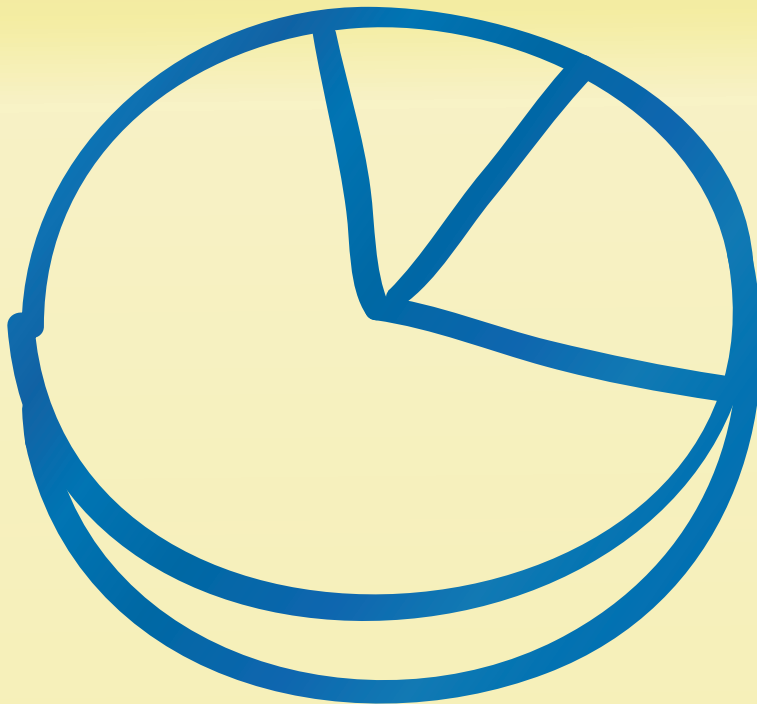


somatic research

BY RAVENSARA S. TRAVILLIAN



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RESEARCH PERSPECTIVES

A massage practitioner who is research literate can read a research article, understand the essential take-home points, and apply them in practice with clients.



I would like to take this opportunity to introduce myself as the new Somatic Research columnist. My name is Ravensara S. Travillian, and I have practiced massage in the Seattle area since 1991. Most of my practice has involved treating survivors of war and genocide for trauma, but in addition I have worked with people living with the effects of stroke and with women having high-risk pregnancies.

I am also an *informatician*, which is a word most people have never heard of it. Think mathematician or statistician, except instead of math or statistics, I study information: how we gather the information we need and how we organize it, use it, and share it with others. Information management is what I study, and more specifically, information with regard to massage therapy—what information we need as a profession, what information we already have, and what we do (or want to do) with it. That is a story that continues to be written, and we will be working together to explore it.

One informatics issue that I am deeply involved in and committed to is the integration of research information into practice, as well as the other way around. Practice needs to inform research and to play an important role in setting research agenda, while research needs to generate useful, applicable information for use in practice. This two-way flow of information is essential. Without that connection, much of the information generated from studies doesn't give practitioners anything they can use directly. A big step in building that interactive flow of information is the development of research literacy—the ability to read, understand, and apply information from published research—which is a skill that we will continue to mentor in this space.

Among us we have a great deal of collective experience regarding massage, but few reliable ways to communicate that experience with each other. The two-way information flow can integrate these separate domains—practice can help determine what research is relevant, and research can provide insight into what we can use in practice. That leads us into the realm of research capacity—the ability to participate in designing and carrying out research—another skill that we will talk about and foster in these pages.



One of the roles I envision for this column is an embodiment of that process of communication—I do not want this to be a lecture where I present facts for you to passively receive and digest. Instead, I see it as a dialogue. I want it to be as interactive as it possibly can be, given, of course, the limitations of the printed column format. I have been away from practice for a while, since I returned to school. I will share with you what I have learned during that time and what I continue to learn. In return, I want to hear from you about what information active practitioners are now seeking. I hope to hear from you about what is important for you to know, and in that way, we will create a dialogue on massage research. Ready? Let's begin.

WHAT YOU CAN EXPECT

One of the exciting aspects of research in massage is the sheer number of topics and specialties it touches. A sample information search in PubMed (a national database of journal articles related to medical topics) for articles related to massage, returns studies on the following topics:

- Complementary and alternative medicine usage among children in a Scottish ear, nose, and throat hospital.
- A review of compression in lymphedema management.
- A case of someone who experienced blood clots in the lungs after receiving leg massage.
- Aromatherapy for children who were deprived of oxygen at or shortly before birth.
- How reflexology from a partner affects pain and anxiety in cancer patients.
- A model for developing and carrying out policy regarding massage in a medical center.

- Massage as a comfort treatment for patients undergoing heart surgery.
- Breast cancer patients' experience of massage while undergoing chemotherapy.
- How massage affects the biceps femoris muscle as it undergoes isometric contraction.

And these are just some of the first articles of more than thirty-six hundred in just one database. The diversity and range of topics on research in massage never fails to amaze me, and I will share that wonder with you each time by selecting a particular topic to examine.

