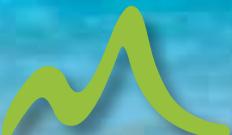


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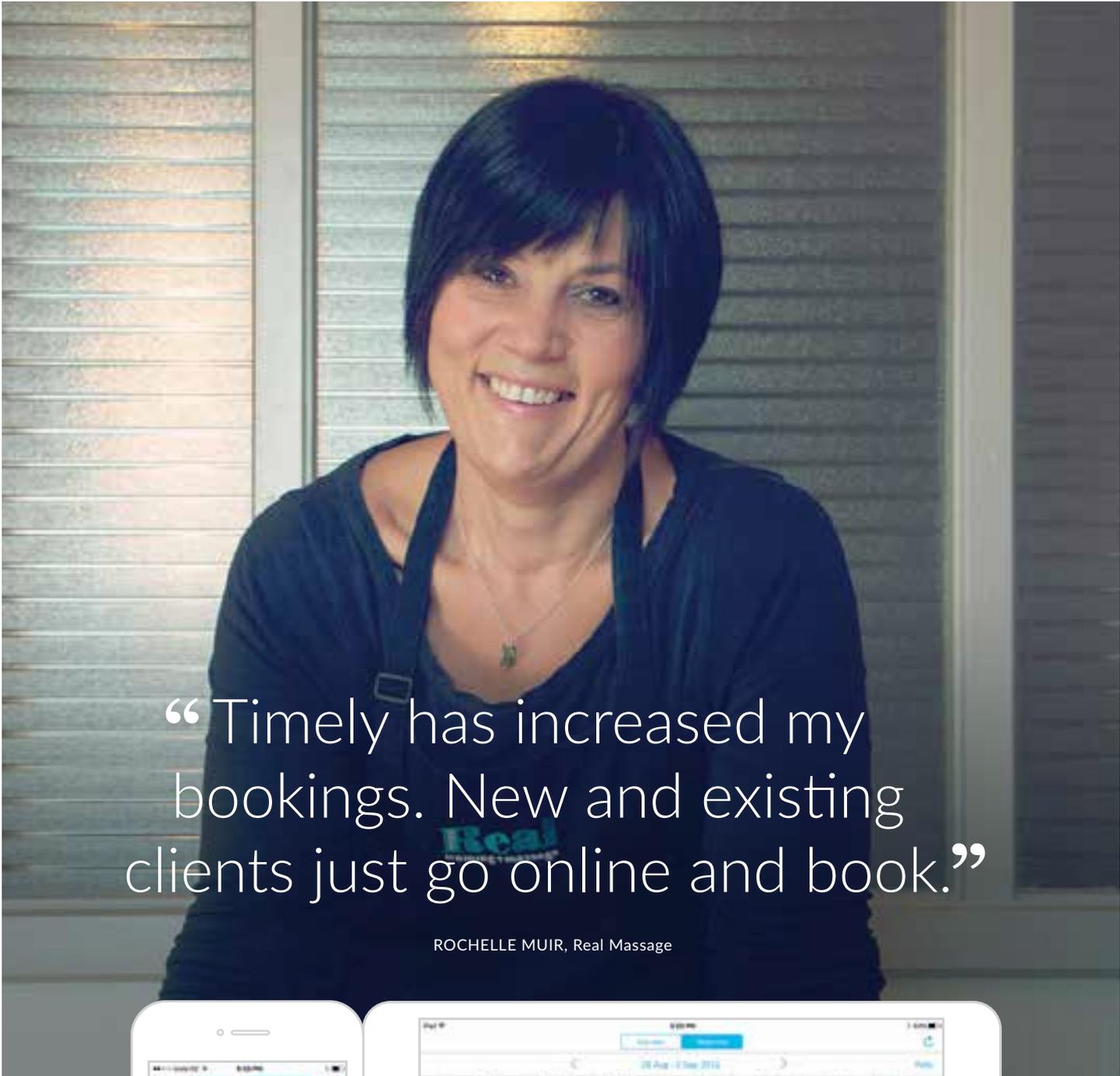

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TAKE CARE OF **YOU** THIS SUMMER

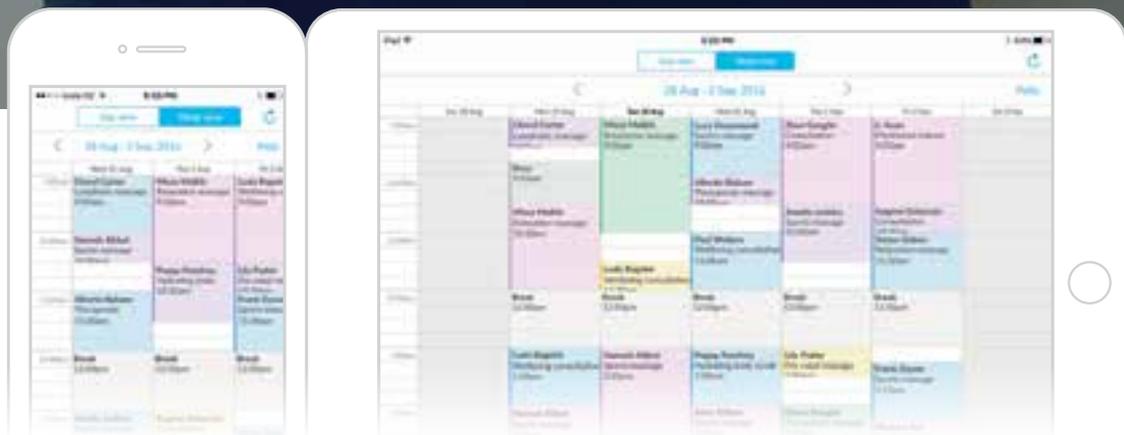


- THERAPEUTIC RELATIONSHIP – WHAT DO **YOU** BRING TO THE TABLE
- PEER SUPERVISION IN MASSAGE PRACTICE • MANAGING CLIENT EMOTIONS
- MEET YOUR INNER FAMILY • MAYBE THAT'S NOT TENNIS ELBOW



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EDITORIAL

Roll on summer – a chance to gather your wits, have rest from work, take time for yourself, swim, and read – these past weeks have been unusually fraught.

Enjoy reading the magazine highlighting some of the fundamentals of practice. MNZ is supported by many who volunteer their time and talents evident here again in the writing for this issue. This offering for service to MNZ is done with goodwill – recognising that this kind of support is key to the building of a strong organisation that will in return serve and represent its members.

Mark Gray challenges us to think about “What do we bring to the table?” The influence of your personhood, on how your clients respond to treatment, is actually greater than the methods you use. So he asks – if who you are is so important to the outcome, how much effort and time are you willing to put into developing your-Self?

The Therapeutic Relationship is so important for any professional, in particular in the area of health. Recently having been on the other side of the relationship with many health professionals, it is obvious to me personally that it is an area that needs ongoing vigilance. Some of the comments flippantly made included...“I have treated many conditions like this” – giving the feeling that you are just another condition to be fixed “the last one only took 2 sessions” – entering my 4th session and already finding it hard to relax thinking why am I needing so many.

Our every comment brushes the client and affects them in ways that we often do not realise. Keeping our personal stories out of the professional relationship really benefits the clients. It may be one of the



first times they have truly had the focus on themselves. I may ask about your weekend to make the therapist feel valued but as a client I would much prefer the particular attention to be on me. I really need to concentrate, to get the best out of every contact.

Pip Charlton has continued the theme of getting involved no matter how big or small, with a new column “Looking Back...Moving forward”. Thanks also to David McQuillan for continuing to encourage us to get more active with peer supervision.

In the Research Column we introduce Ruth Werner who will continue with the good work that Jo Smith and Donna Smith put into the last two years of this magazine.

So with summer upon us, do take the time to read and pay attention to who YOU are – so you bring your best YOU to the table.

Enjoy,

Carol Wilson

*Merry Christmas & a Safe
& Happy New Year From MNZ*

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ADVERTISING RATES AND INFORMATION

ADVERTISING RATES

Valid from February 2016. All rates are GST inclusive.

MNZ Magazine:

CMT, RMT and Affiliate members receive a 15% discount on magazine advertising.

All adverts are in full colour, semi-gloss.

Casual advertising rates:

Full page	\$290
Half page	\$160
Quarter page	\$90

Package deals (in 4 publications over 12 months):

Full page	\$840
Half page	\$450
Quarter page	\$240
Magazine inserts (per insert)	\$0.75c

MNZ Website:

CMT, RMT and Affiliate members receive a 15% discount on magazine advertising.

All website advertising is placed for 2 months, unless otherwise stated when booking.

Advertising blocks (6 adverts)	\$280
Events/adverts page (one off)	\$50

MNZ Magazine and Website Annual Bulk Advertising Packages:

Packages provide magazine and website coverage. A discount is already included in these prices.

Package 1 includes:

Magazine full page advert (x4)	
Website advertising block (6 ads)	\$1120

Package 2 includes:

Half page advert (x4)	
Website advertising block (6 ads)	\$760

Email Advert to MNZ Members:

Provides a one-off mass email blast to membership.

Members (RMTs, CMTs)	\$25
Non-members + Affiliates	\$80

SUBMISSION DEADLINES

The MNZ Magazine will be published:

- Q1 2017 (deadline end Jan 2017)
- Q2 2017 (deadline mid April 2017)
- Q3 2017 (deadline end July 2017)
- Q4 2017 (deadline end Oct 2017)

Note: submission dates may be changed or delayed as deemed necessary by the Editor.

The MNZ Magazine link will be emailed out to all members and placed in the members' only area on the website, with hard copy posted to those members who request it.

Requirements of advertisements:

Advertisements must have good taste, accuracy and truthful information. It is an offence to publish untruthful, misleading or deceptive advertisements. Advertisements for therapeutic goods and devices must conform to New Zealand therapeutic goods law. Only a limited number of advertisements can be accepted. Advertising availability closes once the quota has been filled.

ADVERTISING BOOKING AND SPECIFICATIONS

Advertising for magazine, website and email blasts to members should be booked via our online booking form and can be paid online with credit card at www.massagenewzealand.org.nz/about/advertise/advertising-opportunities.aspx

Emailed advertising forms are no longer accepted.

Magazine Page Sizes

- Full page is 180mm wide x 250mm high
- Half page is 180mm wide x 124mm high
- Quarter page is 88mm wide x 120mm high

For any enquiries about advertising with MNZ, please contact advertise@massagenewzealand.org.nz

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- Word count - Max 1800 words include references
- Font - Arial size 12
- Pictures - Maximum 4 photos per article, send photo originals separate from article, each photo must be at least 1.0MB
- Please use one tab to set indents and avoid using double spacing after fullstops. The magazine team will take care of all formatting.

Editor - Carol Wilson

magazine@massagenewzealand.org.nz

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Vice-President

To be confirmed

Education Officer

To be confirmed

Research Officer

To be confirmed

Publicity Officer

To be confirmed

Regional Liaison Coordinator

To be confirmed

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PRESIDENT'S AND EXECUTIVE REPORTS



ACTING PRESIDENT

When I put my hand up to be Vice-President at the AGM in August I felt it was the right time. I've been a member of MNZ and previously TMA for a total of 16 years. In 2013 I was part of the Conference Organising Committee in Wellington. It was a very enjoyable experience and I made contacts with some great people from around the country, as well as the fantastic team we had putting the Conference together.

As you will be aware by now, for personal and health reasons our President, Jo has resigned, although very kindly she is hanging on in there to help us out while we find new Executive Committee members. As we go to print there is now only Reina and I.

