

Children's Experiences of a Massage in Schools Programme: a thematic analysis

Jill Morgan

A thesis/dissertation submitted to Auckland University of Technology in
partial fulfilment of the requirements for the degree
of
Masters of Health Science

September 2011

Supervisor: Annette Dickinson

School of Health Care Practice
Faculty of Health and Environmental Sciences

	Page
Attestation of Authorship	7
Acknowledgements	8
Ethical Approval	8
Abstract	9
 Chapter One: Background	 11
Introduction	11
Background to the Children Massaging Children Programme	11
Massage in Schools	12
Development and Introduction of the CMC Programme	13
Acceptance and Recognition of the Programme	14
The Children Massaging Children (CMC) Programme	15
Children’s Learning and Behaviour in the Classroom	16
The Effects of Massage with Children	17
The Importance of Touch for Infants and Children	20
Touch and Massage – the Connection	21
Opposing view to Massage in Schools	21
Experiences and Pre-assumptions	22
Methodology	26
Structure of the Report	26
 Chapter Two: Literature Review	 29
Introduction	29
Effects of Massage	31
<i>Stress</i>	31
<i>Health, illness and disability</i>	35

Sociological Aspects of Massage	36
<i>Massage in cultures</i>	36
<i>School</i>	40
Existing school massage programmes	42
Why not massage in schools?	47
Interventions for improving learning and behaviour	48
Conclusion	53
 Chapter Three: Methodology	 55
Introduction	55
Underpinning Philosophy	55
Theories of Essentialism and Realism	56
Thematic Analysis as Method	59
Children as Participants	60
Study Design	61
<i>Ethics approval</i>	61
<i>Recruitment</i>	62
<i>Protection of participants</i>	63
Interviewing	64
Ethical Considerations	68
<i>Interview venue</i>	68
Data Collection	70
Data Analysis	70
<i>Trustworthiness</i>	77
<i>Credibility</i>	78
<i>Transferability</i>	79
<i>Dependability</i>	80

Summary	80
 Chapter Four: Reciprocation	 81
Introduction	81
Time and Timing	81
Movement	83
Role of Teacher	83
About Reciprocation	83
Reciprocation as Reflected in the Giving and Receiving of Massage	84
At the Same Time	88
Sense of Fairness in Reciprocation	89
Anticipation/Expectation	93
Outcome of Reciprocation	97
Summary	98
 Chapter Five: Comfort	 100
Introduction	100
Comfort as Experienced Physically	101
Comfort as Experienced Emotionally	114
Comfort as Experienced Toward and With Others	119
Perception of Other	122
Summary	125
 Chapter Six: To A Nice Place	 127
Introduction	127

To a Nice Place	128
The Process of Getting to a Nice Place	130
Disruptions to the Journey	132
Arrival to a Nice Place	134
Summary	138
 Chapter Seven: Discussion	 140
Introduction	140
Implications for the CMC Programme	141
<i>Ensuring fairness and equity</i>	141
<i>Establishing the set up</i>	142
<i>Maintaining comfortable and safe environment</i>	143
Role of the Teacher	145
Implications for Education	146
Implications for Further Research	148
Limitations of the Study	148
Conclusion	150
 References	 151
 Appendices	
Appendix A	169
Appendix B	170
Appendix C	173

Appendix D	174
Appendix E	176
Figures	
Figure 1	118
Figure 2	137
Figure 3	138

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), or material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

signed_____

Jill Morgan

Acknowledgements

Anything achieved is never the result of one person. This thesis is no exception. I would like to thank firstly Dr Bob Marshall who taught me to write! Secondly, to the lecturers at AUT throughout my post graduate journey, you taught me an appreciation for research and the skills to attempt this study.

Thirdly and so importantly, to Annette Dickinson my supervisor, your expertise, knowledge and encouragement to ‘think outside the square’ has been wonderful, I thank you sincerely.

To the Child Connection Trust for allowing the use of the CMC programme material. To the school and importantly, the children who provided the wonderful data for this study, thank you.

Finally, a special thanks to my family, especially Gina my partner for her support throughout my post graduate journey. I am so grateful to you for the hours of discussions, interest, encouragement and advice over this time. To Gina’s daughter Angel-Rose and my daughter Riley, you have both been supportive and interested, thank you so much, you too made a difference.

Ethical Approval

Ethical approval was gained from Auckland University of Technology Ethics Committee (AUTECH) November, 2010, ethics application number: 10/214

Abstract

Children are introduced to an array of programmes designed to develop their knowledge and understanding in the core subjects of reading, writing, mathematics, health (hauora) and physical education. The promotion of positive relationships with peers contributes not only to children's social development but to their emotional and cognitive development as well. The Children Massaging Children (CMC) programme offers an innovative way of enhancing understanding and enjoyment from learning. This qualitative descriptive study using thematic analysis, sought to understand children's experiences and perceptions of the CMC programme. The theoretical framework underpinning this study was that of essentialist/realist allowing theorizing of motivations, experiences and meaning in a straightforward way.

Four single gender focus groups of children aged 8-11 years were invited to share their experiences of the programme. The findings of this study uncovered some of the complex perceptions and expectations inherent in the experience of massage. For the children in this study this involved a process of reciprocation, working with a partner in the giving and receiving of massage. Equity in relation to the time receiving and giving massage was important with the final outcome of the massage experience dependent on the quality and comfort of the exchange. The role of the teacher in the massage session with consideration to partner selection, timing, length and equity of exchange of sessions is integral to the outcome. When the exchange is positive, children enjoy, relax and unwind from the experience and welcome the interaction with a fellow classmate.

The CMC programme provides an opportunity to promote positive attitudes within the classroom and to interact co-operatively through touch at a level rarely seen in today's environment. Through increased understanding of children's experiences, the CMC programme can be improved and allow all involved to go 'to a nice place' after every massage experience.

Chapter 1

Background

Introduction

This qualitative descriptive study used thematic analysis to explore children's experiences of a massage in schools programme called Children Massaging Children (CMC). The research question for the study asked "what are children's experiences of a massage in schools programme?" The findings from this study will be used to increase understanding of the children's experiences, enhance facilitators/teachers support and, improve the quality of programme delivery.

Background to the Children Massaging Children Programme

In the mid 1990s, Eva Scherer, a massage therapist in Auckland, emigrated from Poland to New Zealand. Through her practice and experiences with New Zealanders she observed that in social and public situations, particularly amongst New Zealand Europeans a lack of, touch tradition within society similar to the United States (US) (E.Scherer, personal communication, August 14, 2010). Whilst Maori and Pacific cultures embrace a high touch culture, it appeared lacking within the NZ European culture. This cultural difference has been noted in other countries. A study involving cross-cultural comparisons in the United States versus France showed preschoolers and adolescents were less physically affectionate and more aggressive (Field, 1999). The Touch Institute in Miami, solely devoted to the study of the effects of touch and massage, has shown how different cultures display varying attitudes towards touch (Field, 1999) ranking New Zealand as one of the lowest touch cultures across a range of countries (Field, 1999; Field, 2003).

The importance of touch in child development has been highlighted in recent years with a growing body of evidence which shows that the way babies are cared for will determine not only their emotional development, but the biological development of the child's brain and central nervous system (Salk, Lipsitt, Sturner, Reilly, & Levate, 1985; Raine, Brennan, & Mednick, 1994; Prescott, 1996). Infant massage is practiced by most indigenous cultures throughout the world (Salvo, 2007) and increasing the number of individuals within the western world, have recognized the importance of touch in the lives of infants and children and taken it upon themselves to educate others. In 1978 the International Association of Infant Massage was formed by Vimala McClure to teach facilitators and parents throughout America and beyond, the time honored practice of infant massage from India (About IAIM, 2009).

Massage in Schools

The recognition of the importance of touch to children has lead to massage being taken into the classroom as a way to improve relationships and social skills among children. In the mid to late 1990's school programmes were established and introduced across the western world by people who saw that if nurturing touch was brought to the educational area, it might become an important step towards resolution of the crisis education and society is currently facing. In Sweden, the Axelsons Institute was formed to teach massage to preschoolers and children (Peaceful Touch, 2010). The Children Massaging Children programme (CMC) (Child Connection Programmes, 2006) was introduced in New Zealand (NZ) and the Massage in Schools Programme (MISP) (Elmsater & Hetu, 2002) introduced in the United Kingdom and Ireland. This programme is now delivered in Europe and Australia. The Massage in Schools Association (MISA) was established and now provides a support network for facilitators in member countries.

The CMC and MISP programmes share the same principles, that the children massage each other and encourage respect however, differ in delivery format. The CMC programme has a CD of catchy songs which guide the children through the routines using descriptive lyrics. The teacher is in a supervisory role and able to concentrate on watching the children massage and ensure they are respecting each other throughout. In comparison, the MISP requires the teacher to guide the children by demonstrating the strokes. The teacher demonstrates the massage moves in the air, and incorporates these into a story for ease of learning. Both programmes carry similar philosophies, that nurturing touch between humans will lead us to a better society, and, have the goal of nurturing touch so that it becomes a way of life for children in all schools worldwide.

Two pieces of research assessing the effectiveness of the MISP programme have been undertaken, one of them published. Outcomes of the studies found improved concentration, behaviour, and, socialising skills (Elmsater & Hetu, 2002; MacIntyre, Colwell, & Ota, 2010). These are discussed later in this chapter and in chapter two. A pilot study undertaken by myself in Hawkes Bay (Morgan, 2007) using the CMC programme is the only research which has been undertaken to assess the effectiveness of this programme. Further research evaluation is needed particularly in relation to understanding of the children's experiences within the programme. This will inform practice and quality of delivery.

Development and Introduction of the CMC Programme

The CMC programme evolved as a result of Eva Scherer's experiences in NZ. She believed there was a lack of basic knowledge in the wider New Zealand society of

the importance of touch not only from a nurturing perspective but for proper brain development in early childhood. On one occasion, a discussion with a grandfather revealed his reluctance to cuddle his grandchildren in case he “did something wrong”. Scherer realised media reporting of incidences of inappropriate touch may instil a fear in many people. She wanted to raise awareness of the importance of touch, to encourage a change within the NZ culture. The concept of CMC came to Eva whilst working as a massage therapist in a shopping mall and observing the Ronald McDonald performance which used music with actions to engage the children. She employed a local well-known children’s musician to compose the songs that described the massage routines in an easy to follow way for children. In 1998, Scherer established the Child Connection Trust, a non-profit organisation to promote the Children Massaging Children (CMC) programme (Child Connection Programmes, 2006).

Acceptance and recognition of the programme

The CMC programme was initially introduced at the Pakuranga Health Camp for under privileged children and, at the Mt Albert YMCA. In 2002, Scherer successfully introduced the programme into a primary school in Auckland, receiving a mayoral award as recognition. The programme is now well established in this one school but plans to extend the programme to other primary schools in the Auckland area and throughout the country have been restricted due to factors explained later. The CMC programme has been introduced to one school outside the Auckland area (Hawkes Bay) initially, as a pilot study. While it does not run in all classes at the Hawkes Bay School, teachers who were taught the programme continue to deliver it within in their class. Efforts to encourage other schools throughout the country to offer the programme have been unsuccessful with time constraints, the need to teach core curriculum subjects and, limited evidence of its effectiveness often cited as the reasons. Limited funds

available to market the programme to schools have also been a restricting factor.

Research into the effects of the CMC programme and experiences of the children themselves will hopefully increase understanding of the value of inclusion within the school curriculum.

The Children Massaging Children (CMC) programme

The CMC programme was designed for primary school age children for inclusion within the Health (Hauora) and Physical education curriculum. The school setting was chosen for the introduction of the CMC programme as school plays an important role in a child's life, providing constant interaction with peers and adults, particularly their teacher. Children rehearse social roles at school and introducing the CMC programme was seen as a positive way for children to strengthen qualities of respect, communication and positive touch with their peers. Prior to commencing the programme all teachers who will be teaching/implementing the programme attend a one day workshop. The objectives of the workshop aim to provide an overview of brain function and, instruction on the structure and techniques used in the programme. This is supported with a full colour instructional booklet with illustrations and a CD of catchy songs for children to follow when massaging. Each structured massage session is based on three songs with three different massage routines. It involves children massaging their peers back (through their clothes), hands, and head. Children massage each other under the teacher's supervision. The songs are clear, guiding the children through the massage. To begin each session children are invited to pair up with each other and must gain consent from their partner prior to commencing. If children do not want to participate, they are included by being invited to put on the CD to begin the session. If, for either cultural or health reasons, a child does not want a part of their body massaged, for example, their head, then this is respected and the partner giving will remain

massaging either their back or hands, if the child consents. Children are asked to wash their hands at the beginning and completion of the massage session. This encourages hygiene and eliminates the risk of nits or bacteria being spread. Teachers facilitate the programme within their teaching day amounting to a total of 15-25 minutes each session. It is recommended teachers run the sessions at least three times per week at a time which suits them.

Children's Learning and Behaviour in the Classroom

Children are introduced to an array of programmes designed to develop their knowledge and understanding in the core subjects of reading, writing, mathematics, health (hauora) and physical education. Teachers explore innovative ways to deliver material to children to enhance understanding and the enjoyment of learning. However behavioural dynamics within the classroom can be a constant challenge experienced by teachers and appear inherent in the processes of everyday teaching and learning. Educators are increasingly concerned with the incidence and nature of disruption within the classroom (Wylie & Hodgen, 2007). With many New Zealand classrooms having an excess of 28 children and the need to produce an environment conducive to learning, challenges for the teacher can be ongoing. It has been suggested behavioural problems are a root cause of disruption in the classroom and are closely associated with peer acceptance. Research has shown that problems with peer acceptance in the classroom are of legitimate concern to schools (Flook & Repetti, 2005). Peer problems affect children's self-concept, mental health and consequently, performance in school. The promotion of positive relationships with peers can contribute not only to children's social development but to their emotional and cognitive development as well (Flook & Repetti, 2005). It is proposed that the CMC programme may be a way of supporting the

importance of touch and encouraging care and respect for peers. Following is an overview of what is known about the effects of massage.

The Effects of Massage with Children

Until recently a large portion of research studying the effects of massage on children had been undertaken by the Touch Institute (Miami) however UK and Europe researchers are now contributing to literature on the effects of massage with both special populations such as autism (Cullen & Barlow, 2002; Cullen-Powell, Barlow, & Cushway, 2005) and in the classroom environment (Elmsater & Hetu, 2002; MacIntyre, Colwell, & Ota, 2010; von Knorring, Soderberg, Austin, & Uvnas-Moberg, 2008). A full review of literature is in the following chapter however a brief overview of the effects of massage on children, the methods and measures used specific to this study, will now be discussed.

Quantitative studies measuring changes in behaviour and social interaction following massage as an intervention have used teacher observations as a form of measure (Elmsater & Hetu, 2002; Escalona, Cullen, Field, Hartshorn, & Singer-Strunck, 2001; Field, Seligman, & Schanberg, 1996; Field, Quintino, Hernandez-Reif, & Koslovsky, 1998; Khilnani, Field, Hernandez-Reif, & Schanberg, 2003; MacIntyre, Colwell, & Ota, 2010; Spalding, 2000; von Knorring, Soderberg, Austin, & Uvnas-Moberg, 2008). A large portion of these studies have been undertaken involving children with specific medical conditions such as Attention Deficit Hyperactivity Disorder (ADHD), asthma, and post traumatic stress which showed massage improved outcomes for each of these conditions, the details of which are discussed in the following literature chapter. Another increasingly popular approach in research is mixed method using both quantitative and qualitative methods. Two studies have used

this approach when exploring the effects of a massage in schools programme introduced to schools in the UK (Elmsater & Hetu, 2002; MacIntyre, Colwell, & Ota, 2010). The first study, undertaken in 2005, examined on-task behaviour and self-esteem (Elmsater & Hetu, 2002). This mixed method study involved focus group interviews with the children, interview with the teacher, observations and recording of on task behaviour, behavioural indicators of self esteem (BIOS), and, questionnaires to parents. The second study evaluated the MISP exploring whether the MISP impacted on social networks and relationships in the classroom (MacIntyre, Colwell, & Ota, 2010). Data were collected from two classrooms of children of year five and six groups. It included observations of children and interviews with both the children and staff pre, during, and, post introduction of a six-week massage programme, led by Massage in Schools practitioners. Outcomes for the programme were positive in both studies and will be discussed in detail in the literature review chapter following. Importantly, these studies have contributed to the small body of knowledge surrounding the effects of massage on children within a normal population and its impact on learning and behaviour in the classroom.

Qualitative research in the area of massage is more in its infancy than quantitative as reflected in the number of studies reviewed (Cullen-Powell, et al, 2005; Cullen & Barlow, 2002; Smith, Stallings, Mariner, & Burrall, 1999).

Another area explored with children is the use of massage to reduce stress and anxiety. The rise in stress related disorders amongst children are on the rise (Guidelines for Assessing and Treating Anxiety Disorders, 1998). Massage is well documented as assisting with stress in a range of conditions such as post-traumatic stress and depression (Field, Diego, Hernandez-Reif, Schanberg, & Kuhn, 2004; Field,

Hernandez-Reif, Diego, Schanberg, & Kuhn, 2005; Field, et al., 1996; Field, Seligman, & Schanberg, 1996; Garner, et al., 2008. Another growing area for concern with children is violence, the issues of which are discussed next.

There is increasing concern in regard to the incidence of violence within schools, a reflection of the rise of violence within our society. Reports show the human, social and economic cost of violence in our society is escalating (Snively, 1994). Whilst it is difficult to measure due to under reporting of incidences, it is estimated 1 in 10 families are affected by family violence in New Zealand (Snively, 1994). Whilst most schools endeavour to provide a safe learning environment, indications are that school is not always a safe place for students and staff (Wylie & Hodgen, 2007). Violence and bullying related incidents are a major threat to student well being and contribute to a significant number of school suspensions in New Zealand (New Zealand: School safety, 2009). Massage has been shown to improve relationships within groups and, reduce violence in school (MacIntyre, Colwell, & Ota, 2010; von Knorring, Soderberg, Austin, & Uvnas-Moberg, 2008).

Whilst there are gaps in research for both quantitative and qualitative approaches, the need for qualitative data is greater as it would best provide understanding of the participants lived experience of massage. Areas that would benefit from qualitative research would be exploring the experiences of those both receiving and giving the massages, particularly when parents are the providers for their children. As mentioned earlier the nature of research completed thus far suggests massage promotes physical, mental and emotional well being within a range of populations and conditions. Qualitative data allows for interpretation of an individual's experience of massage which may include physical, mental and emotional effects. This current study

will increase this body of knowledge and further determine both the relevance and structure of such a programme within the school setting.

The Importance of Touch for Infants and Children

The importance of touch in the early childhood years is well documented. Massaged infants gain more weight, improve emotionally, socially, are easier to sooth, show better face to face interaction, have decreased urinary stress hormones (cortisol) and had increased serotonin levels (Field, Kilmer, Hernandez-Reif, & Burman, 1996; Field, 2003). Montagu (1971) discusses how lack of touch by mothers with infants can lead to health problems in later life. He explains, “The living organism depends to a very large extent upon the stimulation of the external world for its growth and development. Those stimuli must for the most part be pleasurable ones, just as they must be in learning” (p.184). Brain scans of touch and sensory deprived children reveal underdeveloped brains with scarring. There is no neural activity in large portions of the brain (Perry, 2002). Common characteristics of adults who have been touch and sensory deprived are; impaired social maturity and lack of empathy, difficulty recognizing own and others feelings, addiction to sensory stimulation in adulthood such as: sexual abuse, sexual deviation e.g. pedophilia and, violence (Field, 2003). A World Health Organization (WHO) report has shown that the youth homicide rate in America is more than 10 times higher than in other industrialized nations where there is more positive attitude to touch in a society (World Report on Violence, 2002).

The increasing awareness of the importance of touch in relation to health and, emotional and mental well being over the past 30 years has lead to the introduction of infant programmes across the western world with the intention of promoting nurturing touch and communication through training, education and research so that parents and

children are loved, valued and respected (About IAIM, 2009). This increased awareness and interest has led to the development of Touch Research Institute (TRI) at the Miami University School of Medicine. Led by Dr Tiffany Field, the institute is dedicated to studying the effects of touch therapy and its application in science and medicine. Currently the institute's research programme is working toward developing more robust definitions of touch and understand how this may promote health and contribute to the treatment of disease (Research & TRI, 1992).

Touch and Massage – the Connection

Throughout this study both touch and massage are referred to. Touch encompasses various forms and definitions and can be appropriate or inappropriate. For the context of this study touch will be defined “to come into or be in physical contact with” (Oxford Dictionary and Thesaurus, 2008, p.760). It is applied to support and convey awareness and empathy for the person. Touch is the medium of massage, full of meaning and intention whereas massage in the context of this study will be defined as “a systematic and scientific manipulation of the soft tissues of the body for the purpose of obtaining or maintaining health” (Salvo, 2007, p.7). There is a difference in meaning and at the same time an indissoluble link.

Opposing View to Massage in Schools

The use of massage as an intervention has caused concern amongst some theorists and individuals. Ecclestone and Hayes (2009) for example argue that interventions aimed at supporting children's emotional and social well-being create, rather than address problems in this area and are a distraction from the goal of educating children. They claim that the education system from early childhood to universities and the work place is turning children, young people and adults into nervous, self centred

individuals rather than positive, resourceful, inquisitive and resilient individuals (Ecclestone & Hayes, 2009). Individual prejudices and issues in relation to culture and society are also raised with the mention of touch and massage. This has been evident during the processes prior to implementation of the CMC programme with schools. Also, in the ethics application process for this study, how the word touch was perceived by individuals resulted in increased attention particularly surrounding the safety of the children in the focus groups.

These arguments and issues highlight the importance of justifying touch-based programmes such as massage through clear and methodical investigation of its effects within the classroom.

Experiences and Pre-assumptions

To address my pre assumptions prior to commencing the data collection of this current study a colleague interviewed me. The content of the interview assisted me to identify my pre assumptions which enabled me to be conscious of these during the process of this study. Further, acknowledgement of pre assumptions allows the reader to identify influences in my data interpretations and writing.

I bring to this study my experience as an educator on a variety of levels, including secondary and tertiary, coaching a variety of sports involving children and, adults and, finally, most importantly, as a mother. My interest in a massage programme in schools came when I was invited by a teacher at my children's school to facilitate a relaxation session with the children in her class. This session was to be included as part of the Health and Physical Education curriculum component called 'keeping ourselves safe' which included ways of minimising worry and stress. The teacher suggested that such a session would provide children with some strategies to help them to relax when

they were stressed or upset. The session involved the children pairing up and gaining permission from their partner to touch them. This concept was extremely important for the children to grasp as having an environment where the children feel safe and empowered was paramount to the success of the session. This was not the CMC programme of which, at this stage I was unaware. The children followed my guidance, as I demonstrated on their teacher. Once the initial awkwardness of touching each other was overcome the children responded well. They settled and relaxed very quickly. The teacher reported that the atmosphere in the classroom was more relaxed following the session and perceived that the children were calmer and more focused. This experience raised the following questions for me “does massage make a difference with children?” Could massage make a difference in how children treated each other?

In 2004, I met Eva Scherer, the person responsible for the CMC programme, at the annual massage conference. She shared her desire to strengthen the evidence to support the CMC programme with research so a pilot study was undertaken in a Hawke’s Bay school evaluating the effects of massage using the CMC programme developed by Scherer. The research measured changes in self perception, through a self reporting questionnaire undertaken by the children following the introduction of the programme. Improvements in self perception were shown in a number of domains, an encouraging outcome however the experiences of the children themselves were not evaluated (Morgan, 2007). Further, anecdotal reports from teachers and children were positive with teachers seeing improvements in children settling to work and the willingness of all children to be involved. The study presented with the limitation that I was the only researcher involved in the study being responsible for data collection and analysis. Further, there was just one assessment tool used in the study and its reliability was not known. This raises doubts about its accuracy as a tool and, by not having any

other measure to compare the results further limits the credibility of results. This study was not published in a peer reviewed magazine again limiting credibility of findings. The study left many questions unanswered, what did the children think about the programme? What were their reservations? Did they make more friends in the classroom? How could the programme be improved? What did the teachers think about the programme? Did the children concentrate better? Did the children get along better? A study which explored the responses to some of these questions has led me to this current study.

I have seen firsthand how peer relations impact on behaviour and academic achievement. I have experienced on a number of occasions how massage has a calming effect and reduces anxiety in children, adolescents and adults alike. It is my belief that massage introduced within the classroom reduces aggressive, disruptive behaviour in children. I have observed this improved behaviour in both the child giving and the child receiving. Children respond well to positive feedback from peers often shown in the massage sessions. An example of this was a normally disruptive child in the class became very popular with his peers as he was very good at giving massages. He became a popular member of the class and his behaviour improved. He would also go home and massage his mother before she went off to night shift for work. Through the CMC programme I see a way for children to care for and respect each other at a fundamental level thereby encouraging these qualities throughout their lives, and minimising both the frequency (in the school setting) and impact of unpleasant experiences. I believe that massage and touch are important communicators, which used in a situation with clear boundaries, has the potential to break down barriers, instill trust, and, teach caring and respect for others. Massage shows caring at a level different to action; it can soothe and heal tense tight tissue and reduce stress, encourage

relaxation, and, evoke a calming effect. Evidence supports each of these assumptions and is discussed in detail in the literature review chapter (chapter two). As mentioned earlier, the person receiving the massage must understand they have a choice if they want to be massaged. For massage therapy, clear boundaries need to be established prior to commencing the massage. Permission to touch, pressure scales (what pressure feels right for them), a clear explanation of the session, and, what areas are to be touched are paramount for an optimal outcome. In a classroom situation, the same protocol is required of the children, teaching respect and encouraging communication. Vigilance on the part of the teacher or facilitator is required to ensure children do not hurt each other. Once children are familiar with each other in giving and receiving massage from one person, they are encouraged to swap partners. This teaches communication and interaction with individuals in a different way to talk or other activities normally encountered in classroom situations. It also minimizes the potential attachment of the outcomes of the massage to the individual rather than to the massage itself.

Finally, I understand that teachers bring their own influences into the delivery of programmes and that their enthusiasm, or lack of, can be a defining factor in the outcomes. The CMC programme is no different; prejudices and individual issues surrounding touch often influence perceptions and engagement. I have seen this reflected in some teachers' and approval bodies during the consultation process for this study and in programme implementation. However it is my belief that while we may have adult issues and prejudices re touch children intuitively know what feels right and with the guidance of the teacher who is trained in the delivery of an informed, well structured programme, will learn to give and receive in a safe environment.

Methodology

The methodology underpinning this study is a qualitative descriptive study using thematic analysis. It offers an interpretation of the narratives of four single gender focus groups of children aged 8-11 years currently participating in the CMC programme. The theoretical framework underpinning this methodology will be essentialist/realist as described by Braun and Clarke (2006). Outcomes of the findings will assist with the development of the massage in schools programme and further guide educators of the value in establishing such a programme within the school curriculum.

Structure of the Report

This research report is presented in seven chapters:

Chapter One: describes the CMC programme and the importance of such a programme within the primary school setting. I have introduced the research question and how it relates to my chosen methodology. I have described the context for this study within both my personal and professional settings through a description of the importance of touch and effects of massage in a variety of populations. The meanings of the words touch and massage have been made clear along with the inseparable link between the two. I have attempted to reveal my pre-assumptions in this area in order to help the reader to see how they have influenced my interpretation in later chapters of this thesis.

Chapter Two: examines the body of knowledge provided by science when massage is applied in the lives of children and young people. Further, it will explore existing programmes for children surrounding learning and behaviour to help situate this study within a context of existing writing which has relevance to the study's focus.

Chapter Three: articulates the philosophical underpinnings that have informed my approach in this essentialist/realist study using thematic analysis. I describe how my research question and method used are consistent with a qualitative descriptive process. Factors related to the method such as recruitment of participants, interviewing and ethical considerations specific to children are discussed. Finally, trustworthiness in relation to the method used is also addressed.

Chapter Four: describes the first of the three themes identified using thematic analysis; reciprocation. In addition to this essential theme, the three thematic threads of time and timing, movement, and, the role of the teacher present throughout much of the data running across all three themes are introduced and explained.

Chapter Five: explores the second theme identified; comfort. Comfort reflects the children's experiences and descriptions of how they felt emotionally and physically before, during, and after the massage sessions. Also included throughout are the thematic threads of time, movement and role of the teacher as they relate to the issue being discussed at the time.

Chapter Six: explores the children's outcomes of reciprocation and comfort and follows their transition and emotional and physical arrival at their destination, 'to a nice place', the final theme identified. The children were very clear as to what interfered with this process; these factors are discussed within this theme along with the thematic threads as they relate.

Chapter Seven: discusses the outcomes of three preceding chapters and addresses implications of findings for; improvement and further development of the

CMC programme; education; and, research. Finally, limitations of the study are discussed prior to a concluding statement about the study findings.

