Thai Bodywork: A Qualitative Exploration into the Evolving Principles of Practice

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Thai Bodywork (TBW) is a manual therapy that originates from Thailand and is most well known for it's distinct yoga-like passive stretching movements, deep compression and acupressure point work. TBW is practiced by professionally trained therapists in clinical settings and less qualified practitioners at beauty salons and spas throughout the world (Salguero, 2007). Within and outside of Thailand TBW is known by several different names including, 'Traditional Thai Massage', 'Nuad Thai', 'Thai-Yoga Massage', and 'Nuad Boran'. There is not only a wide variance in the name given to TBW, but also to the treatment style, the level of professionalism and the legality of practice. The term 'bodywork' will be used to describe the practice. Bodywork encompasses a range of manual therapy techniques that are directly applied to the body including massage, chiropractics and osteopathy (Lea, 2009) and is the most accurate way of describing the extensive variations of treatment seen within the field of TBW (Ratarasarn, 1986).

Although TBW is often thought of as a style of massage therapy, therapeutic applications extend beyond hands-on techniques to include the use of heated herbal compresses, fire cupping (as seen in Chinese Medicine and other traditional medicinal forms), tok sen (a vigorous form of percussion typically applied with a small wooden mallet) and deep abdominal massage (known as Chi Nei Tsang). Jacobsen & Salguero (2014) suggested that although TBW is often taught to Westerner's as a singular practice it is in fact just one of the modalities within the five branches of Traditional Thai Medicine (TTM). These five branches include, internal or herbal medicine, external or orthopaedic medicine, divination and oracular sciences, spirit medicine, and Buddhism. The external therapy branch of TTM includes but is not limited to, TBW, bone-setting, cupping, scrapping, blood letting, point therapy and channel work (Ratarasarn, 1986). The scope and medicinal application of TBW is intricately described in Ratarasarn's (1986) PhD thesis, *The Principals and Concepts of Thai Classical Medicine,* but unfortunately this document has yet to be published in a more publicly accessible format. Ratarasarn, a native Thai student who studied at the University of Wisconsin-Madison, is one of the few bi-lingual researchers to illuminate the theoretical underpinnings of

TBW in English. Although published documentation of TBW as a branch of TTM is extremely limited, recently TBW research practitioners are providing further evidence for TBW as an umbrella term for a complex system born out of a rich and evolving history of holistic TTM (Lea, 2009; Haddad, 2013; Jacobsen & Salguero, 2014).

Within Thailand, TTM is promoted and standardized by the Thai Ministry of Public Health; outside of Thailand there are no clearly defined principles of practice that outline the scope of practice for TBW practitioners. Additionally there are no professional organizations that regulate the practice or study of TBW in the UK or US. Thus the current environment allows for misinformation to be easily spread about the practice and history of TBW (Salguero, 2013). Additionally there is a severe lack of therapeutic standards among those practicing TBW. These inconsistencies within the practice make accurate and credible research in the field of TBW a challenging endeavour.

Currently there are only a handful of research studies exploring the effectiveness of TBW for various conditions (Buttagat *et al.,* 2009; Chatchawan *et al.,* 2005; Kumnerddee, 2009; Mackawan *et al.,* 2005; Netchanok *et al.,* 2012). The treatment interventions within these studies primarily range from 10 to 40 minutes and consist of pressure point sequences on a specific area of the body with additional passive stretching. These types of interventions reflect a limited scope of the range of intervention and practice afforded by TBW treatments.

There is tremendous potential for the unique therapeutic application of TBW, but in order to conduct highly credible research studies on the effectiveness of TBW, first accurate principles of practice must be identified. The aim of this research project is to serve as a scoping exercise to determine what the principles of practice are for TBW in the US. The data collected from experienced TBW practitioners will inform the writing of a clearly defined set of principles of practice that may be utilized in future development towards the professionalization of TBW.