As you might imagine the workload is not quite what I thought it might be when offering myself up for Vice President and at this point I would like to offer my heartfelt thanks publicly to Odette, our Executive Administrator for working well over her hours to get me up to speed to be able to function as Acting President.

One of the reasons I was hesitant about coming onto the Executive Committee was I'm not affiliated with anyone. I work part-time as a sole practitioner. Over the years I have attended a couple of Wellington Massage Group meetings (mainly to keep up with CPD points) and was a somewhat cursory reader of the magazine. The

most enjoyable part was turning up to Conferences every year and subsequently every 2 years.

Since becoming Acting President I have familiarised myself with the Constitution and Rules, read through the last 2 years worth of MNZ magazines and read the Minutes of the Executive Committee meetings for the last year and I will certainly be attending more Wellington Massage Group meetings. I've also been a more consistent visitor to our wonderful new website. It really is an amazing resource. I've recently put a link to the website on our local community facebook page for potential clients to look at.

These are worthwhile things to do to feel part of an organisation that promotes professionalism and raises public awareness of qualified massage therapists.

As we build a new Executive Committee and become a cohesive team we can then turn our attention to continuing the great work that previous committees have accomplished and turn our attention to new challenges and directions.

Helen Smith



TREASURER

It's the last quarter of the year already! I wish sometimes there was a stop button to stop the time so I could have time to catch up and be completely up to date

for a change! Time management is a very important tool to get to tasks and finish them. My intention is to plan my day (not too full) and tick each task when done. However, still not enough hours in the day. Us massage therapists can wear several different hats and time management is then even more important including taking time out for ourselves!

Unfortunately, due to certain tasks taking longer than expected I have not had the chance yet to cover my projects one of which is the Cost vs Benefit analysis. It will be a great exercise to do though.

Take time out, enjoy this magazine, relax and still learn.

Kind regards

Reina Reilly



EXECUTIVE ADMINISTRATOR

Spring greetings to all MNZ members. I hope the season change with longer days and warmer weather is giving you a renewed sense of energy as we approach what can be a very busy time for many massage therapists.

This is my fourth report for MNZ Magazine after taking on the position of Executive



Administrator at the start of 2016. As I reflect on the past year, what strikes me is the number of significant accomplishments the organisation has achieved for members. The most visible has been the website rebuild. We have gone from a site that was outdated and failing to promote the organisation and its members, to one that is modern, dynamic and interactive, provides a wide and growing range of information and resources and promotes the organisation and members in a much more professional manner. Combined with the move to a full colour MNZ magazine at the start of 2016 and a more polished and professional Annual Report, this is all part work aimed at bringing a more professional and consistent brand image to MNZ to better promote the organisation.

Another accomplishment MNZ has achieved during 2016 includes the revised CPD policy which has seen changes to the way members record their professional development. It also makes CPD much more achievable and user friendly with the introduction of both reflective practice and an online CPD log that members can now use to record their CPD throughout the year. No need to continue to struggle with paper forms and a confusing points system which has seen members find it difficult to know where they were at with their CPD.

In addition to these 'visible' achievements, there has also been work on recognition of prior learning (RPL) processes, development and implementation of a Code of Conduct for serving members and a raft of other pieces of work in both governance and operational areas, which can be read about in the Executive Committee meeting

minutes on the website. It has indeed been a busy year for both the Executive and Administrative teams.

While the accomplishments have been incredibly rewarding, there are a number of important challenges that MNZ faces which cannot be ignored because they affect the future and viability of our organisation. Firstly, I hope that by now you are all very aware of the fact that we have a huge problem in our organisation in terms of getting members to put themselves forward for positions on our Executive Committee and other voluntary roles. This has been an ongoing issue but was most noticeably highlighted at this year's AGM where only 3 out of 8 positions in the organisation were filled at that meeting. A disappointing and disheartening outcome. As I write this report we are without 4 Executive Committee members and do not have enough for a quorum to make decisions. We also struggle each issue to get members to contribute articles for this magazine and despite introducing a discussion forum to the new website, barely a handful of members have engaged in the discussions two months into the new site.

MNZ only exists because it is an organisation set up by members for members. It is run by the very people who belong to it - this means YOU and ME. Without members taking on the various voluntary positions, contributing by writing the occasional article for MNZ Magazine, helping to organise the biannual conference, and networking with each other online and promoting MNZ at local group meetings, MNZ will not be able to continue. The same few volunteers supported

by only 25 hours per week of paid staff cannot see all the work done that members expect - it is just not possible. Imagine then what it would be like without MNZ - no organisation promoting and advocating for massage therapy and professional, qualified massage therapists in New Zealand, no MNZ website or Find A Therapist listing, no access to CPD opportunities, no ability to get support, information or resources from MNZ, no access to advertising to other massage therapists, no one championing credibility for our industry in New Zealand. Unless there is a culture shift among members, this vision of the future may well soon become a reality. We may take the view that we will leave it to someone else to come forward to do the work, but if no one else comes forward, there will be no one to do the work, or what we do for members and the way that we do things may have to change substantially.

I hope that as members read this Q4 issue, it will spark a light in some of you to think about what you might be able to offer MNZ - YOUR organisation - so that it can continue to work for qualified Massage Therapists in New Zealand. Whether you have only recently joined MNZ or have been a member since it began, we ask you to get more actively involved in some way because the viability of MNZ is something that we are all affected by. We are open to suggestions from members on how to assist with making the organisation more vibrant and sustainable. Please get in touch with me to assist.

Dilette Wood





REGIONAL ROUNDUP



UPPER NORTH ISLAND

Hi everyone, my name is Annika and I have just become the Upper NI Regional Coordinator for MNZ.

I am excited to take on this role as there are meetings being held in Northland, Auckland, Tauranga and Hamilton so I am hoping that I can link us all up a bit more so we know what is going on in each area and we can share resources or ideas and keep everyone motivated to meet or to start meeting.

Like many things it sometimes feels like we don't have time or it's just another chore but the inspiration and motivation that we get from meeting other therapists makes it all worthwhile. Even just a half hour coffee catch up or skype chat about cases or techniques, or an hour massage swap or attending an informal workshop is so beneficial to us as Therapists. Networking and connecting stops us from becoming stale and nourishes our profession.

Here's what's been happening in our region.

Hamilton had a workshop on 28th of September with Dawn Burke generously offering her time and expertise to take us through an introduction of AIS or Active Isolated Stretching for the Torso and Shoulder. We got so engrossed in learning that we ran out of time for a cuppa and biscuit but we all agreed that we thoroughly enjoyed the session. Hamilton and Surrounds have also started a facebook group if you would like to stay connected by social media: <https://www.facebook.com/groups/1781116558803669/>

Northland held their meeting on the 3rd of October in Whangarei with a nice turnout of seven members. Eva says it's always a relaxed get together, sometimes practical, sometimes conversation and sometimes listening. This session had a guest speaker talking about 'The missing link - putting health back into health and fitness' which included some interesting points about massage as a maintenance regime also about stress and the adrenal system.

Tauranga held an intimate gathering also on the 28th of September. Georgia commented that the content on Makka Ho stretches and a meditation was great even with the small number of therapists that were able to attend. Tauranga area also has an established facebook group through which they stay connected so if you want to join here is the link: <https://www.facebook.com/groups/460341710828862/>

Auckland is going through some changes and looking for a motivated individual or individuals to carry on Barry's work in organising regular catch ups. If this sounds like you please get in touch!

So please feel free to contact me if you want to know more about what is happening in your area or if you'd like to start something up yourselves.

Annika Leadley

LOWER NORTH ISLAND

This quarter has been fairly quiet for the Wellington region but the Wellington Massage Group did have a lovely catch up over breakfast on Wellington's water front where we discussed all sorts of topics ranging from the use of rehabilitation aids and Manual Lymphatic Drainage questions to GST and marketing tools. It was a great opportunity to meet and network with new and loyal MNZ members.

The Wellington Massage Group has one more event scheduled for the year (details on the MNZ website.) We asked for workshop ideas last time we held a post-workshop meeting and there was overwhelming enthusiasm on the idea of everyone bringing their 'favourite technique' to demonstrate in smaller groups. We thought this would be a fun way to end our year and expect a great turn out. This meeting will be facilitated by Grant Jones and held at 6pm on Nov 24th at the NZCM.

As of 2017 Grant will be stepping down from organising workshops in Wellington and I am excited to move forward and planning workshops and get-togethers with Trevor Hamilton and Rob Ochsner.

As always I'd love to hear from anyone in the Lower North Island who has hosted an event or who is keen to get involved in setting something up. I am interested to know what is happening in the smaller centres - Manawatu, Wanganui, Taranaki, Wairarapa and Hawkes Bay, or what support is needed there, so please get in touch.

Until next time,

Iselde de Boam

MNZ Lower North Island Rep.
021 044 8552



INTRODUCING...

Upper Nth Island Regional Coordinator

After taking an evening class in Basic Massage I enjoyed massage so much that I decided I wanted to do a qualification in it. I obtained my Diploma in Holistic Massage in 2009 whilst living in London. On my return home to New Zealand I have continued with various related study and courses including Sports Massage, Trigger Point Therapy, Pregnancy Massage, Ortho Bionomy and Reflexology.

After doing a bit of massage in addition to my full time office job, in 2012 I decided it was time to resign from the office and make massage my career and business. Since then I have worked part-time in my own practice in Hamilton fitting it comfortably around my family (husband and 2 pre-school boys).

I take pride in what I do and want to be recognised for my level of knowledge and professional standards. MNZ validates our qualifications and spells out the code of ethics and high standards to which its members adhere – it sets us apart from the rest and that is important to me and to my clients.

To me education and continued learning is extremely important and it is one of the things I love about our industry. I never stop learning and there is always something new to discover about the human body or the modalities and techniques we can use to assist the body. MNZ recognises this too and makes it part of the criteria for its members.

Networking and being connected to other Massage Therapists is another reason why I continue to be a member of MNZ. As a sole trader working on my own it is important for me to have colleagues to whom I can connect with and MNZ has helped me to achieve this.

What I can bring to this role is my organisational and detail focused skills from my pre Massage work experience together with my current passion and drive to learn,

up skill, share and connect with other therapists in the massage industry.

Annika Leadley



Iwi Liaison

Whānau a Kai, Te Aitanga a Mahāki, Rongowhakaata, Ngāti Porou

I am a proud 5th generation descendent of Wi Pere - great chief of the East Coast iwi Rongowhakaata and Te Aitanga a Mahaki. I spent my childhood growing up in Tūranganui ā Kiwa – Gisborne, and over 10 years living and working in Auckland. I have worked in HR as a Recruitment Consultant in Central Auckland, and Real Estate in Remuera and Ponsonby, and more recently owned a Café back home in Gisborne.

Caring for my grandmother until her passing in 2015, I have seen first-hand how chronic pain can suck the life out of people. Helping her has given me a passion, an ambition and a drive to learn more about how the human body works, how it repairs, how we move and how massage therapy can significantly influence these processes.

In 2014 I graduated with a Certificate in Massage Modalities from Lotus Holistic Centre, and next year I will graduate with a Diploma in Fitness from

Fitlink New Zealand. I am also studying towards a Bachelor of Therapeutic and Sports Massage at Invercargill's Southern Institute of Technology (S.I.T), and am the student representative on the Massage and Natural Therapies Advisory Committee for S.I.T.