Chapter Two

Literature Review

Introduction

This literature review examines the scientific literature pertaining to massage in the lives of children and young people. Further, it will explore existing programmes for children surrounding learning and behaviour to help situate this study within a context of existing writing which has relevance to the research question.

A search for literature was undertaken using the CINAHL database, online searches using Google Scholar, Google and, where necessary, personal communication. Due to the limited literature available within the last ten years, the limits to the dates of research literature surrounding massage were extended to 15 years. Search terms such as “children”, “massage”, “peers”, “school” and, “behaviour” were used to identify the current research being undertaken in this area. After attempting a combination of the listed terms, it was established relevant results for the effects of massage were most successful when the search strategy was limited to “children” and “massage” (148). Key words used when exploring existing views and programmes were “children” and “behaviour” and “school” (401). There was little published literature on massage in schools programmes, making it necessary to go to the grey literature of unpublished research which was accessed through a website.

It became clear early on in the investigation that a coherent body of research was still in the process of being formed as little published literature on the educational use, and to a lesser degree, therapeutic use of massage therapy with children exists. Research in the area of children and massage in the New Zealand context is extremely limited with only two studies found, both of which had limitations which will be

discussed. Research in this area may be limited due to the relatively young establishment of massage programmes in tertiary institutions (within the last 10 to 12 years) and, more recently, a limited number who offer degree and masters programmes (Training Institutions, 2010). Prior to this, qualifications were at diploma level and students wishing to seek post graduate qualifications needed to find pathways themselves as there were no post graduate programmes in massage therapy within New Zealand. A second difficulty with the published research was its focus on populations who have specific psychological or physiological conditions. While research indicated that these groups benefited from massage, there was limited literature surrounding the effects of massage with children drawn from a normal population.

To gather together the various threads of the review, this chapter is presented in three parts. The first focuses on what is known about the effects of massage on the human body, both physiological and psychological. It will provide a brief insight into the physical effects massage has on the body and how researchers have measured its effects within special populations. This part will also explore the impact of massage on psychological well-being focussing on stress alleviation, behaviour and attention in children and young people. The second part will examine the sociological impact of massage within two key contexts for children: school and home. The third part will describe existing programmes for improving learning and behaviour, and, peer relationships in schools. These parts will be brought together to show how massage fits with these programmes and to help contextualise this study.

Effects of Massage

Stress

There are a number of physiological and psychological functions that are affected by medical conditions and where massage has been used to improve these functions in some way. One key function in the body is that of the adrenal glands. Cortisol is a hormone produced by the adrenal glands and is released in response to stress. The commonly held view is that while this is intended as a short-term way of getting out of danger, people who live in a high-stress environment continue to produce cortisol. Essentially, this never allows the parasympathetic response to return their system to homeostasis. Studies have measured the changes in cortisol levels in both children and adults demonstrating how massage lowers cortisol levels, in turn reducing both physiological and psychological symptoms of stress and anxiety (Diego, Field, Hernandez-Reif, Shaw, Friedman, & Ironside, 2001; Field, Hernandez-Reif, Diego, Schanberg, & Kuhn, 2005; Field, Seligman, & Schanberg, 1996; Hanley, Stirling, & Brown, 2003; Shulman & Jones, 1996).

Stress is an increasing problem in modern society, and is now recognised as affecting the health of children, particularly those who are disadvantaged and vulnerable (Beautrais, 2005). Research into the effects of massage on stress has been conducted with infants, children, adolescents and adults. Lawler (2002) studied the effects of massage therapy on the stress and coping skills of adolescent students sitting exams. This was an experimental study using the variables of anxiety, heart rate and blood pressure which were measured pre and post each session. Full details of the research design and results were not available however results showed a significant decrease in heart rate. Massage was claimed to have helped students to feel less stressed and better able to cope with the problems and challenges that they were facing. Although this was

a relatively small sample and details of study design and statistical results were unavailable, it is one of the few pieces of research undertaken in New Zealand.

Field, et al., (1996) used massage to alleviate post-traumatic stress (PTS) in children following Hurricane Andrew. Students who were identified as having challenging classroom behaviours were tested using a Post Traumatic Stress (PTS) indicator (Field, et al., 1996). The study noted that the grade school teachers had observed that the parents and teachers were touching the children significantly less since the hurricane, possibly because the adults were also experiencing post-traumatic stress symptoms. The children were initiating more physical contact and showed excessive clinging behaviour. When retested at the end of a course of massage therapy, students scored lower on the PTS indicator, were more settled in class and were better able to communicate their need for comfort to their parents. Field et al., (1996) uses this study to draw parallels between students suffering from PTS and hospitalised children and adolescents with psychological conditions (Field et al., 1996). This association is justifiable as stress was the presenting condition for both groups as were measures for anxiety, stress and depression. Compared to the control groups (receiving relaxation therapy) studies showed positive effects of massage therapy. These studies by Field et al. are supported by Garner et al. (2008) in their study on young adults in a psychiatric unit. Stress, anxiety and aggression levels all reduced following massage as an intervention thus suggesting that massage is a useful tool for reducing stress and anxiety in hospitalized psychiatric patients. This was a non-randomized study which resulted in a significant reduction in self-reported anxiety, resting heart rate and cortisol levels immediately following the initial and final massage therapy sessions. Further, significant improvements in hostility and depression scores were also found (Garner, et al., 2008). Limitations of the study were the non-randomized design and the reliability

of the staff-reported incidences of aggression due to the inconsistent recording by staff, both acknowledged by the authors (Garner, et al., 2008).

Studies with adults using massage in the workplace to reduce stress have indicated similar positive effects (Shulman & Jones, 1996). Assessments of blood pressure (Cady & Jones, 1997), EEG results, salivary cortisol levels, job stress indicators, and speed and accuracy in math computation were used to measure differences between the massage and control groups (Field, Ironside, Scafidi, et al., 1996). Results from the massage group indicated that massage promotes heightened mental alertness and increased brain activity (EEG), maths problems were completed in significantly less time with fewer errors and anxiety, and cortisol and job stress levels were lower. Weinberg, Jackson and Kolodny (1998) measured the relationship between massage and exercise and mood enhancement using a one way design with six groups. This quasi experimental design of non-equivalent control-group before and after is weaker to that of RCT (Randomised Control Trial) (Polit & Beck, 2006) however the results of this study indicated that combining exercise (running) and massage consistently produced positive mood enhancement with significant decreases in tension, confusion, fatigue, anxiety, depression and anger while maintaining high levels of vigour. Both studies were undertaken on adults, however a further study with preschoolers on cognitive performance following massage supports the findings of the adult studies (Hart, Field, Hernandez -Reif, & Lundy, 1998). Massage therapy enhanced cognitive performance of these preschoolers particularly those rated as high-strung and anxious. Whilst all children in the massage group improved in abstract reasoning and levels of accuracy compared to the control group the high-strung children showed greater improvement and maintained higher accuracy in tasks. It is possible that massage was more advantageous because it alleviated stress in the more anxious

children (Hart, Field, Hernandez-Reif, & Lundy, 1998). These findings support the studies discussed earlier involving children experiencing tension, stress and anxiety (Field et al., 1992; Field, et al., 1996; Lawler, 2002). Hart et al. (1998) also suggests the improvements in cognitive performance could be related to increased alertness resulting from the massage sessions similar to the heightened alertness shown by wave changes shown in adults following massage (Field, et al., 1996). Heightened attentiveness was also found in another study undertaken at the Touch Institute (Miami) involving children with autism (Field, Lasko, Mundy, Henteleff, Talpins, & Dowling, 1997) and ADHD (Field, Quintino, Hernandez-Reif, & Koslovsky, 1998). Field et al. (1998) suggested the increased on-task behaviour was associated with behavioural evidence of reduced stress, such as less fidgeting, and lower scores on teachers' ratings of anxiety. The results of these studies provide a strong argument for the inclusion of massage as a daily/weekly experience for children in the classroom for improving concentration levels and, reducing stress.

One study that did conflict with studies which supported massage as beneficial in alleviating stress was the study by Hanley, et al. (2003). The investigators using the experimental design of RCT found therapeutic massage was no more effective than relaxation tapes in reducing stress in primary care patients. Both therapies were effective and the authors concluded that although 75% of the patients preferred therapeutic massage, the expense and resources required did not make it a viable option. The authors did note that the study may not have been sufficiently powered to detect differences. Low numbers (between 23 and 29 per group) of participants were involved due to the cost of administering the massages. Whilst there was a 13% difference in improvement between the groups, the authors noted this difference needed to be greater to make massage a viable form of treatment.

Health, illness and disability

The benefits of massage for children with specific medical conditions have also been explored in more recent years. Decreased heart rate, blood pressure, and respiratory rate are frequently reported physiologic effects of massage in both children and adults (Hadfield, 2001; Post-White et al., 2003). The effects of massage therapy on improving symptom management, minimizing psychological distress, and supporting the body through periods of immune suppression also have been documented. Positive results were achieved with cancer (Field, Hernandez-Reif, Cullen, Diego, Sprinz, Beebe, Kissell & Bango-Sanchez, 2001; Friedman, et al., 1997; Field, 1995; Haun, Graham-Pol, & Shortley, 2009), asthma (Field, Henteleff, Hernandez-Reif, et al., 1998; Nekooee, Faghihinia, Ghasemy, Ghaibizadeh, & Ghazavi, 2008), burns (Field, Peck, Krugman, et al., 1998; Hernandez-Reif, Field, Largie, Hart, Redzepi, & Nierenberg, 2001), dermatitis/psoriasis (Schachner, Field, Hernandez-Reif, Duarte, & Krasnegor, 1998), diabetes (Field, Hernandez-Reif, La Greca, Shaw, Schanberg, & Kuhn, 1997), constipation (Moss, Smith, Wharton, & Hames, 2007), juvenile rheumatoid arthritis (Field, Hernandez-Reif, Krasnegor, Rivas-Chacon, Segliman, & Sunshine, 1997), cerebral palsy (Powell, Cheshire, & Swaby, 2010), HIV (Shor-Posner, et al., 2006), cystic fibrosis (Hernandez-Reif, Field, Krasnegor, Martinez, Schwartzman & Mavunda, 1999), female adolescent bulimic patients (Field, Schanberg, Kuhn, et al., 1998) and, orphaned children (Jump, Fargo, & Akers, 2006). In all studies the use of massage therapy resulted in a range of physiological and psychological outcomes. These include lower anxiety levels (self-reported and observed), lower stress hormones (cortisol and norepinephrine), better mood states (less depression), and improvement in medical conditions. The lowered stress levels reflect increased feelings of calmness (a result of engaging the parasympathetic system) as does lowered cortisol and norepinephrine

levels. The improved mood and medical conditions also reflect positive outcomes for massage therapy.

The implications of the benefits of massage for children with physiological and psychological disorders are encouraging. These factors would create high levels of stress and anxiety for the child for which massage therapy has been shown to be beneficial. Further research into the effects of massage therapy and the management of childhood illnesses is required to support current literature and perhaps legitimate the use of massage as part of the therapeutic process.

Sociological Aspects of Massage

For children and adults alike, attitudes to touch, stress and body sense emerge from within a social context. This context includes personal experiences, family and societal influences which in the case of children, includes the school environment. The two most relevant contexts for children and young people are family and school. Some of the studies examined have focused on the impact of massage within these contexts.

Massage in cultures

A number of studies and literature detail the practices of indigenous cultures throughout the world. These include India, Hawaii, Australian Aborigine, Polynesia, and, New Zealand Maori massaging their babies daily from birth (Field, Kilmer, Hernandez-Reif & Burman, 1996; Salvo, 2007). Montagu (1971) in his book 'The Significance of Human Touch' explains that for children and adolescents, physical touch triggers a growing sense of "body image", nurturing touch and healthy attitudes to being touched. He discusses how lack of touch by mothers with infants can lead to health problems in later life. He explains, "The living organism depends to a very large extent upon the

stimulation of the external world for its growth and development. Those stimuli must for the most part be pleasurable ones, just as they must be in learning” (p.184). This statement is well supported by research in this area. Studies involving pre-term infants suggest that massage can assist physically, emotionally and mentally (Diego, Field, & Hernandez-Reif, 2008; Field, Hernandez-Reif, Diego, Feijo, Vera, & Gil, 2004; Livingston, Beider, Kant, Gallardo, Joseph, & Gold, 2009). In all studies both groups, experimental and control were matched for weight and medical/surgical conditions. All studies showed weight gain of the massaged infants to be greater than to those in the control group. Whilst these studies have targeted pre-term infants, massage has also shown to be beneficial for full-term infants (Field, Grizzle, Scafidi & Schanberg, 1996). A study by Field, Kilmer, Hernandez-Reif & Burman (1996), explored the effects of massage on preschool children between two and four years. Behaviour, vocalisation, activity and cooperation improved in the massage group. Also parents of the massaged children rated their children as having less touch aversion and being more extraverted. Whilst the practice of massage has been embedded within indigenous cultures for hundreds and sometimes thousands of years, it has only been within the last ten years that the west recognised the importance of massage from birth and embraced this age old custom. It has been through the work of individuals such as Vimala McClure, as mentioned earlier in chapter one, which has brought infant massage to the western world.

As already mentioned limited touch for children has significant effects on growth, development and emotional well-being. Extreme cases of touch deprivation have been documented in Romanian orphanages where children have achieved half their expected height, and cognitive and emotional development was significantly delayed by the lack of physical stimulation (Rutter, 1998).

In Liverpool in 1998, the 'A Quiet Place' project was implemented by The Liverpool Early Years Behaviour team. The purpose of this was a city-wide service to support the families of children identified as having emotional and or behavioural difficulties usually within the context of the home environment (Spalding, 2000). The aim of the programme was to holistically support the child, physically, emotionally, mentally and spiritually within the context of their whole life (self, home and school). The approach combined a range of body therapies, including massage and psychotherapeutic interventions. Results showed a clear improvement in self-esteem and impulse control, however the greatest gain was the increase in positive socialisation behaviours that appears to be a result of the large increase in self-esteem. Although massage was only part of the programme the results support other research involving children, adolescents and therapeutic touch (Field, 1995; Field, Henteleff, et al., 1998; Field, Peck, et al., 1998). The introduction of massage could enhance the ability of caregivers to work with children who experience difficulties with their emotional life and behaviour and hence make a significant contribution to continued inclusion in mainstream education.

Massage therapy, it is suggested, plays an important role in families in terms of developing relationships and assisting children's health, development and wellbeing. This evidence in support of infant and children massage provides a strong case for teaching infant massage in pre- and post-natal classes as an essential component of day-to-day care for the baby. Equally important, it empowers parents who need to care for their ill children. Many parents have negative feelings about having to monitor their children's restrictive diet, take blood samples, and give insulin shots. Studies have shown that after massage sessions both parents and children reported feeling less anxious (Field, Peck et al., 1998; Field, Lasko, Mundy, et al., 1997; Field et al., 2001;

Williams, Cullen, & Barlow, 2005). Having parents provide the massage provides relief and parents are able to play an active role in caring for their children (Field, Lasko, Mundy, et al., 1997; Field, Hernandez-Reif, Krasnegor, et al., 1997). These results are supported by the study of Field, Grizzle, Scafidi and Schanberg (1996) who found evidence of positive changes in both the mothers and infants when the depressed mothers were taught how to massage their babies. For the baby, sleep patterns and interaction with mothers improved as did sociability, whilst for mothers their play behaviour was more age appropriate. The results of these studies also indicate a decrease in parents' anxiety, reflecting their positive involvement in their child's care. Parents felt better within themselves and, in turn, the mood of their children improved. These findings demonstrate that benefits for both receiver and provider.

Literature in the area of touch aversion supports the benefits of massage to both provider and receiver. Touch aversion is a common feature in children with skin disorders. Massage has been used within families to decrease children's and parent's aversion to touch (Field, 2005). Results of these studies suggest that massage assists both the provider and receiver indicating a need for parents/caregivers to be more physically interactive with their children. The study undertaken by Schachner, et al. (1998) had parents massaging their children to determine if they could reduce the parent's aversive reaction to touching their child's psoriatic skin. The study showed the children's skin conditions improved and the parents' anxiety levels decreased. Schachner, et al. (1998) suggested that children sense when others have an aversive reaction, which may compound the child's anxiety and stress levels. From a sociological perspective, the literature strongly suggests family relationships could be enhanced through massage and highlights a gap in literature involving families drawn from the general population.

School

School plays an important role in a child's life, providing constant interaction with peers and adults, particularly their teacher. Children rehearse social roles at school. Massage therapy has been shown to benefit children in the classroom, with specific developmental conditions. Studies involved autistic children (Cullen & Barlow, 2002; Cullen-Powell, Barlow, & Cushway, 2005; Escalona, et al, 2001; Field, Lasko, Mundy, et al., 1997; Piravej, Tangtrongchitr, & Chandarasiri, 2009; Silva, Schalock, Ayres, & Bunse, 2009; Silva, Cignolini, Warren, Budden, & Skowron-Gooch, 2007), children experiencing emotional and behaviour difficulties and at risk of exclusion in primary and senior education (Powell, Gilchrist, & Stapley, 2008) and, children diagnosed with ADHD (Field, Quintino, et al., 1998; Khilnani et al., 2003). Outcomes showed students were calmer, more attentive and more effective learners than their non-massaged peers. In the studies on autism, both qualitative and quantitative approaches were used which is valid when exploring autism as the mental, physical and emotional load placed on parents and educators was able to be comprehensively explored. The two approaches complimented each other in the findings as the qualitative studies found parents felt physically and emotionally closer to their children (Cullen & Barlow, 2002; Cullen-Powell, et al., 2005).

Another study evaluated how massage therapy influenced the behaviour and development of children infected with HIV and not receiving antiretrovirals for their condition (Hernandez-Reif, et al., 2008). Outcomes of the study found the HIV-positive children who received massage demonstrated enhanced self-help and communication skills. Further, a reduction in maladaptive internalizing behaviours in children aged six and older in the massage group was found, including reducing anxious depressed behaviours and negative thoughts in these children. This result concurs with the

Swedish study involving pre-schoolers (von-Knorring, Soderburg, Austin, & Uvnas-Moeberg, 2008) where there were significant improvements in behaviour in the massage group after six months. Prior to this there were parallel improvements for both the massage and control groups. The researchers acknowledged the placebo effect often found in controlled therapy studies could explain this as the control group also received some extra attention. Further, the fact that the children in the control group deteriorated after the next three months supports this conclusion (von Knorring, Soderberg, Austin, & Uvnas-Moberg, 2008). In the HIV child study in the Dominican Republic (Hernandez-Reif, et al., 2008) , the research psychologists used the Child Behaviour Checklist (CBCL) and the Developmental Profile (DP-II) to assess the children's behaviour and development. This questionnaire was completed with the help of the caregiver as well as from observations. The researchers acknowledged that because the caregivers had their own difficulties, they may not have been able to recognize changes in the children. The researchers also recognised there were no other reports from teachers, parents or siblings used to substantiate the care givers' perceptions (Hernandez-Reif, et al., 2008).

These findings involve children with specific psychological or physiological challenges however it is suggested these benefits may well be experienced by children drawn from a normal population. Early indications, with the exception of one study (Hanley, et al., 2003), are that massage is effective in the classroom/workplace for alleviating stress. These studies all involved either the parents or, qualified massage therapists administering the massages and with children with specific medical conditions. The following section discusses programmes introduced within a regular school environment.

Existing School Massage Programmes

A search for existing massage programmes in schools found three being delivered in a range of countries; The Peaceful Touch, Massage in Schools (MISP), and, Children Massaging Children (CMC) programmes. The first programme, called Peaceful Touch was begun by the Axelson Institute, one of the largest alternative medicine schools in Europe, in 1996. The programme is used by more than 10,000 teachers and affects 300,000 children from preschoolers to teenagers (Peaceful Touch, 2010). In the pre-school environment the care givers are trained to administer massage to the children whilst in the schools it is the children who massage each other under the guidance of the teacher who has been trained in the programme. The intention of the programme was to spread the affects of human touch with society especially towards the younger generation to reduce and prevent violence and distress. Research at the Institute has shown that levels of the peace-and-calm hormone oxytocin increases with touch, while at the same time, levels of the stress hormone cortisol decreases (Uvnäs-Moberg, 1997; Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003). These finding are consistent with those found at the Touch Institute (Miami) (Field T. , Hernandez-Reif, Diego, Schanberg, & Kuhn, 2005).

A long-term study of the programme was undertaken involving 110 pre-school children with aggression and deviant behaviour aged between four and five years (von-Knorrning, Soderburg, Austin, & Uvanas-Moeberg, 2008). Children received daily massage for five to ten minutes by staff at the centre trained in the massage routine whilst the control group had stories read to them. Behavioural changes were measured by both parents and staff at three, six and twelve months. After three months both groups showed significant decreases in aggression scores however, after six months, the massaged group only showed significant decreases in aggression. Both parents and

staff reported lowered levels of aggression, anxiety and stress, children functioned better in groups and there were fewer psychosomatic illnesses. Aggressive behaviour and somatic problems over the 12 month period continued to improve in the massaged children. These findings support the use of massage over time on a regular basis to encourage a calmer, responsive and amiable learning environment within the classroom.

The second programme, a massage in schools programme (MISP) for children of primary school age, was established in the United Kingdom and Republic of Ireland in 2000 and has now spread to schools in Europe and Australia (<http://www.misa.org.uk>). There are now more than 600 schools delivering the programme in England alone (MacIntyre, Colwell, & Ota, 2010). The intention of the programme was to help alleviate stress and anxiety in schools, leading to calmer children, less aggression, positive touch and less bullying. The Massage in Schools Association (MISA) was formed to support the programme. The MISA is a member of the Anti-Bullying Alliance. Two studies have assessed the effectiveness of the programme in different domains. The first study, undertaken in 2005, examined on-task behaviour and self-esteem (Elmsater & Hetu, 2002). This was a mixed method study which involved interviews with children in a focus group, interview with the teacher, observations and recording of on task behaviour, behavioural indicators of self esteem (BIOS), and, questionnaires to parents. This study has not been published in a peer reviewed journal, however is available on the Massage in Schools website (<http://www.misa.org.uk>). Due to the limited literature on massage in schools, this literature was reviewed. The study found significant improvements in on-task behaviour following the six-week intervention, supporting findings previously discussed surrounding concentration levels (Field, Lasko, Mundy, Henteleff, Talpins, & Dowling, 1997; Hart, Field, Hernandez-Reif, & Lundy, 1998; Field, Quintino, Hernandez-Reif, &

Koslovsky, 1998). There were no differences in changes of self-esteem via behavioural indicators with equally significant increases in both the treatment and control groups. The authors suggest that non-massage factors, such as extra attention and opportunity to work with others, may positively influence a child's behaviour regardless of the task in which they are engaged (<http://www.misa.org.uk>). This outcome conflicts with previous studies and anecdotal reports however this study was over a six week intervention period. As discussed earlier, the study of von Knorring, et al. (2008) with deviant pre-schoolers, also found no change between the massage and control group for the first three months. After this time though, the differences between the control and massage group differed significantly as the improvements in the control group dropped away, and the massage group continued to improve. Further, the massage sessions were undertaken once per week, a low intensity of sessions compared with the other studies discussed which attempted to include massage at least three times each week. Advocates of massage with children suggest sessions of no more than ten to fifteen minutes at a time (E. Scherer, personal communication, August 14, 2010; von-Knorring, Soderburg, Austin, & Uvanas-Moeberg, 2008).

In the focus group, of the MISP study, children talked positively about participation in the programme, particularly its touch component and the social benefits. They were enthusiastic about the programme and reported using their new skills outside the classroom, for instance, at home with family members. Parents also commented (in the questionnaire) on their child's ability to massage family and friends and their enjoyment arising from this. An area requiring more attention and diligence on the part of the teacher was communication between the children during the sessions to ensure physical pressure was not too much to cause discomfort (Elmsater & Hetu, 2002).

Small sample sizes and time constraints were limitations acknowledged by the researchers in the MISP study (Elmsater & Hetu, 2002). This limitation was perhaps highlighted with the behavioural outcome as mentioned earlier. If the study had continued for another six months or longer, the differences in improvements in behaviour between the control and massage group may have been significant as shown in the study by von Knorring et al. (2008) with pre-school children. Another potential limitation in terms of reliability and validity was that both the treatment and control group were from the same school but different year groups (the treatment group were eight year olds and the control group nine year olds). Children may have interacted during play time and lunch time, potentially teaching and massaging members from the control group. This may have contaminated the control group who were not to be exposed to massage. The differences in age groups were accounted for through the use of base line measures prior to commencement of the programme however developmental factors such as possible differences in learning and socialising stages at the different ages were not discussed. Further, there was nothing in the literature that discussed the methodology and the assumptions that have influenced the researchers approach to their inquiry and data analysis. This limits the study because the reader does not know how this section of the study was accomplished. Whilst support for claims that the MISP influenced other aspects of child behaviour was not found, the study confirmed increased concentration levels, consistent with other studies.

The second study, which evaluated the MISP, explored whether the MISP impacted on social networks and relationships in the classroom (MacIntyre, Colwell, & Ota, 2010). Data were collected from two classrooms of children in year five and six year groups. It included observations of children and interviews with both the children and staff pre, during and post introduction of a six-week massage programme, led by

Massage in Schools practitioners. The findings of this project demonstrate that the number of social relationships reported by children increased post intervention (MacIntyre, Colwell, & Ota, 2010). Interestingly, data from observations and interviews indicated that peer massage sessions provided children with the opportunity to interact with others in a way that may be very different to other classroom and playground interactions. In the classroom, organisation of tasks often limited the number and length of interactions between peers (MacIntyre, Colwell, & Ota, 2010). In addition, when children were randomly allocated massage partners, interaction was different from regular interactions and similar to those characteristics encouraged by trust-building activities used to promote effective group work. MacIntyre, Colwell, & Ota (2010) suggested that new relationships may form as a result of the opportunity provided by the massage sessions. To participate in unusually intense periods of interaction with another child, not already a friend was a unique experience. They also ask if the opportunity to interact may be responsible for this change or if the change is linked in some way to the use of touch in the intervention (MacIntyre, Colwell, & Ota, 2010).

The third programme, CMC (Child Connection Programmes, 2006), the programme being reviewed in relation to this study was introduced in the mid 1990's and has had limited evaluation. In 2007 a pilot study exploring the changes in self perception following the introduction of CMC was carried out (Morgan, 2007). In this programme children massaged each other for ten to fifteen minutes at least three times per week in the classroom environment. Outcomes showed children had improved self perception of; their relationship with peers, their father, their ability to do school work and, physical ability. A quasi-experimental design matching the intervention school with a control school of equal low decile rating was used. However there are concerns

regarding reliability and bias in this study. The reliability of the assessment tool was not documented and, as the only researcher involved in the CMC programme I was responsible for all aspects of the design and analysis. While the potential conflict of acting in the role of both provider and researcher is acknowledged, this CMC programme did not require direct intervention by the researcher as the teacher facilitated the sessions and the children massaged each other. The position of researcher and programme leader was also noted in other programme evaluations. The pre-school programme (von-Knorrning, Soderburg, Austin, & Uvanas-Moeberg, 2008) and the MISP (Massage in Schools Association, 2005), while recognising potential bias, it was believed to be limited because it was possible for the researchers to distance themselves during the sessions.

Despite the limited body of research involving school-aged children, the studies undertaken with children from populations with specific medical conditions, and, those drawn from a general population support a massage in schools programme, particularly for improving concentration, behaviour, and, socialising skills. Further, literature supports benefits for both carer and receiver, vindicating a massage in schools programme whereby the children are massaging each other.

Why not massage in schools?

The use of massage as an intervention has caused concern amongst some theorists and individuals. Ecclestone and Hayes (2009) argue that interventions aimed at supporting children's emotional and social well-being create, rather than address problems in this area and are a distraction from the goal of educating children. They claim that the education system from early childhood to universities and the work place is turning children, young people and adults into nervous, self centred individuals rather

than positive, resourceful, inquisitive and resilient individuals (Ecclestone & Hayes, 2009). This argument highlights the importance of justifying touch-based programmes such as massage through clear and methodical investigation of its effects within the classroom.

Teachers, as individuals, bring their own influences into the delivery of programmes and their enthusiasm, or lack thereof, can be a defining factor in the outcomes. During the consultation process of programme implementation, the CMC programme highlighted teachers' own prejudices and individual issues surrounding touch. They raised questions surrounding children who had been abused, who touched inappropriately and expressed their discomfort with delivering the programme. These issues were all addressed with clarity and understanding.

These concerns were also seen experienced during the ethics application process for this study. How the word touch was perceived by some individuals resulted in increased attention particularly surrounding the safety of the children in the focus groups. Attention to the format of interviews, whilst important when researching with children as an identified vulnerable population, was explicit and arguably had the potential to lessen the quality of data collection due to the Ethics committee requirement that these would compromise single gender groups.

