

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

FINAL REPORT

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December 2007**

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FOREWORD

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.

There were two big stumbling blocks to the development of a research project: funding and research methodology. Firstly, how to research a practice that occurs within the energetic relationship between the practitioner and the client? Secondly, how to study something that in its nature is subjective and intuitive, does not use tools or internal interventions, is very broad in its guiding philosophy and area of application and has an impact on the physical, emotional and mental aspects of the client? One challenge was to develop a methodology that, while being objective, would not remove itself from essential features of the *shiatsu* process but be able to study it from the inside out and not compromise the integrity of *shiatsu* treatment. Another challenge was to see how we could get *shiatsu* practitioners, working from a holistic perspective and sceptical about scientific methods, to participate fully in the research process.

We also wanted to examine how we could assess the efficacy of *shiatsu* according to its principles and methods, its scope and limits, and allow the conclusions to speak for themselves. We did not want to set questions that would be valued positively or negatively from any perspective, for example, definitions of health and illness, conventional medicine or health care delivery systems. We wanted the actual client experience and whatever range of responses, effects and benefits that might be found to be revealed.

Given the predominance of randomised controlled trials as a research methodology into human health interventions and the accompanying availability of funding, further challenges were how to find a researcher willing to work with these questions as well as a funding partner. We were aware that though evidence is increasingly sought for acceptance, evidence has to be paid for, but that money is largely given only for where there is already evidence!

After a number of refusals, we found Professor Andrew Long, then at the University of Salford and now at the University of Leeds, ready to take on this delicate and difficult task. This report is a testimony to the collaborative and creative process that he was willing to apply. It is a testimony to a genuinely open and enquiring scientific spirit and mind without which this study could not have been possible. While we could not, in one study, answer all of the questions fully, it may be that the approach and methods designed and set out in the report can be a model for other researchers and CAM modalities.

This study design and the findings in this Report reinforce the value of close collaboration between researchers and practitioners in the development of studies where scientific rigour

is applied, based on a deeper understanding of the nature and scope of the CAM modality under scrutiny. They suggest too the possibility of collaborations where there can be added value for all the stakeholders, and most especially, the public. Such partnerships could also help to open up access to funding agencies. In our own endeavours, a number of funding applications for this project were unsuccessful, such that the research had to be funded entirely from the contributions of practitioners - an act of trust that I hope this report will fully justify.

The findings 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 and, I hope, policy makers and health care providers.

Finally, a most sincere thank you to all contributors named in the acknowledgements but most of all to Professor Andrew Long for his willingness and ability to shape a research project from the initial germ, for hearing what was different in what we wanted to do, for his dedication above and beyond the call of duty, for his consummate skill in the service of honest enquiry, and for his personal friendliness at all times.

Seamus Connolly. European Shiatsu Federation Research Co-ordinator
November 27th 2008

EXECUTIVE SUMMARY

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

GLOSSARY OF TERMS

Analysis of variance: A statistical technique to explore whether there are significant differences between the means of two or more different groups.

Association: A general term where it appears or is predicted that two variables relate to one another or covary. See also: *causality* and *correlation*.

Average: Usually another term for the arithmetic *mean*.

Bias: Errors arising due to the conscious or unconscious effects of the research process or researcher.

Categorical variable: A variable that is measured by assigning values to one of a set of categories. A variable can be dichotomised (divided into two categories, for example, gender into 'male' or 'female') or have many categories which may, or may not, be placed in some logical order (for example, age, with the categories of: 'less than 34', '35-64', '65 and older').

Causation: The concept to describe the idea that, if X is a cause of Y, then a change in X produces a change in Y. It is a stronger notion than that of *association*, which just means that one variable is linked or covaries with another.

Chi-squared test: A statistical test of whether a particular set of frequencies in a table is likely to have occurred by chance. The test explores the null hypothesis of 'no relationship' between the two or more variables.

Cohort study: A study conducted on the same group of people.

Confidence interval: A range in which there is a known probability that the 'true', population value (for example, of a mean or proportion) will fall. Commonly, 95% confidence intervals are reported (for example, the 95% confidence value for the [population] mean). The 95% confidence level is the complement of the 5% *significance level*.

Correlation: The extent to which two variables vary together. This is measured by a statistic called the correlation coefficient. A positive correlation indicates that variables vary with each other such that high scores on one variable go together with high scores on the other. Correlation does not mean or indicate *causality*.

Cost saving: A saving, expressed in monetary terms, which would arise if a particular treatment or service were to be provided either or in addition to current treatments or services. The cost saving could be to the healthcare provider or society more generally. For example, a reduction in the total amount of medication used (*ceteris paribus*) represents a cost saving to the health service provider, or a reduction in the total number of workdays lost through illness (*ceteris paribus*) represents a cost saving to the economy.

Generalisability: The ability to generalise from the sample. Interest may lie in generalising from the sample back to the population from the sample was drawn (sometimes called, population generalisability) or from one setting to other settings within the population (for example, from one practitioner to another practitioner)

Likert scale: An attitude scale in which respondents indicate the extent of their agreement with the item on the scale. For example, a five- or seven-point scale, that is, one with five or seven categories, for example, running from 'strongly agree' to 'strongly disagree.' It is by definition always at least a ranking scale (that is, able to be interpreted as expressing 'greater than' or 'lesser than' comparisons).

Longitudinal study: A study which follows the same group (a longitudinal cohort study) or samples from the same population (a repeated time-series design) over time.

Measure of central tendency: In layman's terms, an 'average'. A single-figure summary measure to show where, in the main, the whole distribution of values is located. Measures of central tendency include the *mean* and *median*.

Measure of spread: A summary measure of the extent to which a set of observations are spread out over a range of values. Measures of spread include the *range* and *standard deviation*.

Mean: The arithmetic average of a set of values. The sum of a set of values for a variable, divided by the total number of observations.

Median: The mid-point of a set of numbers which have been put in either ascending or descending order. The median provides a more appropriate measure of average in situations where the distribution of the values is skewed (for example, income where a small proportion of the population earn very large amounts of income).

Not statistically significant: A description that the observed findings are consistent with the null hypothesis (of no relationship between two variables, of no difference, or of no change over time), rather than the alternative hypothesis (of a relationship between two

variables, of difference, or of change over time). Statistical significance is not a statement of the null or alternative hypothesis being true or false. It represents the consistency, or likelihood, of the data under the particular hypothesis (null or alternative).

Null hypothesis: A statement that there is no relationship between two variables, no difference, or no change over time. It is the 'null' prediction that is tested by the statistical significance testing procedure. The prediction from theory or previous research commonly takes the form of an expectation of a relationship, a difference or a change over time.

Point change: A statement of the amount of change for a group on a variable measured at least on a *Likert* (ordered) scale. For example, a $\frac{1}{3}$ or $\frac{1}{2}$ or 1 point reduction in symptom severity, where symptom severity is measured on a scale from 0 (not at all severe) to 4 (very severe).

Power: The ability, or probability, that a statistical significance test will reject the null hypothesis for a specified value of an alternative hypothesis. The ability of a test to detect an effect, given that the effect actually exists. Appropriate sample sizes are determined using the notion of power and *significance*.

p value: The probability (ranging from zero to one) that the results observed in a study could have occurred by chance (that is, due to sampling variation/variation from one sample to another) if the null hypothesis (of no relationship between two variables, of no difference, or of no change over time) was true. In hypothesis testing the p-value is commonly also called the level of significance, or significance level. It is common practice for the description 'significant' to be defined as $p \leq 0.05$ (p-value of 5%): that is, the odds against mere chance are greater than 20:1. It is good statistical practice to report the actual level of significance, for example, $p = 0.04$. This is alternatively called the exact p-value.

Paired t-test: A statistical technique to explore whether there are significant differences between the means of the same group of subjects at different time points. It is a particular form of the Student t-test – a test used to determine whether the means of two samples differ so much that they are unlikely to be drawn from the same population.

Pragmatic design: A study design that explores the delivery of a particular treatment or operation of a service within usual routine service, clinical or therapy practice.

Random sample: A sample of a population whose members are chosen in such a way that each member of the population has the same chance of being selected into the sample.

Range: The lowest and the highest values of a variable. A simple measure of the spread of a set of observations.

Response rate: The proportion of the original sample who reply to the questionnaire. This is usually expressed as a percentage. In cohort studies, it is common for the attrition rate, or 'loss to follow-up' or 'dropouts', to be reported. This has a similar, but converse, meaning. It represents the proportion of the original sample who do *not* reply to a subsequent data collection round.

Sampling bias: The term used to describe the situation where a sample fails to reflect accurately the characteristics of the population from which it is drawn owing to systematic rather than random effects.

Significance level: Addresses the question of whether a particular result (for example, a correlation, differences in means or proportions) is unlikely to have occurred by chance (sampling variation). Usually, if the odds against 'pure chance' are more than 20:1 (that is, a probability of less than 0.05) the result is accepted as *statistically significant*.

Standard deviation: A measure of spread of a set of observations. It is used to measure the spread of distributions where the mean is used as the measure of average (or central tendency).

Statistically significant: A description that the observed findings are consistent with the alternative hypothesis (of a relationship between two variables, of difference, or of change over time), rather than the null hypothesis. Statistical significance is not a statement of the null or alternative hypothesis being true or false, but the consistency of the data to the particular hypothesis (null or alternative).

Variance: A statistic that measures the variability of a set of scores.

Chapter One: Introduction and Report Overview

Introduction and 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 the limited research base on *shiatsu*. For example, Ernst (2001) in his desktop guide to 'what works in CAM' commented on *shiatsu*'s potential value in treating chronic conditions and general ill-health, while raising a possible safety question over tissue damage. Most recently, a systematic review, commissioned by the *Shiatsu Society UK*, was published (Robinson et al, 2006). Its main conclusion was:

'The research base for Shiatsu is very much in its infancy and the profession need to work closely with its practitioners and researchers in order to build up evidence of effectiveness.' (ibid: 6)

Against this context, the longitudinal three country, cohort study is opportune. The current study builds on a two-country, exploratory study undertaken in Germany and the United Kingdom (UK). In this latter study, using a series of in-depth interviews with a sample of *shiatsu* practitioners and clients, a wide range of common, immediate and longer-term effects was identified (Mackay and Long 2003; Long and Mackay 2003). These findings provided the basis for the development of the data collection instruments used in the cohort study, with questions on experiences and effects grounded in client and practitioner views. A core intention was to measure the most appropriate short and longer-term effects / outcomes from the client's and *shiatsu*-modality's perspective.

Overview of the Report

The report is divided into six sections. Copies of the information sheets and data collection instruments (English versions) are provided in the Appendices.

Section One comprises two chapters, detailing the methods used in the study and a working model of *shiatsu*. The section begins with Chapter Two which indicates how the practitioners were recruited to the study, including their agreement to follow the study protocol, the subsequent client recruitment process, desired sample sizes, data collection instruments, ethical adherence and data analysis. Throughout, the aim was to ensure rigour and external credibility for the uniform approach adopted across and within each of the participating countries. Chapter Three outlines a working model or framework for *shiatsu*, as practised within the UK, in particular the Zen or Masunaga model of *shiatsu* practice. Its guiding brief was to provide a basis to reflect on whether explored statements in

the questionnaire about possible effects (including negative responses, if any, expressed by clients) and, in particular, expressed client hopes on what they sought from *shiatsu*, could *in theory* be met by *shiatsu* (or, in the case of negative responses, were they transitional effects, part of the way that *shiatsu* works, rather than negative effects?). This would provide a theoretically informed basis for interpretation of the findings and help cast light on the range of effects that *shiatsu* could be expected to have (cf. Long 2002).

Sections Two to Four present the body of evidence generated in the study for each of the three countries, Austria (Section Two), Spain (Section Three) and the UK (Section Four), on who uses *shiatsu*, benefits experienced and realised effects. Each section follows the same structure, with chapters numbered according to a standard format (Chapters Four to Twelve):

- Chapter Four details the results of the recruitment process. It documents the numbers of practitioners and clients who took part in the study and response rates over time. A core question centres on the representativeness of the client responders to all of the four study questionnaires (baseline, 4-6 days later and three and six month follow-up) in relation to those clients originally recruited (that is, responders to the first questionnaire). As is fitting for a cohort study, it is only respondents to all of the questionnaires who form the focus of the data presented in the subsequent chapters.
- Chapter Five presents baseline data on the characteristics of the clients who completed all four of the questionnaires and their continuing use of *shiatsu* over the six-month follow-up period. Baseline details are provided on socio-demographic characteristics, previous use of *shiatsu* and other CAM modalities, health status, reasons and symptoms surrounding their first and current ('today') use of *shiatsu* and their use of other health care providers.
- Chapter Six presents data on the initial hopes that clients had of their *shiatsu* treatment, drawing on data from an open-ended question asked within the baseline questionnaire, 'what do you hope to get out of your *shiatsu* treatments?' These findings provide additional insight into the reasons clients had for their choice of *shiatsu*.
- Chapter Seven explores the findings on the client's initial experiences of *shiatsu*. The data arise from clients' responses to the second questionnaire, which they were asked to complete within 'about 4-6 days' of receiving the *shiatsu* treatment at which they were given the project documentation. The chapter provides insight into client experiences *during* and *after* their most recent *shiatsu* treatment, including perceptions of the treatment environment and their relationship with the practitioner.

- Chapters Eight to Eleven shift attention to focus on the potential effectiveness of *shiatsu*. These draw on five sets of data: symptom changes (Chapter Eight); *shiatsu*-specific effects, based on level of agreement with a set of statements that other users of *shiatsu* have made about its potential benefits (Chapter Nine); the uptake of advice or recommendations provided by the *shiatsu* practitioner and changes in use of conventional medicine, medication and other CAM modalities (Chapter Ten); and finally, the extent to which client expectations were met and clients' satisfaction with their *shiatsu* treatment (Chapter Eleven).
- Chapter Twelve explores some of the economic implications arising from the clients' access and use of *shiatsu*. Sample members were asked at baseline and at the three- and six-month follow-up about their use of other health care services, specifically visits to their primary physician or hospital for one or more of the problems in the previous three months, taking of medication, days off sick, and use of other CAM or conventional medicine. Looking at these data at the three points may provide indicative evidence of potential resource savings for other health services resulting from use of *shiatsu*, together with potential evidence of societal benefit associated with reduction in sickness absence from paid employment.

Section Five, Comparative Analysis, moves on to present the results of a comparative analysis across the three participating countries. It has two components. Chapter Thirteen centres on the core policy and practice question of safety. A five-fold typology of response types is presented, embracing categories from 'not related to *shiatsu*' to 'transitional effect' to 'potentially adverse event.' Findings are presented across and within the three countries. Chapter Fourteen continues the comparative analysis, attempting to draw together the findings from each of the three countries to look for similarities and differences. The chapter follows the structure of the country reports, moving from a comparison of study participants and their use of *shiatsu* to their experiences and reports on the effects of their *shiatsu* treatments. The comparative findings are presented along with comments and possible interpretations of the findings.

Section Six has one chapter (Chapter 16). It begins with some reflections on the strengths and weaknesses of the study. It then presents the main conclusions and key messages for policy and practice, and concludes with suggestions for further research.

**SECTION ONE: STUDY DESIGN AND
THEORETICAL FRAMEWORK OF *SHIATSU***

Chapter Two: Study Methods

Introduction

This chapter outlines the methods used in the study. It indicates how the practitioners were recruited to the study, including their agreement to follow the study protocol, the subsequent client recruitment process, desired sample sizes, data collection instruments, ethical adherence and data analysis. Throughout, the aim was to ensure rigour and external credibility for the uniform approach adopted across and within each of the participating countries.

Study's Aims

The study had two aims:

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

Overall Approach

To explore the study's primary aim, to assess the client experience and effects over time, the focal sampling unit was the client. Clients were recruited by the *shiatsu* practitioners. This was undertaken in a phased manner:

- Phase One: recruitment of a set of practitioners, meeting two eligibility criteria, and affirming their agreement to adhere to the study protocol
- Phase Two: each participating practitioner to recruit consecutive clients in a uniform, protocol-driven manner
- Phase Three: participating clients contacting the research team

To explore the study's secondary aim, to provide insight into *shiatsu* practice, a postal questionnaire was to be completed by all the participating *shiatsu* practitioners towards the end of their client recruitment.

The study used a longitudinal, cohort design, with data collection by postal / self-administered questionnaire, itself grounded in an earlier interview-based study (Mackay and Long 2003; Long and Mackay 2003). The desired sample size was calculated to enable generalisation within each participating country, and thus generalisation across countries.

All the client and practitioner documentation was professionally translated into the relevant language and verbatim comments on returned questionnaires professionally translated into English.

Desired Sample Size

From the study outset, the intention was to be able to provide insightful information about each country, and to make comparisons of clients who had had *shiatsu* before and those who had not, within and across countries. To achieve this, while meeting budgetary restrictions, desired client sample size was set at 200 clients, per country, who would complete the study (that is, return all of the four study questionnaires). The sample size was determined using standard sample size calculations for a proportion, with significance level set at 5% and power at 90%¹. To achieve this, a conservative allowance for loss to follow-up was made, of up to 50% by six month post recruitment. Thus, if 40 practitioners were recruited and each met their recruitment target, a total of 640 clients would be recruited; allowing for loss to follow-up, 320 would complete the six month, final questionnaire. If 30 took part, these figures would respectively be 480 and 240, etc. If loss to follow-up was reduced further, fewer practitioners could be recruited.

Phase One: Practitioner Recruitment

Practitioners were selected from three *Shiatsu* Societies, all of which were members of the European Shiatsu Federation: for Austria, Österreichischen Dachverbands für *Shiatsu*; for Spain, Asociación de Profesionales de *Shiatsu* de España; and for the UK, the *Shiatsu* Society UK. Practitioners had to meet two eligibility criteria:

- Be an accredited and experienced *shiatsu* practitioner: this was defined as a practitioner who has been on the national society's register since July 2003 (that is, at least two years prior to the start date of the study – Autumn 2005)
- Treat a minimum of five clients on average each week or about 20 per month

Those who met these criteria and gave written confirmation of their intended adherence to the study protocol formed the set of participating practitioners.

Two approaches were made to select potential practitioners from the respective national *Shiatsu* Society, dependent on the size of its membership. For Austria and Spain, with around 300-500 members, all practitioners who had been on the register since July 2003

¹ As there is no a priori assumption about the size of any expected proportion, sample size was estimated around the situation of maximum variance (where $p=q=0.5$). With the significance level set at $\alpha=0.05$ and power at $\beta=0.90$, this gives a sample size of 196 clients.

were contacted. For the UK, with around 1000 members, a random sample sized 300, using list sampling with a random start, of all those meeting the first eligibility criterion was drawn by a designated officer of the *Shiatsu* Society UK. As participation rates were lower than expected (either due to unwillingness to take part or not meeting the second eligibility criterion relating to the number of clients seen on average per month), a further sample of 200 was drawn from the non-selected members meeting the first eligibility criterion.

Each selected practitioner was sent an invitation letter, information sheet, practitioner participation form (Appendix 1) and stamped addressed envelope by the designated officer of the *Shiatsu* Society, with the identity of the practitioners unknown to the research team (in order to preserve the confidentiality of the *Shiatsu* Society's membership list). The information sheet, as well as providing overview information about the study and expectations of the practitioner, made it clear that the practitioner could subsequently withdraw their participation in the study and cease subsequent client recruitment. If willing to take part in the study, the practitioner was asked to complete the practitioner participation form, and return it to the research team at the University of Leeds. The form sought confirmation that the practitioner met the two eligibility criteria, asked the practitioner to indicate the number of 'new' and 'continuing' clients she/he had treated over each of the last six months, any expected change in such numbers and their willingness to take part in the study.

Following receipt of the completed practitioner participation form, a detailed protocol, study agreement forms (Appendix Two) and stamped addressed envelope was sent to the practitioner. If, having read the protocol, the practitioner wished to continue to take part in the study, the practitioner was asked to sign both copies of the study agreement form (confirming their agreement to abide by the requirements of the protocol and personal confidentiality), and return one copy to the research team, keeping the other for their own records. Upon receipt of the signed study agreement form, the practitioner was fully recruited into the study and their contact details entered onto a password-protected, Access database.

The practitioner recruitment target was 40 practitioners per country. This was set at this level, to take account of possible withdrawal (practitioners and clients) and to meet the desired client sample size target. Recruitment began at different times in the three countries, linked to prior publicity about the study at national *Shiatsu* Society conferences. The UK was first (October 2005), followed by Austria (January 2006) and, lastly, Spain (February 2006).

Phase Two: Client Recruitment

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, that is, up to 12 clients, were to be ‘continuing’ clients. A ‘continuing’ client was defined as someone who had received *shiatsu* from the participating practitioner and, either was beginning a new set of treatments with the practitioner, or was an ongoing client. By implication, such a client could have received *shiatsu* from another practitioner. It is important to note that the definition of ‘new’ and ‘continuing’ client was adopted to simplify recruitment. From client responses to the first questionnaire, a *client-based* definition, based around the client’s ‘previous use’ of *shiatsu*, was able to be applied in the analysis.

Practitioners were initially provided with a set of 20 client documentation packs to give to clients to take away and read in their own time. Each pack contained: an introductory letter about the study, an information sheet, a consent form, a copy of Questionnaires One and Two, and two stamped addressed envelopes (Appendix Three and Four). A recommended process for telling the client about the study was outlined in the study protocol (Box 2.1). Practitioners were also instructed not to ask the client subsequently if she/he had decided to take part in the study.

