

# The Effects and Experience of *Shiatsu*: A Cross-European Study

**FINAL REPORT: EXECUTIVE SUMMARY**

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## **FOREWORD [Seamus Connolly. ESF Research Co-ordinator]**

Complementary health in Europe is practised in a context of political and legal uncertainty with a few notable exceptions. By and large, it is available outside the official health care systems, and only to those who can afford to pay and who have the opportunities to inform themselves. While millions of people use complementary and alternative medicine (CAM) practices, millions of others have no access.

CAM's contribution to health and well being and its role alongside conventional medicine are poorly understood. The scope of application is variable and the differences between the many CAM practices are not well known. There is also significant prejudice to CAM. Practitioners have been prosecuted on legal grounds unconnected to their competence or client complaint. Published research is thin on the ground for many CAM practices, and most of what exists examines them as if they were a form of conventional medicine.

*Shiatsu* is one of the eight disciplines named in the Collins Report adopted by the European Parliament in 1997 (European Parliament 1997) which calls for steps to regulate complementary therapy practice and for more research. Initiatives have been taken by a few member states since, but none are complete. There still has not been a specific research line for CAM in the European Union's (EU) Framework Programmes (FP) 5 to 7. The current programme, FP7, may provide funding for 'translating clinical outcomes into clinical practice, especially addressing patient safety and the better use of medicines (including some aspects of ... complementary and alternative medicine).' (European Union 2006: 12)

*Shiatsu* has been practised professionally in Europe for 35 years. While common law allows it to be practised freely in the UK and Ireland, its practice in the rest of Europe, along with most other CAM methods, is tolerated, but without recognition as an independent discipline, or integration into state healthcare systems. This uncertainty has acted as a brake on the progress of *shiatsu*, its professional development, and its use by the public. In the official imagination, in so far as *shiatsu* exists there at all, it rests somewhere between the harmless, the useless or dangerous quackery.

In Japan, where *shiatsu* originated, it has been an officially recognised paramedical practice since 1952. In Europe, it is popular with the public but, until now, there has been no objective evidence for its safety, extensive data on who uses it and why, or an assessment of its benefits. The European *Shiatsu* Federation, in working to gain the legal 'right to

practice' *shiatsu* throughout Europe and to promote the highest standards of training and professional practice, saw the need for evidence independent of the profession's view.

The development of the study design took particular account of the fact that *shiatsu* practice occurs within the energetic relationship between the practitioner and the client, that it is intuitive in its nature, and that it is broad in its guiding philosophy and scope of application. The findings summarised below speak volumes about this ancient art. They validate an intuitive but practical system with contemporary and rational tools, bridging longstanding cultural gaps. Not surprisingly, the findings suggest the need for more research. These findings are now offered in service to the public, the profession, researchers, policy makers and health care providers.

## **References**

European Parliament (1997) *The Collins Report, Resolution on the Status of Non-Conventional Medicine*. European Parliament: Strasbourg.

European Union (2006) Decision No 1982/2006/EC of the European Parliament and the Council of 18th December 2006 concerning the Seventh Framework of Programme of the European Community for research, technological development and demonstration activities (2007-2013). *Official Journal of the European Union* L412: 1-41 (30.12.2006)

## EXECUTIVE SUMMARY [Andrew Long, University of Leeds]

### Background

In the autumn of 2005, the European Shiatsu Federation provided funds to the School of Healthcare at the University of Leeds to undertake a three-country, longitudinal cohort study of the effects and experience of *shiatsu*. The study was commissioned against the context of a limited research base on *shiatsu*. This executive summary highlights some of the key points from the study. Findings are presented across the three countries, where relevant drawing attention to country variations.

### Study's Aims

The study had two aims:

1. Assess the client's perceptions of short and longer-term experiences and effects from having *shiatsu* treatment
2. Find out about the characteristics of *shiatsu* practitioners and provide insight into their style of practice

### Methods

The study used a longitudinal, cohort design, with data collection by postal / self-administered questionnaires. These were grounded in an earlier interview-based study. Ethical approval for the study was obtained from the University of Leeds Faculty of Medicine and Health Research Ethics Committee.