Interventions for improving learning and behaviour

The behaviour of children and young people in schools appears to be an ongoing concern to both educators and the wider public alike. The most extreme forms of behaviour, such as violence and aggression, may be those that capture the attention of the public via the media and more recently social media on internet sites such as 'You

tube' and 'Face book' where students are able to upload video clips of fights at their school. The most common form of poor behaviour however, considered particularly destructive in its cumulative effects and of the greatest concern to educationalists is the low-level disruption (Hart, 2010). A survey in 2007 undertaken by the New Zealand Council for Educational Research (NZCER) of teachers in Hawke's Bay, reported that one in five students were a disruption to student learning in a number of ways. They made the student a danger to others, frequently stopped the student from learning, interrupted the class frequently, stopped other students from accepting the student, or, potentially resulted in property damage if not stopped (Hodgen & Wylie, 2007). The survey provided the basis for a reasonable indication of the extent of severe behaviour difficulties encountered by Hawke's Bay primary and intermediate teachers. These alarming results received a nationwide wide response which suggested the problem was not isolated to this region. Interestingly, in the same year, a Ministry of Education report had celebrated a reduction in the number of student suspensions and temporary suspensions in the last seven years (Lane, 2007). Low level disruption does not justify suspension, as indicated in the statistics however is of real concern in terms of classroom management and student learning. Within the range of statistics presented, it was evident that in primary schools alone there had been a large increase in the number of disciplinary actions since 2000.

Behavioural problems can be the root cause of disruption in the classroom and are closely associated with peer acceptance. Research has shown that problems with peer acceptance in the classroom are of legitimate concern to schools (Flook & Repetti, 2005). These problems can begin in a child's pre-school years (Slaughter, Dennis, & Pritchard, 2002). Peer problems affect children's self-concept, mental health and consequently, performance in school. The promotion of positive relationships with

peers can contribute not only to children's social development but to their emotional and cognitive development as well (Flook & Repetti, 2005). Studies have demonstrated that children identified with behavioural problems do not possess the proper social skills to become accepted in school and are therefore considered 'socially incompetent' by teachers and peers alike (Hart, 2010). These children become the most unpopular in their class and experience difficulties when trying to form relationships with others. Rejection by their peers increases their mistrust and hostility, and worsens their marginalization (Hart, 2010).

Studies have shown that the environment and disciplinary management in schools can predict student health and wellbeing outcomes, and may have important implications for school initiatives aimed at students who are struggling both emotionally and academically (Saab & Klinger, 2010). Hart (2010) an educational psychologist discusses results of a survey of his profession on effective practice for classroom behaviour management. Effective strategies for managing classroom behaviour and environment include behavioural, psychodynamic, systemic and humanistic approaches (Hart, 2010). The psychodynamic approaches, based on attachment theory emphasise the importance of secure and trusting relationships, as well as emotional containment and expression. Nurture groups, using a low ratio of teacher to child are a successful strategy for managing the psychodynamic approach (Binnie & Allen, 2008). This effective strategy, used to improve the classroom environment however, has the financial limitation of requiring high numbers of teachers to resource them and often constraining their use do to the limited budgets of schools.

Humanistic approaches are based on students' motivation, and consequent behaviour, which is underpinned by certain basic psychological needs for competence,

relatedness, and autonomy for example (Hart, 2010). Galloway (2007), an educationalist in New Zealand uses the humanistic approach when he discusses key strategies of teaching student responsibility to improve learning and behaviour in New Zealand. To teach, resource, and model a greater sense of responsibility to children is a key component in his book 'Managing Self'. Galloway (2008) argues that until children can make good choices, act appropriately and take responsibility for their actions, little else will be achieved. Activities designed to foster social development, clear communication, supporting and caring relationships, cooperation and positive interactions, are key features necessary in programmes for success. The results of an intervention study involving massage, yoga and relaxation delivered to young children with emotional and behavioural difficulties (Powell, Gilchrist, & Stapley, 2008) supports this concept. Improvements were shown in self-confidence, social confidence, communication and contributions in class. Whilst massage was just one of the interventions, programmes such as these appear to offer value in terms of helping children relax and find that "inner sanctum of stillness from which to regulate their behaviour" (Powell, Gilchrist, & Stapley, 2008). A massage in schools programme could potentially fulfil all principles described by Galloway (2007) and provide a model for effective classroom behaviour management.

The use of weighted vests is another strategy for changing behaviour of children with developmental disorders such as attention deficit disorder and autism, that has been employed by occupational therapists in America for over 15 years. A weighted vest is "...a vest that typically has 10% of a person's body weight evenly distributed around the vest" (Olson & Moulton, 2004). The concept is based on the theory of A. Jean Ayres' theory of sensory integration that in order for learning to occur, an individual's central nervous system must register sensory input accurately and process that input

effectively in order to respond in an organized and adaptive way that supports interaction with the environment (Olson & Moulton, 2004; Davies & Gavin, 2007). Traditionally, occupational therapists use a range of interventions which include activities as brushing and rubbing of the body, deep pressure and compression of joints. There is mixed literature concerning the effectiveness of sensory input methods, in particular weighted vests, amongst occupational therapists (Stephenson & Carter, 2009). Interestingly, there is a large population of occupational therapists who advocate sensory stimulation to improve attention and the ability to stay on task for children with developmental disorders (Olson & Moulton, 2004). These practices are similar to massage in terms of sensory input and, whilst researching supporting sensory integration is inconclusive in the field of occupational therapy, advocacy by therapists on its effectiveness is strong. This argument further adds clinical credibility to the argument for the capacity of massage in schools to assist improvement of attention and concentration.

While therapeutic touch is beginning to gain favour as part of the general pursuit of health and wellness, there is still reticence on the part of teachers, caregivers and health professionals to use it within a health promoting programme. The study by MacIntyre, Colwell, & Ota (2010) found that teachers were concerned about the general climate of suspicion around adult-child touch and often avoided contact due to fear of being mistrusted.

The current concern in regard to family violence and inappropriate touching may also be an issue and has been prominent in the NZ context for some years. Both the MISP and CMC programmes recognise this concern and adopt a 'no touch' tenet in relation to adult-child contact. While this could potentially threaten the use of positive,

caring touch in schools, school massage programmes could play an important role in counteracting this effect. This is partly through giving the children an experience of positive touch, and also by providing teachers with an acceptable tool with which to give children that experience (MacIntyre, Colwell, & Ota, 2010). Children are our future adults, by developing positive experiences of touch through these years may encourage this with their own children. Massage in schools is not a quick fix to a long-standing problem within our society however by changing the attitudes of our youth is a positive approach to lasting changes in our society.

Conclusion

This review indicates that the majority of studies point to significant improvements in physiological and psychological health when massage is used as part of a child's therapeutic regime. Although little research has been undertaken involving samples of children outside of populations presenting with specific medical conditions, research suggests that massage therapy would be beneficial both psychologically and physiologically. Additionally, it highlights the need to further investigate areas involving children drawn from the general population. The results of the studies involving both special needs and mainstream children provide a strong argument for the inclusion of massage as a daily/weekly experience for children in the classroom. This argument does however have practical implications in terms of the demands placed on teachers to deliver core subjects. Whilst pupils might enjoy the programme, teachers may find time constraints and commitments to core subjects a priority. Further studies exploring a massage in schools programme to establish whether it supports the delivery and success of core subjects is required to justify inclusion in the classroom. In terms of monetary cost, which was an argument presented in one study using massage therapists, the children massage each other so no cost other than time would be involved. The

added advantage of children massaging each other is the potential benefits to both the giver and receiver.

Ireland and Olson, (2000) suggest further quantitative studies are needed with larger sample sizes and where control variables such as developmental stage, race, ethnicity and gender are considered in order to increase validity, reliability and applicability of findings. Other factors identified by quantitative researchers for future research involve identifying the ideal length, time and frequency of treatment for various treatment outcomes. Determining the duration of the beneficial effects is also important for validating the long-term effects of massage. However, the costs associated with quantitative research assessments, particularly cortisol analysis and the need for large sample groups, which is often difficult particularly when working with special populations, may be a limiting factor for future studies.

Whilst there is limited literature exploring the benefits of peers working with each other within the context of the school environment, the outcomes are positive. Increasing the amount of both quantitative and qualitative research into the effectiveness of massage in the lives of children and adults, supported by valid methodology and assessment procedures, will create a solid and scientific body of knowledge for the benefit our future society.

Chapter Three

Methodology

Introduction

The philosophical underpinnings that have informed my approach in this essentialist/realist study will be articulated in this chapter. I will describe how my research question and method used are consistent with a qualitative descriptive process. Factors related to the method such as recruitment of participants, interviewing and ethical considerations specific to children will be discussed. Finally, trustworthiness in relation to the method used will also be addressed.

Underpinning Philosophy

The essentialist/realist approach has directed my path for this study. The research question asked “what are the children’s experiences of a massage in schools programme?” By posing the question in this way I sought the opportunity to better understand experiences through the words of the participants. Epistemology guides what we can say about data and informs how we theorize meaning. Epistemologically, the essentialist/realist approach allows theorizing of motivations, experience and meaning in a straightforward way. Braun and Clarke (2006) describe the relationship between meaning and experience and language as ‘unidirectional’. This means language reflects and enables us to articulate meaning and experience. Language is simply the ‘vehicle’ by which meaning and experience inherent within individuals is expressed. The “motivations or individual psychologies is the focus of the essentialist/realist” (Braun & Clarke, 2006) and the data will be reflected in this way.

The methodology chosen for this study is qualitative descriptive using thematic analysis as the method. Qualitative descriptive studies are useful to inform further

practice by offering insights into problems or potential issues and can assist in the assessment and planning of quality programmes (Annells, 2007). Research in the area of massage programmes within schools, as discussed in the literature chapter, is limited therefore a descriptive study which describes the characteristics and features of such a programme is necessary in order to develop a body of knowledge on which to build further research. As discussed earlier, the theoretical framework underpinning this methodology will be that of the essentialist/realist compatible with qualitative descriptive analysis as it involves producing an account that presents original data for a particular purpose (Gibson & Brown, 2009). The description always rests with the perceptions, inclinations, and sensitivities of the person describing the event and through this process begins to transform that experience or event (Braun & Clarke, 2006; Sandelowski, 2000). Through the data, using thematic analysis, as described by Braun and Clarke (2006), I will describe the children's experiences of the massage programme. In the interviews the children were encouraged to talk about their experiences of the programme with the intention that their responses would guide further practice of the CMC programme. Epistemologically this is a constructivist approach because I am reporting the "meaning making activity of the individual mind" (Crotty, 1998, p.58). Constructivism recognises the unique experience of individuals and that each person's view of making sense of the world is valid and worthy of respect. In this study, the experiences of the children in the massage programme are deemed valid and worthy of recognition for the purposes of improving the delivery and development of the programme.

Theories of Essentialism and Realism

The essentialist view, considered both traditional philosophy and traditional metaphysics, comes from Aristotle and followers as Plato, St Thomas and the Thomists

who dominated philosophy throughout the medieval period (Oderberg, 2007). Plato explained that true knowledge is said to be knowledge of the essence of things, not the varying individual things themselves, because individual variation is the result of local circumstances rather than essence (Nola, 2002). Oderberg (2007) in his book 'Real Essentialism' explains "everything has a real essence – an objective metaphysical principle determining its definition and classification" (p.X). He describes being human as primarily a metaphysical category with a biological content. Being cannot be a specific difference of any thing, nor a property nor an accident. Being doesn't differentiate, it unites things of different kinds, all of which are beings whether real, logical, actual, potential, necessary, possible, substantial or accidental and so on" (Oderberg, 2007, p.106). He explains that being doesn't follow from nature, it is part of the nature of everything, not a part or distinct from matter or form. Ontologically, the essentialist/realist argues that realities exist outside the mind. It is a view that the human mind can come to know the essence of things (Hallet, 1991; Nola, 2002; Oderberg, 2007). This is a belief in the real, true essence of things, the invariable fixed properties of which defines the 'whatness of an entity' (Hallet, 1991; Oderberg, 2007). This view is approached from a metaphysical reality and is not dependent on objective facts and measurements, or limited to empirical understanding and objective views. It also assumes that for any kind of entity there is a set of characteristics or properties all of which any entity of that kind must possess (Oderberg, 2007). This view also assumes a generalization which states that certain properties possessed by a group are universal and inherent within individuals and not dependent on context as with the constructionist perspective (Braun & Clarke, 2006; Oderberg, 2007).

Theories of essentialism have been challenged over the years and have withstood philosophical debates criticising this theory (Hallet, 1991, p.5). Hallet (1991)

in his critique of Wittgenstein's theories on essentialism, describes essentialism as an "ocean whose successive waves surged high as the tide of essentialism rose and now lap ever lower as the tide runs out, but which leave the sand damp with their passing" (p.5). Hallet (1991) explains the waves are consecutive essentialist theories; the dampness is essentialist practice that lingers after the waves have subsided. The 'essence' of essentialism, whilst not able to be singled out as a clear defining concept, as explained earlier, remains as a hue within our thinking.

The realist holds the view that whatever exists, be it natural or social, regardless of whether it is an empirical object for us or whether we happen to understand its nature, is independent of us. Further, that perceiving is unrelated to culture, history, context or the nature of human consciousness and there is an independence of the world from our thoughts about it (Sayer, 2000; Fischer, 2006; Howitt & Cramer, 2008). Another assumption of the realist is the realm of objects, their structures and power, whether they are physical or social, have certain structures and causal powers or capacities to behave in particular ways and are susceptible to certain kinds of change (Sayer, 2000). This view is similar to the essentialist who would describe these objects as having certain 'essences' which make them what they are. Realists seek to identify both necessity and possibility or potential in the world, what things must go together and what could happen, given the nature of the objects (Sayer, 2000). Sayer (2000) suggests that realism would be a term applied to positivism since measurements and statistical analysis traditionally have been regarded as the only way of accessing the universal and independent reality. Qualitative researchers however, tend to regard the search for the nature of reality as futile, they try to get close to reality while realising that they can never achieve that goal. The critical realist actually accepts there is a 'reality' out there but we can best view it through an 'infinite regress of windows', that

is, there is always yet another window or lens that we are looking through and that each one distorts reality in some way (Howitt & Cramer, 2008). Observations are theory laden, the observer comes to the observation with baggage and expectations, including culture, vested interests and general perspectives on life. Whilst this implies that there will always be different views of reality depending on the lens through which we are looking, the main goal is to acknowledge the nature and diversity of what is seen through the different lenses. Whilst I will attempt to identify assumptions about the data, what they represent in terms of the world and reality, my prejudices will be entwined within my interpretive lens of the essentialist/realist through which I view the data. Identifying the nature of the lenses will allow the data to be as close to reality as possible.

Thematic Analysis as Method

The method used to gather data was by face to face interview in focus groups followed by thematic analysis of the transcribed texts. Historically, thematic analysis is often seen as a foundational method for qualitative analysis as it provides core skills that are useful for conducting many other forms of qualitative analysis rather than a stand alone methodology (Boyatzis, 1998; Ryan & Bernard, 2000; Braun & Clarke, 2006). Whilst it has been widely used in reports, users of thematic analysis pay little attention to the detail of what it is they do and, reports appear very subjective in terms of the findings which emerge (Howitt & Cramer, 2008). It is often adopted by newcomers to qualitative analysis because it requires less knowledge of the intricacies of theoretical foundations of qualitative research than other techniques (Howitt & Cramer, 2008). There is no particular theoretical orientation associated with thematic analysis and it is flexible in terms of how and why it is carried out (Howitt & Cramer, 2008; Braun & Clarke, 2006). Braun and Clarke (2006) argue thematic analysis should

be a method in its own right and can and should be used for identifying, analysing and reporting patterns or themes within data. They highlight flexibility as one of the benefits of thematic analysis and attempt to create a balance between ‘demarcating’ thematic analysis clearly by explaining what it is, how it to do it and at the same time ensuring flexibility in relation to how it is used so that it does not become limited and constrained, losing one of its key advantages (Braun & Clarke, 2006). Braun and Clarke (2006) provide guidelines for researchers to undertake thematic analysis that is theoretically and methodologically sound.

The theoretical framework of the essentialist/realist underpins this methodology and carries assumptions about the data and what they represent in terms of ‘the world’ and ‘reality’ and these will be made transparent (Braun & Clarke, 2006).

Children as Participants

Children have historically been marginalised as a group. They were perceived as lacking capability, competence and rationality and until recently their perspectives were not valued or deemed credible (Hill, Laybourn, & Borland, 1996; Carter, 2009). “The past decade has seen a move in understandings about children and their place in social and political life” (Graham & Fitzgerald, 2010, p.133). This move is reflected in the growing acknowledgement of children as individuals in their own right and worthy of recognition, respect and voice. Children are increasingly viewed as ‘social agents’ whose views and perspectives are considered critical in the establishment of social institutions such as families, schools and legal systems that are reactive to them (Graham & Fitzgerald, 2010). Children’s participation in research recognises their entitlement to have their views heard. Further, involving the children avoids misrecognition and its implications for children’s sense of identity and well being

(Graham & Fitzgerald, 2010). Through recognition, their involvement not only allows their views, perspectives and experiences to be heard but allows the opportunity “to discover and negotiate the essence of who they are and their place in the world” (Graham & Fitzgerald, 2010, p.137).

Whilst there is growing recognition of childrens participation in research, children are also identified as a vulnerable group and the need to support their participation is important. Involving children as research participants is a sensitive issue however processes can and will be put in place to respectfully engage in dialogue with children so that it is possible to ‘co-construct’ and report their views and perceptions of the CMC programme. Focus groups have been found to be a useful way of engaging children as research participants (Hill, Layborn & Borland, 1996). Cognitively, this age group (8-11 years) are at what is referred to as the ‘concrete operations’ period which allows children of this age to comprehend the principles of conversation (Callaghan, 2005).

Study Design

Ethics approval

The Auckland University of Technology granted ethical approval in December 2010 (see Appendix A). Approval of the initial application was deferred and revision and resubmission advised with suggested changes. Issues surrounding the focus of the study, children as participants and their safety and support during the interview process were highlighted. Further, information to parents needed to be simplified due to the cultural diversity of the school and, an invitation to parents to attend the interview was suggested. Following resubmission ethics was granted pending the amendment in undertaking interviews to gender-separate groups rather than mixed focus groups. This

required a change in the original study design and is discussed later. I heeded my obligation to protect the participants throughout the process of my study.

Recruitment

Participants were selected from a group of children at a primary school in Auckland who are participating in the CMC programme. The CMC programme has been running in this school for ten years. At the time of the study, only one class was consistently running the programme, due to low numbers of CMC trained teachers. It was this group who were invited to participate. This class of 33 children consisted of nine, ten and eleven year old children representing years five and six of the academic year. All children involved in the programme from the class were given the opportunity to participate via dissemination of an information sheet (Appendix B) distributed through the school network. Parents of these children were asked to discuss the research project with their child. Parental consent and child assent was required (Appendices C & D). The parents were given two weeks in which to respond to the information sheet. Interested participants and parents were given the opportunity to discuss the study with the researcher to ensure thorough understanding prior to gaining their child's assent and signing a consent form. There were no inquiries from either the parents or the children regarding the study.

The return of the forms varied between ages and gender. There were seven year five girls, five year five boys, ten year six girls and, five year six boys. The teacher informed me, on arrival at the school on the day of the interviews, that all the children were expecting to be interviewed.

On interview day the teacher reported the children's parents had signed their child's assent form instead of their child. To resolve this, the forms were returned to the children at the time of the interviews. I showed the children the assent form and asked the children if they remembered reading it with their parents, to which they all agreed. I then asked if they would like to sign it now if they still wanted to be interviewed.

Protection of participants

The parents were asked to explain the study to the children and seek their assent prior to the interview. At the beginning of the interview, I asked each child again if they understood the research study and process, answer any questions they may have and gain verbal and written (because the parents had signed the assent form instead of their child) assent before commencing the interview. Children were told that they may withdraw from the interview at any stage and choose not to answer questions or participate in the discussion. Parents and children were offered the opportunity for the parents to be present during the interview. There were no parents who attended any of the interviews. At the beginning of the interviews, a full explanation of the research and reassurance about confidentiality and support of the parents and teacher aide was given. Confidentiality was explained to the children in an age appropriate way so that the children understood that no one outside of the room would be told what individuals have said and that reports and publications from the research will not say who took part. Permission was gained to use the audiotape recorder, ensuring that the participants understood that only the researcher and supervisor would hear the tapes. Power imbalances were managed through ice breaking activities such as introductions and stickers for names (to assist the researcher in addressing the children by name during the interviews). Whilst the introduction of the researcher was important to reduce social distance and perceived power differences, care was taken not to give information which may influence the participants in what they said during the interview (Hill, Laybourn, &

Borland, 1996). I was aware of the need to convey an accepting and open attitude to all children's views whether they were positive or negative in relation to the CMC programme. This study was an evaluation of the programme itself and I did not anticipate it causing any distress to the children. There were no issues which arose however provision was allowed for to support upset children as discussed earlier.

Confidentiality of data obtained was achieved by assigning each participant a code which was referred to throughout data analysis and reporting. Consent forms are stored in the research supervisor's office and the data, in password protected computer files in the researchers office. The recordings were only heard by the researcher and the supervisor.

Interviewing

Using interviews as a form of data collection is consistent with qualitative studies and encourages an inter-subjective relationship between the researcher and the participants whereby the researcher becomes the listener and the interpreter of the data of 'truth' provided by the participant (Grant & Giddings, 2002).

Interviews were conducted at the school in an endeavour to provide a safe, non threatening environment. A teacher aide was present during the interviews and parents were invited but did not choose to attend the interviews.

As mentioned earlier, the format of the groups were to be mixed gender from the same year group, one from year five and one from year six. The reason for this was to encourage diversity in the gathering of data and to allow for commentary on the same issues by both the girls and boys including any which arose concerning gender

differences (Hill, Laybourn, & Borland, 1996). Conversely, Greenbaum advocates same gender groups as he believed that boys are often more hostile to each other and have marked differences in interests (Greenbaum, 1987). Whilst the differences may be an issue, I saw this as an opportunity to discuss it within the groups. I was however, asked to alter this decision when AUTECH required me to conduct the interviews in gender specific groups. This meant increasing the two interview groups of mixed gender and years five and six to four groups in order to accommodate the separation of genders and, years. On reflection this proved to be a favourable change for two reasons; I had more data to work with, and, some of the discussions were around gender issues which the children may not have spoken so freely about were the groups mixed.

The cultural diversity of the groups allowed for data to be drawn from a wide range of ethnic groups. Year five girls, six in total, consisted of two Filipinos, one of whom was blind, one NZ/European, one Iranian, and, one South African Indian. The girls sitting next to the blind girl supported her by passing the talking ball when she asked for it and helping her to pass it on to the next person to speak. The year five boys, four in total consisted of two Filipinos, one NZ/European, and, one Chinese. The year six girls, ten in total, consisted of two Indian, three Filipinos, four NZ/European, and, one Chinese. The year six boys, four in total, consisted of one Filipino, one NZ/European, one NZ/European/Malaysian, and, one NZ/European/Japanese.

The interview began with an introduction and an explanation of the purpose of the group. Explanation about confidentiality of data, ground rules for the session for example the use of the 'talking ball' which must be in their hand if they were to talk and to pass onto the next child once they had finished talking. The 'talking ball' replaced the 'talking stick' which was to be passed around the group however, because an

appropriate 'stick' was not able to be found, I decided to use a 'hacky-sack' type ball with a smiley face. This proved to be very successful as the children enjoyed holding and handling the ball as they talked and were able to toss it gently across the table to each other when required.

Initially the interviews were minimally structured in an attempt to discover the 'who', 'what' and 'where' of the participants experiences of the programme. As a means of facilitating discussion with the children, a brainstorming exercise was initiated by posing the following question to the group; "when the teacher tells your class you are going to do some massage, what do you think?" The words the children used were written on the board. Children, who wanted to, were invited to draw a picture which illustrated what they thought about massage. The children were invited to talk about their words and drawings, if they so wished (Darbyshire, MacDougal, & Schiller, 2005). I was very aware of the importance of instilling trust in the participants to ensure the information gleaned was without 'distortion' and that their interests were 'honored' (Lincoln & Guba, 1985). The interview sought to explore the participants' experiences with general questions initially and then lead to more specific questions as the 'threads' or meanings of their experiences were identified. Questions such as; "what do you enjoy about the massage?", "what don't you enjoy about the massage session?", "how do you feel when it is your turn to be massaged?" "how do you feel when it is your turn to massage someone else?" were asked. The more specific questions however, remained connected to the overarching research question to allow a more coherent analytic framework for interpretation. The list of questions are attached (Appendix E). It was important to ensure all participants respected each other and felt safe to speak openly and all have an opportunity to express their views. Having a teacher aide present during the interview assisted with this.

Engaging children in order to collect as much data as possible was important and a variety of techniques were used to do this. Activities were incorporated into the groups to provide variety and interest for the children and to stimulate their thinking and discussion about massage. Having a range of strategies was an attempt to capture a broader and deeper range of children's perceptions and experiences rather than a single technique which risked gathering insufficient data (Darbyshire, MacDougal, & Schiller, 2005). Having the colourful 'talking ball' to pass to the next child to speak allowed children to indicate when they had finished talking and to acknowledge to all of the group whose turn it was next. The method elicited positive responses when used with the researcher's children in discussion groups at their school some years earlier, encouraging participation and discouraging interruption or speaking out of turn. This method proved popular with the children who respected the use of the ball passing it amongst each other as required. Another method, shown to be useful, was the stance of an 'interested idiot', of an adult who doesn't know what an experience is like as a child and who really needs the children to help them understand what it is like (Darbyshire, MacDougal, & Schiller, 2005). This method also proved effective for the children who were very patient in explaining what went on during the massage sessions. Asking children to draw and explain their pictures, was another method successfully used with the groups (Darbyshire, MacDougal, & Schiller, 2005). The children were invited to talk about their pictures at the end of each of the sessions. Most children shared with the group however some chose not to do so and some chose to take their drawings whilst others left them with me. The final successful approach to engage children was to promise the children that what the researcher learnt from the study would be 'fed back' both to them and, more importantly from their perspective, that it would be passed on to adults who could make a difference, such as parents, school and government services (Darbyshire, MacDougal, & Schiller, 2005). This was also well

received by the children and questions were asked by the children about this. Being attentive to what the children had to say, recalling earlier statements and clarifying meaning are also important factors of a good interview (Smythe, 2009) and were used throughout the interviews. The interviews lasted up to one hour and were dependent on the 'productivity' of the interview i.e. if information was redundant, if either participants or interviewer displayed fatigue or if responses appeared guarded then the interview would conclude (Lincoln & Guba, 1985). The first three interviews lasted a full hour and the final interview, which had four in the group went for 45 minutes.

Ethical Considerations

Approval from the Board of Trustees (BOT) of the primary school was sought to undertake the study and, for location consent for the interviews at the school.

Involving children as research participants is a sensitive issue however processes were put in place to respectfully engage in dialogue with children so that it was possible to 'co-construct' and report their views and perspectives of the CMC programme. Parents of potential participants and the participants themselves needed to be fully aware that information provided would be confidential and that they did not have to discuss issues if they didn't want to. They were also informed that only those in the research team would hear the recordings.

Interview venue

In an effort to support the participants comfort surrounding the interview, the context of the interview was at the school during the school day. Whilst parents were not asked to be present for the interviews, they were offered the opportunity to be with their child. A quiet room, normally used for art work with children was used for the

interviews. This had desks joined together to form a rectangular shape allowing the group to sit around it and see each other. The teacher aide also joined the group at the table and was present throughout the interviews.

The interpretive nature of essentialist/realist research means that the researcher brings their own lens to analysis which means that how they see the world will influence their interpretations of how others see the world. I used a semantic approach during analysis as themes and patterns were identified and described within the surface meaning of the data. I was not looking for anything beyond what the participants said, a more interpretive/latent level of analysis (Braun & Clarke, 2006).

Data were collected through audio recordings of interviews with the participants. The decision to use this form of collection provided the opportunity to review all verbal cues in an attempt to obtain a record of the interview which could be revisited in its entirety. With the technological advances in audio recording the participants, whilst informed that the interview will be recorded, were not aware of the equipment throughout the interview therefore minimising the risk of constraining open, candid responses. In order to maintain confidentiality the participants were assured that only the researcher and supervisor would hear the recordings. The process of recording was advantageous for reliability checking of transcriptions (Lincoln & Guba, 1985). Field notes during the interview process were also undertaken by the researcher as a way of re-visiting my own thoughts and understandings at the time. This provided an 'audit trail' of decisions to ensure trustworthiness of findings. The audiotapes were transcribed by the researcher.

Data Collection

Focus groups are typically composed of between six to ten people however can range from as few as four to as many as twelve (Krueger, 1994). Group size was determined after two considerations; they be small enough for everyone to have the opportunity to share insights and yet large enough to provide diversity of perceptions. Krueger (1994) explains larger groups tend to fragment if participants want to talk but are unable to because there is not sufficient pause in conversation. This could also lead to interruption of children who are talking. The teacher aide was present to ensure children maintained rules set out at the beginning of the interview concerning respect for the child talking and to allow a child to finish what they have to say. The use of a 'talking ball' also supported this. Whilst a smaller group would help alleviate interruptions, there was a risk of not collecting sufficient data.