Box 2.1: Recommended Introduction of Study to Client

- Tell clients that the benefits of *shiatsu* that clients experience have not been documented to date. To do so will both make *shiatsu* more available to others and help improve professional practice
- We are thus undertaking research to find out what benefits *shiatsu* has for you
- My role is to ask you if you would be prepared to take part in the study
- To do so will require you to fill in a number of questionnaires and send these back to the University research team
- To help you decide, I have an information pack which contains details on the project and the two initial questionnaires – both of which are fairly short and would take you about 15-20 minutes to complete – and FREEPOST envelopes to return the questionnaires in
- I will not know if you decide to take part in the study; only the research team will know this when you send the questionnaire(s) back to them.
- All the data you provide will be treated in confidence
- Would you be interested to help?
- If the client agrees, give the documentation pack, and thank the client

Following the instructions in the introductory letter, clients who were willing to take part in the study completed the consent form and Questionnaire One and returned these together.

About 4-6 days later (in order to identify 'immediate' effects of the *shiatsu* session), they were asked to complete Questionnaire Two and return this to the research team.

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. Participating / recruited (thus, 'baseline') clients were those clients who returned their first questionnaire to the research team and were aged 18 years or over. Client contact details were entered onto a password-protected, Access database.

The approach of asking consecutive clients was modelled on that used by Senstad et al (1997) in a study of the frequency and nature of side effects of spinal manipulative therapy. The intention was to reduce sampling bias (avoiding the possibility of the practitioner purposively including and excluding particular clients for reasons other than the defined exclusion criteria) and to ensure that the sampling procedure was easily manageable within the workings of routine treatment practice. The practitioner was thus to ask each client who met the eligibility criteria, from a specified start date; the study protocol provided an illustration of the operation of the successive sampling approach. To provide a means of checking adherence to this approach, practitioners were asked to keep a client recruitment log and record the reason for not asking a client to take part in the study.

Once the practitioner had given out their 20 packs, she/he was asked to contact the research team, to check on numbers actually recruited and to see if more clients needed to be recruited. A typical sequential sampling process thus took the form of:

- Asking successive clients who met the inclusion and exclusion criteria to take a documentation pack
- Giving out all 20 packs, then contacting the research team
- Gap in any recruitment until further packs were sent out
- Restart the process of asking successive clients who met the inclusion and exclusion criteria to take a documentation pack
- End of recruitment once this set of packs was given out

To maximise recruitment and reduce loss to follow-up, considerable attention was given to all project documentation. Instructions to participating practitioners and information on the project provided to potential client participants were written in the participant's own language, in plain language and well presented. The introductory letters emphasised the

potential value and impact of the study findings, within Europe, for future *shiatsu* users and for professional practice. In addition, confidentiality of all data was assured. Covering letters accompanied each questionnaire explaining what the participant was being asked to do and to reinforce the value of their continued participation in the study. Stamped (Freepost) addressed envelopes were provided for all materials to be returned to the research team. To further avoid loss to follow-up, when necessary, one reminder letter only, including a copy of the relevant questionnaire², was sent to the client. Only one reminder was sent in order to minimise intrusion. If a client did not return the questionnaire, subsequent follow-up questionnaires were still sent to the client.

Measurement Tools and Timescale

Four self-administered questionnaires were to be completed by the client (Appendix Four). The first two questionnaires were provided in the documentation pack given out by the practitioner and the subsequent questionnaires and any reminders sent by post by the research team at the University of Leeds. Questionnaires were to be completed 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

The client questionnaires were developed within the Phase One study, a qualitative, interview-based study with practitioners and clients in two countries, Germany and the UK (Mackay and Long 2003). These questionnaires were pre-piloted in the Phase One study with a small group of UK clients. Within the cross-European Study, once professionally translated into German and Spanish, they were further piloted with a small sample of practitioners and some of their clients in Austria and Spain (3-5 practitioners/clients in each instance). Interest lay in the meaning of the questions, once translated, to ensure culturally-based language equivalence was achieved. Following piloting, the instruments were reviewed by native language speakers, again for language nuances and meaning equivalence.

² Questionnaires Two, Three and Four in general. In a few instances, a client returned Questionnaire Two with the consent form, but did not initially return questionnaire One. A reminder and further copy of Questionnaire One was sent. If this was not returned, the client was excluded from the study.

Each of the questionnaires (Appendix Four), including or accompanied by an explanatory covering letter, was designed to be easy to follow and to complete. Most of the questions could be answered by ticking a box or by rating their level of agreement (on a five-point Likert-type scale). On a few occasions, participants were asked to write their own comments in response to a question, for example, to indicate ‘what you hope to get from having *shiatsu* treatment’ or to describe a ‘negative response’ to the treatment. Box 2.2 provides an overview of the content of the questionnaires.

Box 2.2: Overview of Client Questionnaires’ Content

- *Questionnaire One - Baseline:* Socio-demographic characteristics of the client; previous use of *shiatsu*; how pay for *shiatsu*; reasons for use; severity of symptoms; use of other CAM and non-CAM for symptoms, use of medication and time-off work; hopes from *shiatsu* treatment; current health status
- *Questionnaire Two - Immediate Experiences and Effects:* experience, positive and negative immediate effects shortly after *shiatsu*; client-practitioner relationship; advice/recommendations given at initial session; immediate improvement; satisfaction with treatment; expectations met
- *Questionnaire Three – Positive and Negative Effects at Three Months:* continued use of *shiatsu*; symptom improvement, changed use of other CAM and non-CAM for symptoms, use of medication and time-off work; positive effects of having *shiatsu*; lifestyle changes; negative responses, if any; satisfaction with treatment; expectations met; current health status
- *Questionnaire Four – Positive and Negative Effects at Six Months:* continued use of *shiatsu*; symptom improvement, changed use of other CAM and non-CAM for symptoms, use of medication and time-off work; positive effects of having *shiatsu*; lifestyle changes; negative responses, if any; satisfaction with treatment; expectations met; current health status

Client recruitment, dependent on prior practitioner recruitment, began at different times in each country. It began first in the UK (January 2006), followed by Austria (March 2006) and Spain (March/April 2006). Once a practitioner had received her/his set of 20 client documentation packs and instructional letter, she/he could begin seeking client participation in the study. The end-date for client recruitment was informally set as the end of October 2006. In practice, for Austria and Spain, client recruitment continued to December 2006; thus, for a few clients, the six month follow-up questionnaire was sent out in June 2007.

Towards the end of the recruitment period, a ‘You and Your Practice’ Questionnaire was sent out to all participating practitioners, together with a request for a copy of the practitioner’s recruitment log and numbers of ‘new’ and ‘continuing’ clients seen by the practitioner over the previous six months,³ and a stamped addressed envelope. One e-mail

³ Choice of this period was made in order to overlap with the period of the practitioner’s involvement in client recruitment

reminder for the questionnaire was made. The questionnaire was piloted by three experienced *shiatsu* practitioners in the participating countries, and then professionally translated. The questionnaire comprised both tick-box type and open-ended questions for written comments. An overview of the questionnaire content is presented in Box 2.3. Further details and a report on the findings of this aspect of the study are presented elsewhere.

Box 2.3: Overview of Practitioner Questionnaire Content

- Background information of the practitioner: socio-demographic; training and continuing professional development, in *shiatsu* and other CAMs; current *shiatsu*, and other CAM, working status
- Client-related information: the practitioner's perception of clients' reasons for use of *shiatsu*; number of clients seen in last month; how clients pay for their treatment
- Way *shiatsu* given: practice style; description of initial and subsequent *shiatsu* session; use of other techniques and other non-*shiatsu* treatments; advice or recommendation given
- Environment in which *shiatsu* is given: where treatment given; how make this a safe and supportive space

Ethical Issues

Ethical approval for the study was obtained from the University of Leeds Faculty of Medicine and Health Research Ethics Committee. Both practitioners and clients were provided with an information sheet on the study (Appendix Two and Three) and consent form to agree to take part in the study. The practitioner's form confirmed their adherence to the study protocol. The information sheets affirmed that the practitioner or client could cease their involvement in the study at any time, without reason.⁴ When a practitioner or client did withdraw, no further materials were sent, but the data provided to the study prior to their withdrawal was retained. Written consent was obtained from all participating practitioners and all but a handful of clients. For the very small minority of clients who did not return the consent form, consent was assumed as implied by return of the first questionnaire and subsequent ones. This procedure was seen as acceptable as it is uncommon for postal surveys to ask for written consent, rather return of the questionnaire being perceived and accepted as consent to study participation.

All participants (practitioners and clients) were assured of the confidentiality of the data provided to the research team. No client data was provided to the recruiting practitioner nor practitioners informed of which of their clients were taking part in the study (only the overall numbers of clients, 'new' and 'continuing', was divulged). Strict criteria over confidentiality

⁴ In practice, the small number of practitioners who withdrew provided a reason.

were also agreed with the translators (in relation to verbatim comments to be translated from anonymised client and practitioner questionnaires). All data were anonymised and both practitioners and clients given a numerical ID code. Practitioner and client contact details were securely stored on a password-protected Access database. Finally, all data arising from the study, in the analysis and subsequent oral or written reports on the study, have been anonymised.

Quality Assurance

To enable a check on the adherence to the study protocol, in particular, the robust application of the sequential sampling procedure, practitioners were required, as part of their agreement to take part in the study, to maintain a client recruitment log. When client recruitment was coming to a close, practitioners were contacted to request a copy of the log. In addition, data on numbers of 'new' and 'continuing' clients was obtained for the six-month recruitment period.

Data Analysis

All data were coded and entered into SPSS-for-Windows, version 13, with data files for each questionnaire by country, and for all questionnaires by client by country.

Numerical Data

For all the numerical data, appropriate descriptive (percentages, averages, measures of spread, graphical presentations) and analytical statistics (including the chi-squared test for categorical data, paired t test and analysis of variance) were employed. Significance levels were set at 5%; where statistical significance was established, the exact p value is reported.

Client Verbatim Comments

Some of the data in the questionnaires asked the client to comment in their own words. This related to three main areas: a baseline question concerning 'what do you hope to get out of your *shiatsu* treatments?'; a question about 'type of negative responses', if any, in Questionnaires Two to Four; and a question about 'any changes made as a result of *shiatsu*' in Questionnaires Three and Four.

General Approach

The general approach adopted was to code the data using a grounded theory, thematic approach. This involved a number of stages: firstly, close reading of the comments; secondly, identifying categories/themes within each comment; thirdly, comparing categories

and where appropriate merging these; and fourthly, generating more abstract, theoretical labels/categories. Throughout, the intention was to remain as close as possible to the inferred meanings of the comments. The final abstract categories were given a numerical code, and the relevant values for each participant entered into the SPSS file. Extracts from the verbatim comments were used to illustrate the abstract categories.

Analyzing the Client ‘Hopes’ Data

A more extended approach was adopted to analyse the client hopes data (arising from the question, ‘what do you hope to get out of your *shiatsu* treatments?’). The aim was to explore the clients’ expressed hopes or expectations against the possibilities of their achievement from receiving *shiatsu*. The client responses to the ‘hopes’ question from the three countries’ questionnaires (once professionally translated into English) were initially coded by a non-practitioner researcher (AFL), basing the categories closely upon the words of the clients. The abstracted categories fell into a number of distinct groupings: aspects specific to the CAM modality (for example, ‘relaxed’, ‘increase in energy’, ‘unblock energy’ and ‘get in touch with my body’); better health in general or health maintenance; prevention in general and of specific symptoms; alleviation in general and of specific symptoms; and a miscellaneous heading.

Independent of this coding process, a researcher-*shiatsu* practitioner (LE), with additional refinements from a highly experienced *shiatsu* practitioner (SC), drafted a theoretical framework for *shiatsu* as practised within the UK, in particular the Zen or Masunaga model of *shiatsu* practice. The guiding rationale was twofold: (i) to reflect on whether the stated hope could *in theory* be met by *shiatsu*.

Following development of the theoretical framework, selected categories, in particular, the grouping of aspects specific to *shiatsu*, were reviewed by the researcher-*shiatsu* practitioner (LE), paying additional heed to whether or not the client was ‘new’ to *shiatsu* or not. Focus lay on refining the coding scheme to reflect the energetic-based theory and practice of *shiatsu*. The codes were then compared and discussed jointly (LE and AFL), and restructured under five main headings: ‘attaining or becoming’ (for example, relaxed, grounded, more aware of my body, creating time for self); ‘maintaining’ (for example, relaxed or grounded) or ‘continuing’ (for example, to make time for self); ‘preventing’ (for example, ill-health in general, worsening of stress, side-effects of medication); ‘alleviating’ (for example, symptoms in general, gynaecological, menstrual, digestive, blood pressure or particular conditions, such as MS or Parkinson’s) and ‘other’ (‘remain expectant’, ‘don’t know what I will get’ and ‘resort to in desperation’).

Analyzing the ‘Negative Response’ Data

A two-staged approach was applied to the data on negative responses. In the first stage, all the written descriptions, once translated into English, were coded into a set of categories, differentiating the form or nature of the response indicated and, wherever such information was provided, when the response began, how it changed and what the person did to resolve or cope with it. The codes were arrived at independently by two researchers (AFL and RM), coding variations resolved and a final coding schema agreed. Examples of categories describing the form of the response included: ‘feeling tired or drained’; ‘feeling spaced out, disorientated’; ‘finding it difficult to concentrate’; ‘stiffness/tension in joints’; and ‘pain/discomfort in general’.

In the second stage, attention centred on differentiating a potentially transitional effect from a negative response or effect arising from *shiatsu*. This analysis was undertaken by a *shiatsu* practitioner-researcher (LE), with additional comments provided by a highly experienced *shiatsu* practitioner (SC), in his role as advisor to the project. Each comment was analysed together with data on the duration of the response, rating of its severity, and impact on their life, in terms of effects on activities of daily living, and whether or not it concerned or distressed the client. The resultant typology of types of negative responses was reviewed by the study’s Advisory Group. Finally, all possible cases of an ‘undesired’ response, as perceived by the client and/or from *shiatsu* theory, or of a ‘potential adverse event / potential risk to client safety’ were reviewed by two further experienced *shiatsu* practitioner, and re-reviewed by the original raters. Any divergence in rating was resolved by discussion.

Final Data Set

As would be expected in a longitudinal study, interest lies in those who completed all the study’s data collection instruments. Accordingly, except for analyses of the representativeness of the respondents in relation to those who returned the baseline questionnaire, the data reported in this report relate only to those who completed all four study questionnaires.

Summary

This chapter has outlined the way that the study was done. The study was purposefully designed as a pragmatic study, to explore client experiences and effects, in the short and longer term, which were occurring as part of routine *shiatsu* treatment. The design of the study had to be feasible to take forward with routine treatment and to minimise any impact

on the client-practitioner relationship. The conduct of the study had to be rigorous to ensure confidence in the data arising. Thus, a clear study protocol was drawn up for the practitioners. Careful attention was given to the quality of the recruitment letters, information sheets and questionnaires with a view to encourage participation in the study and to maximise response rates over time. Explicit data analysis strategies and methods were followed through. Finally, the study was undertaken in an ethical manner. All data have been stored securely and client and practitioner anonymity maintained in presentations (both oral and written) of the study findings.

Chapter Three: Understanding the Findings through the Lens of *Shiatsu's* Guiding Philosophy

Introduction

In order to gain a deeper understanding of the results of the study, this chapter outlines a working model or framework for *shiatsu*, as practised within the UK, in particular the Zen or Masunaga model of *shiatsu* practice. It was developed by a researcher-*shiatsu* practitioner (LE), with additional refinements from a highly experienced *shiatsu* practitioner (SC). The guiding brief from the study's principal investigator (AFL), and rationale for the work, was to provide a basis to reflect on whether explored statements in the questionnaire about possible effects (including negative responses, if any, expressed by clients) and, in particular, expressed client hopes on what they sought from *shiatsu*, could *in theory* be met by *shiatsu* (or, in the case of negative responses, whether these were in fact negative or rather examples of a transitional effect and, thus, part of the way that *shiatsu* works).

It is recognised that the presented framework is only one of many that could be developed. Indeed, there are many different styles of *shiatsu* and some variations in theoretical content (Beresford-Cooke 1996). There are also many interpretations of the theories and styles, within Europe (including the UK) and Japan. For example, Beresford-Cooke, in an appendix, points to current UK practice as being informed by Zen *shiatsu* theory, Traditional Chinese Medicine (TCM) theory and Five Element theory. More broadly, Adams (2002) explores *shiatsu* as practised within Japan and Britain, pointing towards both different approaches to *shiatsu* (for example, as espoused by Namikoshi Tokujiro and Masunaga Shizuto) and a cultural dimension leading to radical differences in the concepts of holism (socio-centrism in Japan and individualism in Britain).

At the risk of simplicity (and provoking controversy), the following section is intended to provide a brief glimpse into some relevant theory, situated against the specific context of enhancing understanding of the experience and effects of this particular CAM modality. The material also aims to provide a theoretically informed basis for interpretation of the findings and help cast light on the range of effects that *shiatsu* could be expected to have (cf. Long 2002). In addition, the framework would be, and has been used, to help guide the coding of clients' comments on their hopes and negative responses, in order to ensure that the codes developed through a grounded theory approach related to and were made sense of within the underlying philosophy of *shiatsu* as an energy-based CAM modality.

A Theoretical Framework⁵

Unlike western medicine and health technologies, whether pharmaceutical, service provision or educational, *shiatsu* purports primarily to promote wellbeing, support good health and help prevent illness. Its justification stems from ancient practices that have been used for more than 10,000 years. Its roots appear to share common origins with acupuncture; indeed, the discovery of needles in the Neolithic period has led scholars to conclude that some form of palpation and analogous therapy must predate that period.

There is no one model or framework for the delivery of *shiatsu*. There is rather a system of health care practice based on philosophical beliefs that all oriental practice shares. This philosophy developed from a belief that as part of the cosmos, human beings contain all the attributes and elements including their relational dynamic that can be observed to exist in the world. In short, each person is a miniature manifestation of the universe; and everything in the universe impacts on everything else, to a greater or lesser degree.

In *shiatsu* practice, all presenting reasons, symptoms, responses during and after treatment would be understood and evaluated in terms of the person as an ‘energetic’ being. Its holistic philosophy is enacted in the holistic nature of *shiatsu* practice; it treats mind, body and spirit as one, an interconnected whole, together with the environment in which they find themselves. This concept of holism pervades the *shiatsu* encounter. Thus, the energetic evaluation⁶ includes questions pertaining to all aspects of a person’s life.⁷ Treatment then takes account of all aspects of the person; so, it is said that, when treating the body, the practitioner is also treating all facets of that person.

Physical symptoms in either the TCM or Zen modality are looked at according to the overall energetic evaluation and the meridians which run through a given area. For example, when there is a recurrence of pain, or perhaps a musculo-skeletal complaint in a given area of the body, the *shiatsu* practitioner can look to appease the aggravated energetic that is presenting itself to affect relief. The Zen modality uses a specific pattern of energetic evaluation known as the *kyo jitsu* relationship. The first term *kyo* refers to an ‘empty’ sensation in the *hara* diagnostic area and there is said to always be a paired *jitsu* (‘full’) energetic in the *hara*. The practitioner learns through training to palpate these two areas and to treat that which is empty in order to change the whole person dynamic.

⁵ The theoretical framework, and this whole section, is based on a draft by Lisa Esmonde, with additional comments from Seamus Connolly.

⁶ Energetic evaluation, rather than energetic diagnosis, is the preferred cross-European term, given the legal context in which *shiatsu* operates in some countries.

⁷ Note here that the reference is to the ‘individualistic’ interpretation of holism, not a socio-centric one – see Adams (2002).

An example may help to clarify. In practical terms, there may be an unmet need within the individual, manifested in overeating and thus unneeded weight increase; underlying this however might be a very *kyo* (empty) Heart Protector. The practitioner may encourage the client to look at what the Heart Protector’s function and need is in the context of the individual’s life and lifestyle. Perhaps the individual is working too hard; the need is to spend more time with family and loved ones. The practitioner might then explore with the client what possible changes the client can make to help and enable a positive change. In this way, a process of nourishment of what is lacking is delivered before sedating what is presenting itself for treatment. In addition, it is often the case that this empty or more ‘hidden’ element represented in the *kyo* is perhaps less easy for the client to express either in their social or work context and it is more acceptable to express hunger.