I am enormously proud to be appointed as the new Iwi Liaison Officer at Massage New Zealand. Particular focus must be for us as an organisation to work safely and competently and in partnership with Māori. I look forward to providing advice and direction relating to all things Māori in the areas of hauora – health, tikanga – protocols, practices, and Te Reo – language.

Stanley Williams

Acting President

I graduated from The NZ College of Massage (Wellington) in 2001 – their inaugural year. Since then I have done numerous workshops, mostly at massage conferences and have specialised in upper body conditions related to sedentary roles such as frozen shoulder. From 2004, I have been working 3 days a week at Victoria University, loosely attached to the Health and Safety Department. Victoria University insisted that I was a member of a professional body. My interests are yoga, walking and reading.

I joined first TMA then stayed with MNZ after the merger. When I was at the College it was expected that students would join after graduating. For me, it was part of becoming a professional massage therapist. Being a member offers protection to both clients and myself, with its clearly spelt out scope of practice, code of ethics and complaints procedure. I feel it is time to give something back to the organisation.

Helen Smith



LOOKING BACK...MOVING FORWARD

by Pip Charlton B. Ph. Ed. (Otago),
RMT(MNZ), Life member MNZ

"To be apathetic is literally to be without passion."

Erwin Raphael McManus

I was surprised and concerned to learn a few weeks ago that MNZ was struggling to get a quorum to run the Executive (and therefore MNZ). How could we possibly have got to the point where only two Executive Committee positions were filled? Is it because we didn't have a full conference this year which then transpired into a poor turn out at the AGM? Is it because everyone's businesses are booming and we won't or can't commit the time? Is it because people don't feel they have the skills required to be part of the Executive? Maybe it is a little of all the above. I know that as this goes to print to the Executive situation has been resolved and MNZ is back up and running. However the situation that arose deserves consideration to ensure that it doesn't happen again and also so that we the members can help to make MNZ a strong robust organisation that serves our and the community's needs.

I think apathy sums up best what is at the heart of MNZ's problems. Not only is there a lack of interest shown by many MNZ members to actually serve MNZ as an organisation but also many therapists who choose not to join in MNZ in the first place. Sadly neither of these scenarios is new.

There is no doubt that we are all committed and passionate about the massage services we provide to our clients and the wider community. We know that massage plays a powerful and important part in the lives of our clients. Yet there have been several times over the life of MNZ (and previous massage organisations) where members have not been forthcoming in filling committee positions or volunteering their services to run events such as Massage Awareness Week or the annual conference. This indifference to contribute to the organisation means the bulk of the work falls back on a dependable few. Unfortunately the apathy doesn't stop

there, with many therapists choosing not to join MNZ upon graduating. Ask around your colleagues who don't belong to MNZ and the most common answer as to why they don't join runs something along the lines of "I don't know what they would do for me or I don't see any value in joining".

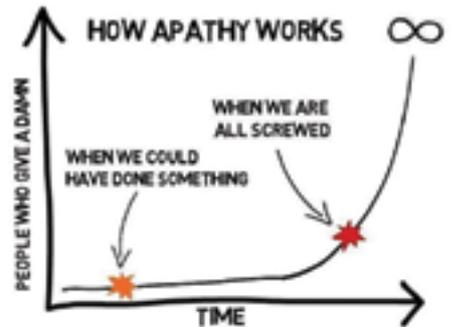
At the end of the day our profession is not going to progress in NZ nor get the recognition it deserves from the public or the wider health professions if we don't have a national professional body. If there are insufficient members or there isn't a constitutional Executive, there is no professional representative organisation... end of.

So what needs to be done? We all have a role to play in this. MNZ as an organisation needs to ensure that it continues to meet the needs of its members and is a professional body new graduates want to join because of what it offers. More member benefits, regular annual conferences, easier payment options, greater public profile and the like may all play a part in attracting new therapists and keeping a healthy membership. At the end of the day, the more members, the more \$\$ in the kitty to invest back into our profession.

We as existing members also have to do our part and mostly that means get involved instead of sitting on our backsides and waiting for it to be done for us. Whether that be:

- putting our hands up for executive or committee positions
- offering to run or help out at the MNZ conference
- attending the local MNZ massage network meetings
- recruiting new members
- promoting MNZ as an organisation to our clients
- offering to write articles for the MNZ magazine
- identifying a new member benefit
- thanking the Executive for the endless time and energy they put into MNZ

There is something we can all do to ensure that MNZ remains a healthy and viable professional organisation.



You only have to attend an MNZ conference and listen to the lively discussions, networking and collegiality that takes place to see that we are all passionate about what we do. Now it's time to take that one step further and support the only massage organisation we have in NZ that can represent and unite us and further the recognition and demand for our services in NZ.

So my challenge to all who read this is, by Christmas, show the passion you have for your profession and do one thing to help make a difference for MNZ. Get involved however great or small and as Nike quite succinctly puts it

'JUST DO IT'.

I would like to say a huge thank you to Jo Smith for all that she has done for MNZ especially over the last few years as Research Officer and President and best wishes for the future. Plus I don't think members would have any idea how much Odette, our Executive Administrator, has done for this organisation, so a huge thank you to her also and all those on the Executive over the last few years who have worked tirelessly, usually with little thanks.

Wishing you all a safe and happy festive season and some well earned chillax time.

Pip Charlton

(These are my personal views).

WHO'S WHERE

TERESA KARAM RMT, PAPAMOA, BAY OF PLENTY

I completed my massage training while living in London and then came back to New Zealand 2008. Since then I have been practising in Papamoa Beach in the beautiful Bay of Plenty, the last few years from Oceanside Family Chiropractic. This was a great experience working in a busy, dynamic chiropractic clinic on a variety of clients.

However after 12 years of practise both here and in the UK, the time had come to branch out and set up my own clinic, so Embody Wellness and Sports Massage went live on 12 September 2016. It has been a lot of work but so worth it and great to finally make the vision that's been grown in my head a reality! I share the space with a

physio-therapist and we work side by side as independent businesses.

I'm passionate about massage and get such a thrill out of seeing how it can assist with client's quality of life. All treatments are tailored to each individual client depending on presenting conditions or what they need at the time. Treatments can include sports or relaxation massage techniques, trigger point work, soft tissue release, stretching/PNF stretching, MET and NMT. Career highlights have been working on some of New Zealand's sports teams.

Being registered with MNZ as RMT has been very valuable, not just in terms of public perception and credibility, but also the support and resources available to us as therapists.



If you would like your profile and location advertised contact Carol Wilson Editor magazine@massagenewzealand.org.nz

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THERAPEUTIC RELATIONSHIP - WHAT DO YOU BRING TO THE TABLE?

By Mark Gray MA

The basic task of helping professionals, is to become full human beings and to inspire full human beingness in others.

– Chogyam Trungpa

INTRODUCTION

This article is about the importance of Self-development. It is asking and attempting to answer the question – does who you are make a difference to the outcome of your work as a massage therapist? Like all good questions, this question raises more questions; Who are you? How does who you are affect your clients? And, if who you are matters, can you develop yourself in a way that enhances your capacity to make a positive difference?

DOES WHO YOU ARE MAKE A DIFFERENCE?

In 2010 the Journal of Clinical Psychiatry published a meta-analysis of 17 randomised control trials of massage therapy and its effect on depressed people. They concluded that “massage therapy is significantly associated with alleviated depressive symptoms” (Hou, Chiang, Hsu, Chiu & Yen, 2010). The authors propose several theories to explain their finding including one non-physiological theory that implicated the role of the therapeutic alliance.

Psychotherapy considers there to be four factors affecting the success of the outcome that are common to all therapeutic encounters; the client, the therapeutic relationship, expectation (placebo effect) and a method. Studies show that the

therapeutic relationship has five to seven times the impact on the outcome when compared to the method used (Duncan, Miller, Wampold, & Hubble, 2010) and significantly, no one method has been shown to be more effective than another. This is interesting in light of the fact that in the massage and depression study above, there was a wide variety of massage techniques used which included Swedish massage techniques, myofascial manipulations, Shiatsu and traditional Chinese massage.

The issue here isn't really about whether massage helps with depression, it is about the implications that follow if we recognise that the relationship has a significant impact. The therapeutic relationship is simply made up of the two people involved and of course everything they bring with them! So, what are you bringing to the table?



WHO ARE YOU?

As we grow up, we learn a system of values from the culture around us, which we use to evaluate the world and choose actions.

—Shohaku Okumura (2012, p. 15)

The important thing to understand about Shohaku's statement above, is that the evaluation and choosing he refers to, are generally not happening at a conscious level, they are implicit beliefs. You are it seems, a unique and not so unique mix of personal, familial, cultural, and pan-human influences, many of which are more or less hardwired into your system.

It is also critical to realise that it is around these implicit beliefs that we organise our experience and that these beliefs/values are revealed through the way we express ourselves — our thoughts, actions and speech. The consequence of this for us as therapists is that the unattended expression of these beliefs may be creating a less than optimal therapeutic relationship and subsequently affecting the outcome.

HOW DO YOU AFFECT THE OUTCOME?

There are two ways you can affect the outcome, you can make things worse or you can help (it's probably impossible to have no impact whatsoever).

In terms of what doesn't work, it seems a style that is experienced as confrontational is ineffective, as are therapist comments that are perceived to be hostile, disapproving, critical, or blaming. Other issues that get in the way, are overly focusing on the problem, inflexibility and excessively structured treatments (Duncan, Miller, Wampold, & Hubble, 2010)—perhaps related to a sense of being controlled or left out of the equation.

At first glance it may seem obvious that we wouldn't want to be for example, critical, but on reflection we can see that it is built into our methods. Take a simple range of motion test that is accompanied by an exclamation about the restriction — wow that's tight! Or some comment about an observation during a postural analysis — ah, you have quite a kyphosis! All these can very easily be construed as criticism. It is rare in my observations of body

therapists that during a postural assessment they comment on all the things that are working well! Furthermore, if the therapist has the belief that they are the one responsible for the successful outcome then this belief will be driving the need to figure out what is going wrong so they can fix it.

As you might expect "clients feel connected to therapists whom they view as empathic, accepting, caring, supportive, and personable" (Bischoff & McBride, 1996 as cited in Duncan, Miller, Wampold, & Hubble, 2010). There is also strong evidence to show that therapists who actively take care of the therapeutic relationship by regularly checking in about it, with their clients, significantly enhance its impact.

It also seems that the therapist should "enlist and promote client strengths, resources, and personal agency" (Duncan, Miller, Wampold, & Hubble, 2010 loc. 2670). In other words the therapist needs to explicitly recognise and work with the self-healing capacity of the client. Our role it seems, is to hold to the idea that the person is perfect as they are, and could do with a little improvement.

It is not surprising then that it is suggested that therapeutic relationships are optimised by "simultaneously using what works and studiously avoiding what does not work" (Duncan, Miller, Wampold, & Hubble, 2010 loc. 3534). The devil though is in the detail, sustained doing what works while not doing what doesn't work requires that the therapist is aware of and responds appropriately, to the moment to moment experience of both the client and themselves.

How can you develop your-Self to be of service to the therapeutic relationship?

It seems that being able to monitor the ongoing experience of your clients and to demonstrate to them that you see them, is fundamental to meeting them where they need to be met. This is no easy task and requires as a start the capacity to really be present to their experience, in this moment, which in turn means having a sustained grasp on your own moment to moment experience so that it does not colour your vision.