Data Analysis

I followed the stages of thematic analysis as outlined by Braun and Clarke (2006) to guide the analytic process. Through following these guidelines issues of rigour were addressed to ensure trustworthiness of the research. The guidelines suggested by Braun and Clarke (2006) are divided into six separate processes which roughly describe the sequence of analysis with possible back tracking to earlier stages of the process in order to achieve best possible analysis.

The inductive approach used to interpret the data required a total immersion in order to become familiar with the "depth and breadth of the content" (Braun & Clarke, 2006, p.87).

The first phase of interpretation as outlined by Braun and Clarke was familiarisation with data. This process began at the collection phase as notes of initial thoughts and patterns of meaning are recorded. Data was transcribed following interviews. Whilst this process is often seen as time-consuming and tedious, it is an essential phase in interpretive qualitative methodology and an ideal way to become familiar with, and, understand the data (Braun & Clarke, 2006). The thematic analysis sought to reflect the reality of the CMC experience. The identified themes were what I saw in the data and the links created as I understood them. It is therefore my view of “what is known” (Braun & Clarke, 2006, p.78). The themes or patterns can be identified either from the raw data (inductively) or in a theoretical (deductive) way (Boyatzis, 1998; Braun & Clarke, 2006). In this study, the themes or patterns were identified from the raw data (interview transcripts and field notes). This study used an inductive approach in an attempt to understand and ‘unpack’ meanings of childrens experiences gathered from the data. The method of linking themes to the data themselves through asking for the participants interpretation of that experience carries ‘textures’ of the descriptive methodology of the essentialist/realist. Whilst the study sought to describe patterns across data, the focus was on experience and understanding childrens’ experience of massage, “in order to gain understanding of the phenomenon in question” (Braun & Clarke, 2006, p.80). Consistent with essentialism, the form of thematic analysis was data-driven, as the process of coding was allowed to evolve from the data. The inductive process was more likely to identify the multiple realities to be found in the data due to “explicit, recognizable, and accountable” researcher-participant interaction (Lincoln & Guba, 1985, p.40). Details of the analysis process will now be described.

Transcribing the data, phase one as outlined by Braun and Clarke (2006) in a way that stayed as close to the stories told as possible was essential for accuracy of interpretation, including pauses, expressions, emphasis on words and all utterances that transforms a visual and verbal encounter to a written one. Some children spoke quietly which required repeated listening to sentences to ensure the transcriptions were accurate. Further, due to the multi cultural mix of the groups with English as a second language for many, there was difficulty in understanding what they had to say due to both sentence structure and pronunciation of words. Accuracy of transcriptions were repeatedly checked for accuracy against the recordings throughout the transcription. This process is an essential element of study trustworthiness. Repeated reading of data is the essence of the analytic process and was pursued in an 'active' way to encourage the identification of emerging themes and meanings of the participants experiences (Braun & Clarke, 2006).

The generation of codes from data was the second phase as outlined by Braun and Clarke (2006). It involves identifying features of the data that were relevant and referred to the most "basic element" of the raw data that was able to "be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, p.63). The 'unit of coding' chosen endeavoured "to provide sufficient opportunity for a 'codable moment' within the raw information" (Boyatzis, 1998, p.64). The data was systematically worked through identifying any features that may have formed the foundations of repeated patterns or themes across the data (Braun & Clarke, 2006). I understood the importance of this stage in ensuring the 'comprehensiveness' of insights into each of the 'units of analysis' or themes (Boyatzis, 1998).

I used highlighters to code the data. All data was be coded then collated together within each code. Braun and Clarke (2006) emphasise to code for; as many potential themes as possible; to code extracts of data to maintain the context within in which it occurred; and, to remember that individual extracts may be placed in multiple 'themes'. They stress that no 'data set' is without contradiction and that a 'thematic map' does not have to iron out or overlook tension and irregularities within and across data items (Braun & Clarke, 2006). Key words were highlighted across the data for each interview. Key words were chosen from either the brainstorming at the beginning of each interview or topics that were discussed during the interviews. I identified relevant aspects in the data items that formed the basis of repeated patterns (themes) across the data set. These key words and the transcribed data were then clustered into codes, such as *giving* and *receiving*. Sometimes there was overlap in what the children were saying i.e. they could be coded under two headings such as *relaxing* and *enjoyable*. At this point the statements were included in both codes. This process was repeated for the four interviews.

The third phase began once all data had been coded and collated. The focus was organising the coded data into meaningful groups or themes (Braun & Clarke, 2006; Boyatzis, 1998). Analysis was at the broader level of themes instead of codes, and required sorting similar codes into possible themes, and collating all the relevant coded data extracts within these themes (Braun & Clarke, 2006). At this point relationships between codes were considered and how they might combine to form overarching themes. Visual representations using 'theme-piles' assisted with this process as advised by Braun and Clarke (2006). I grouped into piles where commonalities occurred or I felt that codes were linked through various key words, phrases saying the same or similar thing. Examples of commonalities were *relaxing*, *nice*, and *comfortable*. I was able to

identify main themes and sub-themes and had a ‘miscellaneous theme’ to store codes that did not appear to fit into the main themes rather than abandon them (Braun & Clarke, 2006). Sub-themes are described by Braun and Clarke (2006) as being “themes-within-a-theme” and are useful for giving organization to a large or complex theme or giving order to meaning within data. Examples of a theme was *transition* and subthemes at this stage were; *in the moment* and, *taking them to another place*.

When looking at the data I noticed some of the tones of van Manen (1990) evident in the data. I did not set out to use van Manen’s framework and it was only when I began interpreting data that I recognised that some aspects of this approach would be useful. This was further reinforced during a presentation to peers and lecturers at an AUT research forum who suggested there was a sense of hermeneutic/van Manen interpretation coming through in my presentation. The interpretation of data remained from a realists view in what the children are saying however I decided to link van Manen as there was more in the data than what first appeared. Bringing in notions of van Manen helped to uncover what the children were saying and deepen the interpretation of data. There were parts of the data where van Manen’s ideas fitted quite well and others that didn’t.

Phase four involved the ‘refinement’ of themes identified in the third phase. Braun and Clarke (2006) explain two purposes for this phase; the first is data are re-read to determine whether the themes ‘work’ in relation to the data set and secondly, re-read and code any data within themes that were missed in earlier stages. During this phase any themes; that were not supported with data; that merged into others; or, needed to be reduced to separate themes were identified (Braun & Clarke, 2006). For example, I merged the data sets of *relaxing* and *nice* together. Braun and Clarke identify two levels

within this phase which were followed; the first level involved reviewing the coded extracts for each theme to ensure they formed a 'coherent' pattern. If they fitted then the second level was moved on to, however if they did not fit then consideration was given to whether it was the theme itself that problematic or "whether the data extracts within it simply do not fit there" (Braun & Clarke, 2006, p.91). If this was the case then the theme was 'reworked' by "creating a new theme, finding a new home for the extracts that do not currently work in an already existing theme, or discarding them from the analysis" (Braun & Clarke, 2006, p.91).

Once a satisfactory 'thematic map' had captured the coded data, level two consisted of a similar process involving the entire data set. Braun and Clarke (2006) explain that consideration is given to the "validity of individual themes in relation to the data set and whether the thematic map accurately reflects the meanings evident in the data set as a whole" (p.91). Re-coding of data was not necessary as any fine tuning would not have added anything significant. At the completion of this stage, I had an idea of what the themes were, how they fitted together and the overall story they told about the data (Braun & Clarke, 2006, p.92).

Phase five began following the establishment of a 'thematic map'. This involved defining and further refining the themes to be presented for analysis followed by analysis of the data within them (Braun & Clarke, 2006). The goal was to identify the 'essence' of each theme as well as the themes overall, and decide what each theme 'captured'. This was achieved by returning to "collated data extracts for each theme and organising them into a coherent and internally consistent account, with accompanying narrative" (Braun & Clarke, 2006, p.92). At the end of this phase themes were clearly defined in terms of what they were and what they were not. As

suggested by Braun and Clarke (2006) I described the ‘scope’ and ‘content’ of each theme in a couple of sentences to test this. Further, giving succinct names to themes immediately informs a reader of what the theme is about. One of the themes is *reciprocation* which has six subthemes, two of which are; *reciprocation as reflected in the giving and receiving of massage*, and; *sense of fairness*.

The sixth and final stage involved the final analysis and report write-up once the clearly defined themes were identified (Braun & Clarke, 2006). The undertaking was to transform the data in the form of a story which convinced the reader of the merit and validity of analysis. By asking questions about each of the themes, such as their meanings, the assumptions underpinning them, the implications, what conditions may have given rise to it, why people talked about this thing in a particular way and the overall story the different themes revealed about the topic guided the analysis (Braun & Clarke, 2006). Braun and Clarke stipulate the story must be a “concise, coherent, logical, non-repetitive and interesting account” the data tells within and across themes (Braun & Clarke, 2006, p.93). Further, evidence of themes within data is required through the inclusion of data extracts to demonstrate theme prevalence. I believe I have achieved this. Each of the themes identified were linked to the overall research question however remain distinct in themselves. A combination of ‘analyst narrative’ and ‘illustrative data extracts’ are provided to ensure a “clear sense of the scope and diversity of each theme” (Braun & Clarke, 2006, p.93). In keeping within the van Manen ‘texture’ of this study, the experiences of the children will be “presented as an essence distilled from everyday accounts of experience, to form a total picture from partial accounts” (Crotty, 1998, p.83). Braun and Clarke (2006) emphasise the importance of going beyond the description of the data and to make an argument in

relation to the research question, in this case, the value of a massage in schools programme.

Trustworthiness

A descriptive study involves producing an account that stays close to the original data to create a narrative presenting original data in a “maturated way” (Gibson & Brown, 2009). One of the quality criteria for research is ensuring that the findings from the study are credible. This process has been commonly called trustworthiness for qualitative studies and rigour for quantitative studies, rigour implying inflexibility (Sandelowski, 2000). The way researchers define rigour is important and of course differs according to the paradigm from which they undertake their research. In quantitative research it implies exactness, measurability, validity and clear standards whilst in qualitative research it can be related to credibility, transferability and dependability (Pitney & Parker, 2009). Gibson and Brown (2009) suggest that the notion of trustworthiness is used by authors as Lincoln and Guba (1985) as a useful means of “side-stepping” the controversial issue of ‘validity’ and the connotations of ‘truth’ that come with it. Validity refers to the aim of ‘measuring what you intended to measure’ which does not fit with the idea of the constructed nature of accounts to which much qualitative research is committed. Lincoln and Guba (1985) ‘reconceptualise’ validity and use terms such as trustworthiness and authenticity to standardise methodological soundness in qualitative research (Holloway & Freshwater, 2007). Trustworthiness focuses on the context of data collection and, consistency of the methods of generation of data rather than on its inherent ‘truthfulness’ (Gibson & Brown, 2009; Holloway & Freshwater, 2007). For the purposes of this study trustworthiness is used when referring to the strategies employed. Trustworthiness ensures credibility of the study and that the reality of the participants and findings

generated are transferable to other similar cases. Trustworthiness is gained if the reader is able to audit events, influences and actions of the researcher and leave a 'trail of decisions' in terms of philosophical, theoretical and methodological processes (Koch, 1996; Froggat, 2001). This audit trail will allow the reader to decide for themselves if the findings of this study are credible.

Lincoln and Guba (1985) and others after them have developed criteria by which trustworthiness of qualitative studies could be established. The criteria of credibility, transferability, and dependability involve strategies associated with each component which are addressed throughout the study.

A key component of trustworthiness is reflexivity, a process of reflecting on my role as the researcher and the lens through which I viewed, analysed, and, described data. I have acknowledged and described my personal and professional background in the introductory chapter in order to clarify from the outset how I am situated with this study. The trustworthiness of the study was shown both in relation to the process of data collection and in the process of data analysis as shown above (Crotty, 1998). I kept detailed notes on decisions made throughout the process in an effort to overcome any researcher bias in interpretation of data, leaving a clear audit trail (Koch, 1996). Included in the discussion chapter (seven) are issues I found interesting or problematic, and, limitations of the research.

Credibility

The most important criteria in establishing results from qualitative research are that they are credible or believable from the perspective of the participants in the research. The concept of credibility relates to whether the findings of a study are

accurate and supported by data i.e. plausible (Pitney & Parker, 2009). The key issue to be addressed is whether the results capture what is really occurring. Credibility confirms the extent to which I re-present the social reality of the participants and their experiences of the massage programme. To ensure this I consciously challenged any potential bias and predispositions that may have influenced the study design or conclusions I ultimately presented. Potential bias was my occupation as a massage therapist and 'wanting' the results to favour the CMC programme. Bias was reduced through following the phases of Braun and Clarke (2006) as described above. In keeping with their recommendations, interpretations were repeatedly checked and amended where necessary with my supervisor's feedback as to whether the accounts were consistent and recognisable. Further, having opportunities to share my findings and identified themes with other colleagues, referred to as peer examination, also allowed verification. The opportunity for peer feedback was during phase three of the process as described by Braun and Clarke (2006). Both supervisor and, peer feedback processes allowed me to reflect on my interpretations. As recommended by Koch (1996) an audit trail to achieve rigour was maintained through keeping the raw data, along with my work sheets and analysis notes.

Transferability

Pitney and Parker (2009) suggest that when similarities occur between and among contexts that results are transferable to similar situations with similar types of participant. The key issue is whether there is enough descriptive information to allow a reader to determine whether the results are applicable to similar contexts. Providing a rich description of the research participants and identified themes will go some way in

addressing this issue however ultimately, the decision rests with the reader (Pitney & Parker, 2009).

Dependability

The ability to learn and understand what is really occurring best defines this component of trustworthiness. The key issue addressed is the believability of the results which are best verified through an audit process whereby details of the research process, including processes for defining the research problem, collecting and analysing data and constructing reports are made available to other audiences. This is often called an “external audit” which means that someone examines the research process and product to ensure that the study’s findings are consistent with its data (Pitney, 2009). Memos documenting the identification of themes, answers to questions, any changes to interview questions and details of participant selection were kept to ensure dependability of the findings could be tracked.

Summary

In this chapter I have described the methodology and method in relation to this research study. The qualitative descriptive research approach of thematic analysis as described by Braun and Clarke (2006) was chosen to answer the research question. I have described the method to enable the reader to follow the way the study was conducted which included obtaining, organising and analysing the data gathered from the four focus groups. The method also addresses issues of trustworthiness throughout. Following are the chapters of findings which identify and describe the three themes in the data and the links I have made as I understand them.

Chapter Four

Reciprocation

Introduction

Thematic analysis revealed three themes which reflected the children's experience of the CMC massage programme; reciprocation, comfort, and, to a nice place.

Reciprocation describes the experience of exchanging a massage with their partner; what they enjoyed about massaging their partner and, what they didn't enjoy. Comfort explores the children's physical and emotional experiences of the massage exchange and finally, to a nice place, the arrival point, describes the outcomes of the children's experiences of both reciprocation and comfort showing how the influence of these two contribute to the journey and subsequent arrival. Analysis and interpretation of the findings have been informed by many theoretical and philosophical notions, for example van Manen's (1990) notions of 'life worlds,' and, developmental constructions of social justice as described by (Walker, Hennig, & Krettenauer, 2000). Having "theoretical freedom" as referred to by Braun and Clarke (2006) is consistent with the process of descriptive thematic analysis. In addition to these essential themes three thematic threads were present throughout much of the data running across all three themes. These are the notions of time and timing, movement, and, the role of the teacher. In this chapter the thematic threads will be presented followed by an introduction and detailed discussion relating to the first theme, reciprocation.

Time and Timing

In this study the children's experiences and perceptions of massage carry with them the notion of time. The children talk about time in relation to; the length of time spent giving and receiving; what time they would like the massage; how long they want the massage; and, 'no time' in terms of the space they are in when giving and receiving.

Each of these thematic threads will be discussed in relation to the individual themes in the respective chapters however the meaning of time as it presented in this study will now be explored.

The notion of time resonates with the meaning of ‘lived time’ (temporality) as described by van Manen (1990). Time, referred to as lived time or temporality, is subjective time as opposed to clock time. van Manen (1990) explains that lived time is our temporal way of being in the world which appears to speed up when we enjoy ourselves, or slow down when we feel bored or anxious. Relating this to the children’s experiences of the massage session, the children describe their experiences in terms of ‘lived time’ and how it often seems that they are spending more time giving their partner a massage and less time receiving. Whilst the children didn’t say they were bored or anxious giving the massage, it may not have been as enjoyable as the time receiving and hence time ‘slowed down’: *“sometimes when you get a massage it feels like it’s only been one minute...and when you give a massage it feels like it’s been one hour.”*

Whilst perceptions of lived time as experienced by the children were present, measured time is also seen in the data: *“...we get 10 minutes each”*. Time was evident throughout all three themes; in relation to justice and sense of fairness as discussed later in this chapter; in relation to a sense of comfort as described in chapter five; and, time in relation to happy place as discussed in chapter six. What appears important here is that in the massage experience there is an interplay between ‘lived time’, as a subjective experience for the children, with allocated chronological time, where the teacher tries to ensure time spent giving and receiving is objectively, equal.

Movement

The second thematic thread running throughout the themes was that of movement. Movement is defined in a number of contexts however, the definition which best describes the thematic thread of movement during the process of massage is “the act, process, or result of moving” (Oxford Dictionary and Thesaurus, 2008, p.1088). The types of movement described by the children are, physical movement between subjects in class, an imagined movement, an exchange between one person and another, and, movement from one physical or emotional state to another. Movement is shown as the constant to and fro action embedded within reciprocation and, as a flowing motion as the children’s experiences of massage move them physically and/or emotionally from one state or situation, to another.

Role of Teacher

The role of the teacher is the third thematic thread which is evident to varying degrees in all three themes. From the children’s experience, the teacher plays contrasting roles during the massage session. She seems to appear and disappear in the experience. When the children are fully engaged in the massage the partner is the only ‘other’ during this time and the role of the teacher is invisible. From the children’s descriptions, the teacher seems to appear in a teaching and supervisory role only throughout.

About Reciprocation

An essential theme of the children’s experiences of the CMC programme was reciprocation. The children described the massage experience as a process of giving and receiving. Reciprocate is defined; “1. To give or feel in return; 2. To move or cause to move backward and forwards; 3. To be correspondent or equivalent” (Collins

Concise English Dictionary, 2008, p.1385). The word 'reciprocation' was found to best describe the data involving discussions around the children exchanging massages. All three definitions embrace the concept of the massage session; the second definition describes the to and fro movement of massage, 'to move or cause to move backward and forwards' and the other two describe the concept of the children giving a massage and receiving one in return indicating the return movement is of equal application; 'to give or feel in return' and 'to be correspondent or equivalent'. These definitions indicate that reciprocation is about being alike, the same, comparable and equal. The backward and forward movement between the two children is shown in their descriptions of giving and receiving, as a to and fro movement and of what they liked and didn't like about each role. Reciprocation is described by the children as two processes occurring throughout the experience as the children talk about receiving a good massage and wanting to give their partner a good massage in return, or, giving a good massage and expecting their partner to give them one in return. For the children experiencing the CMC programme, the to and fro movement indicates a non-verbal expectation of reciprocity between themselves and their partner. Also embedded within the expectation of reciprocation is the notion of a sense of fairness and equity of time, and, notions of anxiety and trust around reciprocation. These are discussed as subthemes. The outcome of reciprocation covering aspects of touch, enjoyment, self worth and fairness are also discussed in this chapter.

Reciprocation as Reflected in the Giving and Receiving of Massage

The thematic thread of movement is evident here as a to and fro movement of receiving and giving and is referred to by the children in relation to the expectation of reciprocation. Firstly however, for the reciprocation process to occur the children must enter into a working relationship with their partner. To initiate the session, the role of

the teacher becomes visible encouraging the children to “*find a partner you can trust*” and that is, according to the children: “...*some person you’ve known for quite a long time, who you can trust now...*” Once achieved, the children then begin the massage session with the unspoken ‘contract’ of reciprocation entered into; ‘if I receive then so I shall give’ and vice versa. The experience of the children with their partner in reciprocation carries theoretical and philosophical notions of the lived other or relationality as described by van Manen (1990). van Manen discusses the structure of the human life world, the ‘lived world’ as experienced in everyday situations and relations. He identifies four fundamental existential themes which encompass the ‘lifeworlds’ of all human beings, regardless of origin, history or beliefs; lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality) (van Manen, 1990). van Manen explains that the “lived other is the lived relation we maintain with others in the interpersonal space that we share with them” (van Manen, 1990, p.104). In this situation it is the relationship the children form with each other prior to and during the massage experience. Throughout the interviews the children talked about the interaction with their partner in relation to pressure, techniques, comfort, and, giving and receiving suggesting they had formed a working relationship with them. The children’s descriptions of their experiences with the other (their partner) indicate the children, as van Manen describes, had ‘transcended’ themselves and formed a relationship with their partner that allowed reciprocation and the resulting to and fro movement.

Reciprocation brings the sense of equivalence as the giving of the massage suggests a similar massage in return, showing movement in relation to reciprocation. The children portray this expectation throughout the data as they describe the reciprocation process of giving followed by receiving and vice versa. Receiving an

enjoyable message makes them want to give their partner one in return: “*when your buddy does a karate chop it feels really nice and that makes you want to be so happy you want to do it back to them.*”

From the aspect of giving, the children enjoyed giving massages and making their partner feel good knowing that their message would do this. It was also apparent that the children showed a level of expectation of reciprocity:

I enjoy giving the message and also giving it back to the person because I think that if you give a nice message then they will give you a nice one....so it's probably like you get a nice one and you give one backand it feels nice..

Movement in relation to equity of time in reciprocation was apparent as the children talked about the importance of having equal amounts of time for the message exchange as they often felt their “*buddy has a longer turn at receiving*”. van Manen’s (1990) notion of *lived time* is apparent here as the children perceive to have spent longer giving (something not enjoyed so much) than they had receiving (something they enjoyed), therefore time was perceived to have moved faster during the receiving phase of the message exchange.

The thematic thread of timing in relation to reciprocation is also evident as the children express their displeasure at having less time to receive compared to the time spent giving. There was a lot of discussion surrounding the chronological time allocated for the message exchange, and this was often represented in relation to how there was unequal time allocation for message.

I quite like the back scratching and it's near the end and sometimes the teacher says hurry up it's the person's next turn and you only get a short amount of back scratching when you want more 'cos they've only just started and then you go quickly all through the things and it's kind of.....not really (another says..relaxing) ..and you give them...a really long one.

As mentioned in the introduction, whilst perceptions of lived time as experienced by the children were present, measured time is also seen in the data. In this comment however, it appears that chronological time was shortened for the return exchange due to lack of time. It appears that not only the notion of '*lived time*' as described by van Manen (1990) may be contributing to the children's sense of time inequity but also chronological time in that the exchange times in terms of minutes do differ and sometimes the exchange doesn't occur at all. Allocation and perceptions of time were attributed to a number of factors; a longer time spent doing maths which was normally the subject before massage; that they needed to go to swimming or another sport; or, it was lunchtime. Sometimes the time was so restricted that just one person received the massage for the day with the assurance that the other person would receive in the next session. It was widely expressed through the groups that they did not like it when they gave a massage and there was not enough time for their partner to give one to them. They preferred to have one on the same day as their partner.

It's because sometimes we get so caught up in maths that we have a short time in the massage, so we get to massage our partner only, but Mrs ***** says next week we do massage to our other buddy but you want to do massage now...

The thematic thread of the role of the teacher in relation to reciprocation is evident here as her supervisory role regulates the time allocation for the massage session.

The different aspects of reciprocation in relation to receiving and giving have been described but the children did not always experience this process in the same way. Sometimes the children's experiences of massage were with their regular partner and at other times when this partner was away they had to go with someone else, in a group of three or, in a long line. The following section will describe the experience of massage within these different contexts.

At the Same Time

Another aspect of reciprocation in the children's experience was receiving a massage at the same time as giving. Some children talked about going in a three or a long line when their regular partner was away. This meant that someone was giving at the same time as receiving, something not condoned by the CMC programme as it recognises that people cannot receive and give at the same time reflecting a multitask scenario. This was reflected by some children when they described going in a three as *"annoying 'cos you have to massage the other."* Some also felt that it wasn't as good because their partner was distracted talking to the other person and would do it too hard: *"there's three of us.....and then when we do the head massage.. sometimes my partner is being silly and he does it too hard because he was talking to the other people..."* There was one child however who was happy about going in a three in preference to their regular partner who did not always do it properly. The arrangement of long lines or going in a group of three was a frequent occurrence for some children whilst others had never experienced it.

The role of the teacher is quite visible in the reciprocation theme and becomes apparent as the children talk about the teacher monitoring the group massages. They explain the teacher ensures the children have a turn at both giving and receiving, interceding in the reciprocation process to ensure the to and fro movement is maintained and, according to this comment, fair.

It's fair for the other people..if the teacher says to swap, .. one person, at the....front goes at the back and...the other person in the middle goes at the front and the person at the back goes at the front and ..so we all have turns...

This was the only comment that implied the exchange was fair.

Sense of Fairness in Reciprocation

Surrounding the children's experiences of reciprocation was a strong sense of fairness and justice. Movement in relation to sense of justice in reciprocation was evident in the discussions around the quality of the massage; if they gave a good massage then the expectation was they would receive a good one in return: *"I like giving a massage in the saying what comes around goes around. You give a good massage to them and they give a good massage to you back and both of you will be happy."*

Further, the time allocation for each child giving and receiving needed to be for the same time. It was widely expressed through the groups that they did not like it when they gave a massage and there was not enough time for their partner to give one to them reflecting the influence again of the thematic thread of time discussed previously. The sense of fairness in reciprocation, 'if I give then so I shall or should receive' underlies this subtheme. From a developmental perspective children's moral development and sense of fairness begins from an early age and appears to filter through the reciprocation theme as they describe their experiences involving exchanging massages. Children were prepared to give a good massage and they expected a good massage in return for the same amount of time, on the same day. Charlesworth, a behavioural scientist defines *sense of justice* as the "awareness of the degree of fairness associated with the disposition of resources of social situations" (Charlesworth, 1991, p. 352). "Resource" in the massage experience appears to refer to the social contract entered into when the children choose their partners at the beginning of the massage session. Children's moral development begins from an early age and is strongly influenced by parents, and, peers (Hamann, Warneken, Greenberg, & Tomasello, 2011; Walker, Hennig, & Krettenauer, 2000). Being able to rationalise and express their

opinions of fairness is an ongoing process and is dependent on the individual child however the children did feel that justice in this situation was about having equal effort put into the giving of massage, and, that the same amount of time was allocated for this. The children reflected their sense of fairness as they talked about the quality of the massage. A good massage was one that was *“nice and slow.”* If children had given a good massage then they expected a good massage in return. *“I enjoy giving the massage and also giving it back to the person because I think that if you give a nice massage then they will give you a nice one.”* Conversely, if the children had received a good massage then they were happy to give them a good massage in return: *“When, our buddy does a head massage to us... like really great and we have to do ... a really great massage to them...”* What was unjust for the children was an unfair massage exchange. Unfair practice for the children mainly concerned their partner however other class members were also mentioned. Unfair practice by their partner included not concentrating on the task of massage by; being distracted by another class member; talking to another person; applying too much pressure; tickling them; being *“silly”* and not massaging properly:

.. people talk during the massageand while you're trying to enjoy your partners massage they'll be talking and .. you might not be able to feel it 'cos you might be just hearing it and it's really annoying ... you can feel the massage better (if it's quiet) ...than having someone talking away ...

Further examples of unfairness as experienced by the children were if their partner who had received a massage and, for whatever reason did not want to massage them at all or, would manipulate the situation so they didn't have to give a massage in return:

It's always fun for me but sometimes my partner.....he just goes ballistic and has nervous breakdown..so sometimes....for no reason. he just goes outside and I don't get a massage, it's really annoying.. I feel very sad because I should get some...'cos I've given him one.

Some children indicated that they would rather not have a massage if their partners did not take massage seriously: *“ I like it that..massage to my partner so he doesn't have to*

massage me... Because sometimes...he does it too hard...” Whilst sense of justice was understood and felt by many of the children, there were members of the class who may have understood what was fair however did not respect or act on this. One child suggested that it would be better if they received more than they gave and didn’t appear to feel any sense of injustice about this. He talked openly about only wanting to go in a line if he was the person at the end because then he wouldn’t have to give: “ *Only if I was a person at that end because at that end you don’t have to massage anyone and you get ... a massage ..and it’s really, I think that would be good.*” From other comments regarding reciprocation and injustice, there were other members in the class who also morally didn’t feel to reciprocate the good massage they had received. As would be expected in a group of children, the data shows the variation of the developmental stages of children’s sense of social justice. Many children show a strong moral sense of justice while for others it was in the early phase of development.