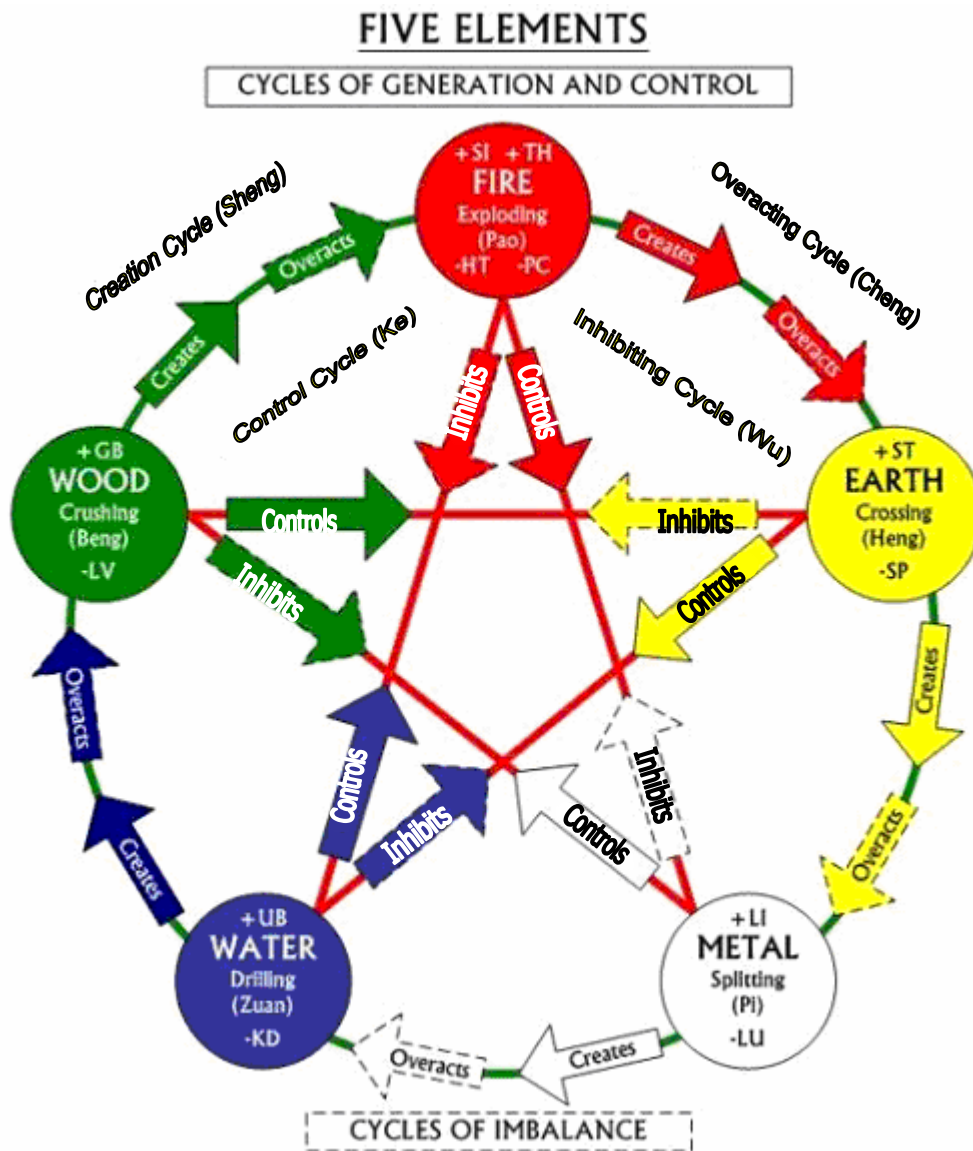
Shiatsu training in Europe is grounded most commonly by the fundamentals of TCM philosophy and theory and by the approach of Shizuto Masunaga which builds on TCM theory and diverges from it. Training incorporates an introduction to the energetics of organs and corresponding meridians in elemental pairs (Box 3.1). For each element or phase there is one *Yin* and one *Yang* organ; the former are located deeper in the body, are dense in structure and produce or house ‘vital substances’. The *Yang* organs are tubular or bag-like in structure and are involved in holding or moving the vital substances, food and the body’s waste material either around the body (in the case of the vital substances) or, in the case of food, from the outside environment through the body.

Box 3.1: The Yin Yang Elemental Pairs

<i>Element/Phase</i>	<i>YIN</i>	<i>YANG</i>
<i>Metal</i>	<i>Lung</i>	<i>Large Intestine</i>
<i>Water</i>	<i>Kidney</i>	<i>Bladder</i>
<i>Wood</i>	<i>Liver</i>	<i>Gallbladder</i>
<i>Fire (primary)</i>	<i>Heart</i>	<i>Small Intestine</i>
<i>Fire (secondary)</i>	<i>Heart Protector</i>	<i>Triple Heater</i>
<i>Earth</i>	<i>Spleen</i>	<i>Stomach</i>

The dynamic of the Five Element theory is depicted within the following five-pointed circular diagram. The diagram shows the way individual organs, within the cycle relate to others to promote, nourish, enhance, draw energy from and/or give energy to one another and how they control and/or inhibit one another.

Figure 3.1: The Five Element Cycle adapted from Dan Reynolds (personal communication, March 2007)



The Five Element cycle can be explained by what is seen in nature; individual human beings are a miniature of what is in nature and, therefore, everything that is in nature is also in humankind, including the dynamic of its function. Thus:

- Water hydrates wood (but it is possible to over-water)
- Wood feeds fire (but too much wood will make the fire rage out of control)
- Fire renews earth
- Earth contains essential minerals (iron, copper etc)
- Metal carries water

Linking the Framework to the Data

To demonstrate the potential importance and relevance of making explicit the underlying guiding philosophy of *shiatsu* for the study and data arising, the framework is discussed in the context of client-expressed hopes from their *shiatsu* treatment.

A first, and critical, issue that arises from the theoretical model and an understanding of *shiatsu* is a recognition of the need for more information, or, alternatively, expressed, a caveat in interpreting the 'hopes' data. In essence, that examining the client statements and codes alone is not sufficient. A vital, yet additional (missing) component is the energetic evaluation of the practitioner for that client. This observation is directly rooted in an understanding of *shiatsu*⁸. This is in no way to denigrate the importance of the client's own stated hopes. These can be coded in their own right. The client's perspective stands on its own, irrespective of the *shiatsu* context, and their subsequent affirmations of expectations met or not; this is 'their' experience and the data are 'their' experiential data. However, making sense of the clients' comments within the wider context of the theoretical framework/understanding of *shiatsu*, and the question of whether or not *shiatsu* can / may enable their hopes to be realised, requires understanding / knowledge of the energetic evaluation.

For example, a client may seek help for long-standing insomnia which, using the TCM modality, might be indicative of excess heart fire⁹ or perhaps an imbalance in Blood *qi* or Liver *qi* and Blood not being able to rest at night. This could only be known by discussing the finer points of the energetic evaluation with the individual practitioner. In the Zen model, the practitioner usually looks for the most *jitsu* (full energetic), holds it and palpates for the connected *kyo* (empty sensation) that reveals the composite or relationship. Relevant meridian treatment is checked in the *hara* for effect and may lead to the revelation of a new composite; and so the meridian treatment may be changed again. The understanding is that the layers of the different energetic aspects of the client's condition reveal themselves as the treatment progresses and, crucially, as the relationship between the practitioner and client develops. Not knowing the energetic evaluation of the practitioner, the *shiatsu*-researcher is able only to infer that the diagnostic possibilities fall well within the mode of practice of (and potential benefit from) *shiatsu*. Otherwise, within a Zen diagnosis of the abdomen or *hara* as it is referred to, any number of present-time imbalances may reveal themselves and treatment of each will eventually address the presenting symptom.

⁸ One might hypothesise that the 'diagnosis' is similarly important to know in studying many other CAM modalities.

⁹ Heart fire energy, when in balance, enables a person to be energetic and wakeful in the middle of the day; out of balance, the person may have difficulty sleeping.

A second issue arising from the framework is that any given hope, and thus implied set of reasons for treatment, including specific symptoms, may be a result of different patterns of imbalance. A typical example is a headache. A headache may be the result of over-thinking resulting in the person's Earth or Spleen energy becoming weakened and the Wood or Liver 'invading' the Earth. This would give rise to a number of symptoms, one of which would be a headache. Or, a person may become over-tired through constantly pushing themselves, thus depleting their Bladder energy and resulting in a frontal lobe or perhaps occipital headache. The practitioner would in their treatment explore what the underlying cause might be. In treating the symptom, discussion may take place to help the client to identify what the causal circumstances or behaviours are.

The 'headache' symptom for the practitioner might be perceived and pieced together as a 'syndrome'. The syndrome and its causes would be treated to effect either a permanent relief (cure) or alleviation of symptoms as well as enabling understanding of possible physical and psychological processes at work. In this way, the client becomes aware and then enabled (potentially, 'empowered') to choose to make changes and thus prevent continued recurrence, while benefiting from immediate symptom relief. Within the Zen modality, present-time energetic imbalances, palpated through *hara* diagnosis, may affect immediate symptom relief in the short and ultimately long term (through follow-up treatments). The practitioner would be able to explain the energetic pattern underlying the symptom and enable an understanding of causal processes, particularly when similar or identical energetic imbalances present themselves.

Summary

The intention of this chapter was to provide insight the Zen or Masunaga model of *shiatsu* practice and underlying philosophical framework of health and healing in order to help to understand the findings generated within the study. The framework has been used to gain additional insight into the clients' comments concerning what they hoped to get from having *shiatsu* and also in the interpretation of any negative responses experienced by clients. Use of the framework helps to generate a more refined, and theoretically informed coding schema, while remaining based in the clients' expressed views. There is thus an enhanced analytical power in the coding framework, and closer match to Strauss and Corbin's depiction of grounded theory, as:

'Giving voice to their respondents, representing them as accurately as possible, discovering and acknowledging how respondents' views of reality conflict with their own, and recognising art as well as science in the analytical product and process' (Charmaz, 2000: 510, paraphrasing Strauss and Corbin 1998).

Furthermore, from a research validity perspective, the research user can have greater confidence in the appropriateness of the coding schema, presented findings and their relevance for *shiatsu* practice and policy.

SECTION TWO: AUSTRIA

Chapter Four: Study Participants and Study Representativeness

Introduction

This chapter details the results of the recruitment process to the study. The chapter is in two sections. The first section looks at the practitioners who responded to the original request to take part in the study and those who subsequently took part. The second section looks at the clients, outlining the number of clients taking part (responders to the first questionnaire) and response rates over time, for the different combination of questionnaires. The chapter concludes by exploring the representativeness of the respondents to all four questionnaires (that is, from baseline to six-months after recruitment) in relation to those who were originally recruited (that is, responders to the first questionnaire).

The Practitioners

Following the invitation letter and subsequent despatch of the full protocol, providing extensive detail about the role of practitioners and procedures to follow, 33 practitioners took part in the client recruitment, with the aim of recruiting 16 clients, of which up to 5 would be 'new' clients to the practitioner.

Around a fifth of the practitioners met or exceeded this target. The average client yield per practitioner was 11 clients, ranging from 2 to 19¹⁰. Seven practitioners recruited 15-19 clients, eleven 10 to 14, and fifteen less than 10. For new clients, the average yield was four (close to target), with a range of 1 (7 practitioners) to 8.

Several of the practitioners who recruited a smaller number of clients were themselves recently established practitioners. They were more able to recruit 'new' clients, as they had as yet few 'continuing' clients within their current practice.

It is important to remember that the practitioner was only asked to tell eligible clients about the study and give those who agreed an envelope containing the project information. It was then up to the client to complete the consent form and baseline questionnaire, sending these back to the research team at the University of Leeds. The practitioner was explicitly required not to subsequently ask such clients if they had agreed to talk part in the study, thus preserving client anonymity.

Evidence from the recruitment logs that practitioners were required to keep demonstrated that practitioners were following the recruitment protocol of asking every eligible client

¹⁰ Twenty one of the recruited clients did not indicate who their practitioner was.

consecutively. Where a client was not asked, a brief note was made of why; the noted reasons met the exclusion criteria outlined in the study protocol.

The Clients

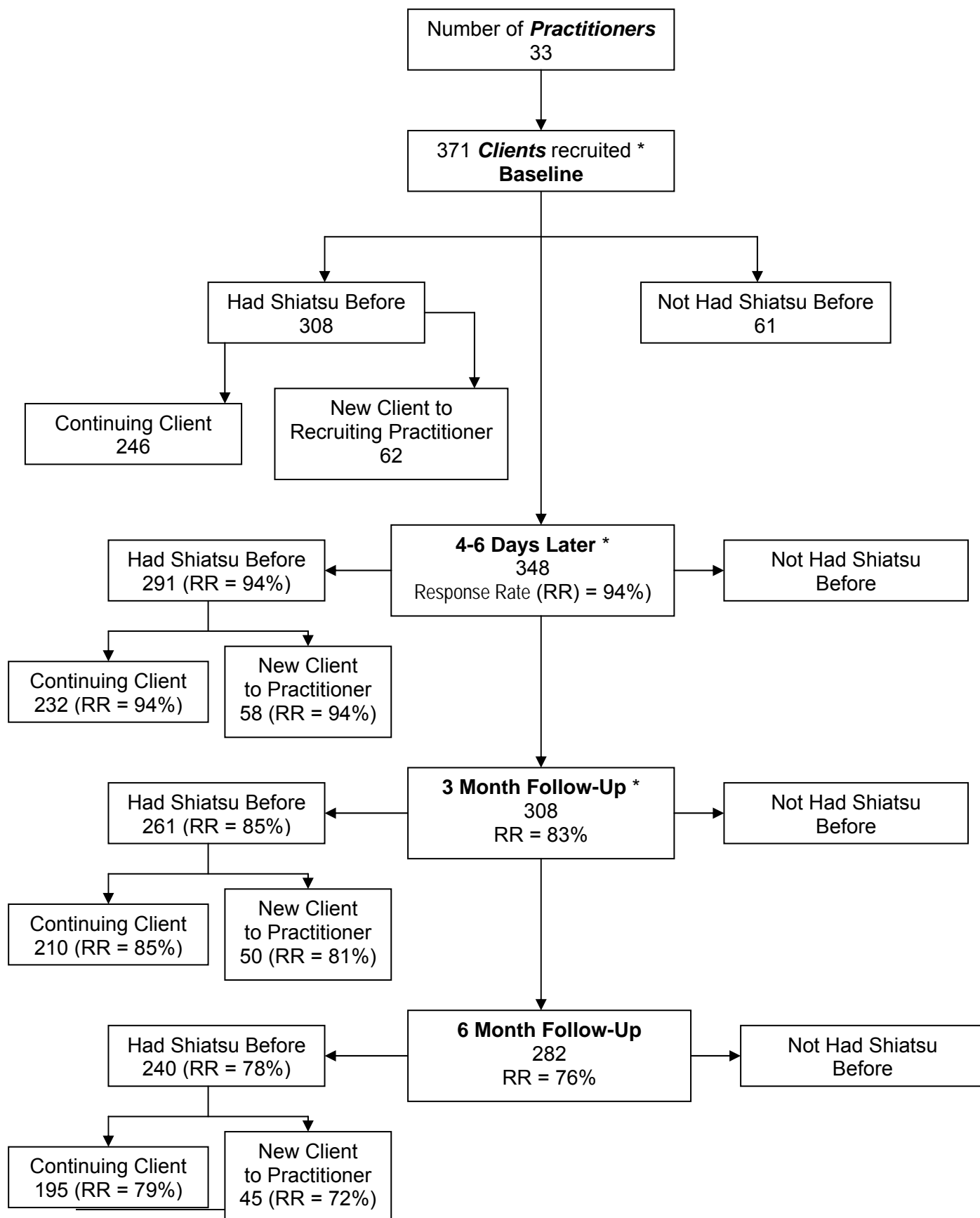
Baseline Recruitment and Response Rates over Time

A total of 371 clients were recruited to the study over a ten-month period (March to December 2006 inclusive). At baseline, 61 were 'new to *shiatsu*', that is, having their first *shiatsu* treatment.¹¹ Around a third (34%, n=124) were 'new' clients from the perspective of the recruiting practitioner – a recruitment ratio of new to continuing clients of 1:2. Figure 4.1 provides an overview of the response rates over time to each questionnaire, by client status ('new to *shiatsu*' and 'new' vs. 'continuing' client). It is notable that there was a greater loss to follow-up (non-response) from new *shiatsu* users (31% vs. 22% for previous users).

The total number of clients who completed all four questionnaires (baseline to six-month follow-up) was 261, a response rate of 70% (or loss-to-follow-up of 30%, due to non-response to one or more of questionnaires 2, 3 or 4). It is this group of 261 responders who form the focus of the findings in the Report.

¹¹ It must be remembered that the definition of 'new' client used in the recruitment phase was undertaken from the *practitioner's* perspective, that is, new to the recruiting practitioner.

Figure 4.1: Overview of Response Rates



* One client did not indicate if he/she had had shiatsu before; another client, if a new or continuing client.

Representativeness of Study Responders

To see if there was any response bias (i.e. are those replying to all four questionnaires different in some way, for example, by age or gender, to the baseline sample?), the socio-demographic, family doctor use and *shiatsu* use characteristics of respondents were compared (Table 4.1).

Table 4.1: Socio-Demographic and Other Characteristics: Baseline to 6-Months Follow-up

	Median Age, yrs	Age, 95% CI	% Aged 65 or over	Gender, % female	% Full & part-time work	% Retired
Baseline (n=388)	42.0	41.5-43.9	6.3	80.1	71.7	12.1
4-6 days later*	41.5	40.8-43.5	4.7	80.1	73.2	9.6
3-months follow-up*						
6-months follow-up*	41.5	40.8-43.5	4.7	80.1	73.2	9.6

* n=261, that is, those who completed all four questionnaires

	% Visit family doctor for problem	% <i>Shiatsu</i> before	% 'New' clients
Baseline (n=388)	41.3/39.8*	83.5	33.5
4-6 days later*	n.a.	85.4	30.7
3-months follow-up*	25.0		
6-months follow-up*	22.7	85.4	30.7

* n=261, that is, those who completed all four questionnaires

There were no significant differences by age, gender or employment status or, at baseline, between those visiting a family doctor in the previous three months for any of the problems / reasons that they were coming to see the *shiatsu* practitioner. While the response rate is lower amongst those who had not had *shiatsu* before, the difference between proportions is not significant (62% vs. 72%, $z = 1.55$, $p > 0.05$). It can thus be concluded that those who responded to all four questionnaires are representative of the clients recruited at baseline.

Completion Levels in the Cohort

The questionnaires were overwhelmingly well completed. In the baseline questionnaire, missing responses were more frequent for the questions about reasons for having *shiatsu* (10%), 'having other treatments for any of these problems' from conventional medicine (11%) or from other CAM (5%) and taking medication (4%). Missing responses were rarer for the '4-6 days later' questionnaire, occurring only for a few items (maximum value of 3%), save for items relating to working together with the practitioner (7%), feeling 'spaced out' (5%), feeling a 'physical' or an 'emotional' change during the session (4-5%), and having 'had an unpleasant emotional' response (4%) to the treatment. In the three and six month follow-up questionnaires, for those who had had one or more *shiatsu* treatments in the previous three months, missing responses were most frequent for the question about severity of the symptom 'at the worst point over the last three months' and 'today' (15% or more) and averaged around 6-8% for some of the *shiatsu*-specific experience/effects questions.

Summary

Of the 371 clients who were initially recruited to the sample from the 33 practitioners, 261 responded to all of the four postal questionnaires. This represents a response rate of 70%. It is this group of 261 clients who form the focus for the findings presented in this Report. While the response rate was higher amongst those who had had *shiatsu* before than those who had not, this difference was not statistically significant. In addition, there were no statistically significant differences between respondents to all four questionnaires and those initially recruited, for age, gender, employment status or client type. Thus, it was concluded that the respondents to all four questionnaires are representative of the clients recruited at baseline, irrespective of previous use of *shiatsu*.

Chapter Five: Who Uses *Shiatsu*, Why and For What Reasons?

Introduction

This chapter presents baseline data on the characteristics of the clients who completed all four of the questionnaires and their continuing use of *shiatsu* over the six-month follow-up period. Baseline details are provided on socio-demographic characteristics, previous use of *shiatsu* and other CAM modalities, health status, reasons and symptoms surrounding their first and current ('today') use of *shiatsu* and their use of other health care providers for any of these problems.

Socio-Demographic Characteristics at Baseline

The average age of the clients was 42 years (mean and median), ranging from 18 to 80 years. Eleven percent were aged under 30 and 5% were 65 or older. The majority (80%) were female. Just under three quarters of the sample were in either full- or part-time paid employment (54%, 19% respectively), with a slightly greater proportion of men being in full-time employment (65%: 52%, male: female). Ten percent of the clients were retired. Only a small proportion indicated that they were not working 'due to ill-health' (2%, n=4) or were currently unemployed (2%, n=5).

Previous Use of *Shiatsu* and Other CAM at Baseline

The vast majority of the recruited clients (85%) had had *shiatsu* before. They had received their first *shiatsu* a median average of 2 years ago, with a range of 'the previous month' to 36 years ago (95% confidence interval around the mean: 2.9 – 3.9 years). Around two thirds (66%) had used other CAM therapies before. The vast majority of clients (91%) paid for their *shiatsu* treatments themselves. Only ten (4%) clients indicated that their health insurance (sickness fund) covered the costs. Of these, two indicated that it was a combination of themselves and the health insurer. Ten others paid for their treatment with gift vouchers.

Health Status at Baseline

When asked to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, on a 5-point scale from 'excellent' to 'poor', 82% indicated that it was 'good or better' ('good,' 'very good' or 'excellent'), with 17 clients (5%) judging their own health status as 'poor'. Comparing those with 'at least good' health status to those who stated it was 'fair' or 'poor', there were statistically significant differences by work status (a greater proportion of those who were in work described their health status as 'good or better': 76% vs. 62%), currently visiting the primary care physician or hospital for

their current ill-health problems (62% vs. 35%, ‘fair or poor’: ‘at least good’), taking medication for any of these problems (41% vs. 21%) and having other conventional medicine treatment for any of these problems (31% vs. 14%). There were no differences by age, gender, client type, previous use of *shiatsu* or use of CAM for any of their current ill-health problems (31% vs. 44%, ‘at least good’ vs. ‘fair or poor’ respectively, $p>.05$).