For psychologist Carl Rogers (1961) the

state required of the therapist to be truly present was one of having unconditional positive regard for the client. In other words not placing expectations or requirements (conditions) on how the person would be. Ron Kurtz developer of the Hakomi Method describes the required state as "loving presence" (Kurtz, Martin & Sparks, 2013, p.2) and provides five steps for achieving it. Here's my take on them:

1. Begin by cultivating the habit of self-study. Be mindful of your ongoing experience as you relate to another person. Notice the responses flowing through you — the thoughts and ideas you have — the way your body feels and reacts — the feelings that are emerging? You are looking to discover your reactions, the attitudes that arise, and your unspoken agendas. You are looking to discover how you habitually relate.
2. Once you are becoming aware of your ways of relating, the next step is to let go of the ones that get in the way of truly being with the person. Learning to let go creates space and in that space you can choose, you can respond rather than react.
3. The relaxation created by the sustained letting go of the implicit beliefs that limit your view, allows you to clearly perceive the person. You can begin to see the person beyond the problem. Bill Moyers (1993, p.10) captures this when he says "the body hurts, and the person suffers"— can you really see who is suffering.
4. This way of seeing someone reveals their inherent strengths and if you continue to be open you will find yourself deeply touched and nourished by the person. This is non-egocentric nourishment and is beyond concern for your own needs.
5. When you directly and deeply appreciate someone in this way it is reflected back to them, through you. They are nourished in return by truly being seen and appreciated for who they really are.

This approach to cultivating the therapeutic relationship will naturally and spontaneously provide the context within which healing can happen and it is within this context that we apply our methods.



In the end it seems that the you of you as a therapist has an enormous part to play in the successful outcome of the work that you do. The influence of your personhood, on how your clients respond to treatment, is far greater than the methods you use. So to conclude with a question – if who you are is so important to the outcome, how much effort and time are you willing to put into developing your-Self?



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Mark Gray has a Masters in Therapeutic Bodywork and Practitioner and Trainer certifications in both Structural Integration and the Hakomi Method of Applied Mindfulness. He has been practicing bodywork since 1993 and worked for 12 years at the University of Westminster's School of Life Sciences in London where he was the Course Leader and Principal Lecturer in Neuromuscular Therapy. Currently Mark is tutoring and supervising at NZ College of Massage.

PEER SUPERVISION IN MASSAGE PRACTICE



By David McQuillan RMT

Peer supervision occurs when a group of therapists meet with the aim of providing supervision to each other. The upsides of peer supervision are that there is no cost apart from time, and that you get to access the wisdom of a group of therapists working in the same industry as you. The downside of peer supervision compared to professional supervision is that one may not feel quite as comfortable baring one's soul in a group. Peer supervisees typically describe their experiences as supportive and affirming.

The following describes how to run your own peer supervision group.



THE PEER SUPERVISION GROUP

An effective peer supervision group should contain approximately 4-5 people. Within the group, one person acts as the facilitator, one person as the primary supervisee. Other people are participants. The facilitator and supervisee roles rotate with each peer supervision session.

Facilitator

- Chairs the meeting
- Ensures that the process is followed within the timeframe
- Ensures that all people have a voice

Supervisee

- Someone who presents material for supervision

Primary supervisee

- Must bring a clinical case or business challenge to the group.
- Their supervisory material is prioritised

Participants

- May bring clinical case work or business challenges to the group
- May become a supervisee if there is sufficient time

Group Kawa

Each group must establish its own group kawa, or rules of engagement before beginning with group supervision. These will vary from group to group, but must include (Todd & O'Connor, 2005; McNicoll, 2008)

- Confidentiality
- Lack of judgement (It's OK to make mistakes)

PROTOCOL OF A PEER SUPERVISION SESSION

1. Check-In Round

Supervisee and participants indicate whether they have any material that they want to bring to supervision.

Facilitator allocates time considering how much time is available and allowing the supervisee's issue sufficient time to be covered.

During 2 – 7 the primary supervisee is the initial focus. These stages are then repeated for each participant who presents supervisory material (and so becomes a supervisee).

2. Choice of session (Lakeman & Glasgow, 2009)

The supervisee chooses the kind of supervision that they need today.

- Restorative (seeking & receiving validation for a good job or sharing a difficult experience)
Critical feedback should be limited or minimised
- Normative (seeking advice)
Critical and positive feedback may or may not be required
- Developmental (reflecting on interaction with a client where they feel they could have done better)

Critical and supportive feedback should be balanced.

3. Presentation

Supervisee provides a brief profile of the client, situation or interaction.

- What was the nature of the relationship (therapist-client, dual, other?)
- What did they intend to achieve?
- How did they respond to the person? (Thoughts, feelings & behaviour)
- How did the person respond? (Perceived thoughts, feelings & behaviour)
- Did this interaction relate to past patterns of relationship?

4. Clarifying questions

Peers ask questions for clarification in a round.

5. Critical comments

Peers make critical comments or observations guided by (but not limited to) the following questions while the supervisee observes

- Did the therapist take the appropriate role within the relationship
- Is the therapist responding appropriately or are they contributing to the issue with their reaction?

- Have other people been drawn into a similar pattern?
- How might the pattern change?

6. Positive feedback

Peers describe what impressed them most about the supervisee's behaviour, approach, actions or attitudes.

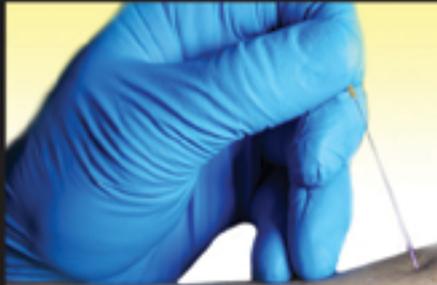
7. Reflection on learning

Supervisee reflects on learning, points that have become clearer, what they might do differently in future, or simply thanks their peers.

8. Set roles and a date for the next session

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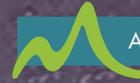
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MANAGING CLIENT EMOTIONS

by Anne Williams

During a massage session, changes at both the structural and chemical level can lead to the surfacing of emotions in your client. Massage therapists must learn to manage these emotional releases in a way that supports the client and maintains the integrity of the therapeutic relationship.

Emotions can be described as the truth of the body-mind. They help people connect to what has meaning, what is really happening, what requires attention, and where letting go can occur. When emotional release happens in a massage session, it can be viewed as a natural process, where a healthy shift of the client's body-mind leads to greater equilibrium.

REASONS FOR EMOTIONAL RELEASE DURING MASSAGE

Clients might experience a variety of emotions during or after a session.

Here are some examples of what might trigger an emotional release:

The Fullness of Life

Massage can evoke tender, open feelings not based on sadness, but rather on the recognition of the fullness of life. Massage allows a space for inner exploration, where people can reconnect with themselves and embrace their challenges and triumphs. As the therapist, you might see the client's face soften and the eyes turn misty. Gentle tears may escape from the sides of the eyes and the client may take deep breaths.

Recognition of Disembodiment

Disembodiment refers to the sensation of being disconnected from the experiences of the body, or alienated from the body. Such feelings are often unconscious. A client can be shocked when the therapist points out a physical holding pattern, such as hunched shoulders, in a mirror. The client doesn't view himself as hunched and fails to recognize the physical sensation of hunching.

Massage brings a person back into his body, and suddenly he is connected with his body's sensations and needs. This can stir deep emotions. A sensation of grief might be felt as the client recognizes his previous disassociation from his body and experiences the sense of dismay this produces.

Remembering Repressed Memories

Researcher Candace Pert's theory is that repressed emotions, and the memories that surround them, become stored in body tissue on a biochemical level. Massage manipulates the tissue where these memories may be biochemically stored, often allowing them to resurface into the client's consciousness. In some situations, these memories can be frightening or traumatic for the client. Let the client know he is safe and that you can help him find the right people to further address these feelings if need be.

Freeing Emotion Held by Physical Tension

On a similar note, as the physical tension in a client's body is reduced and softened during massage, emotions held in by tension patterns are freed. Often the client doesn't have a specific memory that goes with the emotion, perhaps because different emotions have been building over time. It could be possible for the client to remain in the emotion, or travel through a variety of conflicting or related emotions without self-awareness of what is happening.

Laughing Fits and Euphoria

Some clients release pent-up tension with laughing fits or intense sensations of euphoria. The therapist might notice the client is smiling, then some giggles might escape, and then full-on laughing might erupt. The client might laugh so hard that the massage is disrupted and the therapist has to stop and wait for the laughing to subside. While these types of emotional releases might seem easier to deal with than anger, fear, or grief, they are just as complex.

MANAGING EMOTIONAL RELEASES

When emotional release occurs during a massage session, the therapist must manage two processes. First, he must manage his response to the client's emotional expression while maintaining appropriate boundaries, and second, he must manage the process of ensuring that a safe, supportive atmosphere is maintained for the client.

While the factors related to the expression of emotion by clients may be complex,

“WHEN EMOTIONAL RELEASE HAPPENS IN A MASSAGE SESSION, IT CAN BE VIEWED AS A NATURAL PROCESS”

the actual process of managing emotional release is simple. Perhaps the toughest part is managing the personal emotions the client's release may trigger in you.

Maybe you were raised in a family where showing emotion was discouraged. As a result, witnessing another person's emotions frightens you or causes you to withdraw. Maybe the client's tears remind you of your own sadness over a recent event. While these responses are normal, they may prevent you from holding good boundaries while providing appropriate support for the client.

EMOTIONAL RELEASE PRINCIPLES

Your goal as a therapist is to create an environment where the client feels safe, supported, and honored, and where emotional expression is viewed as normal and acceptable. These 10 principles support the emotional processes of clients in a way that is appropriate in a massage session.

Principle 1: Acknowledgement

Physical changes will alert you to a client's emotional release. Watch for increased physical tension, changes in facial expression, breath holding or irregular breathing, misty eyes, tears, or overt signs of emotion like sobbing or prolonged laughter.

When you perceive an emotional release, acknowledge it and immediately communicate to the client that emotional expression is normal, productive, and acceptable. For example, you might say, “Mary, I can see you are experiencing some feelings around this work I am doing on your neck. It's normal to have feelings emerge as tension is softened in muscles. By allowing your emotions to surface and move out of your body, you help to free tension on many different levels. Emotions are signs that we are making good progress.”

Principle 2: Presence, Responsiveness, and Contact

During an emotional release, remain present and responsive to the client's needs without losing physical contact with the client's body. Depending on the intensity of the emotional release, you may need to stop the massage to allow the client to focus on her surfacing emotions. Explain to her what you are doing by saying something along the lines of, “Mary, I'm going to stop the massage for a moment so you can pay attention to what you are feeling. I'm right here with you.” Don't remove your hands from the client as this could cause her to feel rejected or abandoned. Instead, place your hands in a holding position on a hand or foot, or lightly on the back, belly, shoulders, or under her neck. Don't place a hand on her head, forehead, or stroke her hair as this can feel too parental.

Principle 3: Connect with Breath

Suggest the client take slow, deep breaths. If the client is trying to stifle sobbing, remind him it is OK and perfectly normal to cry. Encourage the release of the chest muscles so that breathing can normalize. You might say something like, “Bob, don't feel like you have to hold back your feelings. It's OK and normal to express emotion in massage. Try to take a deep breath and release your chest. That's good. Keep breathing. I'm right here with you.”

Principle 4: Give the Client Time

The body processes and releases emotions naturally when it is given the time and space it needs. If the client is actively processing an emotion and you are maintaining contact, all you may need to say is “I'm here. You're



doing well.” In fact, if the client is moving forward in her emotional processing, you don’t want to interrupt her with too much verbalization. On the other hand, a client might try to rush her own process and say things like, “I’m OK and you don’t have to wait for me.” Let her know that this process is productive and may support the positive results she experiences with massage and to take the time she needs.

