BEREAVEMENT MASSAGE:
Using Massage as a Coping Mechanism for the Grieving Process
Pre and Post Death of a Loved One

Student: Andrea Miller
Research Advisor: Jennifer Presley
International Academy of Massage

Submitted to the 2011-2012 CCMTS Research Competition
# Table of Contents

Abstract ......................................................... 3
Introduction ................................................... 4
Literature Review .............................................. 4-6
Methods .......................................................... 7-10
Data collection & Analysis .................................. 10
Study purpose & Rational .................................... 11
Questions ......................................................... 11
Limitations ....................................................... 12
Budget ............................................................. 12
Care of Human Subjects ....................................... 12
Conclusion ....................................................... 13
References ....................................................... 14-16
Appendix A ....................................................... 17
Appendix B ....................................................... 18
Abstract

At one point or another, everyone will have to face death of someone they know. Research has shown that when we are caring for someone who is terminally ill and/or grieving for the loss of someone close there are emotional and physiological symptoms that accompany these times. A literature review has revealed that massage can be an effective modality to alleviate some of these symptoms.

This study will examine how the use of massage as an early intervention and continuing treatment for those caring for and eventually grieving for the loss of a loved one can help in the grieving process.

This study will collect data from a volunteer sample of individuals caring for and/or grieving for the loss of a loved one. Subjects will be monitored for physiological and emotional symptoms of grief. Half the sample will be monitored and receive a massage and the control group will be solely monitored for symptoms. All data will be analyzed to determine correlation, variance and general descriptive statistics.
Introduction

It is well documented that those who care for the sick and dying undergo significant psychological and physiological stress (Cronfalk, 2010). As a result, it has become common to offer a bereavement program within many health care systems around the world.

Massage as a part of grief therapy offers the additional benefit therapeutic touch and can be an important part of helping someone deal with a loss. Massage is documented to help decrease stress and depression, two symptoms very common with grief and bereavement process. Most studies have been limited to examining the effects of massage either before or after the passing of a loved one. This proposal will examine the effectiveness of using massage on participants while they are caring for family members and after the death of a loved one. The study will also be looking at the instances of confirmed complicated grief six months after the grieving process has begun.

Literature Review

Several studies that investigate massage and its effectiveness in treating those who are grieving or caring for a dying loved one have been documented. In addition, several studies that investigate massage for its effectiveness in treating grief and depression have been published. Several systematic review that investigate various modalities in their use for bereavement have also been documented. The literature was reviewed in referenced journals, and on the internet in order to learn what has been established in these fields. The search strategy involved searching the Pubmed, Complementary and Alternative Medecine journals, Massage and Bodywork websites
and Google. The search strings include “massage and bereavement”, “massage and grief”, “bereavement”, “grief”, “massage and depression” “symptoms and grief”, “addiction”, “treating pain with massage”, “massage and chronic pain”, “massage and mental health”.

During the grieving process the body goes through significant physiological and psychological stress. Stroebe et al (1996) suggest that “bereavement is associated with excess risk of mortality, particularly in the early weeks and months after loss. It is related to decrements in physical health, indicated by presence of symptoms and illnesses, and use of medical services” (Abstract). In particular, grief can cause many physiological symptoms such as muscular tension and overwhelming fatigue (Cronfalk, Ternestedt and Strang 2010). Cronfalk et al (2010) findings found that massage provided bereaved family members with three main outcomes categorized as 1. “A helping hand at the right time; 2. “Something to rely on”; 3. “Moments of rest; and 4. “Moments of retaining energy”. However all participants reported a sense of consolation through the use of massage. These findings provide support that massage may be beneficial to bereavement however it does not compare the use of massage to the exclusion of other complimentary therapies. The finding cannot yet be applied to the greater population based on the sample size and how participants were chosen. Additional studies comparing the effectiveness of massage to other modalities could provide more support to the findings.