Reasons for Having *Shiatsu* Treatment and Associated Symptoms

Respondents were asked about their reasons for having *shiatsu* treatment and symptoms on this occasion (‘today’) and (if appropriate) on the first occasion they had *shiatsu*. Respondents could tick one or more of a set of choices.

Reasons for *Shiatsu* ‘Today’ at Baseline

Table 5.1 presents clients’ reasons for having *shiatsu* ‘today’, that is, at the *shiatsu* treatment session at which they were recruited to the study. For previous *shiatsu* users, the dominant reason was ‘health maintenance’, followed by ‘to do something for oneself.’ For new *shiatsu* users, while these two reasons were very important, for about a quarter (26%) coming ‘out of curiosity’ was another important reason, and a much smaller proportion indicated that they came for ‘personal development’ (7% vs. 16-25%).

Table 5.1: Reasons for *Shiatsu (% of those ticking the option as proportion of options ticked by the group)**

Reason for <i>Shiatsu</i> ‘Today’	<i>Shiatsu</i> Before		
	Yes		No
	Continuing	New	New
Health maintenance	41	38	32
Do something for self	41	32	34
Personal development	16	25	9
Out of curiosity	3	6	26
Client Total (n)	167	31	37

* Percent may add to more/less than 100% due to rounding.

When asked about the reasons for having *shiatsu* ‘at the first time they had it’, 33% of previous *shiatsu* users indicated that their foremost reason was ‘out of curiosity’. Next most important was ‘to do something for oneself’ (32%) followed by ‘health maintenance’ (27%). This is a similar profile to that shown in Table 5.1 for new *shiatsu* users.

Reasons over the Six-Month Follow-up Period

Over the six-month follow-up period, the patterns of reasons for use consolidated into three areas: ‘to do something for oneself’ (36-51%), ‘health maintenance’ (27-32%) and ‘personal development’ (11-24%). This picture patterns closely that for the baseline group of previous *shiatsu* users.

Symptoms as Reasons for Accessing Shiatsu ‘Today’ at Baseline

The most mentioned set of symptoms (Table 5.2) related to ‘tension or stress’ (23-30%), followed by ‘problems with muscles, joints or body structure’ (24-27%) and ‘low energy or fatigue’ (17-19%). A broadly similar pattern was evident across client types and previous use of *shiatsu*.

Table 5.2: Symptoms as Reasons for Accessing *Shiatsu (% of those ticking the option as proportion of options ticked by the group)**

Symptoms ‘Today’	<i>Shiatsu Before</i>		
	Yes		No
	Continuing	New	New
Tension or stress	28	23	30
Problems with muscles, joints, body structure ¹	27	24	27
Low energy or fatigue	17	19	18
Problems with body systems ²	13	10	9
Emotional Issues	10	17	7
Other	5	8	9
Client Total (n)	161	34	38

* Percent may add to more/less than 100% due to rounding.

¹ The heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Symptoms as Reasons over the Six-Month Follow-up Period

At three- and six-month follow-up, the most mentioned sets of symptoms as reasons for use of *shiatsu* were quite similar to those at baseline. These related to ‘problems with muscles, joints or body structure (e.g. back pain, posture)’ and ‘tension and stress’ (Tables 5.3 and 5.4). Again, it must be remembered that clients could, and did, tick a number of reasons. Furthermore, it is important to note that the symptoms clients initially came to seek *shiatsu* at baseline may have changed over this time period, and/or additional symptoms (and thus symptom sets) might be ticked at each of the follow-up periods.

Table 5.3: Symptoms, at 3-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Three-Month Follow-up)	<i>Shiatsu Before</i>		
	Yes		No
	Continuing	New	New
Problems with muscles, joints, body structure	30	26	28
Tension or stress	26	23	30
Low energy or fatigue	19	23	16
Problems with body systems	11	10	9
Emotional Issues	9	12	8
Other	5	7	9
Client Total (n)	145	26	27

*Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

Table 5.4: Symptoms, at 6-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Six-Month Follow-up)	<i>Shiatsu Before</i>		
	Yes		No
	Continuing	New	New
Problems with muscles, joints, body structure	31	31	28
Tension or stress	29	29	36
Problems with body systems	12	10	5
Emotional Issues	8	14	5
Low energy or fatigue	6	12	21
Other	5	4	5
Client Total (n)	138	26	18

* Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

At three months follow-up, 87% of the sample had had at least one session of *shiatsu* since the baseline session and with 76% indicating they had had at least one session of *shiatsu* in the subsequent three months (Table 5.5). Around a half had 2-3 treatments during the two, three-month periods, and a small minority 7 or more (8-17%). A statistically significant greater proportion of those were new *shiatsu* users had no further *shiatsu* treatments since the treatment at which they were recruited (months 0-3: 24% vs. 11%; $p=.035$: new *shiatsu*

users vs. previous user; months 3-6: 50% vs. 20%, $p < .001$). Nearly all (98-100%) of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Table 5.5: Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

	0-3 months	3-6 months
% Having <i>shiatsu</i> in last 3 months	87	76
Median sessions in 3 months	2-3 sessions	2-3 sessions
% 1 session	8	7
% 2-3 sessions	35	35
% 4-6 sessions	27	26
% 7 or more sessions	17	8
Continue with <i>shiatsu</i> in future	82	84

The vast majority (82-84%) indicated that they would continue with *shiatsu*, this being more likely for those who had had *shiatsu* before than those who had not (at three-month follow-up: 84% vs. 66%, $p = .018$; at six-month follow-up: 85% vs. 75%, $p > .05$). Nearly all (92-93%) were continuing to have their treatments from the same practitioner (who had initially recruited them into the study). Nearly all (92-93%) were paying for the treatment(s) themselves, with 4% ($n=8$) paying for it by health insurance or a combination of health insurance and themselves.

Summary

The average age of clients was 42 years, four-fifths were female and most (85%) had had *shiatsu* before. Only a small minority (5%, $n=17$) perceived their own health status to be 'poor'. The dominant reason for accessing *shiatsu* 'today' was for 'health maintenance'. The most common symptoms as reasons for accessing *shiatsu* 'today' related to 'tension or stress' and 'problems with muscles, joints or body structure', including back pain and posture. These two groups of problems remained important reasons for accessing *shiatsu* 'today' at three and six months. Over three quarters of the sample continued to have *shiatsu* over the six months of the study, on average a median of 2-3 times per three month period. Over 90% paid for the *shiatsu* treatments themselves, with only 4% ($n=8$) paying for it by health insurance or a combination of health insurance and themselves. Nearly all of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Chapter Six: Clients' Hopes from *Shiatsu*

Introduction

This chapter presents data on the initial hopes that clients had of their *shiatsu* treatment, drawing on data from an open-ended question asked within the baseline questionnaire, 'what do you hope to get out of your *shiatsu* treatments?' These findings provide additional insight into the reasons clients had for their choice of *shiatsu* and should be read alongside findings (in Chapter Five) relating to reasons for having *shiatsu* treatment and associated symptoms. The extent to which their hopes were realised is returned to in Chapter Eleven ('were you expectations met?').

Hopes from Their *Shiatsu* Treatment

A wide range of hopes were expressed by the clients. Commonly, clients expressed more than one hope; for example:

Prevention of illnesses. Improvement of health. Self knowledge. Emotional development. To become more sensitive in dealing with my body and emotions. Positive attitude towards life. To have more energy, quality of life (Case 77, previous user)

A small proportion (4%) of clients, all of whom had had *shiatsu* before, talked about the benefits they had experienced before with *shiatsu*, and half of these (2%) also talked about what they hoped to get from this current set of *shiatsu* treatments. For example:

Holistic body treatment, not just treating the painful parts. Hope for a relief from pain and healing. Harmonising the body (Case 22, previous user)

Tranquillity. Relaxation. To let go of everyday life. Getting in touch with my body. Finding my centre. This brings power, pain relief (Case 70, previous user)

Relaxation. Support as I am trying to get pregnant. To feel more energy (Case 184, previous user)

Table 6.1 presents the 'top 15' expressed hopes. 'Maintaining being relaxed' was most mentioned by all previous *shiatsu* users (11%) (mirrored by 'obtaining energy work' for new users - 10%), followed by 'maintaining health or a healthy body' (mentioned by 9%). For new users, the most highly mentioned hope was 'becoming relaxed' (12%), followed by 'attaining a sense of well-being' (11%) and 'alleviating musculo-skeletal problems, including back and neck pain (9%).

Table 6.1: Top 15* Hopes from Shiatsu Treatment (%)

Client Hopes	Shiatsu Status		All Clients
	Previous User	New User	
Help to continue being relaxed	11	-	10
Maintain health / healthy body	9	-	8
Help to continue being balanced and/or grounded	7	1	6
Continue with energy work	7	-	6
Help to stay at reduced levels of stress / tension	5	2	5
Maintain sense of well-being	5	-	5
Alleviate muscular-skeletal problems (e.g. back, neck pain)	4	9	4
Continue to maintain energy	5	1	4
Maintain pain relief, pain reduction	5	1	4
Alleviate symptoms in general	4	2	4
Continue to be aware and understand body and mind	4	1	4
Continue to receive emotional help in general	4	-	4
Maintain general relief / physical comfort	4	-	3
Continue with personal growth and development	3	-	2
Become relaxed	1	12	2
Obtain energy work (flow and unblock)*	1	10	2
Attain pain relief*	1	7	2
Attain sense of well-being*	-	11	2
Attain health improvement*	1	7	1
Attain stress reduction / management*	-	8	1

* Category added as 5% or more of new *shiatsu* users expressed this hope

To illustrate the type of hopes that clients expressed, examples from those talking about ‘maintaining being relaxed’ and ‘alleviating musculo-skeletal problems’ are presented below.

For ‘maintaining being relaxed’, client comments often linked this hope to improving general health and getting to ‘know oneself’ (mind/body) more deeply.

Relaxation. To be free of pain. Well-being. (Case 191, previous user)

I want to do something for myself, to increase my capability for relaxation, to improve my health and sense of well-being. (Case 177, previous user)

Relaxation, release, to find oneself, to let go. (Case 330, previous user)

Relaxation, body-related self-reflection, to clear energetic blockages, to improve flexibility. (Case 360, previous user)

Relaxation, interconnection of body, spirit and soul. To learn how I can apply this myself. (Case 162, previous user)

I want to do something for myself, to increase my capability for relaxation, to improve my health. (Case 177, previous user)

Relaxation, relief, health maintenance, improvement of symptoms. (Case 300, previous user)

Support for physical well-being and healthcare. Balancing. Relaxation. (Case 3, previous user)

Relaxation, to relieve the pain present when moving the bod. (Case 15, previous user)

Relaxation. Relief from complaints in the lumbar region and in the shoulder girdle. To balance the energy. (Case 31, previous user)

Better posture. Less back pain. Relaxation. (Case 72, previous user)

Well-being. Relaxation. Time for myself and to be free of pain in the spine and neck. (Case 99, previous user)

Expression of hopes relating to ‘alleviating musculo-skeletal problems’ were both specific and, for many, linked with other hopes, including relaxation, or other symptoms, for example, headaches.

Relaxation, to get rid of my back pain, make my joints more flexible (Case 372, previous user)

Relaxation. To be able to let go. Prevention of work-related back pain. (Case 161, previous user)

Relaxation, well-being, to switch off, to get rid of cramps, to be able to let go, stress reduction. (Case 280, new user)

Stretches. Treatment of the cervical vertebrae and better hearing and relaxation as a result. (Case 187, previous user)

Improvement of problems with regard to back pain. Tension and stress reduction. (Case 179, previous user),

Support and relief from pressure on chest. To find support with not doing anything for a change, help with letting go and receiving. (Case 239, previous user)

Relief from back pain, general well-being. (Case 270, new user)

Improvement of back complaints. To work through the illness. Better handling of complaints leading to an understanding of the problems. (Case 69, new user)

Relieve or heal the back pain. Headaches. (Case 95, new user),

Relief from inflammation in neck vertebrae and shoulder area. Relaxation and, stress reduction. (Case 110, new user)

An improvement of my inner tranquillity and balance. An improvement of my musculoskeletal system (as a whole). (Case 120, previous user)

To improve my health, my tension, my back pain. (Case 171, new user)

To clear – or significantly improve - neck tension and the feeling that "the head is too heavy". More energy in everyday life. To handle stress in a better way and so to gain more zest for life. (Case 180, new user)

To improve the tension in the back and neck, the resulting headaches (Case 317, new user) In 2001 shiatsu helped me to overcome a paralysis, today I can move my hand freely. Now I hope to get rid of pain in the leg and the spine (injured in an accident) and to be able to move freely again. And to sleep better. (Case 203, previous user)

A broader picture of the expressed hopes from *shiatsu* treatment can be seen from grouping like codes or linked codes together. For example, while some clients talked about ‘getting increased energy’, others talked about ‘channelling their energy’ and yet others ‘becoming more balanced energetically’. These could be grouped into a broader, more general label of ‘energy-related’ expectations. Similarly, ‘attaining’ (new user) or ‘maintaining’ (previous user) energy work can be placed together into one broader heading. Table 6.2 presents the data in this form for the ‘top 10’ grouped codes.

Table 6.2: Top 10'Grouped' Hopes from Shiatsu Treatment (%)**

Client Hopes	Shiatsu Status		All Clients
	Previous User	New User	
Energy work: obtain or continue, become or continue grounded, balanced	19	21	20
Self-enhancement: attain or continue (quality of life, personal growth, etc)	20	17	19
Relaxation and/or stress/tension management: obtain or maintain	17	18	17
Physical relief (sleep, mobility, posture, pain, etc): attain or maintain	13	11	13
Alleviate symptoms of particular conditions (back or neck pain, headache, ME, blood pressure, etc)	7	14	8
Awareness of body & mind, integration: attain or maintain	7	5	7
Emotional help and support: attain or maintain	7	6	7
Alleviate symptoms in general	5	3	4
Prevention in general, ill-health and particular symptoms	2	1	2
Become emotionally calm / stronger*	-	3	1

* Category added as 5% or more of new *shiatsu* users expressed this hope

A similar pattern was evident for previous and new *shiatsu* users. Foremost were hopes relating to 'energy work' (doing or maintaining, becoming or remaining grounded or balanced), 'self-enhancement' (maintaining or attaining quality of life, personal growth, a sense of well-being and healthy/ier lifestyle), 'relaxation or stress management/reduction' and 'physical relief' (for sleep, mobility, posture, pain, etc). For new users, 'alleviating symptoms of particular conditions', for example, back or neck pain, headache and migraine, circulatory and ME, was also particularly important.

The first set of illustrative extracts relates to the heading of 'energy work', both attaining more energy or becoming more grounded or more balanced (for new users) and maintaining levels of energy or continuing energy work (for previous users). For new users, typical comments included the following:

Positive influence on my imbalance, physical well-being. (Case 115, new user)

To clear energy blockages. Opening = Finding deep injuries/blockages. Health. (Case 154, new user)

To clear blockages. Preventative health care. (Case 328, new user)

Reduction of post-operative stress (physical and mental) after intensive medical care. To activate life energy. (Case 301, new user)

A harmonising effect on my low blood pressure. To strengthen the energy system. (Case 290, new user)

To improve headaches. To have less migraines, more energy. (Case 357, new user)

To activate self-healing. More energy in everyday life. (Case 35, new user)

To clear tension, blockages, find more well-being. (Case 134, new user)

Relaxation. Energy balance. (Case 159, new user)

Previous users commented in a similar vein. For example:

More energy. Balance. (Case 84, previous user)

More energy, emotional stability. (Case 149, previous user)

To remain balanced. (Case 195, previous user)

Balance in all areas, to be centred and healthy. (Case 228, previous user)

Free breathing and energy flow. To clear old emotional patterns and blockages. (Case 232, previous user)

More energy flow. No neck pain. (Case 355, previous user)

Regulation of the energy. Correction of meridian disorders. (Case 242, previous user)

Energy increase, to prevent illnesses, to clear tension. (Case 251, previous user)

Inner balance. Improvement of the body's defences. (Case 341, previous user)

Good energy flow, stress reduction, to clear tension. (Case 7, previous user)

Relaxation, balance extended to stressful situations, more zest for life, inner contentment. (Case 89, previous user)

Balance on a physical and psychological level, improve body awareness and get in touch with myself, vitality. (Case 19, previous user)

That my energy flows / works properly. A support for my life, my health, both physical and mental/emotional. (Case 103, previous user)

Sometimes, their comments were quite extensive:

To build energetic potentials, to activate self-healing processes, deal more mindfully with stress and strategies of stress reduction. Motivation so I can relate to myself with more awareness and relax better. (Case 129, previous user)

To clear inner blockages, tension. To activate the energy flow of the body. To achieve a physical and mental balance. (Case 235, previous user)

To clear energy blockages, to distribute energy. To find one's balance / to stay balanced, to maintain health. To identify disorders on time. Relaxation. Switching off. (Case 193, previous user)

To clear my blockages which re-emerge from time to time. To maintain the energy flow. To strengthen the Qi. To gain relief from menopausal complaints. (Case 215, previous user)

To maintain my health. Balance of the energy flow. To maintain flexibility. Correction of the first symptoms of a disorder in the motor function. Relaxation. Dietary consultation. (Case 324, previous user)

To strengthen the kidney and bladder system (to increase its defences, previous user) – more energy. To strengthen the digestive system (to become pain free). To strengthen the immune system. To have less infections. Not to relapse should I have an infection. To balance energies. To become more stable emotionally, less susceptible to stress, to maintain health. (Case 354, previous user)

Stress reduction. To let go of being too much in the head. More balance, tranquillity, relaxation, light heartedness. Reduction of physical symptoms. To overcome lows more easily. More aliveness, self-confidence. (Case 40, previous user)

A second area of illustration relates to the heading of attaining or continuing self-enhancement, quality of life and personal growth. Some typical comments were:

Well-being, to let energies flow. (Case 250, new user)

Improved body feeling. Relief from complaints. (Case 309, new user)

Generally improved physical well-being, to become more balanced (tranquil). (Case 281, new user)

To improve my health, my tension, my back pain. To activate and harmonise my energy flow. (Case 171, new user)

Improvement of health, physical and mental well-being. (Case 288, new user)

Improvement of back complaints. To work through the illness. (Case 69, new user)

Improved body feeling. Relief from complaints. Case 309, new user)

To have less tension, especially in the back. Better well-being. (Case 234, new user)

Maintain or improve current state. (Case 67, previous user),

To maintain and improve my health. (Case 353, previous user),

Improve well-being, reduction of physical symptoms, development in psychological terms. (Case 8, previous user)

To increase general well-being, control the physical complaints which are due to the mental problems according to my GP. (Case 100, previous user)

Further development. I have change my work place (that was a very good change) and have changed my diet. (Case 342, previous user)

To maintain health, to do something for myself. (Case 246, previous user)

Enrichment in relation to self development. To gain insights through connection: emotion and body. (Case 104, previous user)

To remain healthy, mentally and physically – until death, agile, flexible. (Case 141, previous user)

I want to do something for myself, to increase my capability for relaxation, to improve my health and sense of well-being. (Case 177, previous user)

To maintain the level (of health/well-being) that I have reached through regular shiatsu. Besides, I have learned through shiatsu and Qi-Gong (with the same practitioner) to listen to my body and to go for a shiatsu treatment as soon as I get the signals. (Case 312, previous user)

A third area of illustration relates to relaxation and/or stress or tension reduction, either maintaining (for previous users) or attaining (for new users) this.

Relaxation, balance, emotional and mental, and balance physical. (Case 271, new user)

To clear tension, blockages, find more well-being. (Case 134, new user)

Relaxation. Energy balance. (Case 159, new user)

To clear tension. Inner tranquillity and equanimity. (Case 172, new user)

To get rid of tension. Stress reduction. (Case 165, new user)

Relaxation, stress reduction, relief from back pain, dietary recommendations. (Case 259, new user)

To clear tension. Stress reduction. (Case 351, new user)

Relaxation, switching off., Continuous control of body functions (organs). (Case 97, previous user)

To clear tension, to manage the breathing, to maintain my health, to clear energy blockages. (Case 318, previous user)

Relaxation. Relief from complaints in the lumbar region and in the shoulder girdle. (Case 31, previous user)

Relaxation, To get rid of my back pain, make my joints more flexible. (Case 372, previous user)

Relaxation. Suggestions from the therapist, being addressed personally, tips for self knowledge and self development. (Case 65, previous user)

To loosen the tension, well-being. (Case 152, previous user)

To be able to let go of physical and emotional tension. To feel well in the body. (Case 24, previous user)

Relaxation, to maintain health. (Case 81, previous user)

Deep relaxation, listening to current little aches and pains. (Case 132, previous user)

Relaxation; interconnection of body, spirit and soul. (Case 162, previous user)

To calm down. Grounding. (Case 53, previous user)

Relaxation, balance extended to stressful situations, more zest for life, inner contentment. (Case 89, previous user)

To clear physical tension. Grounding, equanimity. (Case 316, previous user)

Relaxation, release, to find oneself, to let go. (Case 330, previous user)

Relaxation, to relieve the pain present when moving the body. (Case 15, previous user)

Relaxation, stress reduction, to increase vitality. (Case 200, previous user)

Finally, it is important to note that, as treatment progresses, the client's hopes may change. This is illustrated by a previously *shiatsu* user who, in response to the question about hopes, wrote:

Already after my first treatment for my current symptoms I felt a noticeable improvement, especially in neck and spine, digestion and stress reduction. Inner tranquillity to prevent/reduce epileptic seizures – this was successful already in 2000. Also, my chronic headaches improved significantly (right after the first treatment). Since I am not allowed to take a number of drugs due to my illness (epilepsy), I can treat the borreliosis also with alternative medicine only. Shiatsu will certainly lead to an improvement of my health. (Case 311, previous user)

This lengthy statement draws attention to the immediate beneficial effect experienced by this fifty-ish year-old male client, relating back to treatment begun in 1999. He has since continued and now is looking towards 'inner tranquillity' to prevent worsening of his epilepsy.

