An examination of some communication issues in massage offers a way of bridging a longstanding gap in understanding between a person’s own bodily experience and a medical perspective on the breakdown and repair of physical functioning.

In 1931 Georg Groddeck referred to a ‘diametrical difference’ between the client’s understanding of their condition and the therapist’s knowledge as expressed in medical terms:

(Through) changing sensations in massage...the patient... gets some insight into his own condition and wants to find out something more about himself than can be given by the phrase which for him is purely fantastic.

Groddeck refers to the positive value of the sensory stimulation of massage for the patient. However, just as medical knowledge can be foreign to the client, so can the feelings of the client be at odds with the therapist’s understanding or experience.

The conceptual basis from which a massage therapist and client talk about the massaged person’s experience presents a crucial and problematic issue for massage theory. Mark Johnson refers to the wider social context of talk about bodily experience:

Our schemata for spatial and temporal orientation are so pervasive and so constitutive of our ordinary experience that they are taken for granted (and thus overlooked) in standard accounts of meaning and understanding.

Johnson’s comment signals spatiality as axiomatic to bodily experience. Spatial terms are especially apt to the hands-on discourse of massage. I’ll map out some spatially based criteria which offer the massager an interpretative base for understanding a client’s bodily experience. The criteria are based on observations of the movement of the bodily tissues in massage and of the person’s movement patterns in the social world. My aim is to provide a theoretical basis from which a massager can translate the language terms of the massaged person into the tactile actions of massage.

Catherine Carmont PhD BA Dip Ed Dip RM completed her PhD in massage therapy at the University of New England. Telephone (02) 6624 5011, email: novamassage@bigpond.com.au. Nova School of Massage and Body Therapy, 6 Renwick Street, Lismore Heights NSW 2480.

**Spatial Experience and Tissue Movements in Massage**

An examination of some communication issues in massage offers a way of bridging a longstanding gap in understanding between a person’s own bodily experience and a medical perspective on the breakdown and repair of physical functioning.

In 1931 Georg Groddeck referred to a ‘diametrical difference’ between the client’s understanding of their condition and the therapist’s knowledge as expressed in medical terms:

(Through) changing sensations in massage...the patient... gets some insight into his own condition and wants to find out something more about himself than can be given by the phrase which for him is purely fantastic.

Groddeck refers to the positive value of the sensory stimulation of massage for the patient. However, just as medical knowledge can be foreign to the client, so can the feelings of the client be at odds with the therapist’s understanding or experience.

The conceptual basis from which a massage therapist and client talk about the massaged person’s experience presents a crucial and problematic issue for massage theory. Mark Johnson refers to the wider social context of talk about bodily experience:

Our schemata for spatial and temporal orientation are so pervasive and so constitutive of our ordinary experience that they are taken for granted (and thus overlooked) in standard accounts of meaning and understanding.

Johnson’s comment signals spatiality as axiomatic to bodily experience. Spatial terms are especially apt to the hands-on discourse of massage. I’ll map out some spatially based criteria which offer the massager an interpretative base for understanding a client’s bodily experience. The criteria are based on observations of the movement of the bodily tissues in massage and of the person’s movement patterns in the social world. My aim is to provide a theoretical basis from which a massager can translate the language terms of the massaged person into the tactile actions of massage.

**Massage and the Spatial Body**

The actions of massage alter the body’s material substance. Ongoing changes in the spatial relationship of tissues, whereby the shape and texture of adjacent bodily surfaces alter, determine the actions and the intentions of the therapist. Sandra Weiss’s categorisation of the qualities of interpersonal touch (duration, location, action, intensity and frequency) underlines the palpable nature of the concept of the body used in massage.

Elizabeth Grosz points to the spatiality of bodies:

Bodies are always understood within a spatial and temporal context, and space and time remain conceivable only insofar as corporeality provides the basis for our perception and representation of them.