Having spent three years living and studying TBW in Thailand I have a wealth of first hand experience (as both practitioner and patient) regarding the

therapeutic benefits of TBW. Holding a successful practice for five years in the US and now in the UK, I experience daily the value of this intensive bodywork. Equally I see the limitations of the field and application of TBW as a modality that is often misunderstood and surrounded by misinformation and cultural connotations that undermine the therapeutic value of the work. The motivations for this research study stem from recognizing the ways in which developing a coherent set of principles of practice for TBW could greatly aid in the professionalization of TBW and the carrying out of credible research studies in the future.

Methods

Qualitative Study Design

Qualitative research lends itself to examining the human experience through systematic and interactive approaches (Burns & Grove, 2009), thus in the context of this research study the qualitative approach was utilized in order to explore the behaviors, perspectives, and experiences (Creswell, 2007) of TBW practitioners. Interviewing was chosen as the best method to explore the personal experiences of practitioners, thus providing data to best answer the main research question. Qualitative research interviews serve to explore individual accounts and compare those accounts with others, aiding in the development of a theoretical understanding of the underlying structures of beliefs (Burns & Grove, 2009), which are fundamental in exploring the principals of practice for TBW practitioners.

Interview Participants

Purposive sampling was utilized to recruit ‘known experts’ for the study. ‘Known experts’ (Glaser & Strauss, 1967) were sought out in order to provide answers with a richness of detail and high level of expertise and experience within the field of TBW. The inclusion criteria for the participants were as follows: highly experienced actively practicing TBW therapist (minimum 5 yrs.) and TBW instructor (minimum 2 yrs.), with TBW as their primary or secondary modality. Instructors of TBW were recruited for the study because of their

unique position as facilitators involved in the active transmission of knowledge (Hsu, 2000) and beliefs regarding the practice of TBW to their students.

The participants were contacted through the Thai Healing Alliance International (THAI), a nonpartisan international network of TBW therapists, teachers and students. THAI is the only TBW specific network of practitioners and teachers in the world and the members reflect the wide variance of TBW styles, techniques and treatment forms found throughout the practice. The publicly listed email addresses accessed via the website allowed for ease of direct contact for the purposes of this study. Emails were sent to the 27 listed members of THAI who were registered practitioners as well as instructors in the US. The sample group consisted of only US practitioners because; with completion of this degree I plan to continue this area of research upon returning to my home in Oregon (North-western US). Eleven of the 27 practitioners contacted responded within the specified time of reply (one week). A preliminary questionnaire (see appendix 1) was then emailed to the 11 practitioners. Of the 11 practitioners 10 were actively practicing and the first 6 to respond who met all of the inclusion criteria were included in the study.

Data Collection

The method of semi-structured interviewing as highlighted by Green & Thorogood (2014) utilizes open-ended questions and allows respondents to offer rich narrative detail in their own words. The aim was to allow participants to speak freely regarding their personal experience and elicit data applicable to the research question. A flexible approach towards framing the questions was used to maximize the participant's responses and level of engagement. The questions (see appendix 2) were directed to the participant's own journeys of studying, practicing and teaching TBW. As recommended by King & Horrocks (2010) the interview questions were piloted with 3 volunteer participants in order to ensure the data collected was aligned with the main research question and that the timing of the interviews would remain under one hour. The interviews were conducted via Skype with 2-way video when

the Internet connection was strong enough to permit. The interviews were audio-recorded and lasted from 30 minutes to 1 hour.

Data Analysis

All audio-recorded interview data was directly transcribed using the software program ‘F5’ available from ‘Audiotranskription’. Transcribing the data oneself can be thought of as the first level of analysis due to the nature of becoming closely familiar with the data throughout the transcribing process (King & Horrocks, 2010). Thematic content analysis was chosen because it is most useful when answering questions about specific issues for particular groups of respondents, reducing the complexity of participants’ accounts by looking for patterns or ‘themes’ in the data (Green & Thorogood, 2014). As King & Horrocks (2010) illustrate, themes are reoccurring and distinctive features of participants' accounts that encapsulate particular perceptions and experiences which can then be directly connected back to the research question. The process of thematic analysis began with first coding individual words or phrases within the transcripts that stood out and were related to the research question. Afterwards these codes were grouped into clusters of four broader categories and a framework of direct quotations was created (see appendix 3). From the analysis of this framework themes and patterns within interviewee responses emerged that were directly connected to the main research question.

