

Massage in Education Programme (MIEP)

The Research

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The Massage in Education Programme (MIEP) is a comparatively new phenomenon for the Western World, but particularly for British Society. Just as Infant Massage Teachers were met with at best scepticism and at worst closed doors, until only a matter of a few years ago; so too are those trying to introduce massage into the school curriculum suffering the same fate. For those enlightened about the wonderful benefits of massage therapy and in particular its use as an infant – parent relationship tool it may be frustrating to know that there is a whole new battle just starting in an attempt to get massage in education implemented. The battle is in fact greater; because whereas there is a firm belief that, in the main, parents touch, hug and kiss their off-spring - there is a wide assumption that the classroom is most definitely a non-touch environment.

How can this prejudice be overcome in the current climate where teachers have to make sure that no action they take is misinterpreted as a sexual advance, or as a physical assault? The very term 'Massage in Education' may send unpleasant shivers down many a teachers' spine. Why, you may ask? Because of a lack of information and grave concerns about the use of 'touch' in the classroom setting. Compounded by the fact that many are ignorant of the fact that it is not the teachers that do the massage and that only the children are involved with peer to peer massage.

In an attempt to educate the educators, the GICM organised a 'Massage in Education Programme' study day. Lorraine Tolley and Anita Epple spent much of the early part of the year circulating information about the MIEP forum to as many schools as possible throughout the UK. Even with a carefully drawn up letter, in the main, the merits and benefits were not considered at all – just the concerns about 'touch' occurring in the classroom and the negative implications that this might bring. How sad. On a positive note, some were quite keen to find out more and set to implementing a programme in their school.

Unfortunately, there is but one small pilot study carried out in the UK, concerning the positive effects of massage being implemented in the school curriculum. This is perhaps disheartening news; but fortunately there is research available to indicate that the use of massage has beneficial effects for all children. Parallels can be drawn between these studies and the positive use of a Massage in Education Programme. In most of the studies it is a massage therapist giving the massage, and in some cases the child's parents. So how, you might be asking, can we draw a comparison between these and peer to peer massage? Simply because massage is massage, and in the main the massage given was over the child's clothes and in most cases only on the child's back – much as it is in most Massage in Education programmes. If we take the following studies and combine the information received from testimonials from children, teachers and parents (see 'Connections' Vol. 1, Iss. 4, 2003) who have had the opportunity to observe massage in schools in action, it is clear to see that there is without doubt room for a Massage in Education Programme in all UK schools.

The majority of parents are keen for their children to do as well as they can at school and certainly the teachers have a vested interest in them doing their best as well. Research shows that there is a place for massage in aiding the performance, alertness and ability of children in the classroom setting. Hart et al (Preschoolers' Cognitive Performance Improves Following Massage, 1998) proved that massage plays a part in improving the cognitive performance of pre school children and Field et al (Massage Therapy Reduces Anxiety and Enhances EEG Pattern of Alertness and Math Computation, 1996) found that mental alertness and ability improved after massage therapy.

Hart et al (1998) studied 20 children of pre-school age. The children were randomly assigned into either the massage therapy group, who received 15 minutes massage, or play control group who read for 15 minutes. A pre and post massage/reading session cognitive performance test was carried out for each child. It was found that the performance of the massage group improved after massage, whereas it remained the same for the control group in one test; and in another the performance of the massage group remained the same, but deteriorated in the control group. As Hart et al (1998) rightly argues *'That preschoolers' cognitive performance is enhanced by massage therapy raises some concern since little touch takes place in preschools and progressively less positive touch occurs across ages from the infant to toddler to preschool nurseries'* (page 63)

Field et al's (1996) study assigned 26 adults to a massage therapy group and 24 to a relaxation group. They received treatment twice a week for five weeks. On the first and last day of the study, before, during and after the treatment session an EEG was taken. Also, before and after the sessions each participant took a maths test. Further methods included the use of the 'Profile of Mood States' scale and 'State Anxiety Inventory' scale and salivary cortisol level test. The results for the massage therapy group showed that the subjects had lower anxiety scores; decreased salivary cortisol levels on the first day (where as the relaxation group had increased levels on the last day). The massage group performed better in the maths tests on both the first and last day, after the massage session. There was a significant decrease in the time required for the massage group to complete the tests and a decrease in errors. The EEG results suggested that both groups experienced enhanced relaxation, but the massage group's results suggested enhanced alertness. From this study Field et al (1996) postulate that *'The superior performance of the massage therapy group might relate to tactile and pressure stimulation. Tactile and pressure stimulation, in addition to enhancing the EEG patterns of alertness and math computations in this study have been noted to enhance parasympathetic activity (elevated vagal tone) which is characteristic of a more relaxed, alert state during which cognitive performance improves (page 205).*