Principle 5: Allow Sharing or Privacy

Affirm for the client that he can share with you what he is experiencing, or not, as he chooses. You might say, “Bob, it is often productive to talk about what you are feeling and if you sense that this would be helpful I am here to listen. If you don’t feel like you want to share this, that’s OK, too.” This is the perfect time to pull out those referral contacts if the client expresses a need to talk it through more in-depth.

Principle 6: Ground the Client

If emotions are allowed to flow freely without interruption, they will naturally dissipate and the client will most often enter a calm, open, and peaceful state. Ground the client by helping her return to the here and now, while honoring the event as productive and meaningful. You could explain: “Emotional release always happens when the body is ready, and you allowed yourself to go with it. I think this experience will mean a lot to your body going forward.”

Principle 7: Proceed or Refer

An emotional release may take as little as five minutes or take up the entire session. If the client enters a calm space, you can suggest the massage continues and then finish the session as you normally would. If the client feels he cannot proceed, respect his feelings and reschedule. It is appropriate to charge the client the fee for the session, but use your best judgment based on the situation.

In some cases, you may decide the session can’t proceed because the client’s reaction is outside the bounds of what can be contained by the therapeutic relationship (e.g., the client becomes violent and starts hitting walls—this is highly unlikely but possible). In such cases, or if the client

expresses she is overwhelmed or frightened by what she is feeling or remembering, refer her to a counselor, other mental health professional, or to a therapist who specializes in somatic or body-mind-oriented bodywork.

Principle 8: Manage the End of the Session

If a client has experienced an emotional release during the session, the end of the session and the departure of the client from the clinic can feel uncomfortable if these moments are not managed effectively. This can be challenging when the emotional release happens late in the session. What will you do if Mary is crying on your massage table and David, your next client, is waiting in the reception area? It can feel very stressful because your tendency may be to take care of Mary and neglect David.

Remember that maintaining the boundaries of the session will help affirm for clients that their emotional release is normal and is not creating a problem for you. You might say, “Mary, our session time is over. I can see you are still feeling some emotions surface. You were able to free a great deal of tension during this session and so you may continue to have emotions surface in the coming hours. If you like, I can refer you to an excellent counselor in the area who can support this process. I feel like this was really positive and that we made excellent progress today. I’m going to leave the room now so you can get dressed, but I will come back in five minutes and process your payment here so you can have some privacy.”

Principle 9: Avoid Behaviors that are Damaging

When the client has an emotional release during a session, avoid making judgments or judgmental statements, problem solving, psychoanalyzing, inappropriate reassurance, and sympathy. These behaviors are damaging when they are used to manage an emotional release and they should be avoided. Refrain from advising clients or offering suggestions for next steps. Don’t analyze an emotional release or assume you know why it occurred.

Principle 10: Stay in Your Scope of Practice

If a client has an emotional release, you remain inside your scope of practice by offering support but refraining from offering your opinions, analysis, or advice. Counseling is outside your scope of practice and requires special training and a separate license. Even if you have credentials as a counselor or mental health-care specialist, you should not practice these skills within the boundaries of a massage session.

If your client has an emotional release during your session, support them, let them know it is a natural process that can occur with massage, and use the tools presented here to help you navigate these choppy waters.

Anne Williams is the director of Education for Associated Bodywork & Massage Professionals.

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MEET YOUR INNER FAMILY (ALL NINE OF YOU)

by Margaret Moore

While there aren't really nine of you - multiplicity of mind is natural and normal. In our new Harvard Health book *Organize your Emotions, Optimize Your Life*, we proposed a new model of the human psyche that is an adult version of *Inside Out*, positing that the human psyche has nine internal life forces sculpted by evolution, speaking as our inner "voices," with distinct needs, agendas and emotions.

Let me introduce you to your possible inner family:



1. AUTONOMY. This life force is the captain of the proverbial human ship. It is concerned most about marching to our own drummers, being authentic and free to make the choices which best serve our values and interests, and control our destiny. Autonomy is the master of self-interest, prone to rebelling when others, particularly those who do not "get us" or share our values, tell us what to do.



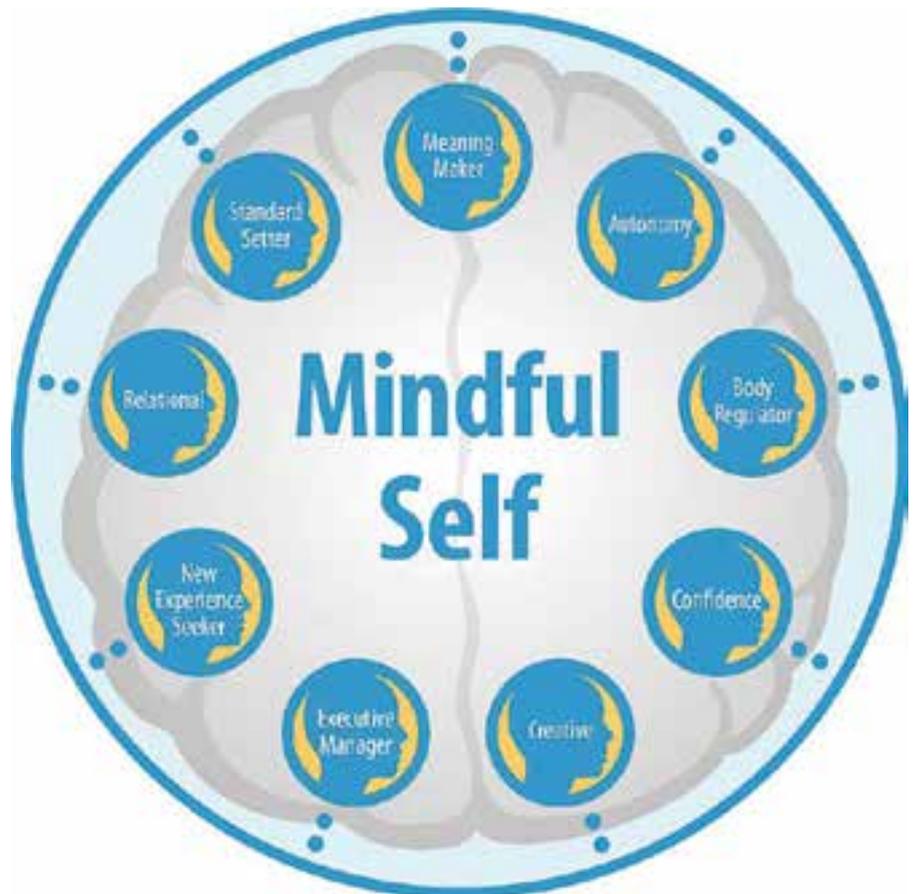
2. STANDARD SETTER, responsible for performance and achievement, setting ambitious goals and meeting them. It also tracks external standards to make sure we get respect, appreciation, and validation. It is competitive; it can be a hard taskmaster and a tough (inner and outer) critic. It is our source of grit, making us persevere through ups and downs to accomplish big things. It cares about what others think and how we compare to others. It leads us to reach our potential.



3. CONFIDENCE, dedicated to being strong, competent, and confident. It is the lion on the team, showing off its knowledge and skill. Hope and optimism spring from confidence in oneself and others relative to the challenges ahead. Low Confidence or self-doubt can result from a too-high performance standard by the Standard Setter, and lead Confidence to procrastinate.



4. RELATIONAL voice exists to serve others and puts others first, showing genuine empathy and concern. The Relational is good at getting and giving support, being loyal and trustworthy. It's our team player, looking out for the good of everyone on the team. The Relational serves others in our many roles – child, parent, sibling, spouse, friend, or colleague.





5. ENTER THE VOICE OF THE CURIOUS ADVENTURER, the fearless explorer, tuning into opportunities, realities, and surprises with an open and curious mind. Enjoying novelty, the Adventurer is inquisitive, inviting and embracing change and risk. Its ever-ready supply of curious energy is a vital source of resilience when things don't go well, helping us recover and adapt quickly.



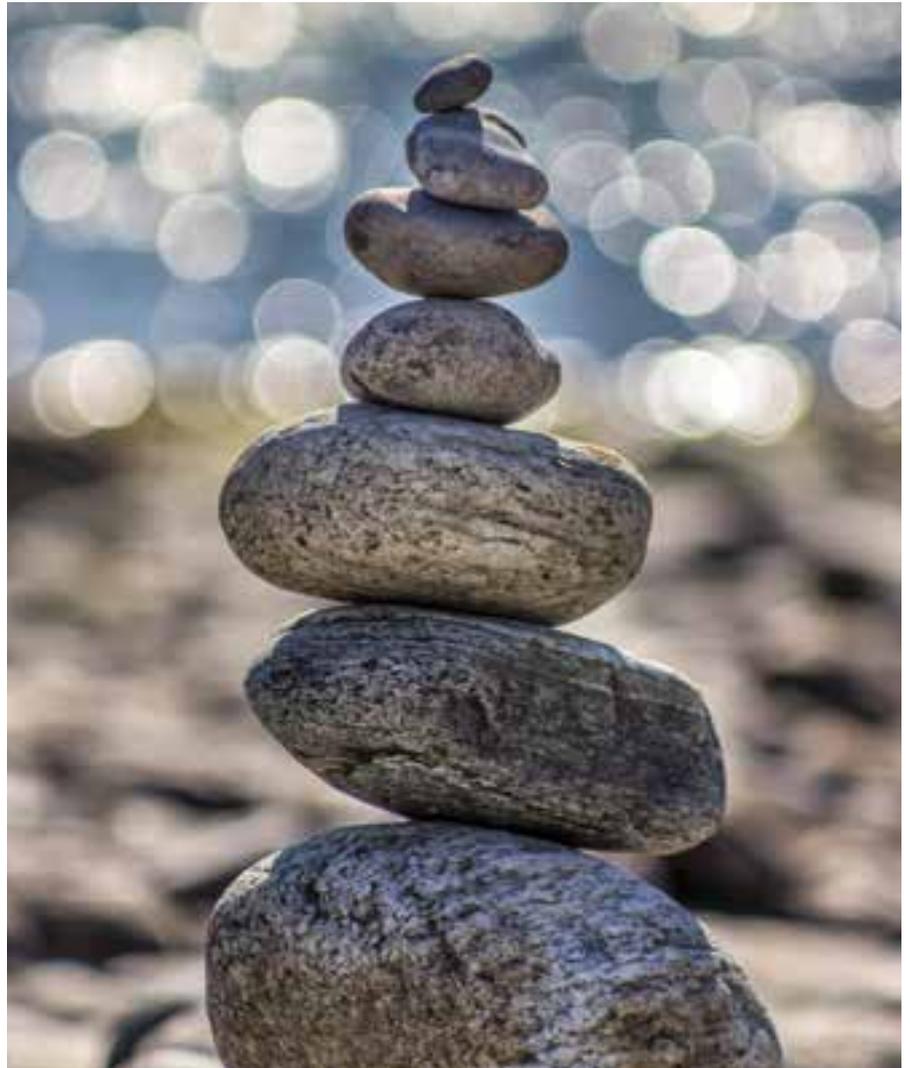
6. CREATIVE VOICE loves to play and have fun, to generate, create, and invent. It functions well in chaos and enjoys spontaneity, finding brilliant ideas just in time. The Creative life force delivers out-of-the-box approaches and innovations, with a good dose of creative humour, to address challenges.