Ethical Considerations

The following measures were carried out in order to protect the confidentiality of the participants: 1) Research aims and objectives for the study were clearly articulated both verbally and in writing (see appendix 4). 2) Participants were notified in writing that their participation was voluntary and that in addition to withdrawing from the study (within a specified time frame) they could also choose to decline answering any questions they were not comfortable with (see appendix 5). 3) A written consent form was obtained from each participant prior to the interview process (see appendix 5).

Results

Practitioner Details

Table 1 (page 9) provides information regarding the gender of the practitioners interviewed, their number of years in practice and their number of years as a TBW instructor. All six of the practitioners spent time studying in Thailand at TBW schools and also studying with various Thai instructors of TBW. All practitioners employed the traditional techniques associated with TBW, passive stretching, deep compressions and acupressure point work. In the last column any additional TBW techniques the practitioners utilize are listed to demonstrate the range of practice for each practitioner. Excluding practitioner 6 (whose primary modality was Chinese Medicine and secondary modality TBW) all practitioners primary modality was TBW.

Table 1: *Practitioner Details*

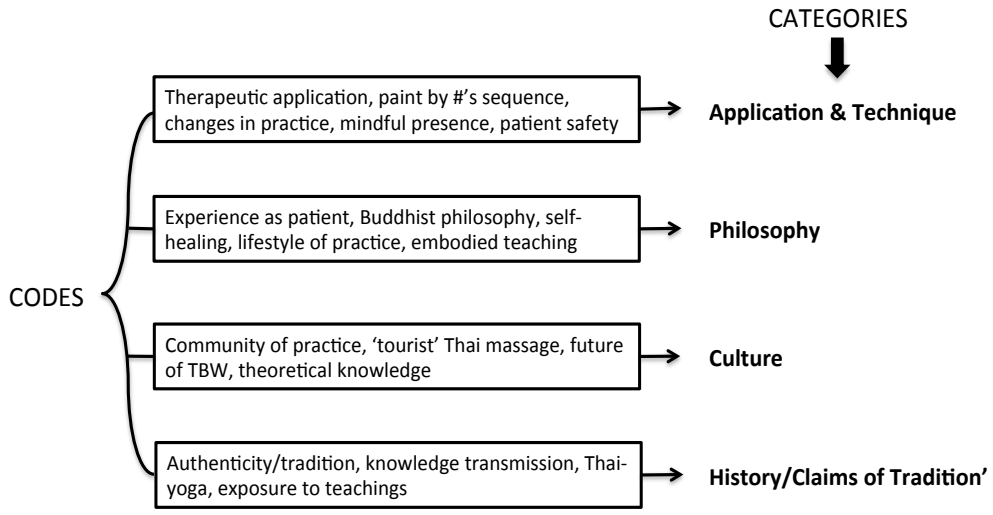
Practitioner #	Male/Female	TBW practice (years)	TBW instructing (years)	Additional TBW techniques
1	F	16	9	Fire cupping, scrapping, internal herbs, herbal compress, tok sen, lineaments
2	M	20	15	Chi Nei Tsang, herbal compress, tok sen
3	F	13	9	Chi Nei Tsang, herbal compress, breath work
4	M	13	11	Chi Nei Tsang, herbal compress, breath work
5	M	14	10	Chi Nei Tsang
6	M	25	24	-

