Letter to the Editor

Re: Moyer C. From the research section editor's perspective. *Int J Ther Massage Bodyw.* 2008:1(1):7–9. http://www.ijtmb.org/index.php/ijtmb/article/view/11/16.

To the Editor:

I read Dr. Moyer's recent editorial in the IJTMB with great interest because I have observed many of the effects reported in the literature cited, throughout my twenty-plus years as a massage therapist. It is encouraging to read the questions posed regarding how massage therapy actually works. Considering the discoveries shared in the editorial, the exploration of these questions seems to point to a logical and important direction for massage therapy research.

I am concerned, however, that Dr. Moyer would propose an "affective massage therapy" subfield for massage therapy research and practice because it seems that he suggests the profession be separated into distinct categories of treatment. Identifying massage therapists by the techniques that they employ would result in dissecting the profession into smaller and smaller denominations or subcategories, instead of identifying the profession as a whole. Identifying myself as a "deep-tissue" therapist as opposed to an "affective massage therapist" does not assist in clarifying the work that the profession actually does. This approach seems to contradict existing evidence on how massage therapy works[1].

In both deep-tissue and "affective" therapy (as proposed in the article), the clinical process would include the common factors of client–therapist interaction, therapist warmth, and attention to client comfort and concerns. Indeed, when a therapist proceeds to work at a deep-tissue level, therapist communication skills and attention to client affect become essential in supporting the treatment outcomes and the client's own safety[2].

Massage therapists often identify themselves according to their preferred techniques, and if a new subfield is created, I am concerned that those who do not appreciate or understand the importance of affect may discount its relevance. In so doing, the essential skills of good therapeutic communication, empathy, and nurturance—the bedrock of massage therapy—may be lost. In addition, those therapists who do understand the fundamentals of affect may discount their role and importance in treating all the conditions that massage therapy can help.

For example, a person who has experienced significant stress may exhibit postural imbalances from chronically held tension in a variety of ways. Head-forward posture, tissue-tension headaches, myofascial pain syndromes, temporomandibular joint (TMJ) dysfunction, exhaustion, and fatigue may each derive from personal stress as a result of high resting muscle tension[3]. Individuals who have undergone surgery, who live with chronic illness, or who have experienced burns or other wounds may also exhibit post-traumatic stress, anxiety, or depression. The massage therapy treatment may be designed to alleviate the pain of restricted scars, encourage a parasympathetic response, or decrease specific tension associated with TMJ syndrome, but from clinical experience, the relevant change in affect would appear to correlate with the client's relief from chronic pain, tension, and fatigue as much as with any particular or specific technique that is applied.

In my work with clients who have experienced posttraumatic stress, I discovered that basic hands-on massage therapy techniques of static contact, effleurage, and fluid and neuromuscular techniques resulted in clients feeling better about their condition and often, surprisingly, changing their mood. Did that mean that I performed "affective massage therapy," or was my massage therapy simply effective? Or perhaps the client simply took time out from the daily grind, rested and rejuvenated, and felt better—independent of my ministrations.

I strongly value our profession's ability to walk between the strictly physical domains of orthopedic assessment and the psychosocial domains of nurturance and attachment. I reject identification as an "AMT practitioner," but I would heartily support the proposed investigations. Our profession has much to learn about its capacity to address pain, anxiety, and depression. The clear-eyed questions presented need more examination so that practitioners can better understand the effects of massage therapy. If we must have categories, let us describe impairments and desired outcomes, and document effects[3]. Better yet, let us cross professions and learn from what psychology, sociology, and psychotherapy can tell us. We need to consider how attachment systems inform and contribute to massage therapy outcomes[4]. We especially need to understand when massage therapy is contraindicated in light of client affect.

Massage therapists are more than the techniques that they employ. We communicate, listen, bear witness to client conditions and emotional states. We address soft tissue impairments and suggest ways that clients can help

themselves at home. We educate clients and the public on ways of managing the stresses and pains that are a part of living. Whatever the level of training or the preferred technique, these aspects of clinical process are usually present. Let us not break the profession into subidentities, because it appears, according to the evidence cited in the editorial, as if the overarching effects of massage therapy rest within the affective domain.

Many thanks for Dr. Moyer's editorial and the new journal. Much food for thought.

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CONFLICT OF INTEREST NOTIFICATION

The author declares that there are no conflicts of interest.

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