7. THE EXECUTIVE MANAGER is the voice of your inner organiser, planner, analyst, and strategist. The Executive Manager can stay clear and calm in the face of a too-long to-do list. It can get us organized, keep us on track. It likes to simplify and declutter. It focuses deeply on one thing at a time, and juggles lots of balls in life.



8. BODY REGULATOR, focused on not just health, but stability and balance, including physical and mental health. The Body Regulator is down-to-earth and grounded. It values sustainability, for self, others, and our planet. It's your source of "body intelligence." Just listen to its wisdom on what will work best for you.



9. MEANING MAKER, which tunes into meaning and purpose, zooming in to consider the import of a small moment or zooming out to find patterns and make sense of large moments. It channels the greater good, the transcendent dimension, asking "what is the larger lesson of this situation?" and "how will being healthier help us improve the world?" The Meaning Maker is the wise mentor, mature sage, and inner coach, offering gratitude and awe when we need to lift out of self-concern, and nudging us to consider all perspectives

Use this information to coach your brain and achieve your maximum potential whether in work life balance, stress levels or just feeling happier and healthier.

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Moore, M., Phillips, & E., Hanc, J. (2016) *Organize Your Emotions, Optimize Your Life*. New York, HarperCollins



A BRIDGE TO REDUCING CHRONIC ANXIETY AND PANIC ATTACKS

by Dale G. Alexander, LMT, MA, PhD

One of the most important “aha’s” in my career was developing an understanding of the paradoxical breathing reflex and discovering that re-calibrating this reflex was an effective therapeutic bridge for reducing the severity and frequency of chronic anxiety and panic attacks.

There are a range of definitions for paradoxical breathing.¹ Here, I propose a description that comes from more than 35 years of empirical clinical experience: When the cervical muscles are initiating the breath wave instead of the diaphragm muscle initiating it, one is caught in the reflex of paradoxical breathing. This state of inefficient breathing is characterised by the SCM’s and the scalenes unnecessarily lifting the thoracic cage. It is a complete reversal of the typical neuromuscular sequence involved in normal breathing, especially when the body is at rest. This proposed definition fits the description of “laboured breathing” in some texts.²

Certainly, other soft tissues can be recruited beyond the SCM’s and scalenes as part of a paradoxical breathing pattern. I am referring to this as a reflex because the client is unaware of it and is unable to restore a normal pattern without sensory guidance and tissue re-calibration. You will not find this listed as a reflex in medical textbooks.

Additionally, the reflex of paradoxical breathing has implications for co-perpetuating a plethora of chronic physical complaints such as neck pain, migraines, upper radicular syndromes, TMJ dysfunction and pain. It is a very long list. I am selecting chronic anxiety and panic attacks simply because I have observed that these symptoms are much more common within our client population than many might think and I sense we, as a profession, can assist in resolving this patterned behaviour once we comprehend the primary physical variables involved.



The five most common physical correlations to chronic anxiety and panic attacks include:

- Thoracic rigidity - the chest is less compressible.
- A mild-to-moderate spasm of the diaphragm muscle.
- A contracted or spasmed oesophagus.
- Contraction and spasms of varying intensity of the SCM’s and scalenes.
- Restricted TMJ and associated soft tissues.

My experience with clients suggests that those with a history of highly emotionally charged events, whiplash, head trauma, asthma and respiratory allergies, or the many forms of lung dysfunctions or disease

complications, most commonly experience physiological states that trip the neurological switch that activates this reflex.

Repeating for emphasis and clarity, the paradoxical breathing reflex is active when the client is initiating their breathing from their neck rather than from the diaphragm muscle. This is observable, yet, if one doesn’t know that this reflex exists, it is easily missed amid the vocalized constellation of painful symptoms clients so often present to us. We often are swept up in our sincere desire to help, allowing the client to direct our therapeutic focus to where they hurt rather than to observe and assess them as a whole.



If a client presents with a chronic somatic dysfunction, then I encourage you to include paradoxical breathing as one of the usual suspects in your initial assessment. The first step is to observe the client while breathing as they sit on the side of your table. Observe them from the front and from both sides. If their chest is rising and lowering, up and down with the rhythm of the breath, it is a potential sign of paradoxical breathing. And, if in addition, their belly does not move with their breath, then there is a very high probability that they are experiencing the reflex of paradoxical breathing.

Is the pattern I am calling paradoxical breathing ever normal? Yes, it is! When you exercise and your heart rate rises, your cervical muscles will initiate the breath wave normally to increase the anterior to posterior dimension of your chest in order to increase your oxygen intake. It is characterized by the heavy breathing we all experience after exercising. Speaking of heavy breathing, another time that paradoxically breathing naturally occurs is when one approaches and experiences sexual climax. Then, as our heart rate lowers and our neural system shifts to parasympathetic tone, our breathing initiation returns to the more normal pattern of the inferior descent by the diaphragm creating the space for the lungs to expand. The third most common natural activation of this reflex is in the latter stages of pregnancy. The expansion of the uterus which then occupies so much space within the abdominal-pelvic cavity is the obvious stimulus for this shift of neuromuscular function.³

Once paradoxical breathing has been assessed, the next step is to assist your client in re-normalizing their breathing pattern. Sit on the table next to them. Request they close their eyes. Place one of your client's hands on your upper abdomen and the other hand on their upper abdomen and request that they breathe in tandem with you for 6 to 10 cycles while you embody a normal, diaphragmatically initiated breath pattern.

Then, move their hand from your belly to their upper chest while the other remains on their abdomen. Have them continue normal breathing for another 6 to 10 cycles directing their intention to notice which hand moves first. Even if they are unable to make

“WE, AS A PROFESSION, CAN ASSIST IN RESOLVING THIS PATTERNED BEHAVIOUR ONCE WE COMPREHEND THE PRIMARY PHYSICAL VARIABLES INVOLVED”

a complete shift toward a normal pattern, most clients will register the distinction between whether they are initiating from above or from below.

This technique is using the principle of kinesthetic entrainment, and I have found that it is the quickest way to give your client a sensory experience of what is more normal. It also gives them the psychological and physical permission to release the tension of their abdomen.⁴

As the diaphragm descends, your abdomen will normally expand slightly forward, but many consciously or subconsciously restrict this motion. Yes, this is another reason that perpetuates this reversal of function: People don't want to be perceived as fat. Next, have your client lie supine, placing one hand on their upper chest and the other on their upper abdomen. Request that they intentionally initiate their breathing from their neck muscles for 2 to 3 cycles then switch back to diaphragmatic breathing for 3 to 5 cycles.

The key to this method of recalibrating the paradoxical breathing reflex is to consciously initiate the dysfunctional pattern “on purpose” so the nervous system develops a sensory recognition and discernment between the two. For many, a few rounds of feeling their diaphragmatic breathing restored and then intentionally initiating from their cervical muscles again will be enough to interrupt the

reflexive cycle. For others with entrenched physical or psychological trauma, it will take a few or even many sessions to restore the normal neuromuscular sequencing of the breath cycle.

If deprived of air for 3 to 5 minutes, most of us would die. We all know this instinctively, so some breath is better than none, even if it is feeding our chronic anxiety or functions as a pre-disposition to our panic attacks. Most of our clients simply do not understand how their bodies really work. Identifying this dysfunctional pattern is one way that our profession can educate them, serving them at multiple levels with knowledge, touch, and compassion.

One caution: do not focus on the breath re-calibration process for more than about 10 to 12 minutes, especially if a client is not making progress. This doesn't occur very often, yet frustration fatigue can set in quite quickly for any of us. Instead, allow yourself to use other therapeutic tools you already possess to relax the additional structures identified earlier in the article. Or, if your context is principally to give a client a relaxing full body massage, trust that this will assist them. At the end of the session, you can ask them if their breathing feels more normal. You will be surprised just how many will say yes.

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3. “Freeing the Breath Wave During Pregnancy,” *Hands Across Ohio*, Spring, 1994, *FSMTA Massage Message*, Summer, 1994.
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Massage Today
 February, 2016, Vol. 16, Issue 02



FESTIVE SEASON – TIME TO PROMOTE YOUR BUSINESS

by Carol Wilson

A chance to dust off the marketing plan and get ready for the many seaside festivals, triathlons, food markets, street fairs or any other events near your location. Making time to attend these festivals is an incredible way to get to know your neighbourhood, do some networking, and hand out some business cards. At these events, people are on their feet for hours at a time, often resulting in back pain and a need for a short break.

If you don't have a gazebo of your own to set up you may be able to pay a fee to set up an area for chair massage and grab

people's attention with a simple \$10 for a 10-minute chair massage offer. Not only will you make a bit of money from your treatments throughout the day, but your business name will be exposed to hundreds of people that may not normally pass by your clinic.

Have whatever you can think of to make yourself memorable. Once you've had the chance to introduce yourself to the community, it's important that you make it super easy for them to contact you. To help get attention let your festival going client know that their 10-minute massage is essentially free. Give them a \$10 gift voucher to use towards a 60-minute

treatment if they book an appointment with you within the next two weeks. This can turn a festival goer into a potential long-term client.

The two-week expiration of the coupon is critical for creating urgency. Usually, if a deal does not have an expiration date, then people wait too long use it. Keep your booking system with you so you can encourage the client to book their appointment on the spot – rather than relying on them to call you within the next two weeks.

So start planning now and schedule some time to identify new ways to get your name out there.



Massage New Zealand's 2017 conference is fast approaching!

This is your opportunity to meet with others in the field, learn from some forward thinking practitioners from NZ and abroad and up skill your massage practice

August 19th and 20th 2017

Wellington, New Zealand Institute of Sport (TBC)

See massagenewzealand.co.nz for more information as it comes available

Volunteers for smaller tasks accepted – contact admin@massagenewzealand.org.nz



MAYBE THAT'S NOT TENNIS ELBOW

By Whitney Lowe, LMT

Lateral epicondylitis, commonly referred to as tennis elbow, is one of the most prevalent upper extremity overuse conditions. Originally perceived as an inflammatory condition of tendon fiber tearing, it is now recognized to result from non-inflammatory collagen degeneration within the tendon as a result of overuse.