Practitioners were selected from three *Shiatsu* Societies, all of which were members of the European *Shiatsu* Federation: Österreichischen Dachverbands für Shiatsu (Austria); Asociación de Profesionales de Shiatsu de España (Spain); and the Shiatsu Society UK (UK). Each participating practitioner was asked to recruit up to 16 consecutive clients, to avoid bias over who was included and who was not. Up to 5 of the clients were to be 'new' clients, that is, someone who had never received *shiatsu* from the participating/recruiting practitioner. The remainder, up to 12 clients, were to be 'continuing' clients. Clients had to be aged 18 or over. Clients were excluded if the practitioner judged them to be too ill (physically or emotionally), a friend, a relative or a current *shiatsu* student with whom the practitioner had professional involvement.

Four self-administered questionnaires were to be completed by the client, at four time points:

- At initial ('baseline') recruitment, subsequent to the *shiatsu* session
- (Ideally) four to six days after the initial (recruiting) *shiatsu* session
- Three months after the initial recruitment
- Six months after the initial recruitment

As is fitting for a longitudinal study, this report presents the findings only for those clients who completed all of the four study questionnaires. All the client and practitioner documentation was professionally translated into the relevant language and verbatim comments on returned questionnaires professionally translated into English.

## **Key Findings**

### ***Theoretical Framework***

Understanding the underlying philosophical framework of health and healing within the Zen or Masunaga model of *shiatsu* practice, as an energy-based CAM modality, provides an important backcloth to interpret the study findings and to help cast light on the range of effects that *shiatsu* could be expected to have. In particular, this was the case for the data relating to clients' comments on their hopes from *shiatsu* treatment and any negative responses experienced.

### ***Study Participants***

A total of 948 clients took part in the three-country European study. Of these, 633 completed all four of the study's questionnaires, from baseline to six-month follow-up. This represents an overall response rate of 67%. For the individual countries, client numbers and response rates were as follows:

- Austria: 371 clients recruited at baseline; 261 respondents to all questionnaires - 70% response rate
- Spain: 189 clients recruited at baseline; 93 respondents to all questionnaires - 49% response rate

- UK: 388 clients recruited at baseline; 279 respondents to all questionnaires – 72% response rate

There was a higher response rate for previous *shiatsu* users compared to new users. This was particularly problematic for the Spanish sample where only nine new *shiatsu* users completed all the study's questionnaires (a response rate of 30%). There was also a statistically significantly lower response rate among new *shiatsu* users for the UK sample (a response rate of 57%). Variations in response rate and representativeness must be taken into account in drawing conclusions from the study.

### **Who Uses Shiatsu and Why?**

A typical user of *shiatsu* is a woman, aged in her 40s, who is in paid employment, either full- or part-time, has used *shiatsu* before and would describe her overall health status as being 'good' or better. She would pay for her own treatment and would be continuing to use *shiatsu* at (three and) six months, having an average of 2-3 sessions during the previous three month period. In the UK, the typical user would be slightly older (50 or so) and a greater proportion of users would be retired.

At least one of the reasons clients accessed *shiatsu* for the 'first' time was 'out of curiosity', mentioned by a quarter to a third. At *today's* session, the most mentioned reasons that the majority came for was 'to maintain or improve their health'. Next most important was 'to do something for oneself' closely followed by 'personal development'.

### **What Do Clients Hope to Get from Having Shiatsu Treatment?**

A wide range of hopes was mentioned by clients. Many previous *shiatsu* users linked their hopes to previously experienced benefits from earlier *shiatsu* treatments. It was noticeable that the language used by some clients, including new *shiatsu* users, suggested an awareness of the theoretical underpinnings of an energy-based therapy, for example, talking in terms of 'to clear blockages' or 'to become grounded'.