Coding and Categories

The process of coding involved reading through each transcript and establishing a running list of words and points of discussion relating to the

main research question that were commonly talked about within the interviews (King & Horrocks, 2010). Figure 1 (page 10) illustrates how the initial codes (18 in total) were grouped into clusters and merged into more specific categories to aid in the construction of a quotation framework (appendix 3). For example the following statement from practitioner 1, “Once you know the theory behind the techniques you can choose which ones you use for different people” (line 33-34, see appendix 6) was coded as *theoretical knowledge.*

Figure 1: *Established code groupings merged into categories*



Once the categories were established and the quotation framework assembled the main emerging themes began to become more apparent. Each step in the process of analysis both increases the researchers familiarity with the data and illuminates the patterns within the transcribed content (Silverman, 2004). Table 2 below shows several quotations that illustrate the emergence of the main themes.

Table 2: *Practitioner quotes illustrating emerging themes*

Practitioners quotes	Emerging themes
I teach this as 'your yoga' in other words this is your healing practice…For their own body	TBW as an embodied practice

and mind. (Practitioner 5, B33, appendix 3)	
They [Thai instructors] have been taught exactly the way they've been teaching Westerners, which is first do this then do this then do this. Don't question it, don't worry about it, just do it. (Practitioner 4, D23, appendix 3)	Protocols versus individual treatments
If people are going to get TBW to transform their life, or change their diet, or develop a mediation practice, or certainly use herbs competently, you definitely need the theory, absolutely. (Practitioner 6, C36, appendix 3)	Illuminating theory
I want TBW to be medicine. I want people to approach it as medicine and not just as a formula. (Practitioner 1, E4, appendix 3)	Professional identity

Discussion

The embodied practice

One of the most prominent themes revealed within the interviews was the way(s) in which practitioners spoke of TBW as an embodied practice through the therapeutic application of techniques, 'qualities' necessary to learn and practice TBW and the experience receiving lots of TBW within and outside of Thailand. In addition to the common TBW techniques of passive stretching, deep compressions and pressure point work, the use of herbal compresses (or poultices), Chi Nei Tsang (abdominal massage) and tok sen (a form of rapid percussive movements often performed with a wooden tool) were all noted by the practitioners as elements of their TBW practice. Additionally one practitioner (# 1) noted the use of other 'esoteric techniques' she used regularly, these included fire cupping, scrapping, lineaments used on the skin and herbs taken internally to compliment the physical bodywork (B2, appendix 3). Practitioner 1 has recently spent two years living in Thailand researching and writing a book on TTM theory for TBW practitioners, this

exposure, research and level of study she attributes to her broader conceptualization of the scope of TBW (E6, appendix 3).

The common ‘qualities’ of practice linked to embodying TBW practice found throughout the interviews were, mindfulness, maintaining a meditative presence and working with compassion towards ones patients and one’s self. As practitioner 6 emphasized, “We teach meditation because it undergirds everything that the practice is” (B30, appendix 3). For this practitioner and several of the others, maintaining a meditative presence is a fundamental attribute of a TBW practitioner. Mindfulness and working towards a meditative presence are both qualities which promote non-judgemental awareness and are linked to approaching treatment session with a clearer sense of objectivity (Gee & McNeil, 2013). The roots of mindfulness practice stem from Buddhist meditative traditions (Ludwig & Kabat-Zinn, 2008). This link is consistently referenced within the interviews as these qualities were specifically linked to the origins of TBW originating from a predominately Buddhist culture (practitioner 1, D5, appendix 3).

Protocols versus individualized treatments

The interviews revealed a conscious move by each of the practitioners away from working within a patterned sequence or ‘paint by numbers’ method of treatment. Although this was often the way in which TBW was taught to them through study in Thailand. Practitioner 1 noted how the sequences have been designed as “teaching tools” (B3, appendix 3), enabling students to gain exposure to a lot of techniques in a short amount of time. Practitioner 1 no longer teaches or practices utilizing a sequence but instead places a high level of importance on the most therapeutically prescriptive treatment for each individual patient (B4, appendix 3). Practitioner 4 had a different perspective and spoke of the benefits of working with a sequence at the beginning stages of learning, “The routines really help you develop the strength and flexibility and coordination and anticipation to be able to link those things together and have a fluid session” (B23, appendix 3). But eventually, practitioner 4 notes, one has to let go of the sequence format and allow the “process” to take over.