Another way the children expressed their sense of fairness was in relation to equity of time. The thematic thread of time is apparent as it runs through this aspect of reciprocation. The children felt it was important to have equal allocation of time to both give and receive the massage. They discussed the duration of the massages sessions, wanting them longer, if it was a good massage however were very clear about the importance of equity of time for both giving and receiving: “*Oh sometimes your buddy has a longer turn at receiving...and that makes you very sad and mad...*” Many children expressed concern that there was inequity of time for giving and receiving. The first person may have had a defined length of time and when it was time to swap roles because time had run out, the second session had to be reduced thereby reducing the quality of the massage session:

...the teacher says hurry up it’s the persons next turn and you only get a short amount of back scratching when you want more...’ços they’ve only just started

and then you go quickly all through the things and it's kind of...really..not really (another says..relaxing) ..and you give them like a really long one.

Again the role of the teacher is visible here. Sometimes the teacher would tell the children that they could have the return swap the next day, as discussed earlier, however the children felt this was unfair as they wanted to receive then and there. Sometimes they did not have the massage session at all due to limited time which the children also felt was unfair: *"sometimes, we have to skip the massage... and ..I feel kind of unlucky..... 'cos sometimes you really want a massage.."* The children also discussed the order of the massage exchange; who went first or second in receiving. There appeared inequity in order for two reasons; the first one is the person who receives first then has to 'wake up' from their relaxed state and give their partner a massage. This doesn't allow the person to 'come back' in their own time: *"When I'm with *****'s guide person.... I like doing her massage first and then she does mine 'cos then I don't have to go 'oh, I'm relaxed but now I have to go do it."* The second reason is that if the giver gets sore hands from giving, they won't have the opportunity to have some relief from a massage, having already received one:

It's good, if you're giving the massage first because after you get a massage to calm your hands down and if you're second and you don't get a massage ...'cos you're the second person, your hands will like be in pain.

This was not a positive outcome of the massage session and did not encourage equity in terms of physical and emotional comfort for the first receiver. Resolutions to these issues will be discussed later in chapter seven.

Further to reciprocation, the children were quite clear about what they liked and didn't like about the massage experience. One of these was when their partner was not doing the massage properly. The visibility of the role of the teacher at this stage again becomes apparent as the children talked about the teacher intervening: *"When the boys*

massage really hard...the teacher..like looks at them and means to tell them to stop...she gives the evil look....”. Whilst it is important for the teacher to supervise the session it is perhaps more important for the children to understand that if they give a good massage then they will get one in return. Understanding includes qualities of respect, fairness, integrity and cooperation which many of the children have indicated in their comments surrounding the to and fro action of reciprocation. The importance of supervision or, encouraging the idea of reciprocation and ‘pay off’ of ‘I give you a good massage then you give me a good massage’ is highlighted.

Most children felt that partners who reneged on their social contract to reciprocate for any of the reasons described above, were unfair and this strongly compromised the children’s sense of justice. The children’s experiences of unsuccessful reciprocity and associated feelings of injustice were well expressed throughout this theme and supports the inherent sense of fairness in children as described in the literature (Charlesworth, 1991; Hamann, Warneken, Greenberg, & Tomasello, 2011; Walker, Hennig, & Krettenauer, 2000).

Anticipation/Expectation

Within the reciprocation theme lays underlying issues surrounding fear of the unknown prior to the massage exchange. In this school during the first CMC session the teacher asks the children to find a partner they trust and indicates that this person will remain their regular partner throughout the year. The children are not encouraged to exchange with different partners unless their regular partner is away. The girls in particular talked about being anxious when they had to go with a person who was unfamiliar to them. Although these children were members of their class they were not the regular partner with whom they engaged in massage. Requiring to pair up with

another person in the class unfamiliar to them within the context of massage or touch appeared to create a lot of anxiety and appears more prominent in both their first massage and, going with another person. When entering the massage session for the first time some children expressed their fear of the unknown and described their fear as having “*butterflies*” in their tummy:

When it's your first massage, and then your partners, massaging you and you think it's not gonna feel good.... you feel very nervous....and then you have butterflies in your tummy... and then...when your partner massages you it actually feels good..and, butterflies go away...

The second aspect of fear of the unknown was apprehension about going with another person: “*if I'm with another person, it feels kind of strange giving a massage and also receiving one.*” The children did however often acknowledge that despite this initial anxiety it wasn't as bad as they had thought, and that the experience was, in fact, enjoyable. One child suggested that whilst it might be an unfamiliar experience it actually had the potential for them to make a new friend:

when your partner's away and you have to go with someone new.. I think it's good and bad in both ways because I think it's good because you're ...making new friends and ...it's a little bit bad because you may not trust them 'cos they're a little bit new to your life.

There appears a sense of relief for the children when describing the experience of going with someone new, with the experience changing from one of apprehension to enjoyment:

..when I was with a partner..I actually... quite liked my massage 'cos I kind of knew that person because I've been in the same class with her a couple of times and she's nice and so if she does a good massage to me, I do a good massage to her.

The apprehension experienced by the children is reflective of entrance into relationships. Apprehension may relate to trust and also to not knowing the other within the context of touch. This notion bears a resonance with van Manen's writing about the ‘lived body’ (corporeality) experience (van Manen, 1990) within the context of health practice (van Manen, 1998). The children in the class were quite happy to work

alongside each other in ‘self-forgetful body’ situations where their bodies were forgotten as they focussed on the task at hand. When placed in a situation which changed from a regular classroom task orientated interaction to one in which their bodies became the focus of attention, some children felt vulnerable by the pending massage session. They were required as van Manen would describe it, to ‘surrender to the trust of the caring other’ (van Manen, 1998, p. 10) however as the children described, this was not always an easy transition and for the girls in particular, was often associated with anxiety. The experiences of many of the girls in the groups regarding pairing with a boy were negatively reported and the prospect of going with a boy was one of apprehension: *“like most of the girls in our class, they choose girls as partners and the boys choose boys. ... so if you get put with a boy it feelsdifferent, you don’t enjoy it that much”*. Psychologist Leneord Sax (2005) explains that male and female brains are organized differently, from birth functions are compartmentalised in the male brain and more globally in the female. The left side of the male for example is important for language where as the female uses both sides for language. Further, as girls mature, the brain activity associated with emotion (amygdala) develops connections with the cerebral cortex, the talking part of the brain (verbal processing and speech) (Sax, 2005). Girls also take in more sensory data and rely heavily on verbal communication whilst boys rely on non-verbal communication and are less able on average to verbalise feelings and responses as quickly as girls. These differences between boys and girls perhaps explains why the girls were able to both acknowledge and talk about their anxiety of going with someone they were unfamiliar with whilst for the boys they may not have felt comfortable, they didn’t verbalise it. Further, the girls engaged quickly into a discussion of the ‘boy germ’ issue. Use of the word ‘boy germ’ or, ‘girl germ’ is a New Zealand colloquialism and refers to the developmental stage of girl’s/boy’s dislike of the opposite sex in their age group. The experiences of these

children and their dislike of the opposite sex are characteristic of their developmental age. Children report feeling more positively about their own gender as early as in preschool and these biases appear to be present throughout the elementary school years (Kochanska, 1993; Zosuls, et al., 2011). This preference for the same sex may also be linked to socialisation as the girls may not only feel more positively about their own gender but as a result of this they are more likely to socialise with this group and therefore they are more familiar. Increased familiarity links back to the earlier discussion that it was fear of the unknown which generated a lot of anxiety for the girls. The unpleasant feeling of anxiety was present as this girl describes her experience:

I was with somebody last year and I barely had a good massage 'cos it was a boy and ... and I also didn't know him...very well and... it felt kind of strange.... 'cosit gave me a funny feeling inside 'cos I had goose bumps that time....while he was doing some.

She also said she didn't really feel any better once the massage had finished. In contrast another girl said a boy she had reluctantly massaged on one occasion told her afterwards he had really enjoyed and she also hadn't found it as bad as she had thought: *"I had to go with a boy 'cos it.. ...not very comfortable! But it actually wasn't that bad...and then afterwards he said ... "oh that was so n.i.c.e." It was a good feeling..massage and...I enjoyed it."* Whilst there was a lot of discussion in the girls group about not wanting to go with a boy much of it was based on their perception and not on experience. Many girls had not paired with a boy and did not like the prospect of this. This bias was strongly present throughout the girls' discussion groups however it didn't appear to reciprocate for the boys having to go with the girls. Whilst there was some disapproval from the boys about going with a girl it wasn't discussed at length, and, it didn't appear to cause the anxiety as presented in the girls groups. When asked about going with a girl the boys responses were: *"Icky (one boy)..yuk (another)..not really bad (another), I think it's not bad, 'cos I've never done it but...I don't think it wouldn't be that bad...lots of people have done it."* The contrasting differences between genders regarding dislike

of the opposite sex has not shown to differ in literature. Theorists propose different causative factors for gender segregation however differences in attitude between genders does not appear to differ noticeably (Zosuls, et al., 2011). What the data does reflect however, are theorist's findings in gender differences in processing and verbalising of positive and negative emotions (Sax, 2005). How the girls verbalised their dislike, as discussed earlier, is consistent with literature.

A further example of anxiety was a child who hypothetically talked about a situation of feeling apprehensive to receive a massage if she accidentally hurt her partner when giving one. This had not occurred however she obviously had some anxiety about fear of hurting her partner which affected how she would feel when she was receiving one in return:

And sometimes when we get massaged... it hasn't happened to me or my partner but when you do it too hard they might say 'ow' and stuff, and then they might do back to you and you might not feel good about massage.

As discussed earlier, the CMC programme highlights the importance to instill and teach respect for each other during the massage session. Whilst the teacher's role is to monitor the massage sessions, there are times when situations are missed as shown by this comment. Being fearful of a pending massage session because of being hurt or, for any other reason is not the intended outcome of the CMC programme.

Outcome of Reciprocation

Throughout the discussions involving reciprocation there was a developing sense of self worth amongst the children as they talked about their experiences of the massage exchange. Feeling good about making someone else feel good was important for many of the children. In relation to the outcome of reciprocation, the children felt good after receiving the massage and so felt to give back to their partner and make them feel good

also. The concept of if “I give, so I shall receive” or, as in the quote below ‘if I receive, then so I shall give’ is apparent: *“we’re happy to do massage because when your buddy does the karate chop it feels really nice and that makes you want to be so happy you want to do it back to them..”* Again the notion of movement within reciprocation is apparent as the to and fro action is once again noted from a slightly different perspective. This sense of self worth and giving after receiving was also reflected in the comments children made about learning a new skill. They talked about learning a new skill such as massage which they could take beyond the classroom and give to family, and others when they were older. The notion of movement is present here also however moves in a ‘pay it forward’ action rather to and fro. In receiving, and feeling confident with giving, the children can now give ‘out there’. Further, some also said they enjoyed trying their own techniques they had made up, the feedback from their partners perhaps instilling them with the confidence to do this. There was also some discussion in one group around being paid for giving massages by members of their family however this discussion stemmed from one boy who regularly gave his pregnant mother massages (without payment).

Summary

Within reciprocation, the children experience an interaction with their partner unique to massage. Their bodies now become the focus of attention rather than a subject outside of themselves whereby they are able to ‘forget’ about their bodies. This experience raises issues of trust and apprehension about with whom they reciprocate and how the massage is experienced. This was particularly obvious when a girl had to partner with a boy reflecting the developmental views of the opposite gender held by children of this age. Fairness in reciprocation was important to the children. The massage received needs to be of a good quality then the partner will feel to give a good

massage in return massage. A quality massage includes good pressure and total concentration by the person giving and, no talking. Secondly, the time allocated needs to be long enough for an exchange and, the exchange needs to be fairly allocated between the two. The outcomes of reciprocation for the children are discussed in the final chapter of findings where the outcomes of comfort as experienced by the children, discussed in the following chapter, combine to bring the array of experiences of massage for the children. Throughout this chapter and the following two chapters run the thematic threads of time, movement and the role of the teacher.

Chapter Five

Comfort

Introduction

This second chapter of findings explores children's experiences of comfort during the massage session and shows how the three thematic threads of movement, time, and, role of the teacher run throughout this theme. Comfort was chosen to reflect the children's experiences and descriptions of how they felt emotionally and physically before, during, and after the massage sessions. The children's experiences of both giving and receiving are discussed as physical sensations of touch, warmth, smell and pain and the levels of comfort associated with each aspect. How these sensations are experienced by the children in different parts of the body i.e. head, hands and back are also detailed. The dictionary definition of comfortable is defined; 1. giving comfort or physical relief 2. At ease 3. Free from affliction or pain 4. (of a person or situation) relaxing 5. *Informal* having adequate income 6. *Informal* (of income) adequate to provide comfort (p.336, Collins Concise English Dictionary, 2008). Synonyms for comfortable list as affluent, cosy, pleasant, agreeable, loose and casual (Oxford Dictionary and Thesaurus, 2008). The children referred to comfortable and uncomfortable in the contexts of the physical element (what they liked and didn't like), and the emotional elements of stress or anxiety and, feelings of ease or security. Within the physical element they talked about comfort in relation to both the tactile element of being touched with reference to warmth, pressure, the feeling of the different strokes and the areas massaged. The emotional element of touch was described in terms of comfort as they talked about how massage made them feel. Their experiences of comfort in terms of self image are discussed as well as their perceptions of others during the massage exchange. Along with being comfortable, the experience of massage was also uncomfortable at times for the children both physically and emotionally. They

were very clear as to what was comfortable and uncomfortable about the massage session within the contexts of both giving and receiving. This included a number of factors; their partner and how much they were concentrating or trying to give a good massage; girls pairing up with boys; how much time they had to receive the massage; what strokes were being applied; the pressure that was being applied particularly if it was too hard; discomfort when applying techniques and, what area of the body was being massaged. Each of these contexts of comfort and discomfort as referred to by the children are discussed. Also included throughout are the thematic threads of time, movement and role of the teacher as they relate to the issue being discussed at the time.

Comfort as Experienced Physically

The physical element of comfort was particularly important and often influenced how the children perceived their level of comfort and safety within the massage class. This was expressed by the children in a number of ways; firstly, the physical sensation of touch and the pressure and speed of application comes through strongly in the children's experiences. How the children describe their experiences fits with the definitions of comfort as related to the physical element of 'giving comfort or physical relief, at ease, free from affliction or pain, and, relaxing' (Collins Concise English Dictionary, 2008). Comfort was referred to when the children talked about receiving a massage and when their partner applied the right amount of pressure at the right speed; *"Nice and slowly and....normal.."* and another comment was *"when they do the back massage..it umm feels relaxed and comfortable 'cos they do it slow."* Good pressure was described as *"the best thing"* by the children. The thematic thread of movement is identified within this context as the children describe being hurt by the massage as result of too much pressure from their partner, moving from a place of comfort to a place of pain and discomfort: *"I don't like when my partner, he kind of pushes down*

when the play dough one, he squeezes really tight and it hurts a bit.” Physical discomfort was also experienced during the head massage if the hair was pulled *“it hurts a little bit”*. Many of the girls also said they did not enjoy massaging the head for the reason that their partner may have knotty hair making it difficult to massage: *“Sometimes when you’re doing brush the hair and nails... sometimes it caught and they don’t brush their hairs and then that’s why they get hurt.”* Having long and often knotty hair obviously made it difficult to massage using the techniques shown in the CMC programme.

The physical discomfort of pain was also apparent with one girl as she describes her experience when her regular partner was away and she had to partner with a particular boy in her class who would hurt her: *“it’s ok but sometimes with it, I go with the boys, like *****, he’s like... really.... tough in there ‘cos he’s tough and he hurts me a lot on my back...”* It became apparent that more communication was needed between the partners as sometimes pressure was excessive and this was not communicated with their partner. In the discussions with the groups there were several comments by the girls regarding excessive pressure particularly when observing boys massaging each other:

Sometimes when we’re doing massage, some of the boys sometimes they will be doing their massage and you can hear it being done ‘cos they do it so hard and then, when you’re doing it so nice it seems like they’re having a really bad one so you feel sorry for them.

Excessive pressure was also noted by the girls when boys were massaging girls and *“and then the girls start screaming.”* The girls did say they could ask their partner to stop if they were applying too much pressure. The children acknowledge the visibility of the teacher as they explain the teacher would discourage boys who were doing it too hard: *“When the boys like massage really hard...the teacher looks at them and means to*

tell them to stop.” The ‘look’ the teacher gave the boys to stop was further described as an “*evil look*”. Interestingly, there were few comments from the boys regarding too much pressure however there were comments which indicated they enjoyed the firmer strokes in preference to the lighter strokes. Some boys did not like the lighter stroke (called the ‘piano’) on the back explaining “*the piano, yeah, it does nothing*” and, “*it’s only light touches... I want it a bit harder.*” The apparent gender difference in pain tolerance is widely supported in literature. Physiological as well as psychosocial factors such as gender-role expectations of being tough, are thought to contribute to gender differences in pain perception (Chesterton, Barlas, Foster, Baxter, & Wright, 2003; Vierhaus, Lohaus, & Schmitz, 2011). Studies have found, even in children, females display a lower threshold and lower tolerance for pressure pain compared to males. Further, these gender differences appear to run across many cultures, for example, Chinese (Soetanto, Chung, & Wong, 2006). Whilst the girls thought the pressure looked and felt too hard to be comfortable, this feeling was not reciprocated by the boys who enjoyed the firmer pressure.

The notion of time was evident in relation to physical comfort. There were times when the children described wanting a longer or shorter massage depending on whether it was comfortable or not. Some wanted it shorter if the pressure was too hard: “*I like the massage.... shorter ‘cos sometimes some people do it hard and all.... and I don’t really like it.*” Other times the children wanted the massage shorter was if their partner was tickling them: “*I like it shorter because sometimes people tickle you*”.

These statements demonstrate if the children are not comfortable physically with their massage then they wanted a shorter session. Conversely, the children were happy

to have a longer massage if it was relaxing: *"I wish we could have more time like ten minutes each because, it just feels so relaxing and you don't want it to end."* There were also comments that a longer massage was required if it was going to help their back relax: *"I like the massage a bit longer because shorter, my back won't like relax and I want it a bit longer 'cos my back hurts so I want a massage for longer."* Comfort and enjoyment was also determined by the length of time they had to receive the massage:

the teacher says hurry up it's the persons next turn and you only get a short amount of back scratching when you want more..yeah...cos they've only just started and then you go quickly all through the things and it's kind of....really..not really (another says.. relaxing)

The notion of the teacher's role in determining the length of the massage session becomes apparent and is ultimately responsible for the level of enjoyment for the children in terms of time allocated, scheduling, and structure. Further, the role of the teacher is pivotal in managing those who don't want to massage. The children who didn't want to participate in the session for the day often distracted those who were involved: *"sometimes I want it to be shorter 'cos there's like people who aren't doing their massage 'cos they don't want one and they are doing maybe more exciting things."* The CMC programme encourages those not involved in the massaging to be involved in the session in some way, for example responsible for the music of the CMC programme. If the children are involved in another activity it both excludes them from the massage session and could be a distraction for those involved in the massage. The visibility of the teacher becomes evident at the initiation point of the massage session and the role played by the teacher is important for the comfort for all members of the class.

The second physical element of comfort is the physical sensation of touch often referred to by the children as “*feel*”. The physical notion of touch in the tactile sense was referred to in a number of situations; describing temperature; describing the massage wax used for the hand massage and; the experience of massaging someone’s hair if it was dirty, sweaty, or messy. The children’s expressive descriptions of their experiences of touch and the different sensations encountered are reflective of their developmental age. Throughout the years from birth to approximately seven years of age a child’s developmental journey is in progress. The human brainstem is almost fully functional at birth however the limbic forebrain is slower to mature. The limbic brain is “experience – expectant”, being responsible for experience and expression of emotions including pleasure, rage, fear and joy and the desire for social-emotional contact (Rhawn, 1999). This means exposure to environmental influences can determine the establishment of specific neural networks (Rhawn, 1999). The CMC programme recognises that experiences which expose children to positive experiences of smell, feel and touch will encourage this development resulting in a well developed limbic brain. The awareness of these senses is reflected in the children’s comments and supports both Rhawn’s (1999) and the CMC stance. The ages of the children were between eight and eleven years, generally considered the age range where limbic forebrain development is complete. The following descriptions of the children’s massage experiences of the physical aspects of comfort reflect their heightened awareness of their sense of touch.

Firstly, the children experienced the physical aspect of comfort as a sense of warmth. The children described the physical relief of being warmed up after feeling cold. This gave them a comfortable feeling about the experience and shows the notion of movement as the child moves from feeling cold to feeling warm as a result of their

massage: *“If it’s a cold day....and then they do the back massage to you ...and the hand massage... I feel warm....and comfortable.”*

Secondly, children’s physical comfort appeared to be mediated by their interaction and experience with the massage wax and their perception and responses to the physical sensation of touching the other child. Massage wax is used during the CMC programme to massage the hands in order to reduce friction on the skin and to stimulate children’s sense of smell. The wax used is sourced from organic ingredients (using cold pressed almond oil and bees wax mainly) and is scented with lavender essence however due to the content of bees’ wax the wax smells predominantly like honey. There was a lot of discussion around both the feel of the wax and descriptive language of the sensation in their hands: *“I like the feel.... it feels like ‘crutchy’ I think that it feels ‘cricky’ and ...it feels all soft...but when you put it in the hand...it feels like it’s a little disgusting...like sludge.”* There were mixed feelings about the slippery nature of the wax, with some liking the feel:

I quite the hand massage as well... even if the wax doesn’t smell that good but you know when the wax is relaxing it feels all slimy and stuff and feels quite good to me but maybe not to other people but it’s cool.

Conversely, there were others who did not like the feel of the wax saying *“it’s all sticky and gooey”*. Very little wax is required to reduce friction and release the aroma however the children’s comments indicated that they were often using too much wax which made it difficult to get any form of pressure on the hand saying *“..and it’s really slippery and it’s hard to get where you are trying to massage.”*

The third physical aspect of comfort experienced by the children was the sensations of touching another person. The feel of someone’s hair or their own hair if it was sweaty was not enjoyed by the children: *“after fitness, you get really sweaty and*

you hair's sweaty and everything and then it's just yuk." Many girls commented that one of the reasons they didn't like massaging boys was because they often had sweaty hair and hands: *"the head is worse part to do...the head and the hand is the same (another says) - it sweats, (many agree) they sweat."* Whilst this was a physical reason for girls not feeling comfortable massaging boys there were also social reasons surrounding their discomfort, discussed later in this chapter.

A further discomfort of head massage described by the children was if the hair was knotty making it difficult to massage the head: *"Some people, their hair's always knotty 'cos they never ever brush it in the morning which really annoys me and then sometimes 'cos their hair goes up when you do it, it gets really hard to do."*

The fourth physical element of comfort discussed by the children when describing their experiences of the outcomes of massage was the notion of relief from pain. There were many who found the head massage relieved their headaches claiming that it *"removes"*, *"goes away"*, and *"calms it down."* Headaches were referred to by the children in all groups indicating the frequency of this type of discomfort: *"I like the head massage because when you've got headaches, it gets the headaches to go away and ..it just feels like you're free and you can fly..for me...and...it's really nice.."* The cause of their headaches was often attributed to the stress of doing school work: *"...when you're working too hard and you're thinking so much ...you get a..headache, and when maths is done you could just ask your partner to give you a massage so the headache ..be gone...."* Whilst the physical relief from the pain of a headache was described by the children, the nature of the physical discomfort was not. When

referring to the areas of the back and arm however, the children did talk about the nature of their discomfort:

The pain gets away. It's like when you're doing maths...you got...pain. Maybe on your arm ...if you're getting maybe a hand massage 'cos your hand, it's like moving around in maths and it really hurts if it's moving around a lot.

Words such as “*pain*”, “*hurt*”, and, “*bad*” were used to describe the feeling in relation to the area affected. From an early age children are able to select words which describe their perceptions of pain (Kortessluoma & Nikkonen, 2006). Their way of talking about pain is affected by several developmental and experiential factors as reflected in the diverse expressions used to describe the feelings associated with discomfort and subsequent relief as a result of the massage. Once again the thematic thread of movement is reflected in the children's experience as they describe moving between places of discomfort to comfort: “.... ‘cos you usually have a bad back because you're going like that working all the time and when you have back massage you really lightens that up and doesn't feel bad anymore...”

The fifth physical element of comfort experienced by the children was linked to the sense of smell and related to two experiences the children talked about concerning their massage sessions. Firstly, the smell of the massage wax; there were mixed feelings about the hand massage with some not liking it due to the smell of the massage wax used. This may be due to the different past experiences of the children and exposure to mediums which were of similar texture and smell: “*And also with wax...it's bees wax with a little bit of lavender but I think the bee's smell takes over but once you've washed your hands with soap it doesn't smell anymore.*” Most of the children enjoyed the hand massage however didn't enjoy the smell of the wax: “*I don't like the way the hand massage thing kind of smells and stuff but the hand massage is very nice, and the wax is smelly.*”

The second experience of smell which impacted on physical comfort related to the smell of the other children, described by one child in relation to the smell of their partner's hair saying *"if her hair smells and ..it's quite bad smell..."*. Due to the multi cultural nature of the class I did not know if the smell was due to the hair being dirty or, if there was a product in the hair to help it stay tidy, regardless, this smell was unpleasant for the child and impacted on their physical comfort with the massage programme.

A fourth physical element of comfort experienced by the children was the sensation of sleepiness following a massage. Most children enjoyed the sensation: *"it feels nice and you want to go to sleep"* however there was one child who didn't enjoy massage citing one of the reasons was because it made him sleepy when he wasn't tired before the massage began: *"I don't like getting one. ...I don't know....I'm not that tired..... well sometimes when I do massage I kind of go sleepy."* The reason for not liking the feeling of sleepiness at school was not explored however for this child it was not pleasant and for this reason chose only to give and not receive massage unless it was the head massage, *"I like head massage, better"*.

Comfort as experienced through the physical sensations of pressure, warmth, pain, smell, feel, and tiredness during the massage sessions were well described by the children and reflects their acute awareness of senses throughout this age range.

Another physical element of comfort related to the area of the body being massaged. Most children enjoyed all areas being massaged and commented that the massages brought about some sort relief or improvement in performance i.e. headache relief, being able to write easier, increased comfort or, relief from pain. The children's

experiences of comfort involving the head massage were varied and created a lot of discussion. Many enjoyed the head massage finding it nice and calming particularly if they had a headache (as discussed earlier) however many girls, although they enjoyed the massage itself, did not like the hair pulling if it was knotty: *“I don’t really like the head massage either because.. when they brush your hair ...up like that ... it gets all knotty and sometimes there’s bits of hair that... get pulled on ... and it hurts a little bit.”*

A consideration related to comfort regarding the head and hair is the cultural influence. Hair is often an object of traditions and beliefs across many cultures. The school roll is drawn from a wide range of ethnic groups including Filipino, South African Indian, Iranian, Chinese, NZ/European/Malaysian, and New Zealand European. Many of these cultures view long tidy hair as a sign of youth, beauty and wealth and see long, unkempt hair as offensive and undermining of values important to their cultures including parenting skills (Rooks, 1996; Maynard, 2004). There is a real possibility that some of the comments made by the girls were grounded in their cultural beliefs. This is reflected in one comment by a child involving her mother’s remark regarding the state of her hair after school: *“I don’t like the head massage because when I get home my Mum asks why my head’s so messy...so that’s why I don’t like it.”* The mother was not happy with the state of her daughter’s hair and obviously showed her dissatisfaction to the girl, to the point that she did not like head massage. For the boys however, the head was very popular and many expressed their enjoyment of receiving a massage in this area: *“... the head massage you get r.e.a.l.l.y comfortable because there’s they go up there and go down (showing how the stroke is performed over the head) and that’s really, really comfortable.”*

The hand also created a lot of discussion in terms of the children’s experiences of massaging in this area. Again, this was an area which carried mixed opinions for its

preference with some enjoying it and, finding it enabled them to write well: *“the hand... feeling it was nice and when I write something, I can write properly.”* Most of the discussion surrounding the hand massage was not so much around the physical nature of comfort but more around the sensations of touch and smell and the emotional comfort or discomfort of massaging someone else’s hand which is discussed later in the emotional comfort theme.

The back, the third area the children massage, did not carry the diverse range of views when discussing their physical experiences of comfort compared to the other areas of the head and hands. There weren’t any children who expressed their dislike of the back massage. The children’s experiences of the techniques applied generated a lot of discussion. The techniques most enjoyed were the *“knead the dough on the shoulders”*, the *“karate chops”* and, the light stroking on the back stating that the techniques *“feel really nice”* and were *“really good.”* The girls preferred the back massage and the different techniques particularly the back scratch; *“I like the back scratchingthat feels really nice.”* One boy commented that he liked the back scratch when it was done with more pressure using the knuckles rather than the fingers which was *“like a shiver down your spine.”* Many boys commented on their dislike of another lighter stroke called the ‘piano’ and their preference for the firmer stroke of the ‘karate chop’ as mentioned earlier when discussing gender differences in pain tolerance (Soetanto, Chung, & Wong, 2006). The children commented that a back massage helped them if they had a sore back:

what I like about the most in massage is the back massage ‘cos when your back is hurting you could get your partner or your friend to give you a massage and then when you’re done you feel like your back is not hurting anymore..