Summary

A wide range of hopes were expressed by the clients. For the 'grouped' hopes, previous and new users of *shiatsu* were articulating similar sorts of hopes, with the most important relating to 'energy work', 'self-enhancement' and 'relaxation and/or stress/tension management'. Obtaining or alleviating physical symptoms, including pain, was also important. For previous users, hopes were often linked to previously experienced benefits from earlier *shiatsu* treatments.

Chapter Seven: The Client’s Initial Experiences of *Shiatsu*

Introduction

This chapter presents the findings on clients’ initial experiences of *shiatsu*. The data arise from clients’ responses to the second questionnaire, which they were asked to complete within ‘about 4 days’ of receiving the *shiatsu* treatment at which they were given the project documentation. Over three-quarters (77%) of these questionnaires were completed within a week. The chapter provides insight into client experiences *during* and *after* their most recent *shiatsu* treatment, including perceptions of the treatment environment and their relationship with the practitioner.

Experiences during the Most Recent *Shiatsu* Treatment

Participants were asked to rate their level of agreement with each of a set of statements about ‘how they felt *during* their most recent *shiatsu* treatment’ (1 = ‘strongly agree’ ... 5 = ‘strongly disagree’). Tables 7.1 and 7.2, and Figures 7.1a and 7.1b, provide an overview of the findings, separately for those who had used *shiatsu* before (continuing users) and those ‘new’ to *shiatsu* (new *shiatsu* users).

In relation to their agreement about ‘positive’ experiences (Table 7.1, and Figures 7.1a and 7.1b), a number of summary comments can be made:

- Hypothetically expected, ‘positive’ experiences were realised for the two groups. For example, over 90% ‘strongly agreed’ or ‘agreed’ that they enjoyed the session or felt relaxed during the session.
- Both groups expressed high levels of agreement that they liked the treatment environment.
- Perhaps unsurprisingly, continuing *shiatsu* users consistently indicated slightly higher levels of agreement (or disagreement where relevant).
- Statements relating to more *shiatsu*-specific effects, for example, about ‘energy moving’ or ‘changes’ felt during the session, that the theoretical framework of *shiatsu* would hypothesise and that earlier qualitative work (Mackay and Long 2003) had pointed to, were varyingly agreed with. For example, 80% of continuing users agreed or strongly agreed regarding their ‘feeling energy moving or blockages being released’ compared to 51% of new *shiatsu* users. For the latter group, over 38% expressed uncertainty, neither agreeing nor disagreeing.

- Levels of agreement regarding experiencing a ‘physical’ or an ‘emotional’ change also varied. While 64-65% of continuing users ‘strongly agreed’ or ‘agreed’ that they had felt an ‘emotional’ or a ‘physical’ change during the session’, this compared to 50-56% amongst new *shiatsu* users and a higher proportion expressing uncertainty (25-38% vs. 17-20%).

Table 7.1: ‘Positive’ Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Positive Experiences	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I enjoyed the session	83	15			
I felt relaxed	74	21			
I liked the treatment environment	70	28			
I felt energy moving or blockages being released	44	36	16		
I felt a physical change during the session	32	42	17	8	
I felt an emotional change during the session	25	41	20	13	
<i>New Shiatsu Users</i>					
I enjoyed the session	76	21			
I felt relaxed	68	26	5		
I liked the treatment environment	53	45			
I felt a physical change during the session	28	28	33		8
I felt energy moving or blockages being released	19	32	38	5	5
I felt an emotional change during the session	11	39	25	22	

* Throughout, % of less than 5% are not shown

Figure 7.1a: Experiences – Previous Users

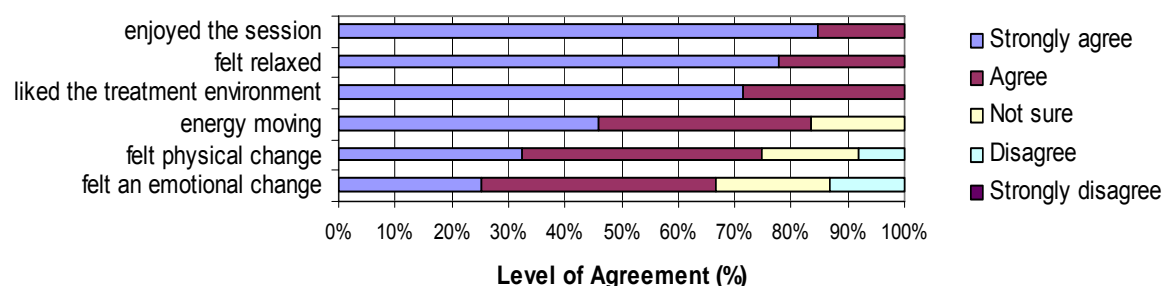
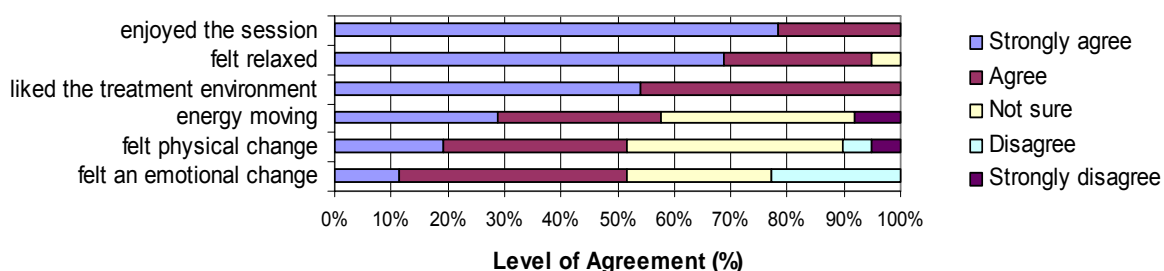


Figure 7.1b: Experiences – New Users



In relation to possibly ‘negative’ experiences (Table 7.2), there was considerable agreement (82-86%) that clients had *not* ‘had a bad experience.’ There was however considerable variability in levels of agreement about whether the treatment was painful or not. Those new to *shiatsu* were more likely to agree or agree strongly that the treatment was painful than continuing users (32% vs. 18%).

Table 7.2: ‘Negative’ Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Possibly ‘Negative’ Experiences	Strongly disagree (5)	Disagree	Not sure	Agree	Strongly agree (1)
<i>Previous Shiatsu Users</i>					
The treatment was painful	30	39	10	18	4
I had a bad experience	86	14			
<i>New Shiatsu Users</i>					
The treatment was painful	34	29	5	24	8
I had a bad experience	82	18			

* Throughout, % of less than 5% are not shown. Percent may add up to more than 100 due to rounding.

Client-Practitioner Relationship

Tables 7.3 and 7.4 present findings relating to the client-practitioner relationship.

- Over 70% of the clients ‘strongly agreed’ that the practitioner listened to, and accepted, them (Table 7.3). In contrast, around half (46-52%) of the clients ‘agreed’ with the statement that the client and practitioner worked together. For all three statements nearly all either ‘agreed’ or ‘strongly agreed.’
- Similar high proportions indicated the clients’ positive perceptions of their practitioner, in terms of their skill and trustworthiness (Table 7.4). A lower, but still high, proportion rated the warmth of the practitioner positively.

Table 7.3: Client-Practitioner Relationship (%)*

Client-Practitioner Relationship	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu User</i>					
The practitioner accepted me	82	18			
The practitioner listened to me	77	22			
The practitioner and I worked together	46	46	6		
<i>New Shiatsu User</i>					
The practitioner accepted me	71	26			
The practitioner listened to me	71	29			
The practitioner and I worked together	39	52			

Table 7.4: Perceptions of the Shiatsu Practitioner (measured on a 7-points scale: (%))*

Perceptions of Shiatsu Practitioner	Very much so (1)	(2)	(3)	Not so to very much not so (4-7)
<i>Previous Shiatsu User</i>				
I felt the <i>shiatsu</i> practitioner was trustworthy	90	8		
I felt the <i>shiatsu</i> practitioner was skilful	87	12		
I felt the <i>shiatsu</i> practitioner was warm	64	25	7	
<i>New to Shiatsu</i>				
I felt the <i>shiatsu</i> practitioner was trustworthy	84	13		
I felt the <i>shiatsu</i> practitioner was skilful	84	16		
I felt the <i>shiatsu</i> practitioner was warm	49	41		8

* Throughout, % of less than 5% are not shown

Experiences after the Most Recent Shiatsu Treatment

Participants were asked to rate their level of agreement with each of a set of statements which asked them about ‘how they felt *after* their most recent *shiatsu* treatment’ (1 = ‘strongly agree’; 5 = ‘strongly disagree’). Tables 7.5 and 7.6, and Figures 7.2a, 7.2b and 7.3, provide an overview of the findings, separately for continuing users and new *shiatsu* users.

In relation to their agreement over ‘positive’ feelings (Table 7.5, and Figures 7.2a and 7.2b), a number of summary comments can be made:

- Feeling ‘calmer or more relaxed’ and ‘different’ after the session was a common experience, with 90-95% agreeing or strongly agreeing across both groups.
- Continuing users consistently expressed higher levels of agreement. A slightly greater proportion of new *shiatsu* users indicated their being ‘not sure’ (that is, neither agreeing nor disagreeing).
- Continuing users commonly strongly agreed or agreed that they felt ‘more balanced’, ‘physically more mobile and opened’, ‘more energised’ and ‘more able to cope with things’ (72-82%). Just under three fifths similarly rated ‘thinking about things differently’ (59%) and being ‘able to sleep better’ (54%). The lower the proportions expressing agreement, the greater the proportion expressing uncertainty.
- Over three-fifths of new *shiatsu* users agreed or agreed strongly that they felt ‘physically more mobile and opened’, ‘more energised’ and ‘more balanced’ (63-68%). Opinion over being ‘more energised’ was quite varied, 29% being unsure and 16% expressing some level of disagreement. This varied view was also the case for statements relating to being ‘able to sleep better’, ‘more able to cope with things’ and ‘thinking about things differently,’ with 24-34% being not sure.

Figure 7.2a: Feelings – Previous Users

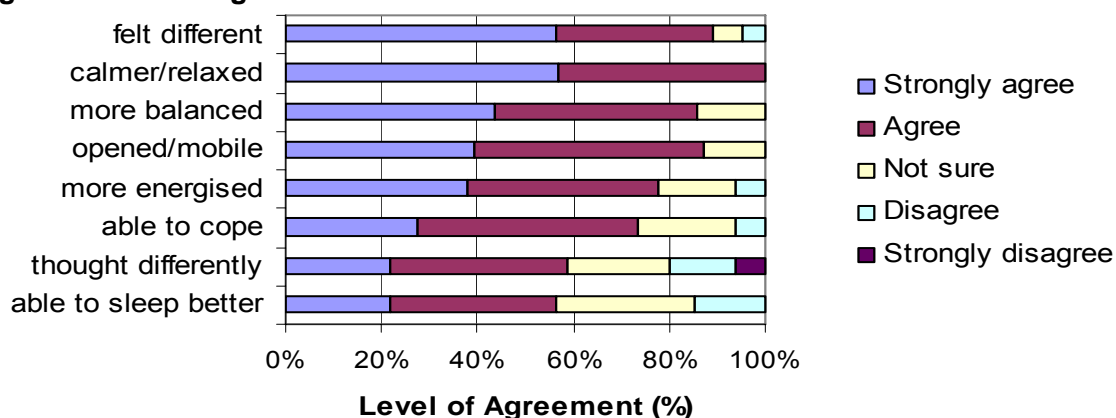


Figure 7.2b: Feelings – New Users

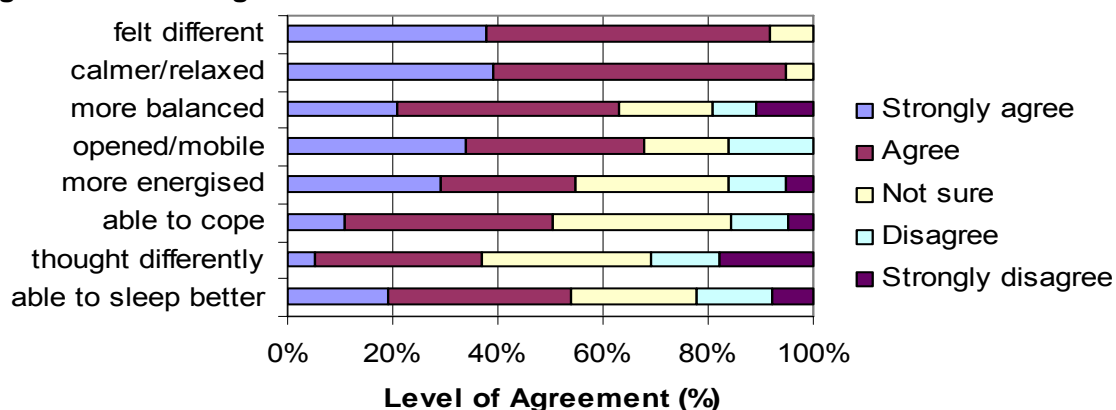


Table 7.5: ‘Positive’ Feelings after the Most Recent Shiatsu Treatment (%)*

Positive Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I felt different after the session	57	33	6	5	
I felt calmer or more relaxed	54	41			
I felt more balanced	40	39	13		
I felt physically more mobile and opened	37	45	12		
I felt more energised	37	39	16	6	
I felt more able to cope with things	27	45	20	6	
I thought about things differently	22	37	21	14	6
I was able to sleep better	21	33	28	14	
<i>New Shiatsu Users</i>					
I felt calmer or more relaxed	37	53	5		
I felt different after the session	37	53	8		
I felt physically more mobile and opened	34	34	16	16	
I felt more energised	29	26	29	11	5
I felt more balanced	21	42	18	8	11
I was able to sleep better	19	35	24	14	8
I felt more able to cope with things	11	40	34	11	5
I thought about things differently	5	32	32	13	18

* Throughout, % of less than 5% are not shown

In relation to possibly ‘negative’ feelings (Table 7.6 and Figure 7.3), there was considerable agreement that clients had *not* experienced negative feelings, with over three-fifths affirming this.

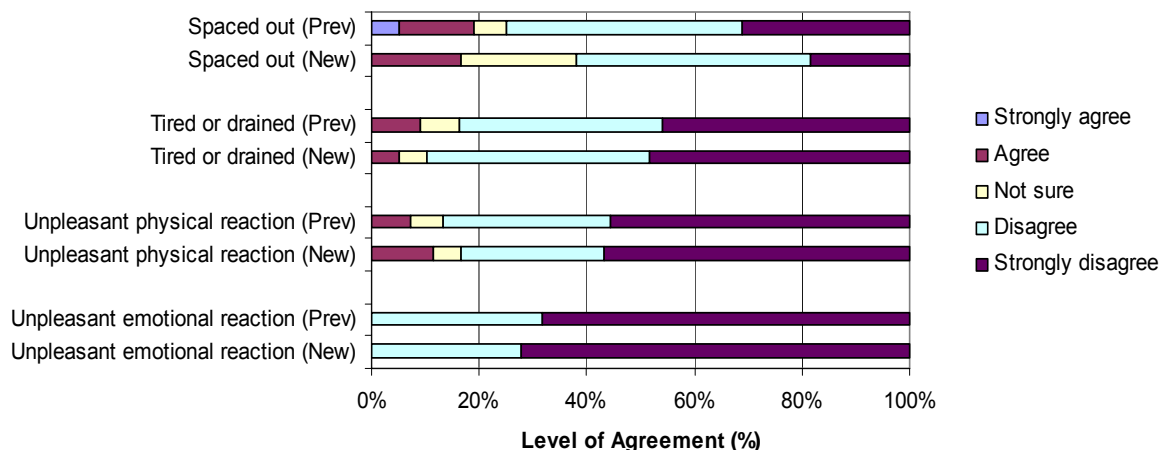
- Over three-quarters of clients in both groups similarly expressed high levels of disagreement over feeling ‘more tired or drained’ (82-87%), and for continuing users only being ‘spaced out, light headed or difficulty concentrating’ (75%). For new *shiatsu* users, views over being ‘spaced out’ were more varied, with 60% expressing disagreement or strong disagreement and 16% agreeing.
- The vast majority of clients in both groups expressed high levels of disagreement with statements about having ‘an unpleasant physical reaction’ or ‘unpleasant emotional reaction’ after the session (81-94% disagreeing or disagreeing strongly).

Table 7.6: Possibly ‘Negative’ Feelings after the Most Recent Shiatsu Treatment (%)*

Possibly ‘Negative’ Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I felt spaced out, light headed or had difficulty concentrating	5	14	6	44	31
I felt more tired or drained		9	7	37	45
I had an unpleasant physical reaction		7	6	30	54
I had an unpleasant emotional reaction				29	62
<i>New Shiatsu Users</i>					
I felt spaced out, light headed or had difficulty concentrating		16	21	42	18
I felt more tired or drained		5	5	40	47
I had an unpleasant physical reaction		11	5	26	55
I had an unpleasant emotional reaction				26	68

Throughout, % of less than 5% are not shown

Figure 7.3: Possibly Negative Feelings



Summary

This chapter has presented findings on the clients’ initial experiences and feelings about having *shiatsu* following the *shiatsu* treatment session at which they were recruited to the study. Both previous and new *shiatsu* users expressed high agreement that they ‘enjoyed’ the sessions, ‘felt relaxed’ during the session and ‘liked the treatment environment’. Nearly

all the clients, in both groups, disagreed that they had had ‘a bad experience’. New *shiatsu* users were more likely to agree or agree strongly that the treatment was painful than continuing users.

New users expressed greater levels of uncertainty about ‘energy moving or blockages released’ but over half indicated that they did (compared to 80% of previous users). Over half of both groups also expressed agreement that they had experienced a ‘physical’ or ‘emotional’ change during the session.

Clients were overwhelmingly positive about their relationship with the practitioner, nearly all agreeing that she/he ‘listened’ or ‘accepted’ them and that the practitioner and client worked together. The practitioner was also seen overwhelmingly by both groups as ‘trustworthy,’ ‘skilful’ and, to a lesser extent, ‘warm’.

Feeling ‘calmer or more relaxed’ and ‘different’ after the session was a common experience of over 90% of the clients. Previous *shiatsu* users were more likely to indicate feelings of ‘being more balanced’ or ‘energised’ or ‘physically more mobile and opened’. Finally, there was a considerable level of agreement that clients had not experienced any ‘negative’ feelings following the session. Over 80% in both groups expressed agreement that they had not had an unpleasant ‘physical’ or ‘emotional’ reaction.

Chapter Eight: Evidence of Effectiveness: Symptom Change

Introduction

This chapter presents findings of the six-month follow-up study on the potential effectiveness of *shiatsu* in terms of symptom changes. Four sets of data are examined: improvement in ‘the symptoms I came with’ immediately (4-6 days after their initial treatment session) and three- and six-months later; changes in the severity of the set of symptoms ‘today’ at baseline, three- and six-months; for those who had had *shiatsu* before, changes in symptom severity in relation to the ‘first time’ they had *shiatsu*; and, a summary item exploring levels of agreement (on a five-point scale) with the statement, ‘*shiatsu* has been effective in treating my symptoms.’

A: Improvements in Symptom Severity over the Six Months

At each of three time points (4-6 days after the initial recruiting *shiatsu* session, three and six months later), clients were asked to indicate improvements in the symptoms they had come with, for *shiatsu* treatment, rated on a 5-point agreement scale (5 = ‘strongly agree’; 1 = ‘strongly disagree’). Over the six-month follow-up period, for previous *shiatsu* users, moderately high levels of agreement of a perceived improvement were evident (means of 3.5 or more: Table 8.1). For new *shiatsu* users, mean agreement levels were slightly less. At the same time, for both groups, the largest agreement of a perceived improvement was seen after the first treatment session (‘4-6 days’), with a slight tailing off over the next three months (‘0-3 months’) and subsequent three months (‘3-6 months’) (Figures 8.1a and b).

Table 8.1: Mean Improvement in Symptoms over Time

Symptom Improvement	Previous <i>Shiatsu</i> Users			New <i>Shiatsu</i> Users		
	4-6 days	0-3 months	3-6 months	4-6 days	0-3 months	3-6 months
Problems with muscles, joints, body structure ¹	4.33	4.08	4.05	4.14	4.04	4.14
Problems with body systems ²	4.09	3.86	3.65	3.79	3.36	3.09
Low energy or fatigue	4.21	4.07	3.89	4.01	3.77	3.57
Tension or stress	4.45	4.18	4.12	4.23	4.23	4.00
Emotional Issues	4.12	3.94	3.57	3.62	3.94	3.30
Other	4.00	3.69	3.21	3.83	3.45	3.13*

* n < 10 for each of this set.

