that healing extends beyond the session, creating lasting change in clients' lives.

As mental health challenges continue to rise, the need for integrative, client-centered approaches is more urgent than ever. While challenges remain, these are opportunities to advance the profession through collaboration, continued research, and educational reform. By embracing the SRF, massage therapy has the potential to reshape not only individual mental health care but also the broader landscape of integrative health. This framework invites a future where touch-based therapies are recognized as essential components of holistic care, fostering resilience and well-being for all.

CONFLICT OF INTEREST NOTIFICATION

The author declares there are no conflicts of interest.

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REFERENCES

1. Moitra M, Owens S, Hailemariam M, Wilson KS, Mensa-Kwao A, Gonese G, et al. Global mental health: where we are and where we are going. *Curr Psychiatry Rep.* 2023;25(7):301–311. <https://doi.org/10.1007/s11920-023-01426-8>

2. McGlone F, Uvnäs Moberg K, Norholt H, Eggart M, Müller-Oerlinghausen B. Touch medicine: bridging the gap between recent insights from touch research and clinical medicine and its special significance for the treatment of affective disorders. *Front Psychiatry*. 2024;15:1390673. <https://doi.org/10.3389/fpsyt.2024.1390673>
3. Levin J, Bradshaw M. Prevalence and determinants of massage therapy use in the U.S.: findings from the 2022 National Health Interview Survey. *Explore (NY)*. 2024;20(6):103015. <https://doi.org/10.1016/j.explore.2024.05.013>
4. Kong Z, Zhu X, Chang S, Bao Y, Ma Y, Yu W, et al. Somatic symptoms mediate the association between subclinical anxiety and depressive symptoms and its neuroimaging mechanisms. *BMC Psychiatry*. 2022;22(1):835. <https://doi.org/10.1186/s12888-022-04488-9>
5. Price CJ, Weng HY. Facilitating adaptive emotion processing and somatic reappraisal via sustained mindful interoceptive attention. *Front Psychol*. 2021;12:578827. <https://doi.org/10.3389/fpsyg.2021.578827>
6. Clark T. The psychotherapeutic relationship in massage therapy. *Int J Ther Massage Bodywork*. 2019;12(3):22–35. <https://doi.org/10.3822/ijtmb.v12i3.447>
7. Tomosugi N, Koshino Y. Gentle, massage-like, head stroking provokes salivary oxytocin release. *Altern Ther Health Med*. 2023;29(5):188–191.
8. Fricker F, Barbotte MV, Pallot G, Radoua N, Sorci C, Heitz M, et al. Positive psychological effects of seated acupressure massage are associated with a rise in plasma oxytocin without affecting CGRP levels or circulating IL-6. *Compr Psychoneuroendocrinol*. 2024;17:100220. <https://doi.org/10.1016/j.cpnec.2023.100220>
9. Bathje GJ, Majeski E, Kudowor M. Psychedelic integration: an analysis of the concept and its practice. *Front Psychol*. 2022;13:824077. <https://doi.org/10.3389/fpsyg.2022.824077>
10. Stewart-Richardson JL, Hopf SC, Crockett J, Southwell P. What is effective in massage therapy? Well, “It Depends...”: a qualitative study of experienced orthopaedic massage therapists. *Int J Ther Massage Bodywork*. 2024;17(1):4–18. <https://doi.org/10.3822/ijtmb.v17i1.935>
11. Rosenow, M, Munk, N. Massage for combat injuries in veteran with undisclosed PTSD: a retrospective case report. *Int J Ther Massage Bodywork*. 2020;14(1):4–11. <https://doi.org/10.3822/ijtmb.v14i1.555>
12. Sumpton, B, Baskwill, A. A series of case reports regarding the use of massage therapy to improve sleep quality in individuals with post-traumatic stress disorder (PTSD). *Int J Ther Massage Bodywork*. 2019;12(4):3–9. <https://doi.org/10.3822/ijtmb.v12i4.381>

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