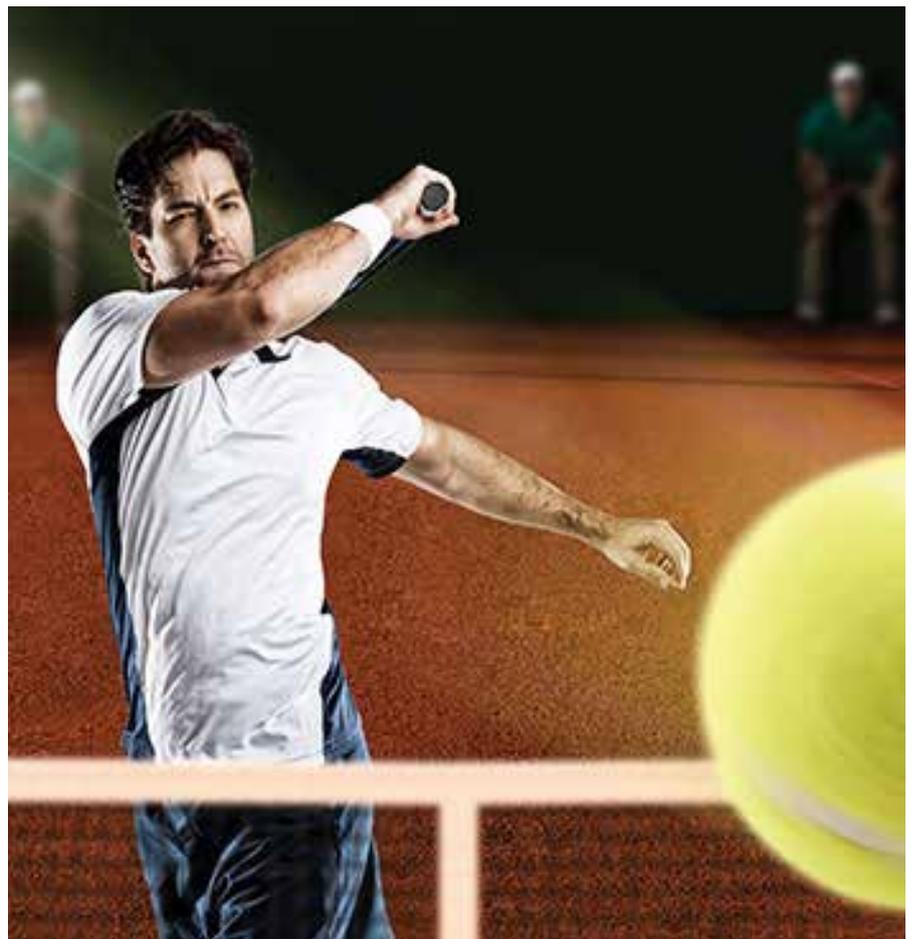
Massage can be very effective for addressing this problem because pressure and movement applied to the tendon is one of the most effective methods of encouraging fibroblast proliferation in helping to rebuild the damaged collagen.

However, lateral elbow and forearm pain may come from other causes and can easily be mistaken for lateral epicondylitis. In such a case, the standard treatment protocol for epicondylitis of deep friction massage applied to the lateral elbow region could aggravate the condition and make it worse. If the standard protocol for addressing lateral epicondylitis is ineffective, it could be because the primary dysfunction is something different.

Radial tunnel syndrome (RTS) is commonly mistaken for lateral epicondylitis. It is a nerve compression pathology affecting the radial nerve. RTS is also frequently referred to as "resistant tennis elbow" because the symptoms can be so similar to tennis elbow but resistant to the standard treatments.

ANATOMICAL BACKGROUND

The radial nerve courses around the posterior aspect of the upper arm along the spiral groove of the humerus. It then crosses the anterior aspect of the elbow, before continuing down the forearm. Just distal to the elbow the radial nerve divides into its two terminal branches, superficial and



deep. The superficial radial nerve is sensory, while the deep branch, which comprises the posterior interosseous nerve (PIN), carries mostly motor fibers. It is the PIN that is involved in RTS.

The supinator muscle has two separate divisions. One comes off the lateral epicondyle of the humerus, and has fibers that also originate from the radial collateral and annular ligaments. The other supinator division originates on the supinator crest and the fossa of the ulna (Figure 1).

The posterior interosseous nerve passes between the two divisions of the supinator muscle as it enters the radial tunnel (Figure 2). The radial tunnel is bordered on one side by the tendons of the extensor carpi radialis brevis, the extensor carpi radialis longus, and brachioradialis. The tendons of the biceps brachii and brachialis make up the opposite wall of the tunnel. The capsule of the radiocapitular (radius and capitulum of humerus) joint makes up the floor of the tunnel.¹



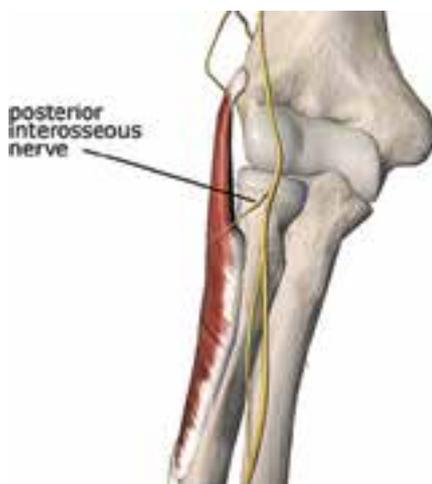
Fig 1. Posterior view of the elbow showing two divisions of the supinator muscle.

Image is from 3D4Medical's Essential Anatomy 5 application.

PATHOLOGY

Compression of the posterior interosseous nerve in the radial tunnel is known as radial tunnel syndrome. There are several different factors that may cause radial nerve compression in this region. Trauma to the elbow causing displacement of bones in the elbow joint is a common cause. Small cysts or tumors can also compress the nerve in the tunnel. The most common cause of PIN entrapment in the radial tunnel is tendinous bands at the edge of the tunnel that press on the nerve.

The symptoms of other common upper extremity nerve compression pathologies such as carpal tunnel syndrome or cubital tunnel syndrome are dominated by sensory aberrations such as pins and needles, electrical sensations, or sharp stabbing pain. These strong sensory symptoms are predominantly the result of cutaneous sensory fibers within the nerve being aggravated.



Nerve compression in radial tunnel syndrome is a bit different because the posterior interosseous nerve is predominantly a motor nerve and carries very few sensory fibers. However, it does carry sensory fibers from the muscles it innervates and related joint areas so it is not completely devoid of sensory fibers. The pain felt from radial nerve compression is more likely to be perceived in the muscle belly as that is where the sensory fibers are coming from. This pain pattern in RTS is in contrast to that of epicondylitis where the primary tenderness is in the tendon fibers very close to the tendon attachments at the lateral epicondyle of the humerus.

Because the PIN is predominantly a motor nerve, muscle weakness or difficulties with upper extremity dexterity are common. The primary muscles affected are the extensors of the wrist and fingers. Forearm pain may accompany weakness when the extensor muscles are contracted significantly because the sensory fibers in the affected muscles are being stimulated. Keep in mind that motor or sensory symptoms may exist together or without the presence of the other.

The symptoms of RTS may develop suddenly or they may come on gradually. How they develop is mostly dependent on the primary cause of the nerve compression. For example, RTS will often occur as a result of some acute injury where there has been a fracture or dislocation of the elbow joint causing a change in positional alignment of the bones in the elbow. In this case a rapid onset of symptoms could be directly related to the traumatic injury in the region.

In other cases, the symptoms may arise more gradually. For example, when RTS is caused by tumors or tendinous bands in the nearby muscles, symptoms may occur more gradually. Repetitive activities involving supination and pronation of the forearm, especially when done from a position of elbow extension which stretches the nerve, are most likely to produce these symptoms.²

ASSESSMENT

Several pain and symptom patterns that help in recognizing RTS have already been introduced. In addition, pain from RTS is likely to be aggravated with activities like handwriting that cause prolonged isometric muscle contractions in any of the forearm muscles. The pain sensations are also likely to be reproduced with palpation directly on the supinator muscle distal to the lateral epicondyle of the humerus. If fibers of the supinator muscle are compressing the posterior interosseous nerve, resisted supination of the forearm may also aggravate the symptoms.³

Weakness or palsy in the wrist and finger extensors is also a common finding. If the compression is only mild or moderate the client will often demonstrate an inability to extend the wrist or fingers against resistance because they will seem very weak. In addition to weakness, pain in the extensor muscles of the wrist may also be present with resisted wrist or finger extension.

TREATMENT

Massage and soft-tissue therapy can play a beneficial role in treating RTS. The practitioner should address other regions of potential nerve entrapment such as the thoracic outlet region, axilla, or lateral neck region in case there is a multiple nerve crush or neural tension problem in some other region that is aggravating the nerve compression symptoms of RTS.

Particular attention should be paid to the wrist and finger extensor muscles in the forearm. Deep longitudinal stripping techniques on these muscles will help free any neural restrictions in the distal region of the radial nerve. Decreasing tension in the wrist extensor muscles may also reduce the symptoms. Deep broadening techniques for the wrist extensors will also be of benefit in this region.

Methods of reducing nerve compression in the interface between the posterior

Fig 2. Anterior view of the elbow showing the PIN as it enters the radial tunnel. Image is from 3D4Medical's Essential Anatomy 5 application.



interosseous nerve and the radial tunnel will be helpful. Firm pressure on the proximal region of the supinator muscle while the forearm is being pronated will help encourage elongation in the supinator muscle and may reduce compression on the nerve. However, the practitioner should be careful not to aggravate the symptoms by putting additional pressure on the compressed nerve.

Watch for the symptoms of RTS if a suspected lateral epicondylitis problem is not resolving. Deep friction massage over the lateral epicondyle region is the primary treatment for epicondylitis, and this treatment could aggravate an existing radial nerve compression. Therefore, if a deep friction treatment near the epicondyle aggravates neurological symptoms or pain farther down in the forearm, it is wise to consider the possibility of radial nerve entrapment in this region and modify your treatment approach accordingly.

While radial tunnel syndrome is not a commonly occurring condition, it can certainly be a painful and debilitating problem, especially if it is not adequately recognized. Because its symptoms are so often mistaken for lateral epicondylitis it is wise to have a clear understanding of both problems in order to provide the most effective treatment for lateral elbow and forearm pain.

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Membership Renewals

From April 1 2017 all members are required to have their membership renewed and CPD documents submitted within a month of the 31 March 2017 expiry date.

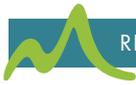
If you leave it later than this, your membership will expire and you will not be a current, valid MNZ member.

This means you won't be able access the members only area of the website, receive the MNZ Magazine, take advantage of advertising discounts for members, or access any other membership benefits.

Please help us to help you by not delaying your membership renewal or CPD submission.

Your renewals help to keep our organisation going.





REVIEWS

by Alison Wainscott RMT

BOOK REVIEW

DR LIBBY'S THE CALORIE FALLACY: STOP DIETING AND START LIVING

Dr Libby Weaver, Little Green
Frog Publishing Ltd, www.
littlegreenfrogpublishing.com, 2014

Dr Libby is a prolific educator about nutritional biochemistry. She has published six books (plus three recipe books). The books are similar in content but they vary in presentation to appeal to different types of people. (Very smart in terms of education and marketing.)

The Calorie Fallacy appeals to me. I use it like a textbook around which to structure conversations with clients. Below is an example of how you might structure a conversation about stress. The book contains a wealth of information useful for structuring other conversations on topics such as digestive issues, sleep, fatigue, or women's health.

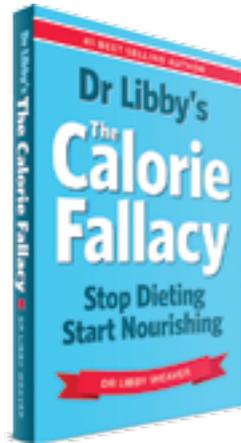
Stress

Libby presents a number of simple actions that can make a big difference to people living with high stress levels. She explains the biochemistry supporting these recommendations.

1. Practise diaphragmatic breathing.
2. Choose exercise that is done slowly and with controlled breathing such as restorative yoga, t'ai chi, qigong, or Feldenkrais.
3. Reduce (or eliminate) caffeine.
4. Get to bed by 10pm.

Practise diaphragmatic breathing

Diaphragmatic breathing is the only way you can switch on your parasympathetic nervous system (PNS), and this is important because your PNS tells you that you're safe and can relax. Our modern lifestyle results in many people being dominated by their sympathetic nervous system (SNS)



– the world is full of 'dangers' such as deadlines, multiple commitments, conflict in relationships, and financial pressures. It's not possible to think your way out of this. However, focusing on breathing into the diaphragm rather than the upper chest will switch on your the PNS and elicit a relaxation response. (Massage therapists are well placed to help clients with their breathing.)