According to Houldin, McCorkle, Lowery (1993), there is immunological stress attached to the grieving process that can further compromise ones ability to deal with grieving. Their study examined the effects of relaxation techniques to improve the health of bereaved spouses. While this study is also limited in the number of participants and
population base it draws from, results suggest that relaxation techniques may be beneficial to include in bereavement programs. Additional studies also looked at a number of strategies to reduce stress and physiological symptoms experienced by bereaved spouses (Cronfalk et. al, 2010 / Macdonald, 1998 / Goodfellow 2003 / Serfaty, Wilknison, Freeman, Mannix & King 2011). Goodfellow’s work supports this theory as well. Findings showed Therapeutic Back Massage (TBM) was beneficial in reducing stress and increasing natural killer cell production in spouses of palliative care patients.

There are programs in place to support those caring for the dying, either family or cancer and palliative care workers (Harding & Higgins / Macdonald, 1998 / Belletti, Mallia, Lucidi, Reichmann, Mastroianni, De Marinis & Casale, 2011). Support therapies include spiritual counseling, massage therapy, relaxation therapy. In all three studies massage therapy was the most widely chosen lending support that is an acceptable and welcome intervention. There has been little research to-date comparing modalities for effectiveness and likely a combination of therapies are required rather than using only one modality.

Serfaty et. al (2011) compared the use of traditional Cognitive Behaviour Therapy (CBT) and aromatherapy massage on cancer/palliative care patients for the reduction in feelings of depression and pain. The study aimed to evaluate both methods of intervention and to assess which had higher outcomes. While both methods showed patient improvement, CBT was more effective in alleviating feelings of depression in the long term. This study suggests that while massage therapy is beneficial in alleviating these symptoms, further study is still required to evaluate its effectiveness in comparison to other modalities.
The literature review provided mixed findings of the effectiveness specifically of massage in treating the symptoms of grief and depression. Studies with larger samples and randomized controls would provide greater support to these early studies. Targeting higher risk or those identified with complicated grief may produce clearer results. Additionally, isolating massage as the main or only support to the bereavement process may not be possible.

**Methods**

**Design:**

The proposed study will be examining the physiological and emotional well being of the participants during the bereavement process when massage is received as a continuing treatment while still caring for a dying loved one and after the loved one has died. The study will compare results to a control group that does not receive massage.

The design of the study is modeled after Macdonald (1998) who studied the effects of massage on those caring for a dying loved one but incorporates recommendations to offer massage to participants both pre and post the death. The study will take place in Ottawa and data collection sessions will be held at a central location on a regular basis throughout the study and 6 months post the last massage treatment. Data collected will be both quantitative and qualitative in nature.

**Subjects / population sampling:**

Subjects will be recruited from several palliative care clinics in the Ottawa area working with hospice staff who have direct contact with family members to make referrals.
Recruitment will also occur from local hospitals as well through social workers and other direct care workers that can make appropriate referrals. Subjects can be any age, gender or religion.

In order to participate, volunteers must be currently caring for a loved one with life expectancy of less than two months and be willing to commit to having a minimum of 12 treatments. An additional sample group will be recruited as a control group who will not receive massage. There will be a total of 40 subjects, 20 who will receive massage and 20 who will not. Subjects will be chosen at random for either the control or test group. Those not receiving massage will participate only in providing data on their perceived emotional and physiological well being. Population exclusions will be those who are unable or unwilling to receive massage.

Instrumentation:

1. Informed Consent

Each participant will be required to complete an informed consent form to collect and analyse the data collected from the case history and questionnaires. An additional informed consent will be required by those participants receiving massage to allow the therapist to perform the massage and ensure participants are aware of the risks and benefits of massage.

2. Case History

The study will use a standardized case history form developed by the CMTO to collect data about general health and suitability of client for massage. (Appendix A)
3. Questionnaire

This form will be used to evaluate emotional stress, physical stress and physical pain on a scale of 1 to 5, with 5 being the highest amount of stress or pain and 1 being the lowest (Appendix B).

4. Therapists

Four registered massage therapists will be used to provide the massage service. They will be instructed to only use indicated techniques (Swedish massage techniques, trigger point, myofascial release, gentle stretching, joint play and range of motion). All massages will be done in the context of a relaxation massage. Therapists will be paid for time at a rate of $75/hr. A total of four therapists will be used with each assigned a maximum of five clients.