The particular aspect of bodily spatiality I’m concerned with is bodily movement, in the sense of change from one position to another. Tappan describes the primary characteristics of massage as touch and movement. The concept of movement provides a link between the observable response of tissues to the actions of massage and the feelings of a massaged person.

The role of movement in generalised bodily experience is underlined by Deane Juhan: “Every tension and every movement produces(s) a sensory stimulation”. Leder talks about the particular role of movement in the bodily experiencing of a patient, of relevance to the therapeutic aspect of massage:

His/her possibilities of movement are restricted or in some other way transformed. With these changes in sensing and moving, lived spatiality takes on a new character, experienced perhaps as closing down around the immobilised patient or diseased body part.

The movement of tissues satisfies two criteria for a conceptual tool which is equally accessible to the massager and the massaged person. The displacement of tissues is observable by both the massager and the massaged person. By equating types of tissue movement with categories of feelings, a common basis for discussion about correspondence between the client’s tissue mobility and their activity in the world becomes available to therapist and client.

**The Spatial Setting of Massage**

I define massage as the repeated handling by a massager with therapeutic intent of the surface bodily tissues of a massaged person. The massager’s therapeutic intent is to assist in making a positive change in the massaged person bodily feelings and/or movement possibilities in the world.
The massager’s tactile purpose is to palpate local areas of tissue, successively altering the malleability of unevenly textured segments until the bodily tissues show a more even and extensive consistency. When the painfulness of tissues to touch does not ease with massage, or when force beyond the elastic limits of the tissues would be required to elicit greater malleability, the massager seeks for a means other than touch to improve tissue mobility.

The massaged person is at rest, only voluntarily enacting physical gestures which support communication and adjust physical positioning for comfort. The massager stands and moves separately, accessing a range of movement broad enough to allow for investigative and manipulative palpation.

The massager ensures appropriate assessment and treatment by establishing an effective working distance from the massaged tissues which will enable free use of the senses of sight, hearing, smell and touch. The maintenance of an appropriate working distance also substantiates the massager’s ethical undertaking, which is to make changes to the mobility of the tissues only according to the presenting condition of the client and the assessed condition of the tissues.

**Feelings and the Movement of Tissues in Massage**

My analysis of massaged person’s feelings comes from a qualitative study in which whilst massaging I asked women to describe: “Anything that seems to be connected with what I’m doing and what you’re feeling in your body”.

I grouped women’s statements according to correspondences with the massager’s assessment of the palpable textures of massaged tissues. The extracts below represent three main categories of feelings. The types of feelings were linked to a specific type of bodily tissue. Finally, each tissue group was allied with a characteristic movement style which formed part of an overall pattern of bodily use. The basic movement pattern which I’m taking as representative of the person’s actions in the world is of:

a) movement towards a person or object (an objective) separate from themselves,
b) movement away from that objective, and
c) the tissue movements observable when the person returns to a resting position (as in massage).

The categories of feeling are sensations of transient discomfort during massage; an overall sense of bodily pleasure and sensations of spatial dislocation. Three feeling types correspond respectively to the movement of the muscular tissues, to the movement of the fluid (liquid connective tissue and gaseous tissues) and to that of the dense connective tissues (including ligament, tendon and variants of supportive connective manner such as fascia).

In the person’s overall movement pattern, actions of the muscular tissues gives rise to the oriented movement of the person, the movement of fluids is characteristically rhythmical, and dense connective tissue transmits and provides a limit to the range of movement of both oriented and rhythmical motion.

**Transient Discomfort in Massage and the Movement of Muscular Tissue**

A number of the women’s statements included experiences of localised pain or discomfort, which came to the person’s attention through touch and diminished with repeated massage. Massaged people such as Carol were able to identify a spatial site for their experience. That site corresponded with my observations, as the massager, of a localised and unusual tissue density.

Carol: “Yes it’s usually the left side. Yes. And it often feels as if there’s a real knot there”.