These two studies show that there are concerns about the lack of tactile stimulation and positive touch children receive vis a vis education; but what else might be suffering as a result of little or no positive touch? Whilst it may be imagined that performance and succeeding to the best of their ability is of paramount importance to the parents and teachers alike, it must not be forgotten that being happy is also of great consequence to a child. Bullying has become a big problem in most schools throughout the UK and it is necessary for all schools to have an anti-bullying policy to help combat the problem. The aggressive child is not a happy one, anymore than a bullied child is. If the aggressive child can be helped to feel better, less anxious and hopefully better about his/herself, then the tendency to bully may be less of a problem. Field (American Adolescents Touch Each Other Less and are more Aggressive Toward their Peers as Compared with French Adolescents, 1999) found that in a like for like study of both American and French teenagers, the Americans were more inclined to self touch and be more verbally and physically aggressive to their peers; whereas the French group of teenagers tended to touch each other frequently in a positive manner and be less aggressive towards each other. Again, there is a concern that it is the limited tactile stimulation that is the likely cause of the more aggressive behaviour, as Field (1999) points out *'Research suggests that touch deprivation in early development and again in adolescence may contribute to violence in adults. Prescott (1990) found that cultures in which there was more physical affection toward young children had lower rates of adult physical violence and vice versa' (pages 753 & 754)*

On a personal note, I recently had a conversation with my (French) husband, who had had a difficult time explaining 'bullying' to his mother. As with all societies language develops as needed. For example Eskimos have many words for 'snow' which necessarily plays a very large part in their lives; accordingly, if a situation does not exist in a culture there is no need for a word. The word 'bullying' has long been established in our language because there is a need for it, but still in the 21st Century, the French do not have a direct translation for this word.

Diego et al (Aggressive Adolescents Benefit from Massage Therapy, 2002) decided to examine the potential effects of massage therapy on aggressive teenagers. The results were promising. The assessment of the teenagers' behaviour consisted of a questionnaire including a 'Child Behaviour Checklist' and 'Overt Aggression' scale, filled in by their legal guardians and the 'State Anxiety Inventory for Children', completed by the children. The results found that the massage therapy group (as opposed to the relaxation group that acted as the control for the study) showed a significant decrease in aggressive behaviour and a decrease in anxiety levels. This group also reported that they felt less hostile, whereas the relaxation group did not. Infant massage is commonly known to be about promoting the bonding relationship between parent and baby. If massage therapy can reduce aggressive children's feeling of hostility surely this implies that relationships between peers maybe improved if massage in education is implemented – not only for the overtly aggressive, but generally throughout a schools population?

As well as a decrease in anxiety levels, and increase in mental alertness and improvement in cognitive ability, research also indicates that massage can help with certain illnesses that may have an effect on a child's performance at school and lead to a greater number of days absent. Field et al (Children with Asthma have Improved Pulmonary Functions after Massage Therapy, 1997) studied 32 children who suffer with asthma. They were randomly assigned to either a massage therapy group, or a relaxation group. The treatment for both groups run over a 30 day period and entailed a 20 minute massage, or relaxation treatment each evening during this period. The massage therapy group reported lower anxiety levels; were found to have lower salivary cortisol levels; had a better attitude to their condition;

experienced an improvement in their peak flow readings and pulmonary function measures, all of which have a direct influence on the child's health and state of wellbeing.

Field et al (Massage Therapy Lowers Blood Glucose Levels in Children with Diabetes, 1997) studied 24 diabetic children applying a similar methodology to the above study and found that the immediate effects for the massage therapy group included a decrease in anxiety and depressed mood, and less fidgeting in the subjects. Over the 30 days of the study the massage therapy group were more likely to comply with the necessary diet and insulin regime needed to regulate their blood glucose levels. Ultimately, on testing the massage therapy groups blood glucose levels, they were found to have decreased.

Both asthma and diabetes may lead to a child missing valuable time off school, which is problem enough. What about conditions that not only lead to a child being absent, but ones that may have an effect on a teenage developing physical, mentally, emotionally and socially? Field et al researched into both the effects of massage therapy for Anorexia Nervosa (Anorexia Nervosa Symptoms are Reduced by Massage Therapy, 2001) and Bulimia (Bulimic Adolescents Benefit from Massage Therapy, 1998) suffers. In both studies the group of participants were randomly assigned into either a massage therapy group, or a control group, who received the standard treatment normally applied for these conditions. Depression is prevalent to both types of illness and for both the Anorexia Nervosa and Bulimic massage therapy groups it was found the treatment lead to a decrease in the level of depression felt by the participants. In both studies the massage therapy participant's salivary cortisol levels decreased and the urine samples taken indicated dopamine levels were increased.

What about disruption in class? The above conditions may account for absences, but are less likely to interfere with the daily running of the classroom, unlike Attention Deficit Hyperactivity Disorder (ADHD) which may well have a direct affect on the generally activity of any given lesson. Field et al (Adolescents with Attention Deficit Hyperactivity Disorder Benefit from Massage Therapy, 1998) studied 28 teenagers who suffered with ADHD. As with other studies they randomly allocated the participants to a massage therapy group and a relaxation group. The treatments were carried out daily for 10 school days. Only the massage group reported that they felt happier, and were less inclined to fidget during the treatment. At the end of the course of treatments the teachers found that the participants were less hyperactive and were able to concentrate on tasks better.

The argument for the need for a Massage in Education Programme in all schools is strong. The studies discussed above are examples of the many benefits to be gained from introducing massage into children's lives, no matter what their age. By implementing massage into the curriculum children will truly find themselves in a nurturing caring environment; teachers will find themselves in calmer, more compliant company and society will be provided with more balanced, happy, respectful adults in the future.

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