The discussion of teaching and learning TBW is highlighted in Lea's (2009) case study, *Becoming skilled: The cultural and corporeal geographies of teaching and learning Thai yoga massage*. Lea (2009) utilizes a five-stage model of the progression from novice to expert developed by Hubert Dreyfus (2001) which aids in examining the debate regarding sequence based learning. Dreyfus puts forth that at the novice stage the practice is broken down into individual parts and the teacher removes much of the contextual elements thus simplifying the practice (2001). By the stage of expertise the learner is immersed in the 'world of his skilled activity', and there is no longer an 'I' with an agenda of 'doing' but instead an improvisational quality to the treatment session (Lea, 2009). The five-stage model aids and supports both interviewees statements, positioning the protocol or sequence based way of learning and providing treatment at the 'novice' end of the progression, while more individualized treatments and deeper understanding of the application for each technique is a result of reaching a more experienced level of expertise.

Illuminating theory

The interviews also highlighted significant challenges practitioners faced in gaining more understanding of the theoretical underpinnings of TBW and the TTM system. One practitioner (4) spoke of frustration in only being able to learn 'techniques' from the Thai practitioners she studied with (D21, appendix 3), but no deeper theoretical or philosophical basis for TBW. Nearly all the practitioners' experiences mirrored hers and a recognition that much of what they were being taught as TBW was as it had been adapted for the tourist industry. 'Tourist Thai' as one practitioner called it clearly offered an interesting set of massage based techniques to explore, but the larger context of where TBW fit into the broader scope of TTM was not revealed. This (as the practitioners noted) is in part due to a lack of communication due to language barriers. Most Thai instructors have a basic English speaking level and Practitioner 1 was the only interviewee to have lived in Thailand, studied the language and have an instructor who was fluent in both Thai and English.

The experience the interviewees encountered through their study in Thailand may reflect what Karchmer (2010) refers to as the 'postcolonial condition' of medicine in China. This condition is characterized by the continuing cultural dominance of the West, in particular in relation to the ways in which Chinese medicine is defined by its relationship to Western medicine (Karchmer, 2010). It is evident through the interviews and literature (Suwankhong *et al.,* 2011) that there may be a similar 'postcolonial condition' happening in Thailand, making it increasingly difficult to attain theoretical understanding of TTM and TBW as the influence and system of Western medicine continues to infiltrate Thai medicine, minimizing the role and knowledge of more traditional healing methods and practitioners. Practitioner 1 relays the challenges and her experience of seeking out theoretical knowledge below (E5, appendix 3).

> *The main problem is that teacher's in Thailand are not teaching Westerner's who come to Thailand the theory. And it's extremely difficult to find a teacher in Thailand who even knows the theory themselves. Because true traditional medicine practitioners in Thailand, that's a dying bread.*

Practitioner 6 reveals a similar experience of only recognizing, "what we really were encountering was a complete system of traditional medicine" (D35, appendix 3) through diligent and extensive research in the area of Thai herbalism which is documented more significantly than TBW (Jacobsen & Salguero, 2014). It is also worth noting that practitioner 6, whose primary modality is Chinese medicine, spoke to of his deeper understanding and experience of studying Asian systems allowing him to critically assess the information he was being presented with as TBW in Thailand.