When Catherine massages the left hip, she finds a spot which is quite sore.

Carol: “Just there, yeah, there. Oh, yes, just there. Got the spot”.

Carol reports less discomfort of the hip as it is massaged.

Carol: “Mm, it’s getting less painful”.

From my viewpoint as a clinician/researcher with long experience of teaching palpation techniques, areas which were sore to the touch and where pain eased within a few minutes of unforced massage showed a localised and unusual tissue density.

Holey and Cook describe massage as reducing pain by removing excess fluid from the tissues, with a consequent lowering of pressure on nerves and an alteration of the local chemical environment. Pain reduction is also achieved through the stretching of fibrous tissue, relieving the ‘pain-producing tension on nerve endings’.

Whereas massage-induced changes to local circulatory patterns explain the lessening of pain, the complete relief of pain to the touch is accompanied by a lengthening and smoothing of shortened fibres. Yates, quoted in Holey and Cooke, attributes a palpable ropey quality of muscles to spasm of the muscle fascicles.

Whilst Yates emphasises that the contractile quality of muscles is entirely under the control of the nervous system, from the perspective of the massager, the change in the spatial occupation of a knotted muscle as it relaxes, along with any encouraging feedback from the massaged person, determines the progress of a massage.

**Muscular Activity and Oriented Movement**

The voluntary musculature tissue allows the oriented movement of body parts towards or away from people, events or objects in the surrounding world. Each oriented action is matched by a return phase as the person extends towards or recoils from an object. The return phase ensures the maintenance of bodily stability by bringing bodily parts back into an equitable relation with the person’s supporting surface or ‘ground’ via the centrally supportive spinal axis.

A massager is most concerned with the tissue evidence of incomplete oriented movement. Carol’s description of tissue discomfort which eased when massaged is representative of feelings which accompany times where contractile tissues have not completely relaxed following oriented activity.
Pleasure, the Fluid Tissues and Rhythmic Movement

A second category of feelings involved the identification of an undifferentiated and pleasurable whole bodily experience. Examples were "I feel great, fantastic, totally relaxed". As a massager my observations were that there was an overall and even pliability of the malleable tissues when people commented on the pleasure they felt during massage. The remarks were made sporadically during massage or given after the massage and were marked by their irreducibility to a specific locality.

A quote by Ricoeur of Freud's early thoughts on the 'meaning of pleasure itself' highlights a conceptual link between pleasure and rhythm which is particularly apt in relation to the malleable body:

Pleasure and unpleasure, therefore, cannot be referred to an increase or decrease of a quantity (which we describe as 'tension due to stimulus') although they obviously have a great deal to do with that factor...Perhaps it is the rhythm, the temporal sequence of changes, rises and falls in the quantity of stimulus (my emphasis).

Through the interwoven nature of tissues the rhythmical action of heart, smooth muscle (eg peristalsis) and breathing is spread via the fluid and gas-conveying cavities and channels. As contracted segments of the voluntary musculature soften and lengthen through massage, the massager senses the rhythmical movement of tissues through their repetitive resilience of tissues to manual pressure as well as visually.

Spatial Dislocations in Massage and a Context of Pleasure

A third category of comments was reported towards the close of the massage and after the experiences had occurred. Alice and Edie felt as though their bodily placement in relation to the environment had changed to the point of their being separated from their position on the massage table.

Alice: "Sometimes when you're relaxed and you're lying down you can almost be above the table, it feels like that ..."

Edie: "I only felt like that once before when I went to meditation classes and I sort of felt like I was up here and my body was down there".

Alice's further comments illustrated a change of orientation of the massaged person in relation to the world around them, even whilst her feeling is one of comfort and pleasure.

Alice: "... you could have been anybody ... but you were sexless, or personless, just hands... And your hands seemed a lot bigger than hand ... And a sense of well being, I felt in parting from the palm, but I didn't think of them as your palms. Palms. The big palm in the sky, yeah. And now I feel warm and glowing".