The causes of the sore back appeared to be a result of sitting at their desk working for long periods of time: *“You usually have a bad back because you, you’re going like that working all the time.”* Prolonged sitting may alter the passive stiffness of the lower spine, compromising mobility in this area and risking lower back pain or injury (Tyson, Parkinson, Stothart, & Callaghan, 2005). The CMC programme requires children to be moving around in the classroom including standing whilst administering the head and back massage. The daily running of the programme helps to fragment the school day so that children have a break from sitting and as the children report appears effective in relieving back pain associated with the sedentary nature of most classroom activities.

Comfort as experienced physically through body position was discussed by the children from both the perspective of receiving and giving. In terms of receiving physical comfort in body position was referred to when the children talked about how they sat in their chair. Sitting on the chair to receive the massage was uncomfortable for many children and detracted from the enjoyment of receiving: *“.. maybe you don’t like how you sit because the chair might be pinching your skin and you just focus on that and not really the massage.”* The children described how they sat on the chair ‘back to front’, resting their hands on the back of the chair with their head on top of their hands. The children commented this position became uncomfortable as their hands and head got sore as a result of their head resting on their hands. The *thematic thread of the teacher’s role appears as the children are instructed how to sit*: *“we sit on our chairs like this and seeing as we have to sit with our heads there and it really hurts.”* The children also noted that their hands would sometimes slip off the rounded edges of the chair back suggesting that they had to hold their hands in this position and were not able to relax completely: *“’cos we do it like on the tip of the chair (referring to the back of the chair) and it wouldn’t be so comfortable and sometimes our hands go ‘choooo’”*

(slide off the sides of the back of chair). One child suggested that having some sort of padding across the back of their chair or on top of their hands would help resolve the discomfort: *“If you had a squishier bit on your hand, it would be comfortable....if you had a cushion on the bottom it would have felt way better.”*

Physical discomfort when applying certain techniques was also an aspect of the children’s massage experience. The reason for this is that both children sit during the massage session requiring the child giving to lean forward and reach out with their arms to apply the techniques: *“And also when they do the ..head massage they sometimes have to stand up ‘cos they can’t reach it.”* Reaching forward with the arms out in front of the torso for a prolonged length of time places undue strain on the muscles of the back, neck, and shoulder areas by having to support this action. The muscles in this area tense up causing discomfort and can refer pain into the arms and hands (Lee & Nelson, 2010). The children are therefore unable to massage effectively due to poor body mechanics causing discomfort, as described by the children. Whilst many enjoyed giving massages, the discomfort associated with giving massages was seen as a negative factor: *“I like giving the massage but sometimes your arm gets sore.”* For the children to experience physical discomfort when giving a massage negated one of the intended goals of the CMC programme, to calm and relax. The children found that it was better to be the second person to receive a massage in order to relieve the discomfort of giving:

“It’s good, if you’re giving the massage first because ... after you get a massage to calm your hands down and if you’re second and you don’t get a massage ...’cos you’re the second person, your hands will like be in pain.”

This comment highlights the importance of both parties being comfortable during the massage exchange. Comfort as experienced physically by the children in the massage

sessions often intertwined with varying levels of emotional comfort. Following is a discussion of comfort as experienced emotionally for the children.

Comfort as Experienced Emotionally

The emotional aspect of the children's massage experience was expressed from a number of perspectives. The first is illustrated in the words of this child when describing his current mental state and anticipated physical state on hearing his teacher informing the class of the pending massage session: *"when Mrs **** says 'massage' I get so tired 'cos I go like 'freak'...and it feels like my hands are gonna be sore."* Here, the role of the teacher becomes visible as she guides the children into the massage session which for this child is negatively received.

A second aspect of emotional comfort described by the children was in relation to the sense of relaxation and calm the massage produced: *"it's really relaxing it ...as I said you feel really stressed and then that it calms you down."* This highlights the stress often associated and experienced by the children when engaging in school work, particularly it appears in this study with maths the subject which most frequently preceded the massage session. Some children obviously place a lot of pressure on themselves in achieving good results. One child described her frustration of getting 99 out of 100 in maths which *"makes you feel sad 'cos you just want to get to 100"* then having massage straight after *"just makes you feelcomfortable and maybe just helps you feel a bit better."* Whilst this child acknowledges the relaxing effects of massage there is also frustration of not getting the *"ONE point"* required for a perfect score. This statement and the frequency that headaches were referred to by the children raises concerns regarding the pressure children of this age are putting on themselves. The

children explained that they would often get headaches as a result of concentrating on their school work which for this child was English (as a second language): *“It’s like something after ESOL”* (English for Speakers of Other Languages), *“like, the English, we sometimes, I get headaches ...and can’t ...do maths properly.”* The pressure of concentration which caused the stress headaches maybe be related to the fact that many of the children in the groups interviewed were from a range of ethnic origins for whom English was their second language. Fortunately, not all children held the same prolonged concern in regard to academic performance and the CMC programme enabled them to ‘let go’ of their stress: *“..if you didn’t finish enough maths well.. you didn’t like the maths, then you can just... forget about it and relax... and be comfortable.... knowing that everything’s going to be ok.”* For some children the massage session was seen as a useful way of relieving their headaches, stress, and tiredness and something they looked forward to, *“’cos sometimes maths is hard....and then you ... really want a massage.”* In another situation a child describes the use of massage to relieve a headache caused by the emotional stress of someone or something making them sad: *“... if you have like a bad headache or ..youdid something that made you sad or someone did something to make you sad, then...your headache goes away when you feel the massage.”* The children were able to acknowledge the reason for their state of emotion and the resulting physical response. They knew what a headache was, and secondly, they knew what caused it, reflecting acute awareness of their emotions.

There has been an upsurge in literature exploring emotion in children in the last 15 years which has changed society’s conceptualization of both the nature of emotions and their function in development (Saarni, Mumme, Campos, Damon, & Eisenberg, 1998). Children’s understanding of emotion and how they cope with their emotions and

environmental factors that evoke them are termed; ‘experience - expectant’. This means that the emotional expressions of others regulates their behaviour and results in empathic behaviour, emotion regulation, and coping. The development of emotion is through the limbic brain and as with all other senses (discussed in the previous chapter) is reliant on a range of environmental experiences for development of positive responses (Rhawn, 1999). Many of the children in the study were able to understand their emotion, what caused the headache and, what eased it (massage) reflecting a good understanding of emotional and physical processes in the body. Here the thematic thread of movement is indicated in relation to mental tension as the headache “*goes away*”.

The influence of the teacher in promoting this sense of emotional comfort was apparent in the experience of the children. The children explained they normally had their massage session following maths and that the teacher had told them that massage would help them to “*get the bad thoughts of maths away*”. Firstly however, she would show the children how to do sweeping movements above their partners head without touching them. This action would help to clear what she called “*bad karma*” the children may have:

..if ...you didn’t understand . maths that much and if you do like maths but this time you didn’t...like it because like when you start up you gonna... that (does movements in air), get away the bad thoughts.... and it actually.. does work.....Go like thatswish our hands around..like shoo away..(children demonstrate and sweeping movement in the air) over people..get away the bad feelings and then we go like that to ourselves so we don’t get the bad feeling.

When asked to explain what ‘karma’ was the children said the teacher told the class that if they had bad feelings or were tired after maths that massage would calm and relax them. This is not part of the CMC programme but appears to be a strong influence to the children’s experience and response to the CMC sessions as indicated in the conversation with this child. Their enjoyment and engagement with the massage

sessions however, appears to not only be influenced by the teacher but also the degree to which they enjoy the subject prior to the massage session:

“Sometimes in maths when I’m really enjoying it..Mrs ***** changed it to something else when I start to not enjoy it, and at the start I think ‘oh, I won’t need my massage..’ and then, I just start thinking ‘oh,ha, I really need the massage now.’”

The thematic thread of timing in relation to comfort and enjoyment of the massage relates to activities leading up to, during or following the massage session. The timing of the massage session created a lot of discussion with the children. It appears the children have a set routine for their day which is preferred for children of this age and their developmental need for structure and order (Churchill & Stoneman, 2004). Whether they had the massage session before or after certain subjects determined their level of comfort and enjoyment: *“After maths..it feels comfortable that you get to have a massage....”*. Maths was normally the subject before massage which the children were happy to move onto however sometimes there appeared conflict when maths was fun and/or easy and they didn’t want to do the massage: *“Oh, it’s when you think maths is really easy and you just want to go straight to the next subject.”* There appears to be frustration from this child wanting to stay with maths:

“Umm I sometimes don’t like want to really do it, but still if I’m still if I’m still I never get something in maths I still don’t want it ‘cos I think I have to get this right.... i have to get this right...and I don’t want to massage.”

Another comment acknowledges the conflict however, because the massage was so good, they still chose the massage: *“Sometimes I don’t want a massage ‘cos...maths is really fun..., but I still have my massage ‘cos it..just feels...nice.”* The thematic thread of time and length of massage in relation to enjoyment and comfort was also apparent when the children experienced their partner being mean to them or, not giving them a proper massage. Many children said they would rather not have a massage if their

partner was going to be silly and not massage properly. It appeared that some of the girls had developed strategies to minimise their discomfort with one girl describing how when she had to go with a boy, she offered to give the massage first thereby reducing the chances of receiving. These situations would have created a lot of stress for the girls and highlights the importance of ensuring both partners are comfortable with their pairing. The CMC programme advises that the facilitator ensures both parties consent to the massage exchange prior to the start of the session.

Most of the children appeared to derive emotional comfort and enjoyment from the massage sessions sometimes expressed in their drawings as feelings of ‘love’ and being ‘lucky’. The illustration below in Figure 1 shows a child’s drawing accompanied with their interpretation.



Figure 1: Drawing by child during the group interview. She interprets: “I did this picture, the heart stands for love and then I like massage and that’s the flowers and that’s why I’m lucky having the massage.”

For others the massage sessions was used as a way of relieving the upsets they encountered in their day to day experiences at school: *“at the beginning of the day...something might have put you down.....and then when you have a massage it’s.....gone away...”*. The children’s experiences of both physical and emotional comfort were varied reflecting the acute awareness they have of their ‘being’ in different situations. The following section will examine the children’s experiences of comfort toward and of others during massage.

Comfort as Experienced Toward and With Others

An area of comfort discussed at length by the children was their experiences of others and with others. It became evident early on in the discussions that girls did not like having their hair messed up with the massage: *“you put your hair perfect and you have to take your hair out and you’re like “oh that was a waste of time..!”* Their comments reflected the real concern the girls’ held regarding their image as a result of the head massage. Their dislike for receiving the head massage could be influenced by two factors. The first consideration is the importance of self image in girls at this age being more important to that of enjoyment. One girl admitted *“I don’t like..... head massage at school”*. Studies have shown the importance of body image emerges at an early age particularly in girls and as young as four years of age (Lunde, Frise, & Hwang, 2006). Several studies show that dissatisfaction with one’s body is common in Western society, especially among female adolescent and adult populations (Lunde, Frise, & Hwang, 2006). This accepted view by woman of body dissatisfaction is often referred to as “a normative discontent” (Lunde, Frise, & Hwang, 2006). Furthermore, self esteem in girls is influenced by their beliefs of how others perceive their appearance. The girls’ sensitivity to how others might perceive them was reflected clearly in the comments made by the girls and supports literature related to body image.

A further situation where body image and how the 'other' might see me relates to the experiences of many of the girls in the groups regarding pairing with a boy. Their experiences were negatively reported and the prospect of going with a boy was one of apprehension: *"some girls never want to try to have their partner be away 'cos they might end up being with a boy and that's too scary 'cos people might say....those two with are each other and stuff, like..."* The girls engaged quickly into a discussion of the 'boy germ' issue which was linked to the fear of what others would think because touching a boy, particularly their hands, was especially *"disgusting"* and *"embarrassing"*. The experiences of these children and their dislike of the opposite sex are characteristic of their developmental age. Children report feeling more positively about their own gender as early as in preschool and these biases appear to be present throughout the elementary school years (Kochanska, 1993; Zosuls, et al., 2011). This preference for the same sex may also be linked to socialisation as the girls may not only feel more positively about their own gender but as a result of this they are more likely to socialise with this group because they are more familiar. Increased familiarity links back to the earlier discussion that it was fear of the unknown which generated a lot of anxiety for the girls. The unpleasant feeling of anxiety was present as this girl describes her experience having a *"funny feeling"* and *"goose bumps."* She also said she didn't really feel any better once the massage had finished. Girl's sensitivity to how others might perceive them compared to the boys again highlights gender differences in self image (Sax, 2005). The comments made by the children about the massage experience reflects strongly their developmental stage of gender preference, and, girls' sensitivity to what others might perceive of them should they partner with a boy.

Another aspect of emotional discomfort relating to privacy and self-image and of particular concern to the girls was when they were wearing skirts and had to sit in the reverse position to receive their massage, particularly when boys were sitting close by:

I sometimes hate massage because sometimes the girls have, like wearing skirts and not skorts (shorts that look like a skirt) and we sit on the seat like I would sit up..this myself (demonstrates sitting towards the back of the chair, straddling the seat), ... and sometimes the boys like sit next to youand they can see your underwear...and they lean over...

For many of the girls in the class, it was not appropriate for others, particularly boys, to see their underwear. Their emotional discomfort reflects the cultural influence from family and peers that displaying underwear in a public domain was inappropriate behaviour and is reflective of the developmental age and gender issues discussed in the previous chapter (p.96). The girls were concerned with protecting themselves from any sort of ridicule from their same gender peers, and, from peers of the opposite gender (Zosuls, et al., 2011); “*‘cos people ..walk past and insult you*”. It was apparent that for the girls in sitting in a reverse position and wearing skirts is an emotionally uncomfortable experience. The girls did not suggest that they withdrew from the session but continued with emotional discomfort. The CMC programme encourages both physical and emotional safety for those involved at all times. As discussed earlier, the positioning used in this class is not the suggested set up used by the CMC programme. Exploring ways to resolve privacy will be important for ensuring the girls comfort and engagement in the CMC programme.

The girl's preference for the back may also be associated with body image. In the back massage their skin is covered with clothing and not directly touched by the giver as with the hand and head. Whilst their body is still the focus of attention, it is not their skin therefore their clothing may provide a form of 'security blanket' for them

during the massage. This enables them to relax and enjoy the experience without the anxiety of wondering what their partner may think of their body.

The discussions with the girls regarding their experiences of the head and hand massage highlights the sensitivity girls hold around appearance at this age and their perceptions of how others might see them. Following is a discussion centred on comfort with others.

Perception of other

From the children's experiences, it appeared their levels of emotional comfort were very much dictated by whom they partnered. As discussed in the reciprocation theme there is some apprehension entering the massage experience with someone unfamiliar to them from the context of outside of the 'self-forgetful body' situation as referred to by van Manen (1990). The philosophical notion of the lived body or corporeality, one of four fundamental existential themes which encompass the 'lifeworlds' of all human beings as described by van Manen (1990) comes through again in this situation. When the body becomes the object of someone's gaze, it may lose its naturalness and appear clumsy in its movements and shows we are always bodily in the world (van Manen, 1990). Whilst this may initially limit engagement as they enter the experience, the benefits of the experience are apparent as the children become to trust the other. The topic of massage partners created a lot of discussion amongst the girls in this study, again highlighting their sensitivity of how they may be perceived by their partner, irrespective of gender (Sax, 2005). On exploring this further, there were two issues related to comfort; the first was familiarity and trust of the other person. As explained previously in the reciprocation chapter, for the first massage session the

children were asked to find someone they could trust to be their partner. This person remained their partner throughout the year unless they were away, they then were required to pair up with someone else. For some of the children, having to go with someone else when their regular partner was away and with someone they weren't familiar with created stress and anxiety:

becausemaybe they were left with a partner with someone they didn't really know a lot and ...they didn't really trust 'em ... and they just don't feel relaxed around them and they kind of feel stressed when they're around people that they don't really know.

The anxiety and discomfort some children experienced when required going with others manifested into physical symptoms as reflected in the comment on p.97 where a girl talked about having "*goose bumps*." This comment by a girl was perhaps compounded by the fact that the new partner she was required to go with was a boy however it may also relate to the aspect of physical comfort discussed earlier regarding apparent excessive pressure used by boys. The comfort of touching and being touched by someone whom the child is unfamiliar with comes through strongly:

If you choose a partner and you don't mind them touching you when you don't normally like people you don't... know touching you ... and then you get put withanother person that you don't really know and you feel really uncomfortable.

The second issue relating to comfort was the gender of the other person. The discomfort of touch was heightened if the girls, in particular had to go with a boy and, massage their hands. The hand, similar to the head, carries cultural and social significance across many cultures. Our sense of touch, the sense the most closely associated to the skin is the first to develop in the human embryo (Montagu, 1971). The hand is one of the main vehicles for conveying to the brain knowledge of our environment. Children do much of their learning through their tactile experiences.

Neurologist, Frank Wilson (1999) acknowledges the significance and symbolism of the hand and how it represents the creative and the ordinary, blending the spiritual and the mundane. It is these characteristics of the hand which distinguish the human species from all other known forms of life (Wilson, 1999; Alpenfels, 1955). Within New Zealand European culture, and many western cultures, touching someone else's hand is a symbol of affection (Wilson, 1999). Coupled with the stage of their developmental age of same gender preference and, girls' sensitivity to how others might perceive them as discussed in the previous chapter (p. 96), the prospect of going with a boy was not comfortable and highlights the social implications of touching a boy's hand: "... *girls think that if they hold hands it's kind of disgusting with a boy because of the ..knowing thing .. and ... it's really embarrassing to be with a boy.*"

Another aspect in relation to comfort relates to giving massages. Comments by the girls related to giving were also similar to those made about receiving the head massage:

Sometimes...your partner..doesn't want their hair taken out because it's done up really nicely in plaits... and ... it's really hard to do the massage and ... when you've finished they go 'oh, my hair is all messy' and sometimes, when I've have my hair done up nicely, I go 'oh no, it looks terrible'.

The importance of image as portrayed by this child regarding her partner is felt to the point that she relates it back to herself and how she feels when her hair own hair is messed up. The girl shows concern for her partner and felt responsible for messing her hair. This concern was also expressed by others who said they were reprimanded for messing their partner's hair.

Further emotional elements of discomfort were referred to when the children talked about their experiences of giving. One girl talked of situations when she was

giving and others in the class also giving are making fun of their partner and talking with their friend across the room:

..they call... their friends name and maybe you think they are making fun of you while they are doing the massage to you, doing funny stuff that's why sometimes you don't like massage.... 'cos when I'm massaging my partner I see people do that sometimes with their partner I don't like that..

This girl was sensitive to the feelings of others and did not feel comfortable when others were being made fun of and something she herself would not like if it happened to her.

One girl didn't like being told what to do when giving the massage: *"I don't really like giving the massage because some people say 'oh you're not supposed to be doing that, you're supposed be doing like this..."* This comment reflects the giver preferring to control the session, conversely the following statement shows how the receiver wants to control the massage: *"....sometimes, you feel like massaging (using another technique) and the other person keeps saying ...for you to keep going and it kind of gets annoying."*

This comment suggests that the child giving may have become tired or sore when using a particular technique and wanted to change. The CMC programme encourages the children to respect what is comfortable for the receiver however safety and comfort for the person giving is also important.

Summary

Comfort as experienced by the children during the massage sessions reflects their emotional and physical experiences and perceptions. The children's descriptions of their physical sensations of touch, warmth, smell, pain and levels of comfort were vivid, reflecting the active stage of limbic brain development which is based on 'experience - expectant' learning (Rhawn, 1999). Gender differences were also highlighted within this comfort theme. The first was the difference in levels of pain tolerance due to both physiological and social reasons. The girls did not like too much pressure and enjoyed the lighter techniques compared to the boys who enjoyed them

firmer. They were also concerned the boys applied too much pressure when massaging each other and the girls who had received from boys felt the same way. The second gender difference was associated with self-image, the girls being more concerned with how others might perceive them. There was a mutual dislike of partnering someone from the opposite gender, although characteristic of this age group, in terms of same gender preference, this was carried a step further by the girls because they worried what others might think of them if they had to go with a boy, especially if they had to massage their hands. A further issue related to image was the girls having their hair messed up during a head massage. Their concern may have had a for cultural bias given the multi cultural nature of the groups and the disapproval from one of the mothers for having messy hair. The back was popular with both genders and didn't carry the conflicting views compared to the hands and head. The back may be the preferred area for massage overall by both genders, perhaps being the 'safest' area for massage with the hand and head both requiring direct skin contact, and, the back not carrying the same cultural or social implications as the head and hands. Comfort reflects children's emotional and physical experiences of the massage sessions and shows the three thematic threads of movement, time, and, role of the teacher running throughout. The outcomes of comfort for the children combined with the outcome of their experiences of reciprocation are brought forward to the next and final chapter of 'arrival', the 'destination' to a nice place.

Chapter Six

To A Nice Place

Introduction

This third and final chapter of findings explores children's outcomes of reciprocation and comfort and follows their transition to and arrival at a nice place. 'Nice' was used by the children to describe many aspects of their massage experience and is seen throughout the data both on their journey and arrival at their point of destination. The definition of nice is: 1. Enjoyable or attractive 2. Kind 3. Involving a very small detail or difference (p. 482, Oxford Dictionary and Thesaurus, 2008). Synonyms are enjoyable, pleasant, agreeable, good, fine and, subtle (Oxford Dictionary and Thesaurus, 2008). The children used nice within the contexts of enjoyable and, in involving small detail associated with touch and sound during their massage experience. Further, the children used the word nice in relation to two ways of being; in relation to reciprocation (referred to in the 'reciprocation' theme) and, as part of an internal experience where the other person does not appear at all. This final theme links the two themes of reciprocation and comfort and the journey of massage leading to what the children describe as a 'nice place'. These themes not only refer to the destination but the process of the journey to their arrival point. Different aspects of the children's experiences in reciprocation and comfort contribute to the nature of the journey and the outcome. What has gone on before determines the outcome of the children's experience. The children's descriptions of their experiences show a process of transition, which takes them from one place or space to another. This chapter focuses on this process and their arrival at that other 'place'. 'To a Nice Place' is referred to in both physical and emotional/mental contexts. As already described in chapter five the children talk about massage relieving pain caused by headaches (often caused by concentrating) and sore backs (as a result of how they were sitting in their chair writing)

and the process of massage enabled them to move from a place of pain to no pain.

Another transition described by the children was that of ‘cooling down’. The children used this expression to describe moving from a busy and sometimes stressful place of concentration on school work (maths) to that place which was more relaxed, nice, refreshing, and wonderful. Massage took away the ‘bad feelings’ and allowed them to be ‘just there’ with their partner. The children were very clear as to what interfered with this process; these factors will also be discussed within this theme.

To a Nice Place

Transition and movement to a nice place were present as the children described their experiences of massage. Transition is about moving from one state, whether it is physical, mental or, emotional, to another, with massage being the instigator of the movement. The thematic thread of movement is present throughout this chapter as the children talk of their experiences of moving between their different states. One of these states involves physical relief or ease from pain and soreness, moving from pain and soreness to that of relief or, no pain at all. Pain is defined from both physical and/or emotional perspectives as a strong discomfort caused by illness, injury or suffering (Oxford Dictionary and Thesaurus, 2008). The children referred to massage providing physical pain relief from sore muscles, and, emotional relief caused by stress. The children believed that their headaches were relieved as a result of massage. Whilst it wasn’t necessarily the head massage which eased the headaches (some children noted that any of the massages relieved them), most did refer to the head massage as being the area which was affected. The hands and back were also areas of the body the children felt relief following a massage using statements such as: “*pain gets away*”.

Transition between states of consciousness and/or emotion was also seen in the descriptions of the children. The children talked about their experiences of entering the massage session sometimes feeling stressed or sad. The physical presence of headaches were possibly grounded in the change in emotional states for the children as a result of concentrating on school work or, emotional stress such as feeling bad or upset about something. Stress, tension and pressure became synonymous with life in the latter part of the twentieth century and have continued in to the 21st century with alarming results. It is recognised that children also suffer from stress. Fortunately this problem has been recognised by educators globally and stress management concepts and skills have been introduced which teach children how to recognise and deal with stress (Miller & McCormick, 1991). The children's descriptions of the massage experience clearly illustrated that the CMC programme appeared to offer them one way of moving from a stressful negative space to one which was more relaxing and positive: *"you feel really stressed and then that it calms you down"*.

For another child, the massage experienced enabled them to cope with the stress of frustration of not being able to understand the work being done in class:

..if you don't like maths and...you don't get fractions and you ask the teacher for help and she tries to explain it but you still don't get it, you feel a bit like I don't want to do this and....massage just relax you and it makes you forget about it ..and makes your day feel a bit happier

This is an example of a child recognising their emotional state in this case frustration and knowing what will relax them and move them to a happier state.

Not having to do any work along with having a massage was also a nice feeling of transitioning from work to no work: *"it feels nice and we don't have to do any work."*

The Process of Getting to a Nice Place

The process of transition appears as a gradual process described by one child as a movement from a dark space to light as it “*lightens*” the pain in his back. A process which enables a sense of freedom and ability to move away from this place of pain and stress: “*you’re free and you can fly*”. When describing the experience of massage the children often portrayed this movement and used metaphors such as ‘a rainbow’, ‘the road’, or ‘a bridge’ to depict massage as providing a way that leads them to that other place, somewhere relaxing and comfortable: “*when you get really comfortable, you feel ...thatyou’resomewhere very nice... I feel like I’m on a rainbow going somewhere...*” Here this child suggests two stages of transition, for the first stage he needs to be comfortable and somewhere nice before he can begin the second stage, via the rainbow, to the destination. Nice is referred to here as the comfortable feeling experienced in the first stage during the process of “*going somewhere*”.

Happiness was also associated with the transition from maths (the preceding subject) to massage. The children were happy that maths was finished for the day, “*no maths time*”, while others felt tired from maths and were happy that they were going to get a massage. This statement reflects a different starting point for the same result: “*You’re tired from maths, and you’re really happy that you’re getting the massage.*”

Many children used temperature as a way of describing this transition. If the massage was good it allowed them to ‘cool down’. They appeared to use this notion of ‘cooling down’ as a way of describing movement from the busyness of school work to a ‘cooled down’ state of relaxation and calm: “*you’ve been busy... and you wanna.. cool down*”.

The children also talked about massage being calming and relaxing and “*it just calms you down and makes you feel better*” often to the point that they wanted to go to sleep (with the exception of one person). The children talked a lot about feeling or

becoming sleepy during the massage. They seemed to be saying there is a transition from being awake and aware to a point of sleep/unconsciousness: *“it’s so relaxing, that, it makes you want to go to sleep”*. Massage has long been advocated as a relaxation technique for relieving stress and anxiety and, for improving sleep (Vickers & Zollman, 1999). The children share their experiences of moving into this state with vivid recollection. For some of the children their ‘space’ was that of sleep and the feelings associated. Some children described this experience as *“having a dream”* and one associated massage with a nice feeling of sleepiness, clustering the sensations together: *“When you get a massage it feels like you want to sleep because.....when you get that massage you get a nice feeling, so...you feel sleepy..”* The child moved into the ‘nice’ feeling as a result of the massage which appears to be a similar feeling to when they are falling to sleep at night.

The process of getting to a nice place appears to have a space that children need to be for this to occur. During the process of transition, the children acknowledge the physical presence of their partner and feel comfortable with the interpersonal space they share. van Manen (1990) describes this sharing and awareness as ‘lived other (relationality)’ and, ‘lived body (corporeality)’. In this lived relation the children are happy to participate in the massage because they experience a sense of niceness, comfort, joy and, enjoyment. In the lived body relation the child’s body becomes the focus of attention for their partner. The child feels comfortable with the experience of the massage session which includes both the interpersonal space they share with their partner and the resulting bodily feeling.

The outcome for the children did not always lead to arrival at a ‘nice place’. If reciprocation and comfort was not enjoyable for the children then transition and movement would be to a less positive place than the child would have liked. The following subtheme discusses disruptions to transition and movement.

Disruptions to the Journey

Throughout the discussions the children were very clear as to what they liked and didn't like about their massage experiences as discussed in the previous two chapters. The outcome of massage, the arrival, is dependent on the experiences of reciprocation and comfort. There was a lot of discussion about not having a good massage and the consequence of a disappointing journey. It was as if they had not journeyed to that nice place but had in gone instead, to an unpleasant, frustrating and, sometimes sad place. Again, the notions of movement and transition are evident throughout the data. The children were annoyed by being taken out, moved from, or, not getting to that other enjoyable 'space'.

The first contributing factor was noise as described by this child: *"people like talk during the massage ... while you're trying to enjoy your partners massage"*. This talking was followed by annoyance and frustration because *"having someone talking away"* meant they could not *"feel"* the massage as well and move to a relaxed state. *"Quiet, like a butterfly"* was used by one child to describe how the class needed to be to allow relaxation and transition to a nice place.