In addition to the broad scope of topics we will look at, we will also take the opportunity to examine various research issues in depth: ethical issues surrounding research on vulnerable populations, the policy and practice implications of research outcomes, social justice aspects of access to information, and contributions to the development of research agendas.

BECOMING RESEARCH LITERATE

First, let's clarify what we mean by *research literacy*. A massage practitioner who is research literate can read a research article, understand the essential take-home points, and apply them in practice with clients. By "understand the essential take-home points," we're certainly not talking about analyzing every detail of the article, nor about getting bogged down in every technical issue. Rather, it means condensing the article into a message and determining the meaning of that message for your practice.

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For example, let's imagine that one of your clients asks you if there's anything that massage could do for a relative of hers who is in the final stage of kidney disease and who is having a great deal of difficulty sleeping due to discomfort and anxiety. You do a literature search to find out who has already researched and published on this topic. You find:

- Tsay, S. L. and M. L. Chen. 2003. Acupressure and quality of sleep in patients with end-stage renal disease—a randomized controlled trial. *International Journal of Nursing Studies*. 40, no. 1:1–7.

You scan the abstract (summary of the entire article) to find out whether it is on topic for your question. There, you read the following:

- Results demonstrated significant differences between the acupressure group and the control group in subjective sleep quality ($p=0.009$), sleep duration ($p=0.004$), habitual sleep efficiency ($p=0.001$), and sleep sufficiency ($p=0.004$).

One of the things we are going to do is to demystify the jargon, so that the purpose and meanings of the technical terms in the sentence above are clear. For the purpose of the exercise now, let's just say that, having developed the skill of research literacy, you get the following important nuances from the sentence above:

- In comparison to the patients [in the final stage of kidney disease] who received no treatment, the group of patients who received acupressure showed noticeable improvements in their self-described quality of sleep, in their length of sleep, in how effective their sleep was, and in getting enough of the sleep they need. The researchers are very confident that these outcomes are valid and meaningful, and there



is an extremely low probability that these outcomes are the results of chance, rather than being a result of the acupressure treatment.

I know, right now it looks like a long way to get from the first version to the second. But trust me, after we've practiced the skill of research literacy for a while, this will come naturally to you. We'll continue to build this skill, and like everything else, it will be easier with practice.

DEVELOPING RESEARCH CAPACITY

Just as with any other skill, we start with the basics, and then build on that foundation to progress to carrying out more advanced tasks. With that in mind, since research capacity depends so much on the skills of research literacy, we will first concentrate on building research literacy, to lay that strong foundation, but we won't totally shy away from developing skills in research capacity, even at the outset.

Think about how we learn language. Speaking a language is an active skill, since it requires generating meaningful speech, while reading is somewhat more of a passive skill, since recognizing meaning is easier than generating it, yet we certainly don't insist that children learn to read before they speak. The way we naturally learn our native language is through a mixture of speaking and, later, reading. In an analogous way, we will focus on laying a solid foundation of research literacy that we can continue to build on and apply.


One research capacity skill that can be developed initially is adding to our knowledge of massage by contributing our own narratives. There are many ways to write about our experiences, from creative writing to poetry to nonfiction and more. One rather specialized form that is often found in medical journals is the case report, often a detailed description of a clinical encounter with a client or patient, a treatment for a particular condition, and an outcome of that treatment. In upcoming columns, we'll step through the structured exercise of writing in the style of published case reports. Perhaps while we get to that, you can think about what cases you've seen in practice that might make a good narrative to relate for sharing your experience.

For example, at dinner not too long ago, I met a massage practitioner who works with two patients, both of who are in a comatose state from brain damage after severe head injuries. She seemed pleased that I was interested in hearing about her work. However, when I asked her if she had thought about writing about it, she admitted that she never had—in fact, she seemed to shy away from the very idea.

I pointed out to her that surely she was not the only massage practitioner who had ever been asked to work with brain-injured comatose patients, and yet, if you carry out a PubMed database search to find any existing research literature on the subject, you yield no results. So this massage therapist has experience that is potentially very valuable to someone out there just starting to practice, but doesn't quite know what to do.

The way this knowledge gets shared is through publication, such as case reports. It's how we see what else is going on out there in the world, what kinds of conditions others are seeing in practice, and what they're doing to treat them. And we give back by sharing our knowledge, as well. Talking about writing up case reports may sound like a big step right now. But like any new skill, we'll build it up with practice over time.

One of the facets of the research process I love most is the shared connection with others across space and time. Taking an active part in exploring the natural world around us, and committing to the scientific method as a way of carrying out that exploration, gives us an intellectual connection to many people on the same journey now, as well as to those who went before us. In a similar way, this column will be what we make it together, out of our shared interest in discovering what research means to the field of massage and the people involved in it. I am excited about co-creating this process with you and look forward very much to our dialogue. **m&b**

 *Ravensara S. Travillian is a massage practitioner and biomedical informatician in Seattle, Washington. She has practiced massage at the former Refugee Clinic at Harborview Medical Center and in private practice. In addition to teaching research methods in massage since 1996, she is the author of an upcoming book on research literacy in massage (working title: *Massage Journal Club: A Guide to Reading the Research Literature*). Contact her at researching.message@gmail.com with questions and comments.*