Method & Procedures:

The data collection sessions will take place at a central location in Ottawa. Data will be collected at the start of the study and at three month intervals up to a maximum of six months post death of the participants loved one. The following procedure will be used for each participant:

1. Each participant will complete an informed consent form for the collection and use of the data

2. A thorough case history and health form as well as baseline data about overall emotional and physical state (see Appendix A and B)

3. Subjects will be randomly placed into one of two groups a) Questionnaire and 1 hour full body massage; b) Questionnaire only
4. Subjects receiving massage will be required to complete a second informed consent form to receive a massage

5. Upon informed consent, participants will receive a 1 hour full body massage once a week leading up to the death of their loved one and up to 4 months after the death for a maximum of 24 treatments

6. Subjects will be offered the choice to either have the massages in their home or at the therapist’s office

7. Massage will focus on Swedish massage techniques, trigger point, myofascial release, gentle stretching, joint play and range of motion; all in the context of a relaxation massage

8. Every three months, all participants will complete a questionnaire that is either returned to the researchers in person or mailed in a pre stamped, addressed envelope (see Appendix B)

9. The final data collection session will include updating the case history form and completing the questionnaire for a total of four questionnaires

**Data collection & Analysis**

Data will be collected by the researcher at a central location. Data will be input using Microsoft Excel. Microsoft Excel will then be used to analyze data for statistical significance, p-value, mode, mean average and general descriptive statistics. All data will be compared for variances over the duration of study period including pre and post death of the loved one. Data will also be analyzed for any significant statistical differences between treatment group and questionnaire only group.
**Study purpose & Rational**

The purpose of this study is to evaluate the effectiveness of receiving massage both pre and post death of a loved one in order to assist those experiencing grief and bereavement. Research to-date has focused on either massage prior to the death of the loved one or solely post death. There is research gap in evaluating the use of massage both pre and post death in relieving symptoms of depression, pain and fatigue. The study also aims to gain additional understanding of the bereavement process and the physical symptoms that accompany that period to determine whether massage is an ideal modality to use for treatment.

The rational for the study is that additional information about the effectiveness and use of massage for bereavement could then be used to potentially include massage in more bereavement and palliative care programs for the care givers. The hope is that this will provide additional support for the inclusion of massage therapists on staff at hospitals and palliative care centers.

**Questions**

This study will be asking two main questions:

1. Is there a correlation between receiving massage treatment both pre and post death of a loved one and the ability to better cope with the loss of a loved one?

2. Is massage an effective modality to use in alleviating the symptoms of grief?
Limitations

The researcher acknowledges that there are a number of limitations to consider with this study. This study will not be able to collect data for blood tests and immunological competencies of subjects that would provide more quantitative data of subject’s physiological coping mechanisms. We also need to recognize that this study does not isolate massage as the only modality in treating a grieving person as we cannot restrict subjects from seeking out additional bereavement assistance. In addition, the study population draws from volunteers who may already be predisposed to benefitting from massage. And lastly, this study may be limited in sample size due to recruitment and/or sufficient funds to sustain a statistically significant sample size for the duration of the study. The chosen control group also restricts the validity of the study as control subjects will not be receiving an alternative comparative therapy at the same time.

Budget

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>Office supplies</td>
<td>$11,000.00</td>
</tr>
<tr>
<td>Salaries</td>
<td>$65,000.00</td>
</tr>
<tr>
<td>Overhead</td>
<td>$200.00.00</td>
</tr>
<tr>
<td>Total</td>
<td>$282,000.00</td>
</tr>
</tbody>
</table>

Care of Human Subjects

The population will only be exposed to the risks of normal daily living.
Conclusion

This study aims to shed light on whether massage is beneficial to those caring for and grieving the loss of a loved one specifically in reducing pain, stress and fatigue associated with the bereavement process. Should this study be successful there will be greater support to include massage in bereavement programs.