¹ This heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Figures 8.1a and 8.1b present these data diagrammatically. The slight decline in the strength of agreement about improvement in symptom change can be seen.

Figure 8.1a: Symptom Change – Previous Users

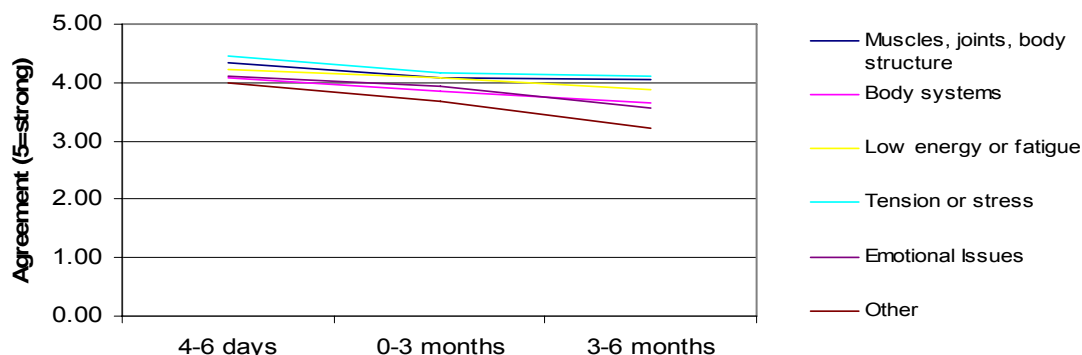
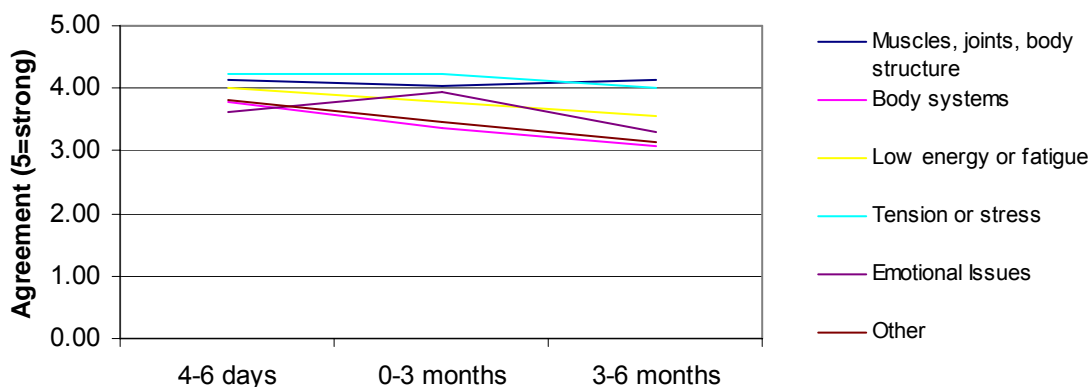


Figure 8.1b: Symptom Change – New Users



B: Changes in Symptom Severity

Another perspective on the relative change in symptom severity can be obtained from comparing symptom severity ‘today’ at the three time points of baseline, three and six months. Clients were asked to rate symptom severity ‘today’ on a five-point scale (4 = very severe; 0 = not at all). This provides an indication of the ‘potential effect’ of *shiatsu* on the symptom group (among other possible factors that could have led to reduced symptom severity, such as self-recovery / healing, other CAM or conventional medical treatments, change in lifestyle or social environment).

Table 8.2 presents the ‘adjusted potential effect’ results. Across all symptom groups, between a ‘third’ and a ‘two-third point’, and statistically significant, mean decrease in symptom severity is evident, from baseline to both three- and six-month follow-up, with the

greatest benefit occurring for problems of tension or stress. For example, while at baseline problems over tension or stress were on average rated as 1.7 ('mild' to 'moderately severe'), by three or six-months later, they were on average rated around 1 ('mild') – that is, a '0.7-point' change. There was little, and no statistically significant change, in symptoms levels 'today' as measured at three versus at six months, for all symptoms sets excluding 'tension or stress' (a marginal, but statistically significant, worsening in severity: $mean_{3mths}=0.94$, $mean_{6mths}=1.09$). Overall, the symptom severity change achieved by three months was maintained for the next three months. These patterns were the same for previous and new *shiatsu* users; both groups experienced a reduction in symptom severity.

Table 8.2: Adjusted Potential Effect over Time: Baseline to Three and Six Months

Symptom Change ('Baseline' vs. '3 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	0.53 (0.07)	7.49	p<.001
Problems with body systems (digestion, pain)	0.38 (0.07)	5.07	p<.001
Low energy or fatigue	0.50 (0.07)	6.90	p<.001
Tension or stress	0.73 (0.07)	10.85	p<.001
Emotional Issues	0.36 (0.11)	3.41	p=.001
Other	0.40 (0.11)	3.67	p<.001

Symptom Change ('Baseline' vs. '6 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	0.55 (0.07)	7.92	p<.001
Problems with body systems (digestion, pain)	0.42 (0.08)	4.90	p<.001
Low energy or fatigue	0.40 (0.09)	4.42	p<.001
Tension or stress	0.71 (0.08)	9.34	p<.001
Emotional Issues	0.36 (0.11)	3.19	p=.002
Other	0.49 (0.12)	4.04	p<.001

Symptom Change ('3 Months' vs. '6 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Tension or stress	0.15 (0.07)	2.03	p=.044

¹ SE (M) – standard error of the mean

² paired t-test

C: Changes in Symptom Severity – Previous Users

Yet further evidence comes from the group of clients who had had *shiatsu* before. These were also asked at baseline to provide a retrospective rating of their symptom severity ‘when you first started *shiatsu*.’ Comparing these ratings to symptom severity ‘today’ at recruitment to the study, for five symptoms sets, around a ‘three-quarter-point’ and statistically significant, mean decrease in symptom severity was evident (Table 8.3).

Table 8.3: Adjusted Potential Effect: First Time vs. Baseline

Symptom Change (‘Baseline’ vs. ‘First Time’)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	0.83 (0.07)	12.23	p<.001
Problems with body systems (digestion, pain)	0.80 (0.08)	10.02	p<.001
Low energy or fatigue	0.86 (0.07)	11.56	p<.001
Tension or stress	0.87 (0.07)	12.89	p<.001
Emotional Issues	0.75 (0.10)	7.76	p<.001
Other	0.43 (0.11)	4.11	p<.001

¹ SE (M) – standard error of the mean

² paired t-test

D: Overall Effectiveness in Treating My Symptoms

The final set of evidence relates to clients’ expressed agreement, or otherwise, with the statement that ‘*shiatsu* has been effective in treating my symptoms’ (Table 8.4). At three months, most (85-86%) of both groups of users agreed or agreed strongly that *shiatsu* had been ‘effective in treating my symptoms’, with this figure maintained and increased at six months.

Table 8.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not Sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not Sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has been effective in treating my symptoms	86	11	3	89	10	1
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has been effective in treating my symptoms	85	11	4	94	6	

Summary

At three and six months, clients expressed high levels of agreement over improvement in the symptoms they ‘came with’, with 85-86% indicating agreement or strong agreement about *shiatsu*’s effectiveness in treating their symptoms. Across all symptom and previous use of *shiatsu*, between a ‘third’ and a ‘two-third-point’, statistically significant mean decrease in symptom severity ‘today’ was evident at three months. This was maintained over the next three months. Symptoms of ‘tension or stress’ demonstrated the greatest level of improvement, followed by ‘problems with muscles, joints or body structure’, including back pain and posture. For those who had had *shiatsu* before, about a three-quarter point, statistically significant decrease was evident in symptom severity ‘today’ compared to their retrospective rating of their symptom severity when they ‘first started *shiatsu*.’ The largest levels of agreement of a perceived improvement was seen after the first treatment session (‘4-6 days’), with a slight tailing off over subsequent time points.

Chapter Nine: Evidence of Effectiveness: *Shiatsu*-Specific Effects

Introduction

This chapter presents further evidence on effectiveness drawing on client responses to a set of *shiatsu*-specific questions based on statements that other users of *shiatsu* have made about its potential benefits, and their overall rating of their health status. Statements covered comments such as '*shiatsu* has helped me to feel better in general' and 'I am more confident about my health' to 'my understanding and experience of my body has changed' and 'I feel I have developed as a person.' Participants were asked to rate their level of agreement with each statement, on a 5-point rating scale, from 'strongly agree' to 'strongly disagree', at three- and six-months follow-up. To aid interpretation, the data have been collapsed into three categories: 'agree and strongly agree', 'not sure' (that is, in-between/neither agree nor disagree) and 'disagree and strongly disagree', and differentiated into one of five groups: overall effects; specific symptom changes; general awareness effects; general attitudinal / personal effects; and relational effects.

Particular interest lies in changes from baseline to three months, the maintenance of this effect to six months later and any variation by previous *shiatsu* use. It is important to note, however, that the base numbers for new *shiatsu* users are small (n=13-17) at six-month follow-up; care must be exercised in interpreting/generalising findings for this group. Two possible working hypotheses are the following:

H₁: Previous *shiatsu* users would experience benefits from having *shiatsu* (they might previously have experienced them and thus come back for more *shiatsu*)

H₂: New *shiatsu* users would express lower levels of agreement than those who had had *shiatsu* before (as a corollary of the previous hypothesis and *shiatsu* being a first experience for them)

A: Overall Effects

Two sets of data are presented: perceived changes in health status, and levels of agreement with four statements relating to overall effects of the *shiatsu* treatments.

Health Status Changes

When asked at baseline to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, 40% indicated that it was 'excellent' or 'very good', 43% 'good', and 5% as poor (Table 9.1). Comparing those with 'at least good' health status (that is, 'excellent', 'very good' or 'good') to those with 'fair' or 'poor' health, there were statistically significant differences by work status (those not in paid work were more

likely to describe their health status as ‘fair or worse’, , $p=.020$), currently visiting the GP or hospital for their current ill-health problems ($p=.001$) or taking medication for any of these problems ($p=.007$). There were no differences by age, gender or use of *shiatsu* before.

Table 9.1: Baseline Health Status (%)

Perceived Health Status	Excellent	Very Good	Good	Fair	Poor
In general, would you say your health is	5	35	43	13	5

* Percent may add to more than 100% due to rounding

To measure health status change over time, and to ensure reference was made to the same baseline, the health transition item was rephrased with the addition of the phrase, ‘compared to 3 (or 6) months ago,’ and the relevant category labels changed. At three- and six-months follow-up, 75-76% indicated that their health status was ‘much better than at that time’ or ‘somewhat better’ (Table 9.2). Just under a quarter (at both follow-up points) rated it as ‘about the same’, with only 1-2% (3 or 4 clients) rating it as ‘somewhat worse’ or ‘much worse.’ Comparing those who rated their health status ‘at least about the same (as baseline)’ to those who rated it ‘somewhat or much worse’, there were no differences by age, gender, work status, previous use of *shiatsu*, visits to the family physician or hospital or taking medication in the previous three months.

Table 9.2: Health Status at Three and Six Months, compared to Baseline (%)*

Perceived Health Status	Much better	Somewhat better	About same	Somewhat worse	Much worse
Compared to 3 months ago, how would you rate your health status? (at 3 months)	27	49	23	1 (n=3)	
Compared to 6 months ago, how would you rate your health status? (at 6 months)	32	43	24	2 (n=4)	

* Percent may add to more than 100% due to rounding

Perceptions of Overall Effects from Shiatsu

Table 9.3 presents the findings for the four statements relating to overall effects, which embraced the areas of ‘helping feel better in general’, ‘helping to maintain health’, ‘more confidence about my health’ and ‘overall health improvement.’ Three general comments emerge from the findings.

Table 9.3: Overall Effects of *Shiatsu* over the Six Months (%)

Overall Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has helped me to feel better in general	92	5	3	93	7	
<i>Shiatsu</i> has helped to maintain my health	87	9	4	90	10	1
I feel more confident about my health	82	15	3	87	12	1
My overall health has improved	75	20	6	74	20	6
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has helped me to feel better in general	93	4	4	94	6	
<i>Shiatsu</i> has helped to maintain my health	77	19	4	100		
I feel more confident about my health	73	12	15	82	18	
My overall health has improved	56	36	8	50	38	13

% may add to more than 100% due to rounding

- For previous and new *shiatsu* users, high levels of agreement were evident for three of the four statements from baseline to three months, and the perceived benefit was maintained for the next three months. For example, at three months follow-up, over 90% of both groups agreed that *shiatsu* had helped them to ‘feel better in general,’ with similar proportions agreeing at six months.
- New *shiatsu* users expressed lower initial agreement for three of the statements, which was consolidated by six months follow-up, except for the statement concerning ‘overall health improvement.’ For example, while at three months 87% of previous *shiatsu* users agreed that *shiatsu* helped to ‘maintain my health’, this was the case for 77% of new *shiatsu* users affirmed this; by six months follow-up the latter percent had risen to 100% (vs. 90% for previous *shiatsu* users).
- There was a greater degree of uncertainty (expressing ‘neither agreement nor disagreement’) with the statement concerning ‘overall health improvement’ for both user groups. At three months, just over a half (56%) of new *shiatsu* users (compared to 74% of previous users) agreed with this statement, with 36% being ‘not sure’; this picture continued at six months.

B: Specific Symptom Changes

Table 9.4 presents the findings for the two statements relating to symptom change, covering the areas of ‘helping to recover from injuries or other problems’ and ‘helping to improve my posture or the way I use my body.’

Previous *shiatsu* users expressed higher levels of agreement for the other two statements from baseline to three months. New users were more likely to be unsure, particularly in relation to ‘recovery from injuries’ (40% being unsure). By six months, over half of both groups agreed with benefits related to ‘recover from injuries’ or helping with ‘posture or the way I use my body.’

Table 9.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not Sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not Sure	Disagree/ Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has helped me to recover from injuries or other problems	70	17	13	64	20	16
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	72	19	9	65	27	8
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has helped me to recover from injuries or other problems	44	40	16	54	23	23
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	62	27	12	53	29	18

* % may add to more than 100% due to rounding

C: General Awareness Effects

Table 9.5 presents the findings for the five statements relating to general awareness effects, covering areas such as ‘ability to help myself’, ‘awareness of self’ and ‘more in touch with my emotions.’ Four comments emerge from the findings:

- Previous *shiatsu* users consistently expressed higher levels of agreement for all of the five statements from baseline to three months; this picture was maintained for the next three months. Across all statements and the two time periods at least 60% (63-83%) agreed with the specific benefit.

- Greater degrees of uncertainty were expressed by new *shiatsu* users (18-40%). This picture continued for the three-to-six month period.
- A significant proportion (15-30%) of new *shiatsu* users expressed some level of disagreement with each of the statements. For example, at three months, this was particularly the case for the statements, ‘thinking about things differently’ (30%) and being ‘more in touch with my emotions’ (21%). At six months, the level of disagreement had reduced (12-18%) but larger proportions neither agreed nor disagreed (47%).
- For both groups, at least three-fifths (62-75% at three months) expressed high levels of agreement with the statement ‘I feel more able to help myself.’ However, by six months, a substantial proportion (40%) of new users indicated that they were ‘not sure’; in contrast, the level of agreement amongst previous users was essentially maintained (75% at three months vs. 71% at six months).

Table 9.5: General Awareness Effects of *Shiatsu* over the Six Months (%)

General Awareness Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
I feel more able to help myself	75	17	8	71	18	11
I am more aware of myself	79	11	10	76	16	9
My understanding and experience of my body have changed	83	11	6	83	11	6
I think about things differently	75	13	12	71	15	14
I am more in touch with my emotions	67	22	12	63	24	13
<i>New Shiatsu User</i>						
I feel more able to help myself	62	23	16	47	40	13
I am more aware of myself	52	32	16	67	22	11
My understanding and experience of my body have changed	63	22	15	71	18	12
I think about things differently	44	26	30	41	47	12
I am more in touch with my emotions	54	25	21	35	47	18

* % may add to more than 100% due to rounding

D: General Attitudinal / Personal Effects

Table 9.6 presents the findings for the four statements relating to general attitudinal / personal effects, covering such areas as ‘being more hopeful about my problems’, ‘being

more positive’ and ‘feeling about development as a person.’ Two general comments emerge from the findings:

- At three months, both previous and new *shiatsu* users expressed high levels of agreement over being ‘more hopeful that my problems can be helped’ (67-78%); this was maintained over the next three months for previous users. For new *shiatsu* users, larger proportions were ‘not sure.’
- Previous *shiatsu* users expressed high levels of agreement about being ‘more able to cope with things’, feeling ‘more positive, contented or at peace’ and feeling ‘I have developed as a person,’ benefits that were maintained for the next three months. There was more uncertainty (and disagreement) for these three statements for new *shiatsu* users, though at least 50% (50-62%) agreed that these benefits were the case for them.

Table 9.6: General Attitudinal/Personal Effects of *Shiatsu* over the Six Months (%)

General Attitudinal / Personal Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
I feel more hopeful that my problems can be helped	78	17	6	78	17	5
I am more able to cope with things	73	19	9	69	18	13
I feel more positive, contented or at peace	72	20	8	70	19	11
I feel I have developed as a person	74	16	10	69	20	11
<i>New Shiatsu User</i>						
I feel more hopeful that my problems can be helped	67	19	15	53	29	18
I am more able to cope with things	62	23	15	56	31	13
I feel more positive, contented or at peace	55	23	12	61	28	11
I feel I have developed as a person	50	33	17	50	28	22

* % may add to more than 100% due to rounding

E: Relational Effects

Across *shiatsu* user group, there was considerable uncertainty and disagreement about the affect that *shiatsu* might have on the way clients related to other people or others to them (Table 9.7). At three months, previous *shiatsu* users were more likely to indicate agreement

with the statement concerning ‘the way I relate to other people’ (49% vs. 23%) and new *shiatsu* users were the statement, ‘the way other people relate to me’ (54% vs. 38%).

Table 9.7: Relational Effects of *Shiatsu* over the Six Months (%)

Relational Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has affected the way I relate to other people	49	32	19	52	28	20
<i>Shiatsu</i> has affected the way other people relate to me	38	42	20	32	38	30
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has affected the way I relate to other people	23	39	38	29	29	43
<i>Shiatsu</i> has affected the way other people relate to me	54	23	23	41	18	42

* % may add to more than 100% due to rounding

Summary

There is some evidence in support of the two working hypotheses. 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. The experienced benefits were always maintained and/or consolidated for previous *shiatsu* users. For new *shiatsu* users, this was the case in general only; sometimes, there was a move to a position of uncertainty, with increases in the percentage ticking the option ‘not sure.’ These patterns were evident across each of the effect groups, except relational effects, arguably the most broad, and wide-reaching potential effect explored. About three-quarters of clients indicated that, compared to their health status at baseline, their health status ‘today’ was either ‘much better’ or ‘somewhat better’, at three- and six-months follow-up. Only 3 or 4 clients rated their health status as ‘somewhat worse’ or ‘much worse.’

Chapter Ten: Evidence of Effectiveness: Take-Up of Advice and Changes Made

Introduction

This chapter examines the uptake of advice or recommendations provided by the *shiatsu* practitioner. Participants were asked in the three- and six-month follow-up questionnaire whether, or not, they had ‘made any changes in your life as a result of having *shiatsu* treatment’, and given the options of ticking a number of possible areas (diet, relationships, exercise, rest and relaxation, work, medication, use of conventional medicine, and use of CAM), as well as an open-ended option, to describe ‘other changes in your life’. These findings can be related back to advice giving reported on in the questionnaire clients completed ‘4-6 days’ after the treatment at which they were recruited to the study.

Areas of Advice Giving at Baseline

At baseline, just over three-quarters of the clients (76%) indicated that the *shiatsu* practitioner had given them some advice or recommendations during their treatment session. Areas of advice included¹³: exercise (65%); diet (49%); points or meridians to work at home (29%); posture or how to use your body (27%); and ‘other’ (30%). The most common ‘other’ areas related to: ‘self-care’ (8%), including massage, hand pressure on meridians, meditation, other visualisation or herbal / nutritional; general ‘perspective on life’ (8%); and, ‘emotional advice’, ‘preventive advice’ or advice on ‘rest, relaxation and stress management’ (5% each). At this time, the advice or recommendations were overwhelmingly (99%) seen by clients as relevant.

Take-Up of Advice

Looking overall, around three-quarters of the clients (74-77% at three and six months follow-up) indicated that they had made changes to their lifestyle ‘as a result of having *shiatsu* treatment’ (Table 10.1). Those who were previous *shiatsu* users were more likely to make changes (76% vs. 63% at three months; 78% vs. 67% at six months), but the difference was not statistically significant. Substantial proportions (72-83%) of those who made changes modified their time for ‘rest and relaxation’ and/or their ‘exercise taking’. Over a half modified their ‘diet’, with a third or more making changes to their work patterns and/or the way they related with other people. A substantial proportion of the clients (34-43%) also drew attention to ‘other’ areas of change (more detail on the ‘other’ areas of change is provided below).