Another contributing factor to a poor journey was if their partner was being silly or, not concentrating. Movement is shown in an unpleasant way as the mood of the children move from enjoyment and pleasantness to annoyance, frustration and sometimes disappointment if they didn't receive a massage after giving one. They believed it was important to have their partner totally focussed on giving them a massage if they were to get the most from the massage. The responsibility of getting 'to a nice place' appears to be the responsibility of the person giving the massage. It appears the process of massage requires its own 'space' in what is described by van

Manen as 'lived space', "the space in which we find ourselves affects the way we feel" (1990, p. 103). This space needs to be comfortable both physically and emotionally for the children involved in the experience and any disruption diminishes the quality of the experience. Instead of taking the children to a relaxing, comfortable place they go to a "*sad and mad*" place.

Finally, the journey to a 'nice place' could be disturbed by the timing of the massage. The children had a range of opinions around the timing of the sessions. One issue was around the massage session encroaching to the lunch hour and "*sometimes we gotta learn how to do monkey bars.*" Another example of timing was if those not doing the massage "*maybe doing more exciting things*" than massaging and therefore the children wanted to have less time doing their massage. The timing of the massage session did not provide the environment for the children to realise a positive outcome for the children as they would rather be doing something else.

Another aspect in relation to timing was that if the children were rushed through the massage session they didn't find it so relaxing "*.... 'cos they've only just started and then you go quickly all through the things and it's not really..*" another says, *relaxing*". Being rushed didn't allow the children to journey to that place of relaxation. Here the role of the teacher reappears as the children were only rushing because the teacher had told them to.

Most children preferred to give a massage first so that they could then receive one and not have to 'wake up' and give their partner a massage. It appeared that once the children arrive at that point of relaxation it was a state which they would like to

remain in for longer than the session allowed: *"I like doing her massage first and then she does mine 'cos then I don't have to go 'oh, I'm relaxed but now I have to go do it".*

Arrival at a Nice Place

The outcome of the positive experiences of massage through both reciprocation and comfort is arrival at a nice place. When asked how the massage session made them feel at the end they described their arrive point in the following of ways.

The word relaxed was commonly used by the children. One child explained relaxed meant *"refreshed"*. Whilst the children intended to describe refreshed within the context of relaxed, it appears to have a different meaning when they interpreted it: *"At the end....when you're finished, you just feel nice and refreshed, and that like, all the bad feelings have gone..and it just feels really nice"*. The transition described here is one of moving from a point of *"bad feelings"* to refreshed and nice. Here, the child uses nice as the pleasant feeling after their 'bad feelings' have gone. Another child described movement from a point of tiredness as a result of sport *".. 'cos it feels relaxing and after you're so tiredit's massage and when you massage after sport it feels like you're energy goes up."* Feeling refreshed appears to be an outcome of the 'cooling down' process of massage, moving from a point of 'bad feelings' or feeling tired to where it can be both energising and/or relaxing.

Relaxation, as an end point of transition, is also described by the children as a state of 'forgetfulness. As described by this child being able to reach a place where you could 'forget about work' was an important outcome of the CMC programme: *"you forget about the work and you don't have to do any work, you just sit there andjust stay there and enjoy thenice massagethat your buddies are giving you."* Relaxed

was also used in describing the outcome of a hand massage saying: *“it feels so ... nice and... you can like write nicely”*. Here ‘nice’ is again threaded through the data and used to describe both the feeling of the massage and the resulting ability to write with more skill and accuracy.

The notion of having ‘arrived’ at that place is evident for those receiving. For the giver, there is also a sense they too have moved to another space. As discussed in chapter four (reciprocation), reference is made to the theoretical and philosophical notions of van Manen (1990). van Manen (1990) discusses the structure of the human life world, the lived world as experienced in everyday situations and relations irrespective of a person’s historical, cultural or social position. The lived experiences of individuals “and the structures of meanings (themes), in terms of which these lived experiences can be described and interpreted constitute the immense complexity of the lifeworld” (van Manen, 1990, p. 101). The lifeworld as referred to by van Manen may be studied in its fundamental existential themes as lived space, lived body, lived time and lived human relation. For the children, the life world of lived space (spatiality) is apparent when the children talk about their experiences of giving massage. Comments such as being *“just there”* and that they *“can’t think of anythingand when youthink of something, it feels like ...you’re thinking of massages”* indicates that like the recipients of massage, the givers also were able to transition to another place. The children didn’t have to think about anything else except massage and being totally in the moment of massaging their partner. This lived space is felt space and by being *“just there”*, the children describe their ‘lived space’ as involving only themselves and their partner, as if in a contemplative state. Lived space is felt space and is difficult to describe in words since the lived space , as with lived time (discussed in the reciprocation chapter) is largely ‘pre-verbal’ in that we don’t typically reflect on it (van

Manen, 1990). The contemplative state is discussed by van Manen in his article 'Phenomenology of Practice' (van Manen, 2007). He quotes Gadamer when he talks about theory and practice and explains in its original sense, the word 'contemplatio' was used in a broader context of life and this was a way of conducting oneself. According to van Manen, Gadamer describes 'contemplatio' as "a being present in the lovely double sense that means that the person is not only present but completely present" (van Manen, 2007, p.14). In a sense, the children appear to be describing a 'contemplatio' state when giving their massage. The experience of giving for many of the children involved complete focus on the massage they were doing and wanting to do a good job. There was a sense that the children were present mentally and physically for their partner when giving them massages, eliminating all other thoughts and perhaps taking them, as the giver, to that place of 'being', a place of contemplation.

The end point for the children receiving was described as a favourite, safe and happy place and the feeling associated with this place was often expressed as "*wonderful*". When asked to explain what they meant by "feeling wonderful" the children used words of: "*feeling free*", "*nice*", "*relaxed*", "*refreshed*", "*comfortable*" and, "*sleepy*". For the children this place or destination was also expressed through drawings completed during their interview and described as: "*a slice of heaven*", "*a happy place*", "*a farm*", "*in a forest with a rainbow*", "*on the clouds*" and, "*a peaceful place*." The illustrations below and accompanying child interpretation reflect the safe and happy place that many children reached when participating in the CMC programme.



Figure 2: Drawing and interpretation by a child during the group interview: "I drew this picture of a boy and girl..the girl saying yippee and the boy saying yeah...flowers and trees, people..everything. ..on top it says massage."

All pictures drawn by the children showed happy faces and while the start point for the transition was not always clear this movement to a nice place was reflected in both the verbal descriptions and illustrations by the children as drawn in Figure 3 on the following page.



Figure 3: Drawing and interpretation by a child during the group interview: “I drew this is a picture of two boys in the park and they massage each other and then they feel like fireworks, happy..and they feel number one..and ...they just want to do it again...”

Once again these children’s descriptions and illustrations demonstrate the role that massage appears to play in moving the children to a nice place of calm and happiness.

Summary

Transition and movement, to a final destination, to a nice place is the outcome of the experiences of both reciprocation and comfort for the children. Transition and movement to a nice place in the massage experience is referred to by the children in both physical, emotional contexts. From a physical aspect, the children experience transition and movement in pain relief, calming down, cooling down, relaxation and, sleepiness. Emotionally, the children experience transition and movement through massage from spaces of anger, sadness, and frustration. There are a number of factors which contribute to the children’s journey and consequent destination and most are dependent on their massage partner’s attitude, their ability to concentrate, remain un-

distracted by others, and take the massage experience seriously. If the children failed to do any of these things then the resulting destination was un-relaxed, sad, and, mad.

Timing was another influential factor in the outcome of transition and movement.

Timing in relation to when the session was scheduled and how much time was allowed for the session is the responsibility of the teacher. In order to optimize transition and arrival at a nice place, the experiences of reciprocation and comfort require a commitment to the process by all parties involved. Following is the discussion chapter which addresses the issues raised throughout the three findings chapters.

Chapter Seven

Discussion

Introduction

In the three preceding chapters I have described children's experiences of the CMC programme. Three thematic themes have been presented: reciprocation, comfort and to a nice place. Throughout the children's experiences run the three thematic threads of movement, role of the teacher and, timing. There were two outcomes of the massage experience for the children which went beyond the immediate effects of the sessions. The first were improved feelings of self worth experienced by the children through making someone else feel good when they massaged them. The second was also related to self worth and learning the skill of massage which they could take beyond the classroom for their families and, into their future. Further to these outcomes, this study supports the continuation of the CMC programme. The findings show that establishing a comfortable and trusting partnership with someone else of the same gender in the class is pivotal to the success of the massage session. Fairness and equity in reciprocation is also an important factor in the children's experience. Maintaining a safe and comfortable environment through positioning and body mechanics is also discussed as well as the role of the teacher leading up to and during the massage session to ensure this occurs. In the course of this discussion I will address implications of findings for: improvements and further development of the CMC programme; education; and research. Finally, limitations of the study will be discussed.

Implications for the CMC Programme

Ensuring fairness and equity

As discussed earlier, children's moral development is specific to the individual and is dependent to a large degree on the input of significant others in their lives, particularly parents and peers (Walker, Hennig, & Krettenauer, 2000). The findings of this study suggest that the CMC programme offers the opportunity to encourage positive moral development through fair and equal reciprocation. There are a number of factors important for a positive outcome for all involved, many of which showed in the thematic thread of timing and involved both equity and sense of fairness. Children experience a sense of time inequity when giving compared with receiving although chronologically, the times are the same. It is thus essential to ensure equity is visible to the children in terms of the even amount of time for both giving and receiving massage. The use of the CD compiled for the CMC programme has been developed not only to guide the children through the routines but also ensures both partners have equal amounts of time both giving and receiving. In this school the original CD wore out some time ago and was not replaced. Timed music should always be used as a way of ensuring equity, or the CD replaced. The teacher also had not considered the use of other music or timing device to ensure equity.

Timing within the class day so as not to conflict with other activities is another factor important in ensuring fairness and equity. Sometimes, due to time constraints, the massage session was missed. The children expressed their annoyance if the day did not progress according to the planned structure reflecting the child's developmental need for order (Churchill & Stoneman, 2004). The findings suggest that massage needs to be seen as an activity just as worthy of time allocation as other activities. It should

not be 'squeezed' between core curriculum subjects and breaks within the school day such as being prior to and running into lunchtime because this is distracting for the children. Further, from my experience, those children not massaging during the message session need to be involved with the process in some way. This may be putting on the CD for the message session or organising the waxes for the hand massage.

Finally, for maximum benefit for the children the message session needs to follow a subject requiring a lot of concentration or, after exercise. The calming and unwinding effects of message as experienced by the children suggests these times as being optimal.

Establishing the set up

The success of the programme also appears to rely on establishing a workable message partnership. In this class children pair up with their regular partner chosen at the beginning of the year when the CMC programme is first introduced. Children are asked to find someone they trust. It is when their regular partner is absent for the day that apprehension and anxiety was experienced because those without a partner then had to go with someone else. The apprehension experienced by the children is reflective of entrance into relationships and appears to be related to not knowing the other within the context of touch. The CMC programme encourages the children to swap partners regularly to help improve peer relationships within the classroom through touch and communication. This did not appear to have happened within this classroom. As the children reflected, the prospect of partnering someone new produced greater anxiety than the experience itself which, in fact, often resulted in a positive experience providing an opportunity to make a new friend. There was however, a clear gender

preference which is discussed next that appears appropriate given the age of the children.

The children's emotional and physical experiences of massage reflected developmental stages and gender differences in children of this age group. Difference in pressure tolerance between genders was something I was previously unaware of and has important implications when the pairing for massage has a boy working with a girl. Another finding was gender differences in the developmental stages of awareness of self image. Girl's heightened sensitivity to how others might perceive them is something teachers need to know and is related to a number of situations which have been discussed. It is important that the CMC programme continues to encourage swapping partners keeping this within same gender partnerships is recommended unless it is very clear that both parties are comfortable with a mixed gender partnership.

Maintaining a comfortable and safe environment

The importance of feeling comfortable and safe highlights a number of recommendations from this research for the CMC programme. As mentioned above, the first is preference for same gender pairings which is reflective of their developmental age however the girl's intense discomfort of going with a boy if their regular partner was away needs to be acknowledged and respected. Whilst the CMC programme does not recommend children going in groups of three due to the multitask situation of giving at the same time as receiving this would be preferred to pairing with the opposite gender. Another way of resolving the three in a group scenario is to have two children massaging the third person together for example, massaging a hand each or, one massaging the head whilst the other massages their back. This would mean changing the receiver at a different time to those in pairs however again this would be preferred to mixed gender pairing.

The second recommendation regarding safety and comfort relates to head massage. Again, this concerned the girls because although they enjoyed the sensation of the head massage, did not like having their hair messed up or being hurt when their hair was inadvertently pulled. A change in the techniques used would help resolve this. Rather than having the stroking technique, a stationary method of massaging one area then taking the fingers off the head and re-applying would reduce the risk of a negative experience.

Positioning, a third issue related to safety and comfort, was a dominant theme. The CMC programme encourages the children to respect what is comfortable for the receiver however safety and comfort for the person giving is also important. The CMC programme advises children to lie on the floor with their partner kneeling beside them however this is often not practicable with dirty and damp floors in classrooms, particularly in the winter months. The resolution for the school in this study was to have the children seated, however as the children reported, this positioning also has the potential to cause discomfort to the both the child giving and receiving the massage. For those receiving having some sort of padding across the back of the chair, as recommended by one of the children is a possible solution for relieving the children's discomfort. Changing the body mechanics and teaching children alternatives for application will assist in improving the outcome for those giving. If the children stand up when giving, they will be able to use their body more effectively in applying the techniques thereby minimising any discomfort. The girls' discomfort when wearing a skirt and risking others seeing their underwear also suggests that privacy could be protected by having a towel draped across their lap during the massage. This could eliminate any possibility of their exposing their underwear and ensuring the girls

comfort and engagement in the CMC programme. Another possibility is to have the children sit sideways on their chair and lean forward resting their head on their hands on their desks. This would allow those with skirts to sit with their legs under the desk thereby avoiding any compromise of privacy.

Role of the Teacher

The teacher's role is clearly a determining factor in the success of the massage session and most of the implications discussed. Firstly, the role of the teacher/facilitator is essential in the timing of the massage session; to be at a time which allows equal and fair reciprocation that is visible to the children. Related to this is their role in monitoring and supporting the session and more importantly to instil in the children a sense of fairness in reciprocation. Secondly, the role of the teacher in being aware of pairings for the session and if there is a mixed gender pairing with which both parties are agreeable, then differences in pressure tolerance need to be explained along with the importance of communicating and respecting pressure tolerances. Finally, the role of the teacher in involving all class members in the session is integral to optimise outcomes for all involved.

This section has made a number of recommendations to help improve the delivery of the CMC programme. The suggested improvements will, in turn, maximize the chances of a smooth transition for the children, 'to a nice place' following their massage. Some of the children talked about their preference to receive the massage second so that they didn't have to 'wake up' after their massage to give back to their partner. Having an activity in between exchanges, for example, lunchtime would allow the first person receiving to come out of their 'nice place' in their own time and then be

ready to give following lunchtime. Encouraging children to take turns 'starting' is also recommended.

Implications for Education

Literature suggests prevention or early intervention is the key to minimising problem behaviours in children during their educational career rather than exploring ways to deal with it (Fox, Dunlap, & Cushing, 2002). Interestingly, recent literature suggests that both aggressive and, pro-social behaviour is learned in early childhood years and can impact on behaviour, attention, social acceptance and peer relationships in later years (Breslau, Miller, Breslau, Bohnert, Lucia, & Schweitzer, 2009; Henricsson & Rydell, 2006; Tremblay, 2005). Further, direct aggression declines for most children after thirty months and indirect aggression (getting at someone behind their back) increases through childhood. A large survey across Europe involving 8-15 year old boys and girls showed girls use indirect aggression more often than verbal aggression or physical aggression, while boys use it less (Tremblay, 2005). Programmes, such as massage in schools could support peer relationships and perhaps help to minimise both forms of aggression and encourage pro-social behaviour.

Important factors which assist with preventing aggressive environments are ensuring individuals feel the environment is supportive of teaching and learning (Petersen & Skiba, 2001). Approaches used by schools to improve the school climate include parent and community involvement in school life, character education programmes, violence-prevention and conflict- resolution curricula, peer mediation, and bullying prevention programmes (Petersen & Skiba, 2001; Drolet, Paquin, & Soutyrine, 2006). These approaches need to be implemented early on in a child's schooling and reinforced throughout their educational career (Breslau, Miller, Breslau, Bohnert, Lucia,

& Schweitzer, 2009; Henricsson & Rydell, 2006; Tremblay, 2005; Phillips, Hagan, Bodfield, Woodthorpe, & Grimsley, 2008). A massage in schools programme introduced at the pre-school level and continued throughout the child's primary school years could well support an initiative to establish and maintain a school climate conducive to learning and social harmony amongst peers.

The experience of these children appears to support the inclusion a CMC programme in an undergraduate primary school teaching programme. Up to this point the Child Connection Trust which developed the CMC programme has introduced the CMC into schools on an individual basis however the positive outcomes of the massage experience for the children in this study suggest the programme could be part of the Health (Hauora) and Physical education curriculum. As discussed in the background chapter (p. 11), the CMC programme has been developed for some years however has not been taken up by a lot of schools. The main reason is lack of time due to the need to deliver core curriculum subjects leaving little or no time to deliver programmes outside the curriculum. Further research evidence is required to prioritise such a programme within the curriculum. Lack of funding is another reason schools have not taken up the CMC programme.

Educationalists acknowledge teachers' influence in promoting positive attitudes within the classroom through creating positive learning environments and opportunities to interact co-operatively (Self Esteem, 2011). The CMC programme, delivered on a regular basis would help provide a positive environment in which opportunities for improved self esteem, healthy interaction, communication, stress relief and, nurturing are created. The use of touch to achieve these goals is the defining difference to other programmes. Using touch as the medium for communication brings a different

perspective to solutions for the increasing problems of conflict with peer relationships. Further, the implications are far reaching particularly surrounding the growing problem of bullying and fighting in our schools (Kazmierow, 2003). A CMC programme helps improve peer relationships within the classroom and thereby may help to reduce the incidence of bullying. The outcomes and implications of this study justify the inclusion of the CMC programme in Health and Hauora which is a core curriculum subject in schools.

Implications for Further Research

Exploration into the long term effects of the CMC programme is justified following the outcomes of this study. The study shows the short term outcomes for the children are beneficial however the long term effects of the CMC programme have not been explored. The participants for this study were from a school with a diverse cultural roll where New Zealand European and Maori are minority cultures. Whether there would be any difference in findings if the study was undertaken in another school with a less diverse cultural and ethnic background or in another part of the country is a question worthy of exploration.

Exploration of both the teacher's/facilitators, and, parents/family experiences of the CMC programme would also be warranted, offering further perspectives of the delivery and outcomes of the CMC programme.

Limitations of the Study

A descriptive study involves producing an account that stays close to the original data. As discussed in methodology chapter (chapter three), one of the quality criteria for research is the process of trustworthiness used to ensure the findings from

the study are credible. Every effort has been made to audit events, influences and actions I have taken in this process. In the methodology and throughout analysis chapters I have also provided a 'trail of decisions' in terms of philosophical, theoretical and methodological processes as recommended by Lincoln and Guba (1985).

Trustworthiness has been addressed throughout the study using criteria of credibility, transferability, and dependability. Through reflexivity, a key component of trustworthiness, I was able to reflect on my role as the researcher and previous participation in the CMC pilot. Thematic analysis is a method for identifying, analysing and reporting (themes) within data, and the findings are a product of the context in which they are situated. This study was undertaken in a suburban primary school which contained a diverse cultural roll that was not reflective of primary schools throughout New Zealand. There was a large immigrant group which may have had different beliefs relating to touch and massage. Further, the immigrant group had a high predominance of English as a second language which may have made it difficult for the children to express themselves. The findings therefore, may not be echoed in schools from other areas of New Zealand. The purpose of the study however was to gain an understanding of the experiences of the children involved in the CMC programme as a way of improving the delivery, not to generalise findings to other schools.

Initial time constraints experienced with AUTECH approval and, subsequent constraints for data gathering were overcome, and every effort has been made to produce a credible study with extra attention given to methodology and method.

Four single gender groups each containing between four to ten participants totalling 27 children were interviewed. The original intention was to have two mixed

gender groups representing each year group however, in hindsight having the same gender groups perhaps allowed the children to talk freely particularly when discussing gender preference, and, having two extra groups enabled more data to be gathered. The data and findings indicate a rich description of the children's experiences and perceptions were obtained.

Conclusion

This study sought to understand children's experiences and perceptions of the CMC programme run one primary school classroom. Their experiences helped me to understand 'how it is' for the children and through this, I have uncovered some complex perceptions and expectations inherent to entering relationships. By identifying and exploring each of the three themes of reciprocation, comfort and to a nice place, I was able to bring the three together to achieve new understanding of the CMC process. Reciprocation was about working with their partner, add these experiences with the comfort of the reciprocation, and the final theme is, to 'a' place, a destination. This final theme is dependent on the first two themes. The CMC programme provides an opportunity to promote positive attitudes within the classroom and to interact through touch co-operatively at a level rarely seen in today's environment. Increased understanding of children's experiences and improvements in the CMC programme will increase the likelihood that those involved go 'to a nice place' after every massage experience.

References

- About IAIM. (2009). Retrieved October 28, 2010, from: <http://www.iaim.net>
- Alpenfels, E. (1955). *The anthropology and social significance of the human hand*.
Retrieved August 12, 2011, from: <http://www.oandplibrary.org>
- Annells, M. (2006). Triangulation of Qualitative Approaches: Hermeneutical Phenomenology and Grounded Theory. *Journal of Advanced Nursing*, 56 (1), 55-61.
- Beautrais, A. (2005). Suicidality in pre-adolescence and early adulthood is associated with psychosocial and psychiatric problems in young adulthood. *Evidence Based Mental Health*, 8, 48.
- Binnie, L., & Allen, K. (2008). Whole school support for vulnerable children: the evaluation of a part-time nurture group. *Emotional and Behavioural Difficulties*, 13 (3), 201-216.
- Boyatzis, R. (1998). *Transforming Qualitative Information: thematic analysis and core development*. London: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Breslau, J., Miller, E., Breslau, N., Bohnert, K., Lucia, V., & Schweitzer, J. (2009). The impact of early behavior disturbances on academic achievement in high school. *Pediatrics*, 123 (6), 1472-5.
- Cady, S., & Jones, G. (1997). Massage therapy as a workplace intervention for reduction of stress. *Perceptual and Motor Skills*, 84 (1), 157-8.

- Callaghan, T. (2005). *Cognitive Development Beyond Infancy*. (Cambridge University Press) Retrieved October 3, 2010, from:
<http://www.credoreference.com/entry/cupchilddevelopment>
- Carter, B. (2009). Tick box for child? The ethical positioning of children as vulnerable, researchers as barbarians and reviewers as overly cautious. *International Journal of Nursing Studies*, 46, 858-864.
- Charlesworth, W. (1991). The development of the sense of justice : Moral development. *American Behavioral Scientist*, 34, 350.
- Chesterton, L., Barlas, P., Foster, N., Baxter, G., & Wright, C. (2003). Gender differences in pressure pain threshold in healthy humans. *Pain*, 101, 259-266.
- Child Connection Programmes. (2006). Retrieved November 28, 2010, from:
<http://www.childconnection.org.nz>
- Churchill, S., & Stoneman, Z. (2004). Correlates of family routines in head start families. *Early Childhood Research and Practice*, 6 (1).
- Collins Concise English Dictionary* (7th ed.). (2008). Glasgow, Scotland: Harper Collins.
- Crotty, M. (1998). *The Foundation of Social Research: Meaning and Perspective in the Research Process*. Sydney: Allen & Unwin.
- Cullen, L., & Barlow, J. (2002). 'Kiss, cuddle, Squeeze': The experiences and meaning of touch among parents of children with autism attending a Touch Therapy Programme. *Child Health Care*, 6 (3), 171-181.

- Cullen-Powell, L., Barlow, J., & Cushway, D. (2005). Exploring a massage intervention for parents and their children with autism; The implications for bonding and attachment. *Journal of Child Health Care*, 9 (4), 245-255.
- Darbyshire, P., MacDougal, C., & Schiller, W. (2005). Multiple methods in qualitative research with children: more insight or just more? *Qualitative Research*, 5 (4), 417-436.
- Davies, P., & Gavin, W. (2007). Validating the diagnosis of sensory processing disorders using EEG technology. *American Journal of Occupational Therapy*, 61, 176-189.
- Diego, M., Field, T., & Hernandez-Reif, M. (2008). Temperature increases in preterm infants during massage therapy. *Infant Behavior and Development*, 31 (1), 149-152.
- Diego, M., Field, T., Hernandez-Reif, M., Shaw, K., Friedman, L., & Ironside, G. (2001). Massage therapy effects on immune function in adolescents with HIV. *International Journal of Neuroscience*, 106 (1-2), 35-45.
- Drolet, M., Paquin, M., & Soutyrine, M. (2006). Building collaboration between school and parents: issues for school social workers and parents whose young children exhibit violent behaviour at school. *European Journal of Social Work*, 9 (2), 201-222.
- Ecclestone, K., & Hayes, D. (2009). *The Dangerous Rise of Therapeutic Education*. Abingdon: Routledge.
- Elmsater, M., & Hetu, S. (2002). *Massage In Schools Programme*. Retrieved October 28, 2010, from: <http://www.messageinschools.com>

- Escalona, A., Cullen, C., Field, T., Hartshorn, K., & Singer-Strunck, R. (2001). Brief report: Improvements in the behaviour of children with autism following massage therapy. *Journal of Autism and Developmental Disorders*, 31 (5), 513-516.
- Field, T. (1999). American adolescents touch each other less and are more aggressive toward their peers as compared with French adolescents. *Adolescence*, 34, 753-758.
- Field, T. Hernandez-Reif, Cullen, C., Diego, M., Sprinz, P., Beebe, K., et al., (2001). Massage assists children with leukaemia. *Journal of Bodywork and Movement Therapy*, 5, 271-274.
- Field, T. (1995). Massage therapy for infants and children. *Developmental and Behavioural Pediatrics*, 16 (2).
- Field, T. (2005). Massage Therapy for Skin Conditions in Young Children. *Dermatological Clinic*, 23, 717-721.
- Field, T. (1999). Preschoolers in America are touched less and are more aggressive than preschoolers in France. *Early Child Development and Care*, 151, 11-17.
- Field, T. (2003). *Touch*. Massachusetts, USA: Massachusetts Institute of Technology Press.
- Field, T., Cullen, C., Diego, M., Hernandez-Reif, M., Sprinz, P., Beebe, K., et al. (2001). Leukemia immune changes following massage therapy. *Journal of Bodywork and movement therapies*, 5 (4), 271-274.

- Field, T., Diego, M., Hernandez-Reif, M., Schanberg, S., & Kuhn, C. (2004). Massage therapy effects on depressed pregnant woman. *Journal of Psychosomatic Obstetric Gynaecology*, 25 (2), 115-22.
- Field, T., Grizzle, N., Scafidi, F., & Schanberg, S. (1996). Massage therapy for infants of depressed mothers. *Infant Behavioural Development*, 19, 109.
- Field, T., Henteleff, T., Hernandez -Reif, M., Martinez, E., Mavunda, K., Kuhn, C., et al. (1998). Children with asthma have improved pulmonary functions after massage therapy. *Journal of Pediatrics*, 132 (5), 854-858.
- Field, T., Hernandez-Reif, M., Diego, M., Feijo, L., Vera, Y., & Gil, K. (2004). Massage therapy by parents improves early growth and development. *Infant Behavior and Development*, 27 (4), 435-442.
- Field, T., Hernandez-Reif, M., Diego, M., Schanberg, C., & Kuhn, C. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience*, 115, 1397-1413.
- Field, T., Hernandez-Reif, M., Krasnegor, J., Rivas-Chacon, R., Segliman, S., & Sunshine, W. (1997). Juvenile rheumatoid arthritis benefits from massage therapy. *Journal of Pediatric Psychology*, 22, 607-617.
- Field, T., Hernandez-Reif, M., La Greca, A., Shaw, K., Schanberg, S., & Kuhn, C. M.-9. (1997). Massage therapy lowers blood glucose levels in children with diabetes. *Diabetes Spectrum*, 10, 237-9.
- Field, T., Ironside, G., Scafidi, F., Nawrocki, T., Goncalves, A., Burman, I., et al. (1996). Massage therapy reduce anxiety and enhances EEG patterns of alertness and math computations. *International Journal of Neuroscience*, 86 (3-4), 197-205.