Alice's account demonstrates a clear association between a sense of pleasure and a changing spatial perception.

Altered spatial experiences can be understood as a very material bodily experience, compatible with the tangible terms of reference of massage, when considered as an extension of the rhythmical tissue movement which is associated with the sense of pleasure.

Dense Connective Tissues, Bone and a Sense of Spatial Dislocation

The dense connective tissues, because of their non-contractile nature, transfer the alternate lengthening movements engaged in by successive agonist/antagonist groups of skeletal muscle throughout the interconnected web of dense connective tissue.

Dense connective tissues also transfer the rhythmic movements which characterise the fluid and gas flows to the tissues which surround fluid containing tissues.

For the massaged person, the linkage of the dense connective tissue structures of one tissue segment to any other adjacent segment means that there is a constant repetition of the position of any one portion of tissue which is under the influence of rhythmical movement.

As the person focuses more on the hypnagogic quality of tissue movement which repeats itself with no net change in location, then the feeling of the body's external surface becomes less relevant to perception.

For the resting person, the body's centrally supportive and highly stable spinal axis provides a structural boundary to the lengthening of agonist/antagonist muscle segments. The density and weight of the skeletal system also acts as a restraining influence on the rate and extent of rhythmical tissue movements.

The experiences of Alice and Edie; where Alice felt the massager's hands as being inordinately large and Alice and Edie had a sense of being in two locations at the same time, are compatible with the massager's perception that the amount of space which they occupied stayed the same, when viewed in the light of two sensory outcomes of a dominance of rhythmical tissue movement. One outcome is the unbounded bodily feeling associated with an intensifying awareness of the repetitive nature of rhythmical tissue movement.

The other is a sensing of the central spinal axis as the primary bodily boundary along with a lessening perceptual dominance of the boundary situated at the interface between the body and the external environment.

Conclusion

This research project has been to situate massage therapy within a frame of reference which is based on a spatial and tactual topography of the living body.

Discomfort is associated with limited tissue malleability. Reports of pleasurable experience are associated with a relaxation of tissues and reports of changes in perceived bodily boundaries are linked with a perceptual predominance of the rhythmicity of interconnected tissue movement.
References


ATMS Skills Update Seminar
Sydney
29 and 30 October 2005
Find the Balance Between Caring and Business
Presented by Sandi Rogers
Registration: Pre-registration is essential. Telephone ATMS Head Office (02) 9809 6800, fax (02) 9809 7570, info@atms.com.au, or download a registration form at the ATMS website www.atms.com.au.

Luffa-comp.N
Nasal spray 20mL
Hayfever relief

Keynotes
- allergies
- mucous congestion
- nasal irrigation
- hayfever

*Clinically proven
A Randomised Equivalence Trial Comparing the Efficacy and Safety of Luffa comp.-Heel Nasal Spray with Cromolyn Sodium Spray in the Treatment of Seasonal Allergic Rhinitis
146 outpatients with symptoms of hay fever were enrolled in a 42 day randomised, double-blind, equivalence trial. The patient's received 0.14mL of Luffa-comp.-Heel Nasal Spray four times daily. The results of the study demonstrate a quick and lasting effect, which was independent from the medication applied and produced a nearly complete remission from the hay fever symptoms. No adverse systemic effects did not occur.

The study proved that for the treatment of hay fever, Luffa comp. is as efficient and well tolerated as conventional therapy.

Includes Galphimia Glaucus
Galphimia glauca subject of 11 trials (7 double blind) has been found to have reproducible results when dealing with the symptoms of hayfever. So incredible are the results and success rates that in a meta analysis of all trials it was found the rates were comparable with antihistamines except there are no side effects.

Intensive studies have found a significant reduction in symptoms in respiratory distress when given nosodes of the actual allergens.


Available from your distributor of Heel products
Enquiries 1300 551 077

-Heel