The same 'top seven' sets of hopes were expressed in the three countries, each being mentioned by at least 5% of their clients. These were: energy work; self-enhancement; relaxation or stress reduction; gaining physical relief from symptoms; alleviation of the symptoms of particular conditions; emotional help and support: enhancing awareness of mind body.

### **Client-Practitioner Interaction**

Clients were overwhelmingly positive about their relationship with the practitioner. High proportions 'strongly agreed' that their practitioner 'listened' or 'accepted' them, with greater variation about their joint working. The practitioner was overwhelmingly perceived as being 'trustworthy,' 'skilful' and, in general, 'warm'. The treatment environment was also overwhelmingly positively rated.

### **Immediate Effects from Shiatsu**

Some of the immediate and positive effects experienced *during* and *after* the initial *shiatsu* session at which the client was recruited included: 'feeling energy moving or blockages being released'; occurrence of physical and emotional changes; feeling 'relaxed or calmer,' 'more energised', 'more able to cope with things' or 'more balanced' after the session.

Clients were asked about possibly negative, immediate effects or experiences during or after their initial *shiatsu* session. There was overwhelming agreement that clients had *not* had a bad experience during the *shiatsu* session. Over half indicated their strong agreement they had *not* had an 'unpleasant' physical or emotional reaction.

These data support the conclusion of immediate positive benefits, as experienced and expressed by the clients, occurring soon (4-6 days or so) after their initial *shiatsu* session (at which they were recruited to the study). They also indicate that the sessions did not generate, what might be termed, 'possibly negative' effects for the majority of the clients.

### **Safety and Negative Responses**

The prevalence of client-perceived negative responses varied from 12% to 22%, with rates being very similar across all three countries. Rates were highest at '4-6 days' after the initial treatment (18-21%) and lowest at six months (12-17%) follow-up.

Over four-fifths (82%) of the client-expressed 'negative' responses were classified as 'transitional' effects, that is, an initially negative-seeming response which turned to become positive, either as expressed directly by the client or as part of the healing process predicted within *shiatsu* theory. A very small proportion (3%, relating to ten client episodes) of the negative responses could be classified as 'an undesired, potentially adverse event or effect that may represent a risk to client safety'.

### **Effectiveness over the Longer Term**

The range of data collected document a set of interconnected and consistent evidence of client-perceived beneficial effects in the longer term.

#### *Symptom Changes*

A statistically significant reduction in symptom severity was found for all of the symptom groups from baseline to three and to six month follow-up for the Austrian and UK samples. The greatest reduction was for symptoms of 'tension or stress', followed by 'problems with muscles, joints or body structure', including back pain and posture. For the Spanish sample, at six month follow-up, a statistically significant reduction in symptom severity was evident for the symptom groups of 'problems with muscles, joints and body structure', and 'tension or stress'. Across countries, clients overwhelmingly agreed or agreed strongly with the statement that '*shiatsu* has been effective in treating my symptoms.'

#### *Shiatsu-Specific Effects*

Substantial proportions agreed or agreed strongly with many of the *shiatsu*-specific questions based on statements that other users of *shiatsu* have made about its potential benefits. These included: overall health improvement; confidence about their health; help with improving posture or the way 'I use my body'; ability to help oneself; change in understanding and experience of their body; hope that 'my problems can be helped'; ability to cope with things; and developed as a person.

For the Austrian and UK samples, with their larger sample sizes, it was possible to explore whether or not there was any differences in experiential effects by previous *shiatsu* use or not. For the Austrian sample, previous *shiatsu* users usually, but not always, expressed higher levels of agreement with the indicated statements of potential benefits from having *shiatsu*, and new *shiatsu* users usually expressed lower levels of agreement. For the UK sample, previous *shiatsu* users commonly expressed their agreement with experienced benefits from having *shiatsu*, and new *shiatsu* users expressed lower levels of agreement.

#### *Lifestyle Changes*

At baseline, across countries, around three-quarters of clients indicated that their *shiatsu* practitioner had given them some advice or recommendations during their treatment session, for example, relating to exercise, posture/how to use your body or diet. At six



months follow-up, around four-fifths of the clients indicated that they had made changes to their lifestyle 'as a result of having *shiatsu* treatment.' Substantial proportions of the clients had increased the amount of 'rest and relaxation' and 'exercise' they took.