Choose slow, rhythmic exercise

Some people love high intensity exercise and the endorphins it can produce. But at times, even for people who enjoy it, high intensity exercise is just another stressor adding to the pressure they're already unable to cope with. Slow, rhythmic exercise facilitates diaphragmatic breathing and hence relaxation. It is often a better alternative in times of high stress.

Reduce caffeine

Caffeine keeps your SNS switched on. It tells your body to produce stress hormones – adrenalin and cortisol. Oh no, not more stress hormones. Your body gets ready to fight off the tiger or run away. Blood sugar increases to provide fuel to the muscles. Blood pressure and pulse rate both increase to supply oxygen to the muscles.

Your body always burns glucose rather than fat when the SNS is switched on. Initially adrenalin causes the liver to release glucose

into the bloodstream, and when your body realises there's no tiger to escape from it has to re-store the glucose because it isn't needed for a physical escape. More work – now you have to produce insulin to take the glucose out of your blood. This cycle of glucose release and re-storage can eventually lead to insulin resistance - the insulin becomes less effective at regulating blood sugar levels.

When stress is ongoing – all day, everyday – cortisol replaces adrenalin as the predominant stress hormone. Cortisol tells your body 'there is no food left in the world'. It tries to protect your body by breaking down muscle to conserve energy (muscle is a big energy user). With less muscle there are fewer places to re-store the glucose released from your blood stream so some of it will be re-stored as fat. In addition, your metabolic rate slows to conserve energy. And, your body will store fat around your abdomen to protect your vital organs during the 'imminent famine'. Oh no, something else to be stressed about.

While caffeine is only one of many things that elevates stress hormones it is something that we have relatively more control over.

Get to bed by 10pm

Cortisol has important positive roles in the body and one of these is in helping to regulate sleep. Cortisol peaks at 6am to get us out of bed, and is at its lowest between 10pm and 2am, after which it slowly and steadily increases again. So, the best sleep is before 2am.

Between 10.30pm and 11.30pm the body has a natural adrenalin (not cortisol) surge, so if you are chronically stressed it is particularly important to get to bed by 10pm to maximise the chance of falling asleep.

Unfortunately, chronic stress depresses the normal level of cortisol in the morning making it hard to get out of bed, and again depresses the midday level making it hard to get through the afternoon without sugar or caffeine. If you notice this pattern then it is time to make some changes.



Final word

The Calorie Fallacy provides plenty of information to start structuring other conversations you might have with clients around issues such as digestive problems, premenstrual syndrome, polycystic ovarian syndrome, breast health, fatigue, detoxification, and food choices.

My only criticism is that it doesn't have an index, so take to it with a highlighter and make plenty on notes in the margin!

OTHER REVIEWS IN BRIEF

WEB REVIEW

ALAN FOGEL: EMOTIONAL AND PHYSICAL PAIN ACTIVATE SIMILAR BRAIN REGIONS

<https://www.psychologytoday.com/blog/body-sense/201204/emotional-and-physical-pain-activate-similar-brain-regions>

Emotional pain activates the same areas of the brain as physical pain. All emotions have a motor component and specific muscles of expression eg the gut, chest, neck, and butt are common areas affected by emotion. Alan Fogel explains that to get over emotional pain, and even embrace happiness, we have to feel those things in the physical location of the body in which they are expressed. This helps us pay attention to our emotional pain and is part of the healing process.

YOU TUBE REVIEW

DAVID BUTLER: TREATING PAIN USING THE BRAIN

<https://www.youtube.com/watch?v=4ABAS3tkuE>

David Butler is an Australian academic, practitioner, and professional educator on the treatment of pain. He draws on the fields of neurophysiology, cellular biology, psychology and immunology to explain how pain responses are created and why things can continue to hurt well after tissues have healed.

He explains how the brain decides whether



pain is necessary, and the brain does this in order to protect us. We will have pain when the messages of Danger In Me (DIMs) outweigh the messages of Safety In Me (SIMs). DIMs and SIMs are hidden in the things we hear, say, do, and believe, and in the places we go, the people we meet, and the things that happen to us.

We can help clients change the balance of DIMs and SIMs by the language we use and by our response to the metaphors and language they use. This can be a powerful way to help clients change their story and ultimately their state of pain.

ROBERT WALDINGER: WHAT MAKES A GOOD LIFE? LESSONS FROM THE LONGEST STUDY ON HAPPINESS

http://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness

Robert Waldinger is the Director of the Harvard Study of Adult Development, one of the most comprehensive longitudinal studies in history. This is a 75 year study tracking people from youth to their 90s.

The study found that what makes a good life is the quality of personal relationships!

PODCAST REVIEW

PODCAST SHOW #13: DR STEPHEN SINATRA ON HOLISTIC HEART HEALTH

<https://www.lowtoxlife.com/podcast/>

A cardiologist talks about a side effect of cholesterol-lowering statin drugs - statins deplete coenzyme Q10. This is a vitamin essential for energy (ATP) production, membrane stability, and stem cell formation.

He also talks about stress. Too much adrenalin disrupts electrolyte balance, including potassium, and thickens the blood. This partly explains why in times of high stress and emotional heartache a heart attack is more likely.

He explains that crying, deep sobbing from the diaphragm, is one of the best ways of rescuing the heart from emotional stress because it releases endorphins. (In a recent Radio New Zealand interview I heard a similar thing - crying and peeing remove stress hormones from the body. So I would suspect staying well hydrated in times of stress and heartache has a positive effect by encouraging peeing.)

Thanks to Alison Wainscott.

Do send your favourite web links etc to magazine@massagenewzealand.org.nz

MASSAGE THERAPY RESEARCH UPDATE

We are delighted that Ruth Werner, immediate past president of the USA Massage Therapy Foundation (MTF) will contribute to this Research Update column in 2017. She is keen to highlight NZ and worldwide research. Our thanks again go to Jo Smith and Donna Smith (and the sponsorship of the NZ Massage Therapy Research Centre (NZMTRC) for starting and maintaining the information updates plus commentary since June 2014.

Ruth is the author of the textbook, *A Massage Therapist's Guide to Pathology*, first published in 1998 with an expectation that it might sell a few thousand copies a year. It is now used all over the planet, and she is currently working on the 6th edition. She also writes a column in *Massage and Bodywork Magazine* called, "Pathology Perspectives". No longer teaching in core curriculum programmes but she has developed several live and online continuing education classes based on her expertise in pathology and related subjects.

Ruth is Board Certified in Therapeutic Massage and Bodywork (BCTMB), and a member of the American Massage Therapy Association, the International Fascia Research Society, and the Alliance for Massage Therapy Education. She continues to contribute to her professional community by volunteering wherever her talents and skills may be most useful.

Check out the MTF 8 hour online Basics in Research Literacy course. This course was created by Education and Training Solutions (EdTS) as a fundraiser for the Massage Therapy Foundation. EdTS donates 65% of the proceeds from this course to the MTF.

<http://massagetherapyfoundation.org/basics-research-literacy>

This issue is also kindly supported by the American Massage Therapy Association (AMTA) with an excerpt from the AMTA Research Roundups. The full article may be found online at

<https://www.amtamassage.org/research/Massage-Therapy-Research-Roundup.html>

NEW RESEARCH ANALYSIS INDICATES VALUE OF MASSAGE THERAPY FOR SURGICAL PAIN

About the Study

This systematic review and meta-analysis is the first to rigorously assess the quality of massage therapy research and evidence for its efficacy and effectiveness in treating pain, function-related and health-related quality of life outcomes for people with various types of surgical pain and anxiety.

"Based on the evidence, massage therapy can be effective for reducing pain intensity/severity and anxiety in patients undergoing surgical procedures. This is the conclusion of a collaborative meta-analysis of research on massage therapy for pain conducted by Samueli Institute and commissioned by the Massage Therapy Foundation, with support from the American Massage Therapy Association. This review and analysis is published in the September issue of the journal *Pain Medicine*"

<https://www.amtamassage.org/research/Massage-Therapy-Research-Roundup/Research-Roundup--Massage-Therapy-for-Surgical-Pain.html>

 Ruth Werner
Massage Therapist
author - educator - artist

DID you KNOW...

Membership Renewal

It's really important to keep your membership current. Membership expires annually on 31 March. If you don't renew when it's due you are not covered by Massage New Zealand and you cannot promote yourself as a current member of MNZ. Your access to the website and your Find A Therapist listing expires, you can't take advantage of MNZ member discounts, your Southern Cross Insurance clients can't claim for massage under their policy, and you can't take advantage of the other MNZ benefits or access MNZ resources.

Do yourself and your clients a favour, keep your membership current by renewing on time and don't wait until it's due to complete all your CPD paperwork, do it as you go.

For any questions about your membership and CPD, contact:

Melissa Orchard – General Administrator
0800 367 669
membership@massagenewzealand.org.nz



A ROUGH GUIDE TO SPOTTING

• BAD SCIENCE •

1. SENSATIONALISED HEADLINES



Headlines of articles are commonly designed to entice viewers into clicking on and reading the article. At best, they over-simplify the findings of research. At worst, they sensationalise and misrepresent them.

2. MISINTERPRETED RESULTS



News articles sometimes distort or misinterpret the findings of research for the sake of a good story, intentionally or otherwise. If possible, try to read the original research, rather than relying on the article based on it for information.

3. CONFLICT OF INTERESTS



Many companies employ scientists to carry out and publish research - whilst this does not necessarily invalidate research, it should be analysed with this in mind. Research can also be misrepresented for personal or financial gain.

4. CORRELATION & CAUSATION



Be wary of confusion of correlation & causation. Correlation between two variables doesn't automatically mean one causes the other. Global warming has increased since the 1800s, and pirate numbers decreased, but lack of pirates doesn't cause global warming.

5. SPECULATIVE LANGUAGE



Speculations from research are just that - speculation. Be on the look out for words such as 'may', 'could', 'might', and others, as it is unlikely the research provides hard evidence for any conclusions they precede.

6. SAMPLE SIZE TOO SMALL



In trials, the smaller a sample size, the lower the confidence in the results from that sample. Conclusions drawn should be considered with this in mind, though in some cases small samples are unavoidable. It may be cause for suspicion if a large sample was possible but avoided.

7. UNREPRESENTATIVE SAMPLES



In human trials, researchers will try to select individuals that are representative of a larger population. If the sample is different from the population as a whole, then the conclusions may well also be different.

8. NO CONTROL GROUP USED



In clinical trials, results from test subjects should be compared to a 'control group' not given the substance being tested. Groups should also be allocated randomly. In general experiments, a control test should be used where all variables are controlled.

9. NO BLIND TESTING USED



To prevent any bias, subjects should not know if they are in the test or the control group. In double-blind testing, even researchers don't know which group subjects are in until after testing. Note, blind testing isn't always feasible, or ethical.

10. 'CHERRY-PICKED' RESULTS



This involves selecting data from experiments which supports the conclusion of the research, whilst ignoring those that do not. If a research paper draws conclusions from a selection of its results, not all, it may be cherry-picking.

11. UNREPLICABLE RESULTS



Results should be replicable by independent research, and tested over a wide range of conditions (where possible) to ensure they are generalisable. Extraordinary claims require extraordinary evidence - that is, much more than one independent study!

12. JOURNALS & CITATIONS



Research published to major journals will have undergone a review process, but can still be flawed, so should still be evaluated with these points in mind. Similarly, large numbers of citations do not always indicate that research is highly regarded.

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