Professional identity

The perception of TBW and the professional identity of the practice were noted as complex issues steeped in the cultural contexts from where TBW originates and how it has become popularized throughout the world. The sexual connotations associated with TBW were spoken about repeatedly including practitioner 2's statement that, "People think of Thailand as sexual

tourism" (D11, appendix 3). Practitioner 1 felt strongly that so long as the language of 'Thai Massage' was being used, the practice would never break free from the strong association with the sex industry (C6, appdendix 3). She is one of the practitioners along with the American Association for Bodywork Therapies of Asia, who are choosing to promote the term 'Thai Bodywork' as an effort to distance the therapeutic practice from the industry of sexual tourism.

In addition to the linguistic issue of an accurate name for TBW, should the practice move towards that of a profession, an examination of the ways in which the practice meets professional traits (Power, 2008) would be useful. These professional traits could include those traditionally set for by Millerson (1964) such as: skills based on theoretical knowledge, trust-based client relationships and standardized education and training, but should also include contemporary guidelines recommended by the larger community of CAM practitioners working towards professionalization within their own fields (Kelner *et al*., 2004).

All interviewees spoke of the tremendous potential for the growing practice of TBW and two (practitioner's 1 & 6) named more published literature on the theoretical aspects of TBW and TTM as a key element to the growth and continued legitimization of practice. In practitioner 4's words, "I don't see it as a stagnate art that's reached it's limit. I feel like it's just now starting to bleed into disciplines, to be really useful. It's the tip of the iceberg in my opinion" (C23, appendix 3). The potential for TBW to become recognized as a medicinally therapeutic modality was expressed throughout the interview conversations, how the practice moves forward in this direction remains to be seen.

Evaluation of the research approach

The approach of the present study was exploratory in that it delved into an area where there is currently a very small amount of published research. The study's focus on qualitative description through interviewing 'known experts' in the field seemed appropriate in relation to main research question. The number of participants included in the study was in accordance with the

time allocated to complete the study. Although with a larger group of participants more knowledge could be gained and new findings potentially applied to a larger segment of the TBW community.

An open-ended interview style format was chosen to prevent leading participants in a particular direction. Although invariably respondents will be influenced by the interviewer, the context of the interview and what they perceive the study to be about (Silverman, 2004). As a qualitative researcher there is a paradoxical struggle in tuning in to the experience and meanings of others, while simultaneously being aware of ones own preconceptions and potential bias that may influence what one is trying to understand (Maykut & Morehouse, 1994). In the present study the interviewer presented herself as a TBW practitioner. As an 'inside researcher' (Silverman, 2004) there is an added element for the researcher to consider regarding how their position as a member of the community in which their interviewees are a part of may influence the interviewees responses.

The researcher chose to adopt the critically reflective approach of 'bridling' (Dahlberg, 2006) to better understand and acknowledge the 'insider' position, thus avoiding making careless causalities and assumptions based on personal experience. Instead the researcher recognized the benefits and drawbacks afforded by the position of 'insider', not as a distant objective observer, but as an actively engaged researcher highly involved in the explication of meaning (Dahlberg, 2006).

Conclusion

The research study revealed several core themes linked to the principles of practice for TBW. The significant themes which emerged from the analysis were, the embodiment of TBW practice, the use of protocols versus individualized treatments, efforts to illuminate and understand theory and the professional identity. Although the interviews revealed differing opinions regarding the future and outlook of TBW the common thread throughout indicated a greater level of awareness of therapeutic practice as an important move forward. In order for TBW to continue evolving as a practice within the US, TBW practitioners must collectively address, discuss

and establish a working set of principles of practice. Through the organization of small focus groups the community of practitioners may begin developing a language of professionalization that would in turn bring a greater degree of credibility to the practice and future research into TBW.

There are significant challenges in the US due to differing state-to-state regulations for CAM therapies. Additionally as revealed within the interview data here, not all practitioners are interested in participating in the policy or regulation of TBW. As more research oriented practitioner's of TBW continue publishing work on the theoretical underpinnings of the extensive system of TTM from which TBW originates, an opportunity arises for TBW to move from a nebulous form of practice to a respected form of medicinal bodywork.

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