A third or more of the clients indicated that they had made other changes. The most mentioned areas included 'body / mind awareness', 'general lifestyle' changes and changes in 'levels of confidence and resolve.' Clients also pointed to experienced beneficial effects, for example, on their back or other muscles, general well-being, social life and experience of being more grounded.

Changes in clients' health care usage were also evident. Use of conventional medicine, for any of the problems clients came for treatment to the *shiatsu* practitioner, and use of medication declined. Conversely, clients pointed to increased use of other CAMs, alongside their use of *shiatsu*.

#### *Expectations and Satisfaction*

The overwhelming majority of clients indicated that their expectations were either 'met' or 'exceeded'. At six months follow-up, only a tiny minority of clients (n=5) indicated that her/his expectations had not been met. Clients also expressed high levels of satisfaction with their *shiatsu* treatment sessions over the six-month period.

#### ***Economic Implications***

A reduction in physician/hospital visits over time alongside a reduction in use of conventional medication was evident. These represent potential cost savings to health service providers. These positive changes were further corroborated by client-reported changes that they indicated were attributable to the *shiatsu* they had received. Future potential cost savings may also accrue if the health-improving lifestyle changes reported by clients, particularly those related to increased exercise, rest and relaxation and improved diet, are sustained over time.

#### **Key Policy, Practice and Research Implications**

The study is the first longitudinal cohort study of *shiatsu*, with follow-up extending to six-months from the baseline *shiatsu* session at which the client was recruited. It provides evidence on a range of important data, from 'who uses *shiatsu* and why' to client-perceived experiences and effects and economic implications.

Key policy messages include:

- The findings confirm the safety of *shiatsu* as practised within the three countries
- The findings demonstrate interconnected and consistent evidence of client-perceived beneficial effects in the short and longer term. These range from symptom change to lifestyle changes. The effects are maintained in the longer term (six months follow-up)
- Benefits in terms of general well-being, health maintenance, health promotion (uptake of advice and recommendations) and health awareness are notable. This suggests a potential role for *shiatsu* in public health
- Findings on a reduction in use of conventional medicine, medication and working days lost due to ill-health are indicative of an added value and potential economic benefit arising from *shiatsu* treatment

Key practice messages include:

- The need for thoughtful after-care and post-treatment support being offered explicitly and routinely by practitioners, with a view to enhancing clients' understanding of the occurrence of the 'healing crisis', 'energy shifts' or 'rebalancing process.' Professional *shiatsu* associations could assist by preparing information leaflets for practitioners to give to clients
- The importance and potency of practitioners giving advice and recommendations to clients about possible changes to their lifestyle to enhance their health and health awareness
- The potential role that *shiatsu* may play in the areas of maintaining good health and prevention of ill-health
- The therapeutic significance of the client-practitioner relationship: One aspect for further attention is the area of 'working together', with a view to explaining its importance in the *shiatsu* process and the client's role in taking (greater) responsibility for their health

Possible areas for further research are:

- *Safety and negative responses:* To ask more specific and additional questions to help to tease out the 'change to positive' for transitional effects
- *Who uses shiatsu and why:* To gain insight into the characteristics of clients who stop using *shiatsu* and to uncover their reasons
- *Economic implications:* To explore further the area of cost savings. Further analysis of the current datasets is to be undertaken in collaboration with health economists at the University of Leeds
- *Practitioner variation:* To explore possible variation in effects achieved by different practitioners
- *Causality:* To impute cause requires a different study design, involving at least a comparison group

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<p>The full report is available at the following web address: <a href="http://www.healthcare.leeds.ac.uk/pages/research/documents/ShiatsuFinalReport.pdf">http://www.healthcare.leeds.ac.uk/pages/research/documents/ShiatsuFinalReport.pdf</a></p>
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