¹³ Respondents were asked to tick as many boxes as were appropriate. Thus the percentages add up to > 100%.

Table 10.1: Changes Made as a Result of Having *Shiatsu* (%)

	Area of Advice Giving at Baseline	Changes Made as a Result of <i>Shiatsu</i>	
		At 3 months**	At 6 months**
% making changes		74% (n=193)	77% (n=197)
- Rest and relaxation	*	80	83
- Exercise	65	72	74
- Diet	49	55	58
- Work	*	41	42
- Relationships	*	36	33
- Other	30	43	34

* % indicating advice given at baseline (other areas not given as a tickable option)

** % making changes in particular area at time point (3 or 6 months)

Extent of Changes Made

Respondents were further asked to indicate the *extent* to which they had made changes in their life, as a result of having *shiatsu* treatment (Table 10.2). It is noticeable that three quarters reported taking more rest and relaxation and three fifths more exercise. In addition, around a third had reduced the amount of ‘work’ they were doing.

Table 10.2: Extent of Change (%)⁺

Areas of Change	Baseline Use	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Take more	No change	Take less	Take more	No change	Take less
<i>Lifestyle</i>							
Rest and relaxation	*	75	22	3	75	19	5
Exercise	*	62	31	8	64	28	8
Work	*	9	56	35	11	57	32
<i>Health Care Usage</i>							
Use of other CAM for these problems	33	31	61	9	30	63	8
Use of conventional medicine for these problems	17	4	77	19	5	78	17
Medication use	(25 ^{**})	3	76	21	4	76	20

+ Percent may add up to more than 100% due to rounding

** Not asked at baseline

*** In previous three months, measured at baseline

Changes were also noted in usage of health care. At baseline, use of conventional medicine or medication in addition to *shiatsu* for any of their problems varied from 17-33%. At three and six-month follow-up, around a quarter had changed their usage. At three months follow-up, 19-21% were using less conventional medicine and medication and, at six months follow-up, 17-20%. Only a small minority of cases (8 or so clients) had increased their use of other conventional medicine or medication. At the same time, use of other CAM for any of the problems they came to *shiatsu* for help had increased (30-31% were using it more).

‘Other’ Changes Made

In response to an open-ended question asking them to describe ‘other changes in their lives’, a third to two-fifths of those who had made changes (n=66-83) chose to do so. At three months follow-up, changes in their ‘body / mind awareness’ were most mentioned (17%), followed by other (unspecified) ‘general lifestyle’ changes (15%), and changes in ‘levels of confidence and resolve’ (13%). At six months follow-up, changes in all these areas continued to be most mentioned (‘body / mind awareness’ – 18%; ‘general lifestyle’ changes - 15%; and changes in ‘levels of confidence and resolve’ (13%). At both time points, clients pointed to experienced beneficial effects, for example, for their back or other

muscles, general well-being, social life and experience of being more grounded (21-31% of clients mentioning changes). Some illustrative extracts from the comments provide further insight.

The first area of illustration relates to ‘changes in mind/body awareness.’ Typical comments include the following:

I live with body awareness. (Case 105, previous user)

More aware in all situations. (Case 81, previous user)

More body awareness, better reaction to my body processes. (Case 30, previous user)

Paying more attention to my body and its signals, recognising its signals, trusting in my senses. (Case 23, previous user)

I look after myself and do not live just for other people (family). (Case 291, new user)

Within this heading, some pointed to taking ‘more responsibility’ (for their health)

When it comes to physical complaints I am more aware and take more responsibility. (Case 8, previous user)

Confidence in the flow of my life! I have now freed myself from state support (unemployment benefits) and state dependency. I now take responsibility and I am and feel free! (Case 16, previous user)

More body awareness and more mindfulness, therefore more resting phases. (Case 22, previous user)

More clarity in relation to my way of life, diet, future (also professionally); more self-confidence; gave me direction. (Case 259, new user)

Yet others pointed to benefits arising from greater mind/body awareness:

Body awareness has improved. I am calmer, more relaxed; energy flow has improved, breathing got better. (Case 107, previous user)

Getting more aware in various life situations. Listening more to myself. Reflecting. Qi-Gong exercises. Certain things don't affect me as much anymore. More distance. (Case 119, previous user)

I listen more to my inner voice, allow myself more time for relaxation, don't pressurise myself as much. (Case 128, previous user)

My thinking about life in general has changed in positive ways. 1. Strict adherence when epileptic seizures happen. 2. Finding a different type of work that benefits my body. 3. Not to resort to drugs when I have temperature and pain, only homeopathic remedies. (Case 199, previous user)

A second area of illustration relates to the changes in 'levels of confidence and resolve.'

Change in my self-image. (Case 154, new user)

I'm better able to draw boundaries in my life. (Case 80, previous user)

Positive thinking and positive attitude towards life. (Case 127, previous user)

I feel more self-confident, I dare more to express my opinion. (Case 238, previous user)

To embrace all tasks with positivity, to select always the best for myself, if possible positive thoughts. (Case 324, previous user)

Have learned to say no. I try to accept other views. (Case 230, previous user)

A change in my personal attitude, better use of existing resources. (Case 63, previous user)

Regular body exercises, breathing exercises, time organisation => taking free time, strengthening self-confidence. (Case 354, previous user)

Some clients drew attention to the effects arising:

More trust, less fear, more grounded. (Case 196, previous user)

Self-awareness, more courageous, more determined. (Case 210, previous user)

I regained control over my life; it's not my "knees" anymore. (Case 142, previous user)

No need to take medication. (Case 107, previous user)

Courage for big decision and change, free feeling, more clarity and awareness. (Case 232, previous user)

Attitude to life itself. Inspiration for further activities in relation to myself. (Case 259, new user)

And another, with particular honesty, commented:

After the treatment a lot of positive things in life, exercised more but unfortunately got lazy again. (Case 318, previous user)

A third area of illustration relates to 'general lifestyle changes.' Within this heading, some pointed to changes in diet:

I rarely eat meat now. (Case 128, previous user)

I do more breathing exercises; I eat more warming food. (Case 300, previous user)

I changed my diet to raw food and benefit from that. My digestion has changed. My body is appreciating this. (Case 312, previous user)

Others to exercise

Regular energy exercises, do a Do-In daily and also spine exercises. (Case 188, previous user)

More sport, Tai Chi, Yoga. (Case 181, previous user)

I consciously do breathing exercises when I feel tense, stressed. (Case 65, previous user)

Yet others pointed to their use of other CAM, for relaxation or general body maintenance:

Changes arising from my yoga practice. (case 131, previous user)

I very rarely rely on drugs and now I use mostly alternative ways, e.g. Schüßler Salts, homeopathy. My shiatsu practitioner gave me an introduction to the use of Chinese herbs, and they have helped me a lot, too. (Case 100, previous user)

Changes in relation to work were also mentioned:

Improvement in organising the work. (Case 71, previous user)

I managed to change the biggest stress factor (work situation). (Case 86, previous user)

I have accepted a new job. Friends => (leading to my being) happier. (Case 143, previous user)

Finally, others commented even more broadly or across a number of lifestyle factors:

I possibly pay more attention to resting and avoiding stress. (Case 99, previous user)

I try to go to bed earlier in the evenings. I try to take my last meal not after 6 pm. (Case 179, previous user)

Slightly less stress, alternative medicine, regular Yoga, health is more stable. (Case 131, previous user)

Regular body exercises, breathing exercises, time organisation => (leading to) taking free time, strengthening self-confidence. (Case 354, previous user)

I have learned to relax consciously and to deal with problems in a detached and competent way. (Case 291, new user)

Using time more consciously, more exercise than before, more conscious about the origins of food. (Case 324, previous user)

Summary

Around three-quarters of the clients indicated that they had made changes to their lifestyle 'as a result of having *shiatsu* treatment.' Areas of change were most noted in relation to rest and relaxation, exercise taking, work and use of CAM (an increase) or conventional medicine (a decrease) and medication (a decrease). Around a third to two-fifths of clients provided additional comments to describe 'other changes in their lives', implicitly 'as a result of having *shiatsu* treatment.' The most mentioned areas of change related to 'body / mind awareness', 'general lifestyle' changes and changes in 'levels of confidence and resolve.' The expressed changes are suggestive of a tendency to adopt a more relaxed, healthier and more balanced approach to life.

Chapter Eleven: Evidence of Effectiveness: Expectations and Satisfaction

Introduction

This chapter presents the final set of evidence relating to the potential effectiveness of *shiatsu*. Here, focus lies on the extent to which client expectations were met and clients' satisfaction with their *shiatsu* treatment.

A: Expectations

The overwhelmingly majority of clients (93-97%) either met or exceeded their expectations of the *shiatsu* treatment (Table 11.1). Expectations were more likely to be exceeded at '4-6 days' for those who had not had *shiatsu* before (42% vs. 33%, $p=.018$). There was no difference at three- or six-months follow-up. At six-month, just one client indicated that his/her expectations had not been met.

Table 11.1: Meeting Client Expectations

Expectations	Exceeded	Met	Didn't meet	Didn't have any
To what extent did the <i>shiatsu</i> session meet your expectations? (4-6 days afterwards)	34	59		7
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (0-3 months)	26	69		5
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (3-6 months)	18	79	1	3

* Percent may add to more than 100% due to rounding

B: Satisfaction with *Shiatsu* Treatments

Around three quarters of the clients (74-76%) were 'completely satisfied' with their *shiatsu* treatments over the six-month period, with 96-97% rating their level of satisfaction as '1' (completely satisfied) or '2' on a 7-point scale (Table 11.2). The mean satisfaction level was maintained over time. There was no difference in satisfaction levels between previous *shiatsu* users and new users at baseline or at six-months follow-up. At three months follow-up, previous *shiatsu* users were more likely to express a slightly higher level of satisfaction, compared to previous users ($p_{3-6\text{ months}} = .011$; $\text{mean}_{\text{previous user}}=1.25$ vs. $\text{mean}_{\text{new user}}=1.52$).

Table 11.2: Levels of Satisfaction with *Shiatsu* Treatments

Level of Satisfaction	Completely Satisfied (1)	(2)	(3)	Dissatisfied (4-7)	Mean Rating
How satisfied are you with the most recent <i>shiatsu</i> session? (4-6 days afterwards)	76	21	3		1.28
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (0-3 months)	75	22	3		1.28
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (3-6 months)	74	22	4	1	1.30

* Percent may add to more than 100% due to rounding

Summary

The overwhelming majority of clients (90% or more) indicated that their expectations were either ‘met’ or ‘exceeded’. At six months follow-up, only one client 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, with around three-quarters being ‘completely satisfied’. This was similarly the case for previous and new *shiatsu* users.

Chapter Twelve: Uses and Change of Use of Other Health Care Providers: Economic Implications

Introduction

This chapter explores the economic implications arising from the clients' access and use of *shiatsu*.¹⁴ Sample members were asked at baseline and at the three- and six-month follow-up about their use of other health care services, specifically visits to their primary physician or hospital for one or more of the problems in the previous three months, taking of medication, days off sick, and use of other CAM or conventional medicine. Looking at these data at the three points provides indicative evidence of potential resource savings for other health services resulting from use of *shiatsu* together with potential evidence of societal benefit associated with reduction in sickness absence from paid employment.

Use of Other Health Care Providers for Any of These Problems

In the previous three months prior to their recruitment to the study, about two-fifths (40%) of the clients had visited their family doctor or hospital for one or more of the problems they were currently receiving help for from *shiatsu*. Over the six-months of the study this use had declined to just under a quarter (23%) of clients (Table 12.1). There was a small variation over the time period in the average number of visits made to the family physician or hospital with a median number of two visits. Overall between baseline and the six month follow up the total number of family physician or hospital visits fell by over 60% (277 in the three months prior to baseline and 107 in the three months preceding the six months follow up).

Over the time period, there was also a slight reduction in the proportion of people taking (conventional medical) medication for any of problems they had come to consult the *shiatsu* practitioner about, from 25% in the three months prior to the study to 22% at six-month follow-up. Two clients also mentioned use of homoeopathic remedies.

For those who were in paid work, the majority (84-86%) took no time off for ill-health. For those taking time off for ill-health, the median average at baseline was 3 days, with a range from 1 to 82 days. Three clients who were normally in paid employment had had 28 days or more off sick. At three- and six-months follow-up, the median time off work was similar. At six-months, if the one person who was on extended sick leave (90 days) is excluded, time off work ranges from 1 to 7 days (median of 3), with a mean (standard deviation) of 3.3 (2.0). Over time, the total number of work days lost due to sickness absence fell from 338

¹⁴ This section has been jointly written by Andrew Long and Claire Hulme, health economist at the University of Leeds.

days in the three months preceding baseline assessment to 142 in the three months preceding the six month follow up.

Table 12.1: Visits to a Family Physician/Hospital, Medication Use and Days off Work

Health Care Use and Usage	Use in previous three months, measured at baseline	Use in last three months, post-baseline	Use in last three months, post-3-month follow-up
% Visiting family physician / hospital for these problems	40	25	23
Average no. of visits			
• Median (range)	2 (1-20)	2 (1-20)	2 (1-10)
• Mean (SD)	2.8 (3.2)	2.8 (3.3)	2.6 (1.9)
% Taking medication for these problems	25	21	22
Days off for these problems			
• % none	84	86	85
• Median (range) days off	3 (1-82)	4 (1-28)	3 (1-90)
• Mean (SD) days off	10.6 (16.7)	5.7 (6.1)	8.4 (21.1)

Respondents were also asked at baseline whether or not they were currently having treatment, in addition to *shiatsu*, for any of their problems from either CAM or conventional/western medicine, and at three- and six-months follow-up about change in use ‘made as a result of having *shiatsu*’ (Table 12.2). Reported use of conventional medicine and medication declined over the study period, with 19% (three months) and 19% (six months) indicating they used conventional medicine less, and 9% and 8%, respectively, medication use. A small proportion (4-5%) had made more use of conventional medicine. Over the six month period, use of other CAM increased by about a third (30-31%).

Table 12.2: Use of Other Conventional Medicine, CAM and Medication (%)**

Health Care Use and Usage	Baseline	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Same	Less	More	Same	Less	More
Use of other conventional medicine for these problems	17	77	19	4	78	17	5
Use of other CAM for these problems	33	61	9	31	63	8	30
Medication use	(25)*	76	21	3	76	20	4

* In previous three months, prior to recruitment to the study measured at baseline

** % may add to more than 100% due to rounding

Summary

The economic implications of any changes in participants' health or health problems were captured through changes in the use of health service resources (with focus lying on medication and family physician or hospital visits) and lost productivity due to sickness absence from paid employment.

Overall participants reported a reduction in the total number of visits made to their family physician or hospital (227 in the three months preceding baseline; 142 in the three months preceding the six month follow up). Similarly the proportion of participants taking medication for the problems they had come to consult the *shiatsu* practitioner about reduced slightly over the study period (25% to 22%). Around one in five participants reported reduced use of conventional medicine and medication at three and six months. Similarly, the total number of works days lost due to sickness absence fell by almost 60% at six months (three months prior to baseline and at six months after baseline).

Whilst it is not possible to directly attribute these reductions in the use of health service resources to *shiatsu*, the findings are corroborated in the client-reported changes made life 'as a result of having *shiatsu* treatment', which were presented in Chapter Ten.

SECTION THREE: SPAIN

Chapter Four: Study Participants and Study Representativeness

Introduction

This chapter details the results of the recruitment process to the study. The chapter is in two sections. The first section looks at the practitioners who responded to the original request to take part in the study and those who subsequently took part. The second section looks at the clients, outlining the number of clients taking part (responders to the first questionnaire) and response rates over time, for the different combination of questionnaires. The chapter concludes by exploring the representativeness of the respondents to all four questionnaires (that is, from baseline to six-months after recruitment) in relation to those who were originally recruited (that is, responders to the first questionnaire).

The Practitioners

Following the invitation letter and subsequent despatch of the full protocol, providing extensive detail about the role of practitioners and procedures to follow, 22 practitioners took part in the client recruitment, with the aim of recruiting 16 clients, of which up to 5 would be 'new' clients to the practitioner.

One practitioner met or exceeded this target. The average client yield per practitioner was 9 clients, ranging from 1 to 17¹⁵. Two practitioners recruited 15-19 clients, seven 10 to 14 and thirteen less than 10. Five practitioners recruited only one or two clients. For new clients, the average yield was three, with a range of 0 (two practitioners) to 11.

The client yield was lower than hoped. The reasons for this are unclear. Some practitioners started recruited much later than expected; others were trying to establish their practices and recruitment of 'continuing' clients was more difficult.

It is important to remember that the practitioner was only asked to tell eligible clients about the study and give those who agreed an envelope containing the project information. It was then up to the client to complete the consent form and baseline questionnaire, sending these back to the research team at the University of Leeds. The practitioner was explicitly required not to subsequently ask such clients if they had agreed to talk part in the study, thus preserving client anonymity.

Evidence from the recruitment logs that practitioners were required to keep demonstrates that practitioners were following the recruitment protocol, of asking every eligible client consecutively. Where a client was not asked, a brief note was made of why; the noted

¹⁵ Sixteen clients did not indicate who their (recruiting) practitioner was.

reasons met the exclusion criteria outlined in the study protocol. Further details about the participating practitioners – personal and practice characteristics and mode of practice - will be provided in a separate report.

The Clients

Baseline Recruitment and Response Rates over Time

A total of 189 clients were recruited to the study over a ten month period (March to December 2006 inclusive). At baseline, 30 were 'new to *shiatsu*', that is, having their first *shiatsu* treatment.¹⁶ Around a quarter (24%, n=74) were 'new' clients from the perspective of the recruiting practitioner¹⁷ – a recruitment ratio of new to continuing clients of 1:1.6. Figure 4:1 provides an overview of the response rates over time to each questionnaire, by client status ('new to *shiatsu*' and 'new' vs. 'continuing' client). There was substantially loss to follow-up (non-response) from new *shiatsu* users (63% vs. 39% for previous users). Only among those who were previous *shiatsu* users and had previously received *shiatsu* from their recruiting practitioner was a good response rate achieved (66%).

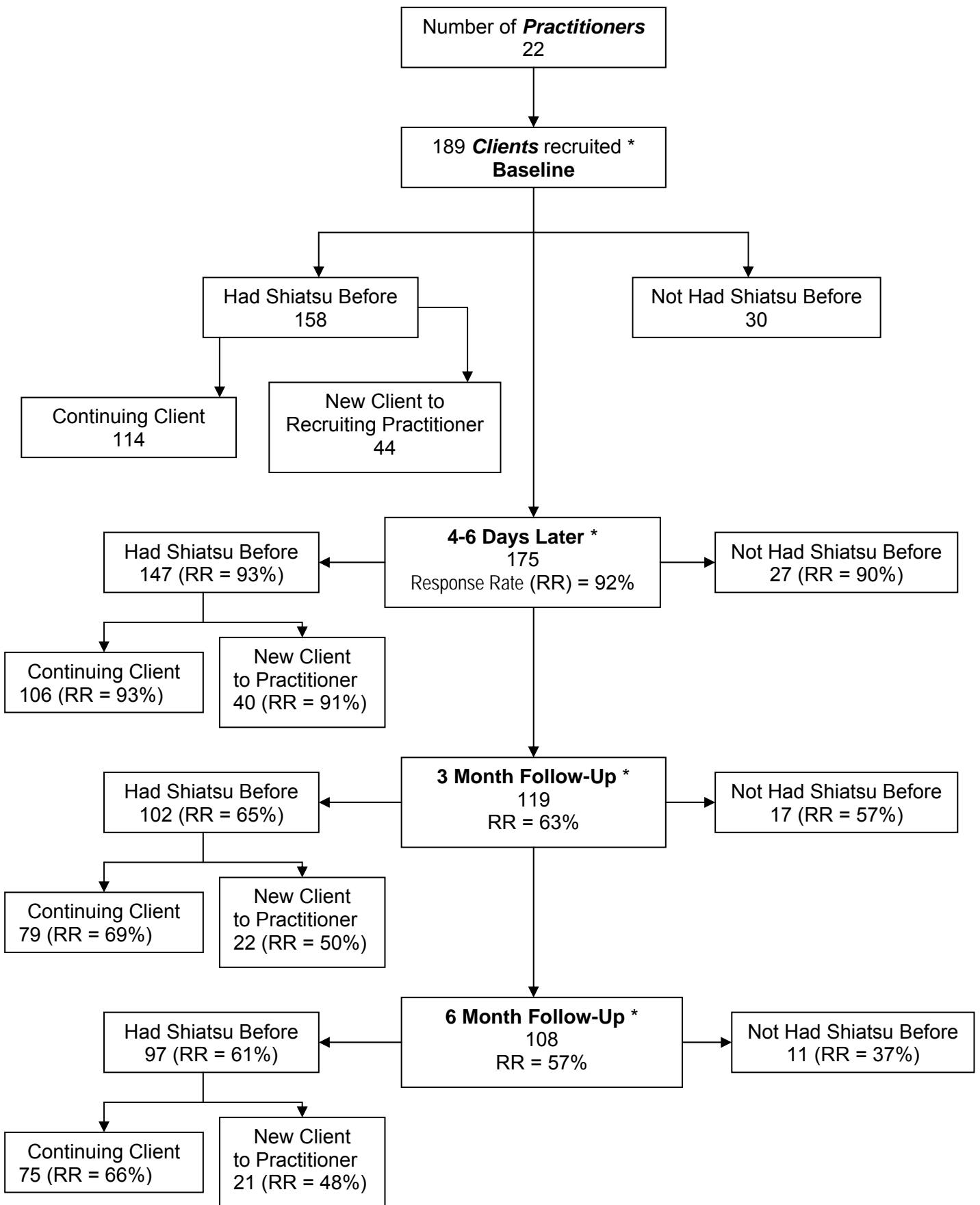
The total number of clients who completed all four questionnaires (baseline to six-month follow-up) was 93, a response rate of 49% (or loss-to-follow-up of 51%, due to non-response to one or more of questionnaires 2, 3 or 4). The response rate was substantially worse for new *shiatsu* users (30% vs. 52%, previous *shiatsu* users).¹⁸ It is this group of 93 responders who form the focus of the findings in the Report.