- Field, T., Kilmer, T., Hernandez-Reif, M., & Burman, I. (1996). Preschool children's sleep and wake behaviour: Effects of massage therapy. *Early Child Development & Care*, 120, 39-44.
- Field, T., Lasko, D., Mundy, P., Henteleff, T., Talpins, S., & Dowling, M. (1997). Autistic children's attentiveness and responsivity improve after touch therapy. *Journal of Autism & Developmental Disorders*, 27, 333-338.
- Field, T., Peck, M., Krugman, S., Tuchel, T., Schanberg, S., Kuhn, C., et al. (1998). Burn injuries benefit from massage therapy. *Journal of Burn Care Rehabilitation*, 19, 241-244.
- Field, T., Quintino, O., Hernandez-Reif, M., & Koslovsky, G. (1998). Adolescents with attention deficit disorder benefit from massage therapy. *Adoloscence*, 33 (129), 103-108.
- Field, T., Schanberg, S., Kuhn, C., Fierro, K., Henteleff, T., & Mueller, C. (1998). Bulimic adolescents benefit from massage therapy. *Adolescence*, 33 (133), 555-563.
- Field, T., Seligman, S., & Schanberg, S. (1996). Alleviating post-traumatic stress in children following Hurricane Andrew. *Journal of Applied Developmental Psychology*, 17 (1), 37-50.
- Fischer, C. (2006). *Qualitative Research Methods for Psychologists: Introduction through Emperical Studies*. London: Elsevier.
- Flook, L., & Repetti, R. (2005). Classroom social experiences as predictors of academic performance. *Developmental Psychology*, 41, 319-327.

Fox, L., Dunlap, G., & Cushing, L. (2002). *Center for Evidence Based Practise*.

Retrieved June 12, 2011, from: <http://www.doh.state.fl.us>

Friedman, T., Slayton, B., Allen, L., Pollock, B., Dumont-Driscoll, M., Mehta, P., et al.

(1997). *Use of alternative therapies for children With cancer*. Retrieved October 27, 2010, from: [http:// www.pediatrics.org](http://www.pediatrics.org)

Froggat, K. (2001). The analysis of qualitative data; Processes and pitfalls. *Palliative Medicine*, 15, 433-438.

Galloway, R. (2008). *Making Sense of Managing Self: Teaching responsibility to improve student learning and behaviour in New Zealand Schools*. Alexandra: The New Zealand Foundation for Character Education Inc.

Galloway, R. (2007). *Managing Disruptive Behaviour*. Retrieved October 27, 2010, from Cornerstone Values: <http://cornerstonevalues.org>

Garner, B., Phillips, L., Schmidt, H., Markulev, C., O'Connor, J., Wood, S., et al.

(2008). Pilot study evaluating the effect of massage therapy on stress, anxiety and aggression in a young adult psychiatric unit. *Australian and New Zealand Journal of Psychiatry*, 42, 414-422.

Gibson, W., & Brown, A. (2009). *Working with Qualitative Data*. London: Sage.

Graham, A., & Fitzgerald, R. (2010). Children's participation in research: Some possibilities and constraints in the current Australian research environment. *Journal of Sociology*, 46 (2), 133-147.

Grant, B., & Giddings, L. S. (2002). Making sense of methodologies: a paradigm framework for the novice researcher. *Contemporary Nurse*, 13, 10-28.

- Greenbaum, T. (1987). *The Practical Handbook and Guide to Focus Group Research*. Massachusetts: Lexington Books.
- Guidelines for Assessing and Treating Anxiety Disorders. (1998). Retrieved September 6, 2010, from: <http://www.nzgg.org.nz>.
- Hadfield, N. (2001). The role of aromatherapy massage in reducing anxiety in patients with malignant brain tumours. *International Journal of Palliative Nursing*, 7 (6), 279-285.
- Hallet, G. (1991). *Essentialism: A Wittgenstein Critique*. New York: Albany State University of New York Press.
- Hamann, K., Warneken, F., Greenberg, J., & Tomasello, M. (2011). Collaboration encourages equal sharing in children but not in chimpanzees. *Nature*, 476, 328.
- Hanley, J., Stirling, P., & Brown, C. (2003). Randomised controlled trial of therapeutic massage in the management of stress. *British Journal of General Practice*, 53 (486), 20-25.
- Hart, R. (2010). Classroom behaviour management: educational psychologists' views on effective management. *Emotional and Behavioural Difficulties*, 15 (4), 353-371.
- Hart, S., Field, T., Hernandez-Reif, M., & Lundy, B. (1998). Preschoolers cognitive performance improves following massage. *Early Childhood Development and Care*, 143, 59-64.
- Haun, J., Graham-Pol, J., & Shortley, B. (2009). Children with Cancer and Blood Diseases Experience Positive Physical and Psychological Effects from Massage Therapy. *International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice*, 2 (2), 7-14.

- Heinrichs, M., Baumgartner, T., Kirschbaum, C., & Ehlert, U. (2003). Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biological Psychiatry*, 54 (12), 1389-98.
- Henricsson, L., & Rydell, A. (2006). Children with behaviour problems: The influence of social competence and social relations on problem stability, school achievement and peer acceptance across the first six years of school. *Infant and Child Development*, 15, 347–366.
- Hernandez-Reif, M., Field, T., Krasnegor, J., Martinez, E., Schwartzman, M., & Mavunda, K. (1999). Children with cystic fibrosis benefit from massage therapy. *Journal of Pediatric Psychology*, 24 (2), 175-181.
- Hernandez-Reif, M., Field, T., Largie, S., Hart, S., Redzepi, M., & Nierenberg, B. (2001). Children's distress during burn treatment is reduced by massage therapy. *Journal for Burn Care Rehabilitation*, 22, 191-195.
- Hernandez-Reif, M., Shor-Posner, G., Baez, J., Soto, S., Mendoza, R., Castillo, R., et al. (2008). Dominican children with HIV not receiving antiretrovirals: massage therapy influences their behavior and development. *Evidence Based Complimentary and Alternative Medicine*, 5 (3), 345-354.
- Hill, M., Laybourn, A., & Borland, M. (1996). Engaging with primary-aged children about their emotions and well-being: Methodological considerations. *Children and Society*, 10, 129-144.
- Holloway, I., & Freshwater, D. (2007). *Narrative Research in Nursing*. Oxford, England: Blackwell.

- Howitt, D., & Cramer, D. (2008). *Research Methods in Psychology*. Harlow, England: Pearson Education.
- Ireland, M., & Olson, M. (2000, September). Massage therapy and therapeutic touch in children: state of the science. *Alternative Therapies of Health Medicine*, 6 (5), 54-63.
- Jump, V., Fargo, J., & Akers, J. (2006). Impact of massage therapy on health outcomes among orphaned infants in Ecuador: results of a randomized clinical trial. *Family Community Health*, 29, 314-19.
- Kazmierow, M. (2003). *Educational leaders*. Retrieved August 29, 2011, from: <http://www.educationalleaders.govt.nz>
- Khilnani, S., Field, T., Hernandez-Reif, M., & Schanberg, S. (2003). Massage therapy improves mood and behavior of students with attention-deficit/hyperactivity disorder. *Adolescence*, 38 (152), 623-631.
- Koch, T. (1996). Implementation of hermeneutic inquiry in nursing: philosophy, rigour and representation. *Journal of Advanced Nursing*, 24, 174-184.
- Kochanska, G. (1993). Toward a Synthesis of Parental Socialization and Child Temperament in Early Development of Conscience. *Child Development*, 64 (2), 325-347.
- Kortesluoma, R., & Nikkonen, M. (2006). 'The most disgusting ever': children's pain descriptions and views of the purpose of pain . *Journal Child Health Care*, 10 (3), 213-27.
- Krueger, R. (1994). *Focus Groups* (2nd ed.). Thousand Oaks. Sage.

- Lane, R. (2007). *A report to schools on New Zealand student engagement*. Retrieved June 12, 2011, from: <http://www.educationcounts.govt.nz/publications/>
- Lawler, S. (2002). Research investigating the therapeutic effects of massage therapy at the University of Auckland. *Hands On*, 18, 80.
- Lee, Q., & Nelson, W. (2010). *Ergonomics in Lean Manufacturing*. Retrieved August 14, 2011, from: http://www.strategosinc.com/_downloads/lean_ergonomics.pdf
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Newbury Park: Sage Publications.
- Livingston, K., Beider, S., Kant, A., Gallardo, C., Joseph, M., & Gold, J. (2009). Touch and massage for medically fragile infants. *Evidence Based Complementary Alternative Medicine*, 6 (4), 473-482.
- Lunde, C., Frise, A., & Hwang, C. (2006). Is peer victimization related to body esteem in 10-year-old girls and boys? *Body Image*, 3, 25-33.
- MacIntyre, H., Colwell, J., & Ota, C. (2010). Moving against the grain? Investigating the efficacy of a touch-based intervention in a climate of suspicion. *Pastoral Care in Education*, 28 (1), 3-18.
- Massage in Schools Association. (2005). Retrieved October 27, 2010, from: <http://www.misa.org>.
- Maynard, M. (2004). *Dress and Globalisation*. Manchester: Manchester University Press.
- Miller, S., & McCormick, J. (1991). Stress: Teaching Children to Cope. *Journal of Physical Education, Recreation & Dance*, 62 (1), 52.
- Montagu, A. (1971). *The Human Significance of the Skin*. New York: Columbia University Press.

- Morgan, J. (2007). Children massaging children; A research project. *Massage Australia*, 55, 14-19.
- Moss, L., Smith, M., Wharton, S., & Hames, A. (2007). Abdominal massage for the treatment of idiopathic constipation in children with profound learning disabilities: a single case study design. *British Journal of Learning Disabilities*, 36, 102-108.
- Nekooee, A., Faghihinia, J., Ghasemy, R., Ghaibizadeh, M., & Ghazavi, Z. (2008). Can massage therapy help children with asthma? *Focus on Alternative and Complementary Therapies*, 13 (4), 282-284.
- New Zealand: School Safety: An inquiry into the safety of students at school. (2009, March 17th). Retrieved September 7th, 2010, from: <http://www.crin.org>.
- Nola, R. (2002, Jun). <http://plato.stanford.edu/entries/scientific.realism>. Retrieved July 22, 2010, from <http://Stanford Encyclopedia of Philosophy:scientific realism>.
- Oderberg, D. (2007). Real Essentialism. New York: Routledge.
- Olson, L., & Moulton, H. (2004). Occupational therapists' reported experiences using weighted vests with children with specific development disorders. *Occupational Therapy International*, 11 (1), 52-66.
- Oxford Dictionary and Thesaurus*. (2008). New York : Oxford University Press.
- Peaceful Touch. (2010, May 9). Retrieved November 26, 2010, from: <http://www.axelsons.com>
- Perry, B. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, 3, 79-100.

- Petersen, R., & Skiba, R. (2001). Preventing school violence. *The Clearing House*, 74 (3), 155-163.
- Phillips, D., Hagan, T., Bodfield, E., Woodthorpe, K., & Grimsley, M. (2008). Exploring the impact of group work and mentoring for multiple heritage children's self-esteem, well-being and behaviour. *Health and Social Care in the Community*, 16 (3), 310-321.
- Piravej, K., Tangtrongchitr, P., & Chandarasiri, P. (2009). Effects of Thai Traditional Massage on Autistic Children's Behavior. *The Journal of Alternative and Complementary Medicine*, 15 (12), 1355–1361.
- Pitney, W., & Parker, J. (2009). *Qualitative Research in Physical Activity and the Health Professions*. Champaign, USA: Human Kinetics.
- Polit, D., & Beck, C. (2006). *Nursing research; methods, appraisal and utilization* (6 ed.). Philadelphia: Lippincott.
- Post-White, J., Fitzgerald, M., Hannahan, A., Hooke, M., Savik, K., & Sencer, F. (2009). Massage therapy for children with cancer. *Journal of Pediatric Oncology Nursing*, 26 (1), 16-28.
- Powell, L., Cheshire, A., & Swaby, L. (2010). Children's experiences of their participation in a training and support programme involving massage. *Complementary Therapies in Clinical Practice*, 16, 47-51.
- Powell, L., Gilchrist, M., & Stapley, J. (2008). A journey of self-discovery: an intervention involving massage, yoga and relaxation for children with emotional and behavioural difficulties attending primary schools. *Emotional and Behavioural Difficulties*, 13 (3), 193–199.

- Prescott, J. (1996). The origins of human love and violence. *Pre and Perinatal Journal of Psychology*, 10 (3), 143-188.
- Raine, A., Brennan, P., & Mednick, S. (1994). Birth complication combined with early maternal rejection at age 1 year predispose to violent crime at age 18 years. *Archives of General Psychiatry*, 51 (12), 984-988.
- Research and Touch Research Institute. (1992). Retrieved October 28, 2010, from:
<http://www.miami.edu>
- Rhawn, J. (1999). Environment Influences on neural plasticity, the limbic system, emotional development and attachment [Electronic version]. *Child Psychiatry and Human Development*, 29 (3), 187-203.
- Rooks, N. (1996). *Hair Raising: Beauty, culture and African American Women*. New Brunswick, USA: Rutgers University Press.
- Rutter, M. (1998). Developmental catch-up, and deficit, following adoption after severe global early privation. *Journal of Child Psychiatry*, 39 (4), 465-476.
- Ryan, G., & Bernard, H. (2000). Data management and analysis methods. In N. Denzin, & Y. Lincoln, *Handbook of Qualitative Research* (2nd ed., pp. 769-802). Sage.
- Saab, H., & Klinger, D. (2010). School differences in adolescent health and wellbeing: Findings from the Canadian Health Behaviour in School-aged Children Study. *Social Science & Medicine*, 70, 850-858.
- Saarni, C., Mumme, D., Campos, J., Damon, W., & Eisenberg, N. (1998). *Emotional Development: Action, communication, and understanding* (Vol. 3). (5th, Ed.) New Jersey: John Wiley & Sons Inc.

- Salk, I., Lipsitt, I., Sturner, W., Reilly, B., & Levate, R. (1985). Relationship of maternal and perinatal conditions to eventual adolescent suicide [Electronic version]. *The Lancet* . 325, (8429), 624-627
- Salvo, S. (2007). *Massage Therapy: principles and practice* (3rd ed.). Philadelphia, USA: W.B. Saunders.
- Sandelowski, M. (2000). Whatever happened to qualitative description? . *Research in Nursing and Health*, 23, 334-340.
- Sax, L. (2005). *Why Gender Matters: What Parents and Teachers Need to Know about the Emerging Science of Sex Differences*. New York, USA: Random House.
- Sayer, A. (2000). *Realism and Social Science*. London: Sage.
- Schachner, L., Field, T., Hernandez-Reif, M., Duarte, A., & Krasnegor, J. (1998). Atopic dermatitis symptoms decreased in children following massage therapy. *Pediatric Dermatology*, 15, 390-395.
- Self Esteem and Social Skills. (2011). Retrieved August 29, 2011, from: <http://www.minedu.govt.nz/NZEducation/EducationPolicies>
- Shor-Posner, G., Hernandez-Reif, M., Miguez, M., Fletcher, M., Quintero, N., Baez, J., et al. (2006). Impact of a massage therapy clinical trial on immune status in young dominican children infected with HIV-1. *The Journal of Alternative and Complementary Medicine*, 12 (6), 511-516.
- Shulman, K., & Jones, G. (1996). The effectiveness of massage therapy intervention on reducing anxiety in the workplace. *Journal of Applied Behavioural Science*, 32 (2), 160-173.

- Silva, L., Cignolini, A., Warren, R., Budden, S., & Skowron-Gooch, A. (2007). Improvement in sensory impairment and social interaction in young children with autism following treatment with an original qigong massage methodology. *The American Journal of Chinese Medicine*, 35 (3), 393-406.
- Silva, L., Schalock, M., Ayres, R., & Bunse, C. (2009). Qigong massage treatment for sensory and self-regulation [Electronic version]. *The American Journal of Occupational Therapy*, 63 (4), 423-432.
- Slaughter, V., Dennis, & Pritchard, M. (2002). Theory of mind and peer acceptance in preschool children. *British Journal of Developmental Psychology*, 20, 545-564.
- Smith, M., Stallings, M., Mariner, S., & Burrall, A. (1999). Benefits of massage therapy for hospitalized patients: a descriptive and qualitative evaluation. *Alternative Therapies in Health and Medicine*, 5 (4), 64-68.
- Smythe, L. (2009, May). *Interviewing in qualitative health research*.
- Snively, S. (1994). *The New Zealand Economic Cost of Family Violence*. Retrieved September 7, 2010, from: <http://www.msd.govt.nz>.
- Soetanto, A., Chung, J., & Wong, T. (2006). Are there gender differences in pain perception? *Journal of Neuroscience Nursing* . 38 (3), 172-176.
- Spalding, B. (2000). The contribution of a “Quiet Place” to early intervention strategies for children with emotional and behavioural difficulties in mainstream schools. *British Journal of Special Education*, 27 (3), 129-134.
- Stephenson, J., & Carter, M. (2009). The use of weighted vests with children with autism spectrum disorders and other disabilities. *Journal of Autism and Developmental Disorders* , 39, 105-114.

- Tremblay, R. (2005). *Aggressive and Prosocial behaviour*. Retrieved November 28, 2010, from:
http://www.credoreference.com/entry/cupchilddev/aggressive_and_prosocial_behavior
- Training Institutions in New Zealand. (2007). Retrieved August 14, 2010 from:
<http://www.massagenewzealand.org.nz>
- Tyson, A., Parkinson, R., Stothart, P., & Callaghan, J. (2005). Effects of prolonged sitting on the passive flexion stiffness of the in vivo lumbar spine. *The Spine Journal*, 5 (2), 145-154.
- Uvnäs-Moberg, K. (1997). Oxytocin linked antistress effects--the relaxation and growth response. *Acta physiologica Scandinavica. Supplementum*, 640, 38.
- van Manen, M. (1998). Modalities of body experience in illness and health. *Qualitative Health Research*, 8 (1), 7-24.
- van Manen, M. (2007). Phenomenology of Practice. *Phenomenology and Practice*, 1, 11-30.
- van Manen, M. (1990). *Researching Lived Experience; Human Science for an Action Sensitive Pedagogy*. New York: State University of New York Press.
- Vickers, A., & Zollman, C. (1999, November 6). *ABC of complementary medicine: Massage therapies*. Retrieved August 16, 2011, from:<http://www.bmj.com>
- Vierhaus, M., Lohaus, A., & Schmitz, A. (2011). Sex, gender, coping, and self-efficacy: Mediation of sex differences in pain perception in children and adolescents. *European Journal of Pain*, 15 (6), 621.

- von Knorring, A., Soderberg, A., Austin, L., & Uvnas-Moberg, K. (2008). Massage decreases aggression in preschool children: A long term study [Electronic version]. *Acta Paediatrica*, 97, 1265-1269.
- Walker, L., Hennig, K., & Krettenauer, P. (2000). Parent and peer contexts for children's moral reasoning development. *Child Development*, 71 (4), 1033-1048.
- Weinberg, R., Jackson, A., & Kolodny, K. (1998). The relationship of massage and exercise to mood enhancement. *Sport Psychologist (Champaign, IL)*, 3 (2), 202-11.
- Wilson, F. (1999). *The Hand: How Its Use Shapes the Brain, Language and Human Culture*. New York: Panteon Books.
- Woolfson, R., Campbell, L., Banks, M., & Woolfson, L. (2005). *The Renfrewshire "Massage in Schools" Programme (MISP); an evaluation of its impact in a primary school*. Retrieved January 25, 2011, from: <http://www.misa.org.uk>
- World Report on Violence and Health: Summary*. (2002). Retrieved November 28, 2010, from: http://www.who.int/violence_injury_prevention/violence/world_report
- Wylie, C., & Hodgen, E. (2007). <http://www.nzcer.org.nz/pdfs/16242>. Retrieved August 14, 2010, from Hawke's Bay Primary and Intermediate Schools' Incidence of Severe Behaviour.
- Zosuls, K., Martin, C., Ruble, D., Miller, C., Gaertner, B., England, D., et al. (2011). 'It's not that we hate you': Understanding children's gender attitudes and expectancies about peer relationships [Electronic version]. *British Journal of Developmental Psychology*, 29, 288-304.



MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To: Annette Dickinson
From: **Madeline Banda** Executive Secretary, AUTEC
Date: 10 December 2010
Subject: Ethics Application Number 10/214 **Childrens experiences of a massage in schools programme; a thematic analysis.**

Dear Annette

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 8 November 2010 and that I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 24 January 2011.

Your ethics application is approved for a period of three years until 10 December 2013.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 10 December 2013;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 10 December 2013 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Madeline Banda

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Jill Morgan jillmorgina@ihug.co.nz

Participant Information Sheet

Date: July 2010

**Project Title: Children's experiences of a massage in schools
programme; a thematic analysis**

An Invitation

My name is Jill Morgan and I am a student at AUT. I am undertaking study, as partial completion of my thesis for a Masters in Health Science. The study is about the experiences of children involved in the Children Massaging Children (CMC) programme which has been running in your child's classroom this year.

I would like to invite you and your child to be part of a research study. I am particularly interested in finding out what it has been like for the children who have been taking part. We hope this study will give us information that will help us develop the programme further. Your child will be part of a group of twelve to fourteen children from their class of which six to seven will be from their year group. They will spend up to an hour with the group and researcher who will ask them to talk about the programme. You and your child do not have to participate if you do not want to as participation is purely voluntary. You may withdraw at any time without it affecting you or child in any way. Your family or child's identities will not be revealed at any point in the research reporting.

What is the purpose of this research?

This research will help us understand children's experiences of the programme and enable us to find out what they enjoy and don't enjoy about the CMC programme. This will assist with further development of the programme.

How was I chosen for this invitation?

Your child has been chosen because he/she is in a class at Marlborough Primary School programme where the CMC programme is running. This invitation is extended to your child and to you if you would like to be present. The first seven families from each year group who tell us they want to be included will be chosen to be part of the research group.

What will happen in this research?

The project involves your child participating in a group interview with me as the researcher. The children will be asked some questions and encouraged to talk about their experiences in the CMC programme. The children will be asked to tell me about the programme, what they enjoyed and what they didn't enjoy about it. They may also be asked if they would like to draw pictures about the programme. A teacher aid from the school will be present to help the children and you may also be there if you wish. The interview will be recorded using small recorders. The interview will be undertaken during class time, in a small room at the school with two adults present, the researcher and a teacher aide. Some of the parents of the children participating may also be there. The recording of the interview will then be transcribed by myself into a written form.

Anything that identifies your child or family will be removed from this written record. Information provided will be confidential. The children do not have to answer questions or participate in the discussion if they don't want to.

What are the discomforts and risks?

I do not anticipate that this interview will upset your child however there is a possibility your child or members of the group may need to discuss things they didn't like about the programme. This may be uncomfortable for them.

How will these discomforts and risks be alleviated?

As a researcher I have had experience of working with children and will be careful to work with them in a way that is suitable for their age. The children will be supported throughout the interview process and encouraged to talk about the programme in whatever way they want. To encourage them, children will be invited to draw and explain their drawings about the programme if they wish to. A teacher aid from the school will be present throughout the interviews and you are invited to be in the room should you wish. Should this interview trigger any distress, to your child the interview will stop and your child will be asked if they would like to leave the interview. If you are not present you will be contacted and in the meantime they will be supported by a teacher or teacher aide. If this research causes you or your child any distress you and your child will be offered counselling services at no cost to you.

What are the benefits?

This research will help us understand what children think about the CMC programme. We will be able to use this information to assist us in developing the CMC programme within your school and help us to decide if the programme might be suitable for inclusion in the curriculum of Health (Hauora) and Physical Education within primary schools.

What are the costs of participating in this research?

There will be no costs for you should your child decide to participate. The interview will take place during the school day in a room at the school.

What opportunity do I have to consider this invitation?

This invitation is extended to your child for a period of two weeks. If you would like more information about the research and what might happen please feel free to contact me. You may contact me directly via telephone and/or e-mail using the contact details listed below.

If you wish to withdraw after consenting for your child to be involved and before the interview then you simply need to contact me by telephone or e-mail. If you withdraw your child, all relevant information including tapes and transcripts, or part thereof, will be destroyed.

How do I agree to participate in this research?

Should you and your child agree to participate in the research we ask you to sign the attached consent form. We will also ask you to give your child the assent form for them.

to fill out and sign. Once you and your child have indicated your willingness to be involved in the research by signing the attached forms please place them the enclosed envelope and return them to school and place in a drop box in the classroom

If you wish to discuss anything else about the research please contact me.

Jill Morgan

ph (06) 8710672 or mobile: 0273410284

Email: jillngina@ihug.co.nz

Will I receive feedback on the results of this research?

When the study is finished you can have, if you would like, a copy of the research summary. If you would like to receive this can you please indicate this on the consent form. The study results may also be presented to a monthly regional school principals meeting, Board of Trustees of local primary schools, a message or educational conference and/or, published in a message or educational journal.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Annette Dickinson: annette.dickinson@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz , 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Jill Morgan

Ph: (06) 8710672 or mobile: 0273410284

Email: jillngina@ihug.co.nz

Project Supervisor Contact Details:

Annette Dickinson: annette.dickinson@aut.ac.nz

Ph: 921 9999 ext 7337

AUT

Approved by the Auckland University of Technology Ethics Committee on 26 November 2010, AUTEK Reference number 10/214



Parent/Guardian Consent Form

Project Title: Children's' experiences of a massage in schools programme; a thematic analysis

Project Supervisor: DrAnnette Dickinson

Researcher: Jill Morgan

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated November 2010?
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw my child/children and/or myself or any information that we have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If my child/children and/or I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- ☐ I agree to my child/children taking part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐

Child/children's name/s :

.....
.....

Parent/Guardian's signature

.....

Parent/Guardian's name

.....

Parent/Guardian's Contact Details (if appropriate):

.....
.....
.....

Date: _____

Approved by the Auckland University of Technology Ethics Committee on November 26th 2010 AUTEC Reference number 10/214

Thank you for completing this form – will you ask your parent/caregiver to sign hereif they feel that you understand what the project is about

..... (signature)

..... (Date)

Researcher Name: Jill Morgan

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Dr Annette Dickinson*, annette.dickinson@aut.ac.nz, 921 9999 ext 7337.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Approved by the Auckland University of Technology Ethics Committee on 26th November 2010 AUTECH Reference number 10/214



Children's experiences of a massage in schools programme; a thematic analysis

Information Sheet and Assent Form for Children

(Parent/caregivers please read to children)

This form will be kept for a period of 6 years

Hello – my name is Jill Morgan. I am finding out about what it is like to be involved in the massage programme run in your class. This form tells you about what will happen if you want to help.

I would like to talk to you with some of your class mates together in a group. The other class mates will be in the same year group as you. I will ask you some questions about the times when you are massaging or being massaged in the classroom. Then I will listen to you and your class mates talking. This is because I am interested in how it was for you.

When we meet together I will ask some questions. You and your class mates will have a chance to talk. A teacher aide will be there the whole time. You can ask me about my work whenever you want to. If something does not make sense to you, you can just ask me or the teacher aide to explain. I will be recording your voice on tape. This helps me listen to all the stories you and your class mates tell me. Let me know how you feel about this by colouring in one of these words -

Happy *Fine*
Not Sure
Worried

You can talk to your parent/guardian(s) if you are not sure or worried.

I will ask you to tell me what it was like for you when you were being massaged or when you were massaging someone. You can talk about the things you remember. You can draw pictures about it as well if you want Please circle

YES

if you would like to take part in talking to me with your class mates.

NO

Please circle if you do not want to do this

MAYBE

Please circle *MAYBE* if you are not sure. It is fine if you cannot decide because you can still come along and decide at the time whether or not to join in with the talking. A teacher aide will be there to support you all the time.

This is my photo:



I hope we can do this together. It will be great to meet you and hear what you want to say. You will know who I am because of my photograph. I will also wear a badge with my name, Jill, on it.

Appendix E

Interview Format

The interview will begin with an introduction of myself and little bit about me. I will then ask the children to introduce themselves and will ask them to write their names on sticky labels to wear on their tops so that I am able to refer to them by their name.

I will explain the interview process, and ask that what they say or draw will not be shared with people outside the room because I want them to feel free to say and draw what they feel about the programme. The 'talking stick' will also be explained to the children as a strategy for allowing children to talk without interruption. I will explain that they do not have to talk if they don't want to and are able leave the session at anytime. Once the children agree to continue then the session will proceed.

The interview will begin with a brainstorming exercise which will be initiated by posing the following question to the group; "When the teacher tells your class you are going to do some massage, what do you think?" The words the children use will be written on the board. Children who would like to will be invited to draw a picture which illustrates what the massage classes mean to them. The children will then be invited to talk about their words and drawings if they wish to.

The children's perceptions of the massage programme will be further explored with the children by using questions such as:

What things do you like doing most e.g. playing the back like a big piano or stroking back like a Siamese cat?

What things do you not like doing in this class?

What things do you wish they had more of in this class?

Are there any times when you don't like doing this class?

The children's views will be explored further with probing questions such as:

Can you tell me more about that?

Go on....

And then what happened....

What made you feel that way?

What do you do when that happens?

What did you think and feel about that?

I see....

Carry on...

Is that so?.....

Why?