

# Massage & the Military

## CAM Therapies for Those Who Serve

By Jerrilyn Cambron, DC, PhD

**According to the US Department of Veterans Affairs, there are more than 21 million veterans living in America today, and many have health issues that are not being resolved by traditional medicine.** This is leading veterans toward self-care healing practices, as well as alternate forms of drug-free treatment such as massage therapy.

In a recent study, researchers measured this use of complementary and alternative medicine (CAM) among active-duty military personnel compared to civilians. Demonstrating the discrepancy in health-care needs and choices between the two groups, this large-scale survey demonstrated that approximately 45 percent of military respondents used at least one form of CAM therapy within the previous year compared to only about 36 percent use within the civilian population.<sup>1</sup>

The article continued by looking at the most common form of CAM used in the military group and found that the top treatments included prayer for one's own health used by 24.4 percent, massage used by 14.1 percent, and relaxation techniques used by 10.8 percent. Unfortunately, the majority of CAM treatments occurred outside of the military health-care system due to lack of coverage for such services. For example, an estimated 137,000 active military personnel received massage therapy by covering the costs themselves.

A 2016 article studied CAM use in the military, focusing on veterans moving back into civilian life after returning from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn. In this study, predictors of CAM use were also measured, such as demographics, military experiences, and current mental and physical health. Results illustrated that 40.5 percent of veterans were found to have used CAM therapies in the past year, with massage (21 percent), chiropractic (15.9 percent), yoga (12.6 percent), and spiritual prayer



(12.5 percent) being the most commonly used.<sup>2</sup> This study confirmed the high percentage of alternative care used by people with military backgrounds and demonstrated an even higher rate of massage therapy use compared to the previous study.

Each form of CAM care demonstrated different predictive characteristics. For example, the only statistically significant predictors for massage therapy care included being female, earning at least a bachelor's degree, and feeling as though they were generally treated fairly during their military experience. No other characteristic studied was associated with massage therapy care. In other words, massage appeared to be equally sought by veterans with varied demographic, health, and military characteristics.

As demonstrated by these survey studies, a large percentage of active military personnel and veterans are seeking alternatives or additions to their health care. Interestingly, little is known about the disorders for which care is sought or the

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benefits of such care. The physical and mental health concerns of people who served in the military are most likely different from the general population. Additionally, veterans who have poor self-rated physical and mental health are more likely to feel as though they do not fit in the civilian world, potentially causing further mental anguish.

### RECONNECTING WITH BODYWORK

One of the most difficult aspects of returning from active military duty is reconnecting with family and society. Fortunately, one source of reintegration may be CAM therapies such as massage. A recent clinical trial focused on the issue of veterans' reintegration, particularly with their significant others.<sup>3</sup> In this study, veteran/partner pairs were randomized to one of four groups. The Mission Reconnect (MR) group required each pair to give and receive at least one 20-minute massage per week for the first eight weeks and allowed the pair to determine the use of other study-provided, internet-based activities focused on "connecting with yourself," "connecting with quiet," and/or "connecting with your partner." This program was developed to support psychological (posttraumatic stress disorder, stress, depression, resilience, self-compassion), social (mutual support, relationship satisfaction, collaborative participation, compassion), and physical (physical pain tension, sleep quality) outcomes. The second group was a Prevention and Relationship Enhancement Program (PREP) for Strong Bonds weekend for military couples. This instruction focused on communication and relationship building, problem solving, stress and relaxation, intimacy, forgiveness, and commitment. The third group combined the MR and PREP treatments, and the fourth group was a waitlist control group that received their usual care.

The results of this study showed that the individuals in the MR and PREP weekend seminar groups showed significant improvements at weeks 8 and 16, thus demonstrating effectiveness of these forms of care. Between-group results indicated that the MR group showed statistically more improvement than the PREP group or the waitlist group on the Response to Stressful Experiences Scale and the Pittsburgh Sleep Quality Index. In other words, stress responses and sleep were most improved in the group that completed partner massages along with internet-based training on improving connections.

The veteran/partner pairs whose group included MR provided massage to each other and each received an average of 1.4 massages per week. The massage sessions led to significant benefits for both veterans and their partners in terms of physical pain, physical tension, irritability, anxiety, and depression. Interestingly, on average, the partners (rather than the veterans) had higher baseline levels of tension, irritability, anxiety, and depression. Only the average level of physical pain was equivalent between veterans and partners. This demonstrates that not only do veterans have high levels of distress, but their partners do as well.


The pairs in the MR groups also had full access to the internet-based program that included sessions on connecting with yourself, your partner, and with quiet. On average, the pairs used some aspect of the internet-based program 20 times per week, totaling nearly 2.5 hours of use per week during the eight weeks of observation. This greatly exceeded the researchers' expectations. Interestingly, the most

commonly used section of the program was "connecting with yourself," followed by "connecting with quiet," and a more distant third of "connecting with your partner."

Overall, more treatment alternatives are needed for people with military backgrounds. Massage is a very popular form of care chosen and appears to provide a variety of benefits. However, more research is needed to determine the most common reasons that active military personnel and veterans seek massage care and the outcomes they experience. **m&b**

### Notes

1. J. Kahn, W. Collinge, and R. Soltysik, "Post-9/11 Veterans and Their Partners Improve Mental Health Outcomes with a Self-Directed Mobile and Web-Based Wellness Training Program: A Randomized Controlled Trial," *Journal of Medical Internet Research* 18, no. 9 (September 2016): e255.
2. C. L. Park et al., "CAM Use in Recently-Returned OEF/OIF/OND US Veterans: Demographic and Psychosocial Predictors," *Complementary Therapies in Medicine* 28 (October 2016): 50–6.
3. C. Goertz et al., "Military Report More Complementary and Alternative Medicine Use than Civilians," *Journal of Alternative and Complementary Medicine* 19, no. 6 (June 2013): 509–17.

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