By assisting those who care for a dying loved one we reduce the resources needed to support caring and grieving family members. Carers are better able to return to new normal daily life more quickly, there is less stress on the medical system, there is reduced need or time period of need for social work/psychological assistance in dealing with grief. Ultimately this will put less financial pressure on the health care and social systems.
References


http://www.massageandbodywork.com/Articles/AugSep2006/revisit.html


10. Weze C, Leathard HL, Grange J, Tiplady P, Stevens G. Healing by Gentle Touch Ameliorates Stress and Other Symptoms in People Suffering with Mental Health Disorders or Psychological Stress. *Evidence Based Complementary and Alternative*

PubMed Central PMCID: PMC1810357.
Appendix A

Health History Form

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless allowed or required by law. Your written permission will be required to release any information.

Name: ___________________________ Phone #: ______________________
Address: ____________________________ Date of Birth: ____________
Occupation: __________________________

Have you received massage therapy before? □ Yes □ No
Did a health care practitioner refer you for massage therapy? □ Yes □ No
If yes, please provide their name and address. ________________________________________________________

Please indicate conditions you are experiencing or have experienced:

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Infections</th>
<th>Head/Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ high blood pressure</td>
<td>□ hepatitis</td>
<td>□ history of headaches</td>
</tr>
<tr>
<td>□ low blood pressure</td>
<td>□ skin conditions</td>
<td>□ history of migraines</td>
</tr>
<tr>
<td>□ chronic congestive heart failure</td>
<td>□ TB</td>
<td>□ vision problems</td>
</tr>
<tr>
<td>□ heart attack</td>
<td>□ HIV</td>
<td>□ vision loss</td>
</tr>
<tr>
<td>□ phlebitis / varicose veins</td>
<td>□ herpes</td>
<td>□ ear problems</td>
</tr>
<tr>
<td>□ stroke/CVA</td>
<td></td>
<td>□ hearing loss</td>
</tr>
<tr>
<td>□ pacemaker or similar device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ heart disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there a family history of any of the above? □ Yes □ No

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Other Conditions</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ chronic cough</td>
<td>□ loss of sensation, where?</td>
<td>□ pregnant, due</td>
</tr>
<tr>
<td>□ shortness of breath</td>
<td>□ diabetes, onset:</td>
<td>□ gynecological conditions, what?</td>
</tr>
<tr>
<td>□ bronchitis</td>
<td>□ allergies/hypersensitivity to what?</td>
<td></td>
</tr>
<tr>
<td>□ asthma</td>
<td>□ type of reaction:</td>
<td></td>
</tr>
<tr>
<td>□ emphysema</td>
<td>□ epilepsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ cancer, where?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ skin conditions, what?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ arthritis</td>
<td></td>
</tr>
</tbody>
</table>

Is there a family history of arthritis? □ Yes □ No

Overall, how is your general health?

Primary Care Physician: ____________________________
Address: _________________________________________

Current Medications:
condition it treats: ______________________________________

Are you currently receiving treatment from another health care professional? □ Yes □ No
If yes, for what? ________________________________________

Surgery – date ____________________________ nature: __________

Injury – date ____________________________ nature: __________

Do you have any other medical conditions? (e.g., digestive conditions, hemophilia, osteoporosis, mental illness) □ Yes □ No

What?

Do you have any internal pins, wires, artificial joints or special equipment? □ Yes □ No

What?

Where?

What is the reason you are seeking massage therapy? Please include the location of any tissue or joint discomfort.

Notes: ________________________________________________________
Appendix B
Massage and Bereavement Study Questionnaire

All questionnaires will be kept completely confidential. Please rate the following on a scale of 1 to 5, 1 being the lowest or least amount of stress/pain/difficulty and 5 being the highest amount of stress/pain/difficulty.

1. Emotional Stress refers to your ability to cope with stressors in your life such as managing regular daily tasks, ability to deal with emotions of daily life (1 being minimal emotional stress experienced and/or ability to cope easily and 5 being significant emotional stress present and significant difficulty coping)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Physical Stress refers to stamina and energy levels (1 being normal stamina and energy levels, 5 being no stamina or energy)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Physical Pain refers to symptoms such as headaches, back pain, muscle strain and knots, muscle weakness, etc. (1 being little pain/weakness and 5 being extreme pain/weakness)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Sleep Difficulties refers to your ability to gain sufficient sleep to feel rested after a regular full night sleep (1 being no difficulty and 5 being extreme difficulty)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>