¹⁶ It must be remembered that the definition of 'new' client used in the recruitment phase was undertaken from the *practitioner's* perspective, that is, new to the recruiting practitioner.

¹⁷ One client also did not indicate if he/she had had *shiatsu* before from the recruiting practitioner.

¹⁸ Whether or not this level of response rate is atypical for a longitudinal, and postal, survey of this type within Spain is not known.

Figure 4.1: Overview of response rates



* One client who had had shiatsu before, did not indicate if she/he was a 'new' or 'continuing' client.

Representativeness of Study Responders

To explore response bias (i.e. are those replying to all four questionnaires different in some way, for example, by age or gender, to the baseline sample?), the socio-demographic, family doctor use and *shiatsu* use characteristics of respondents were compared (Table 4.1).

Table 4.1: Socio-Demographic and Other Characteristics: Baseline to 6-Months Follow-up

	Median Age, yrs	Age, 95% CI	% Aged 65 or over	Gender, % female	% Full & part-time work	% Retired
Baseline (n=189)	44	42.6-45.7	3.7	75.1	77.1	6.4
3-months follow-up*						
6-months follow-up*	46	43.2-47.6	3.3	80.6	73.9	6.5

* n=93, that is, those who completed all four questionnaires

	% Visit family doctor for problem	<i>Shiatsu</i> before, %	% 'New' clients
Baseline (n=189)	43.0 / 41.1*	84.1 (n=159)	39.4 (n=74)
3-months follow-up*	38.4		
6-months follow-up*	30.7	90.3 (n=84)	27.2 (n=25)

* n=93, that is, those who completed all four questionnaires

There was a statistically significant difference by previous *shiatsu* use (those who were previous users were nearly twice as likely to respond to all four questionnaires: 53% vs. 30%, $p=.022$) and client type (59% vs. 34%, continuing to new, $p=.001$). There were no significant differences by age, gender, employment status or, at baseline, between those visiting a family doctor in the previous three months for any of the problems / reasons that they were coming to see the *shiatsu* practitioner.

The data suggest that greater confidence can be placed in the findings for respondents who were previous users of *shiatsu*. The data for new *shiatsu* users must be treated with caution, as 70% of those initially recruited, albeit from a small original base (n=30), did not reply to all four questionnaires.

Completion Levels in the Cohort

The questionnaires were generally well completed. In the baseline questionnaire, missing responses were more frequent for the questions about reasons for having *shiatsu* (22%), 'having other treatments for any of these problems' from conventional medicine (15%) or from another CAM modality (9%). Missing responses were rarer for the '4-6 days later' questionnaire, and only occurred for a few items (maximum value of 8%, n=7). In the three and six month follow-up questionnaires, for those who had had one or more *shiatsu* treatments in the previous three months, missing responses were quite frequent for the question about symptom improvement (20 or so clients not replying) and averaged around 10% (n=9) for some of the *shiatsu*-specific experience/effects questions.

Summary

Of the 189 clients who were initially recruited to the sample from the 22 practitioners, 93 responded to all of the four postal questionnaires. This represents a response rate of 49%. It is this group of 93 clients who form the focus for the findings presented in this Report. Those who did not reply to all of the four questionnaires were statistically significantly more likely not to have had *shiatsu* before or to have been a new client. While a response rate of around 50% is not uncommon in postal questionnaires, the fact that just under half of those originally recruited to the study did not reply to all of the four questionnaires means that care must be taken in interpreting the findings. Given the preponderance of previous *shiatsu* users among the group who responded to all four questionnaires, greater confidence can be placed in the results for this group. Findings for new *shiatsu* users must be treated with considerable caution.

Chapter Five: Who Uses *Shiatsu*, Why and For What Reasons?

Introduction

This chapter presents baseline data on the characteristics of the clients who completed all four of the questionnaires and their continuing use of *shiatsu* over the six-month follow-up period. Baseline details are provided on socio-demographic characteristics, previous use of *shiatsu* and other CAM modalities, health status, reasons and symptoms surrounding their first and current ('today') use of *shiatsu* and their use of other health care providers for any of these problems.

Socio-Demographic Characteristics at Baseline

The average age of the clients responding to all the questionnaires was 45 years, with a median of 46, and a range of 25 to 71. Ten percent were aged under 30, and just over 3% were 65 or older. The majority (81%) of clients were female, and three quarters of the sample were in either full- or part-time work (66%, 8% respectively) with a slightly greater proportion of the men being in full-time employment (71% vs. 65%, male to female). Seven percent of the clients were retired. Only a small proportion (4%, n=4) indicated that they were not working 'due to ill-health' or were currently unemployed (7%, n=6).

Previous Use of *Shiatsu* and Other CAM at Baseline

The vast majority of the clients (90%) had had *shiatsu* before, having received their first *shiatsu* a median average of 2 years ago, with a range from the last few months to 28 years before (95% confidence interval around the mean: 2.2 – 3.9 years). Over three quarters (77%) had used other CAM therapies before. Twenty-five (27%) of the clients were 'new' to the practitioner, of whom 16 had had *shiatsu* before. The overwhelming majority (94%) paid for their *shiatsu* treatment themselves. Six clients (6%) had been offered *shiatsu* either as 'free' of cost or paid for it via a gift voucher.

Health Status at Baseline

When asked to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, on a 5-point scale from 'excellent' to 'poor', 79% indicated that it was 'good' or better ('good' or 'very good' or 'excellent'); only two clients (2%, n=2) judged their health status as 'poor'. Comparing those with 'at least good' health status to those with 'fair to poor', there were statistically significant differences by currently visiting the GP or hospital for their current ill-health problems (those whose health was 'fair to poor' were three times as likely to have visited the GP or hospital: 74% vs. 26%), taking medication (74% vs. 26%, 'fair or poor': 'at least good') or use of conventional medicine for

any of these problems (67% vs. 33%). There were no differences by age, gender, work status, previous use of *shiatsu*, client type or other use of CAM.

Reasons for Having *Shiatsu* Treatment and Associated Symptoms

Respondents were asked about their reasons for having *shiatsu* treatment and symptoms on this occasion ('today') and (if appropriate) on the first occasion they had *shiatsu*. Respondents could tick one or more of a set of choices.

Reasons for *Shiatsu* 'Today' at Baseline

Table 5.1 presents clients' reasons for having *shiatsu* 'today', that is, at the *shiatsu* treatment session at which they were recruited to the study. The dominant reason across groups was for 'health maintenance' (36-53%), followed by 'to do something for oneself' (21-36%). Amongst new *shiatsu* users, 16% indicated that they were coming 'out of curiosity.'

Table 5.1: Reasons for *Shiatsu (% of those ticking the option as proportion of options ticked by the group)**

Reason for <i>Shiatsu</i> 'Today'	<i>Shiatsu</i> Before		
	Yes		No**
	Continuing	New	New
Health maintenance	53	36	47
Do something for self	21	36	26
Personal development	21	18	11
Out of curiosity	3	9	16
Client Total (n)	55	13	9

* Percent may add to more/less than 100% due to rounding.

** Percentages may be misleading due to small numbers.

When asked about the reasons for having *shiatsu* 'at the first time they had it', the most important reason was for 'health maintenance' (43%). Just under a quarter (22%) mentioned that they came 'out of curiosity', followed by 'personal development' (19%) and/or 'to do something for oneself' (16%).

Reasons over the Six-Month Follow-up Period

Over the six-month follow-up period, the patterns of reasons for use unsurprisingly changed to mirror that of baseline 'continuing,' previous *shiatsu* users. The majority of clients at three and six months were seeking *shiatsu* 'for health maintenance' (50-57%), and/or 'to do something for oneself' (21-25%) or 'personal development' (18-22%).

Symptoms as Reasons for Accessing Shiatsu ‘Today’ at Baseline

The most mentioned set of symptoms (Table 5.2) related to ‘problems with muscles, joints or body structure’ (30-43%), which included back pain and posture, followed by ‘tension or stress’ (23-30%). For previous *shiatsu* users who were ‘new’ clients to their recruiting practitioner ‘problems with body systems,’ which included digestion, breathing, blood pressure and period pain, were mentioned by just under a third (30%, n=9). Except for this set of symptoms, a broadly similar pattern was evident across client types and previous use of *shiatsu*. The ‘other’ category covered a spectrum of issues, including symptoms relating to particular conditions (chronic hepatitis and cancer), care in pregnancy, rehabilitative care and sleeping.

Table 5.2: Symptoms as Reasons for Accessing Shiatsu* (% of those ticking the option as proportion of options ticked by the group)

Symptoms ‘Today’	Shiatsu Before		
	Yes		No**
	Continuing	New	New
Problems with muscles, joints, body structure ¹	30	33	43
Tension or stress	23	17	29
Problems with body systems ²	16	30	10
Emotional Issues	15	10	10
Low energy or fatigue	14	7	10
Other	3	3	-
Client Total (n)	49	13	9

* Percent may add to more/less than 100% due to rounding.

** Percentages may be misleading due to small numbers.

¹ The heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Symptoms as Reasons over the Six-Month Follow-up Period

At three- and six-month follow-up, the most mentioned set of symptoms as reasons for use of *shiatsu* were quite similar to those at baseline. These related to ‘problems with muscles, joints or body structure (e.g. back pain, posture)’, ‘tension and stress’ and ‘emotional issues’ (Tables 5.3 and 5.4). Again, it must be remembered that clients could, and did, tick a number of reasons. Furthermore, it is important to note that the symptoms clients initially came to seek *shiatsu* at baseline may have changed over this time period, and/or additional symptoms (and thus symptom sets) might be ticked at each of the follow-up periods.

Table 5.3: Symptoms, at 3-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Three-Month Follow-up)	<i>Shiatsu Before</i>		
	Yes		No**
	Continuing	New	New
Problems with muscles, joints, body structure	31	39	30 (n = 6)
Tension or stress	22	23	25 (n = 5)
Emotional Issues	17	23	10 (n = 2)
Low energy or fatigue	15	10	15 (n = 3)
Problems with body systems	10	7	15 (n = 3)
Other	5	-	5 (n = 1)
Client Total (n)	62	15	8

* Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

** Percentages may be misleading due to small numbers.

Table 5.4: Symptoms, at 6-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Six-Month Follow-up)	<i>Shiatsu Before</i>		
	Yes		No**
	Continuing	New	New
Problems with muscles, joints, body structure	31	42	25 (n = 3)
Tension or stress	24	15	25 (n = 3)
Emotional Issues	16	19	8 (n = 1)
Problems with body systems	13	12	8 (n = 1)
Low energy or fatigue	11	8	17 (n = 2)
Other	6	4	17 (n = 2)
Client Total (n)	55	12	7

* Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

** Percentages may be misleading due to small numbers.

Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

Over the six-month follow-up period, over four-fifths (81-96%) of the clients had one or more sessions of *shiatsu* in each three-month period (Table 5.5)¹⁹. Of those who had had further treatments, around a half had 4-6 treatments (0-3 months) or 2-3 treatments (3-6 months), with around a quarter having 7 or more sessions. All of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Table 5.5: Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

	0-3 months	3-6 months
% Having <i>shiatsu</i> in last 3 months	96	81
Median sessions in 3 months	4-6 sessions	2-3 sessions
% 1 session	11	11
% 2-3 sessions	30	23
% 4-6 sessions	27	23
% 7 or more sessions	27	26
Continue with <i>shiatsu</i> in future	90	82

The vast majority (82-90%) indicated that they would continue with *shiatsu*. There was a statistically significant difference by previous *shiatsu* use. Nearly all (92-95%) were continuing to have their treatments from the same practitioner (who had initially recruited them into the study). Nearly all (93-96%) were paying for the treatment(s) themselves, with a few (three or four clients) either receiving it free or paying with a gift voucher.

Summary

The average age of clients was 45 years, around four-fifths were female and most (90%) had had *shiatsu* before. Only two clients perceived their own health status to be 'poor'. The dominant reason for accessing *shiatsu* 'today' was for 'health maintenance'. The most common symptoms as reasons for accessing *shiatsu* 'today' related to 'problems with muscles, joints or body structure', including back pain and posture, followed by 'tension or stress'. These two groups of problems remained important reasons for accessing *shiatsu* 'today' at three and six months. Over four-fifths of the sample continued to have *shiatsu* over the six months of the study. Respondents on average had more sessions during the

¹⁹ Due to the small number of respondents who had not had *shiatsu* before, no statistical testing for difference in continuing to use *shiatsu* has been undertaken.

first three-month period (median of 4-6 times) than the second three month period (median of 2-3 times). Nearly all paid for the *shiatsu* treatments themselves. The vast majority (82-91%) indicated that they would continue with *shiatsu*. All of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Chapter Six: The Clients' Hopes from *Shiatsu*

Introduction

This chapter presents data on the initial hopes that clients had of their *shiatsu* treatment, drawing on data from an open-ended question asked within the baseline questionnaire, 'what do you hope to get out of your *shiatsu* treatments?' These findings provide additional insight into the reasons clients had for their choice of *shiatsu* and should be read alongside findings (in Chapter Five) relating to reasons for having *shiatsu* treatment and associated symptoms. The extent to which their hopes were realised is returned to in Chapter Eleven ('were you expectations met?'). Due to sample size limitations, the findings are presented for the sample as one group.

Hopes from Their *Shiatsu* Treatment

A wide range of hopes were expressed by the clients. Commonly, clients expressed more than one hope; for example, a client talked in terms of '*general relaxation, get rid of back pain and neck pain; eradicate or alleviate my migraines*' (Case 34, previous user). A small number of clients (n=8), who had had *shiatsu* before, talked about the benefits they had experienced before with *shiatsu*, with six of these also talking about what they hoped to get from this current set of *shiatsu* treatments. For example:

I am seven and a half months pregnant and the Shiatsu treatments get rid of the physical pains (back pain, heaviness on the legs) and of the fear and anxiety. After the birth I will keep having the treatments so I can keep feeling well. It gives me balance. (Case 79, previous user)

I hope it helps me to feel better physically and mentally. To feel better with myself and with my surroundings therefore helping me to take the appropriate decisions. (Case 86, previous user)

Table 6.1 presents the 'top 15' expressed hopes. Hoping to 'maintain a healthy body' or 'maintain health' was most mentioned (11%), followed by 'to continue to receive emotional help / support' (8%). 'Alleviating symptoms in general' and 'continuing pain relief / reducing pain' were mentioned respectively by 7% and 5% of clients.

To illustrate, some typical extracts are presented below for the 'top' expressed hope, 'maintain a healthy body'. Many of them indicate the expression of multiple hopes and previously experienced benefits from *shiatsu*.

I hope to continue having good physical health, controlling problems with muscles, joints. (Case 3, previous user)

I hope to take care of my health, getting rid of muscular tensions, achieving a mental and physical balance. (Case 7, previous user)

General health maintenance, specifically the one concerning joints, muscles, etc. I believe that it helps my to stop little symptoms become chronic. (Case 13, previous user)

To improve my physical and emotional health. (Case 56, previous user),

I hope it helps me to feel better physically and mentally. To feel better with myself and with my surroundings therefore helping me to take the appropriate decisions. (Case 86, previous user)

I hope to stop my health deteriorating, and improve it as much as possible. (Case 91, previous user)

To keep improving my physical condition. To know myself better and improve my attitude in facing life and the world. (Case 94, previous user)

To improve my health condition. To know my body and its weak areas better so I can work on them in order to improve. To achieve body-mind balance. (Case 110, previous user)

To improve my health generally, my cervices in particular. To improve my energy levels. (Case 160, previous user)

Table 6.1: Top 15 Hopes from Shiatsu Treatment (%)

Client Hopes	%
Maintain health / healthy body	11
Continue to receive emotional help/support	8
Alleviate symptoms in general	7
Maintain reduced stress / tension	6
Maintain being relaxed	6
Continue to be aware / understand my body	5
Continue pain relief / reduction in pain	5
Continue to be balanced, grounded	5
Maintain energy	4
Continue with energy work	4
Alleviate muscular-skeletal pain / back pain	3
Maintain good quality of life	3
Continue mind/body integration	3
Maintain inner peace	3
Prevent ill-health in general	2*

* Mentioned by less than 5 clients

A broader picture of the expressed hopes from *shiatsu* treatment can be seen from grouping like codes or linked codes together. For example, while some clients talked about ‘getting increased energy’, others talked about ‘channelling their energy’ and yet others ‘becoming more balanced energetically’. These could be grouped into a broader, more general label of ‘energy-related’ expectations. Similarly, ‘attaining’ (new user) or ‘maintaining’ (previous user) energy work can be placed together into one broader heading. Table 6.2 presents the data in this form for the ‘top 10’ grouped codes.

Table 6.2: Top 10 ‘Grouped’ Hopes from *Shiatsu* Treatment (%)

Client Hopes	%
Self-enhancement: attain or continue (quality of life, personal growth, etc)	17
Energy work: continue with, continue grounded or balanced	12
Relaxation and/or stress/tension management: attain or maintain	12
Continue with emotional help and support	10
Maintain physical relief (sleep, mobility, posture, pain, etc)	10
Alleviate symptoms in general	8
Maintain awareness of body & mind, integration	8
Alleviate symptoms of particular conditions (back or neck pain, headache, ME, blood pressure, etc)	7
Maintain emotional calmness & strength	6
Continue to remain drug-free / medication	5

Foremost was the hope of self-enhancement, in terms of maintaining or attaining quality of life, personal growth, a sense of well-being and healthy/ier lifestyle. Typical hopes were expressed as follows:

To improve my health and my well-being generally. (Case 10, previous user)

To maintain the quality of life that I have achieved through shiatsu and other alternative therapies. (Case 66, previous user)

I hope to continue having good physical health, controlling problems with muscles, joints. (Case 3, previous user)

A general improvement both physical and emotional. (Case 73, previous user)

I hope to get strength to be able to work and develop my life normally. (Case 92, previous user),

I hope to maintain my (physical and emotional) health, so I can get to know myself better. (Case 95, previous user)

To improve my health condition. To know my body and its weak areas better so I can work on them in order to improve. (Case 110, previous user)

To keep improving my physical condition, know myself better and improve my attitude in facing life and the world. (Case 94, previous user)

The second most mentioned area was ‘maintaining energy, continuing energy work’. Illustrative quotes include the following:

To learn to channel my own energy. (Case 25, previous user)

(To achieve) balance, harmony. (Case 9, previous user)

To balance my energy, relax. (Case 16, previous user)

More energy. Relaxed muscles. (Case 33, previous user)

To balance and mobilise the Qi. To improve my posture. (Case 37, previous user)

To balance the circulation of energy in the body and, to maintain good physical, emotional, mental and spiritual health. (Case 42, previous user)

Energy balance. To feel lighter mentally and physically. (Case 61, previous user)

To achieve balance in all aspects: physically, emotionally, etc. (Case 113, previous user)

The third most mentioned area was relaxation and/or stress/tension management, attaining this for new *shiatsu* users and maintaining it for previous users. As the following quotations indicate, this hope, as with others, may have been expressed within or alongside other hopes, and/or previously experienced benefits. For example,

Physical and emotional improvement. Tranquillity and inner peace. (Case 4, previous user)

Relaxation, energy balance. (Case 15, previous user)

General relaxation, get rid of back pain and neck pain. (Case 34, previous user)

Relax, loosening of the muscles, and rest. (Case 63, previous user)

To get rid of the tension and stress caused by the problems in my muscles. (Case 134, previous user)

Relaxation, wellbeing, awakening of my senses (and) a feeling that the energy flows. (Case 138, previous user)

Relaxation, an improvement of problems with body structure and joints, to awake a sense of my body (Case 142, previous user)

Everything that I have been getting during my treatment (thanks to the efficiency, professionalism and complete devotion of my practitioner) which is: release of tension, emotional balance, human contact, and maintaining my good health in general. (Case 96, previous user)

The next example illustrates both this expressed hope (as the reason for shiatsu treatment) and its more complex link to the wider health and well-being of the client:

I have after-effects of poliomyelitis. I hope to be able to maintain my muscle tone, avoid worsening my scoliosis (symptoms of the body structure). Achieve a better emotional control and reduce stress and anxiety. This last symptom was the one to make me decide to start in this type of therapy. (Case 12, previous user)

The fourth set of illustrations relates to the heading, 'continue with emotional support'.

Emotional balance, reduce problems with muscles. (Case 49, previous user)

Greater emotional balance. (Case 62, previous user)

To improve my emotional condition, eliminate stress. (Case 149, previous user)

Increased self-awareness. To control my emotions. (Case 161, previous user)

To improve my physical, and emotional health (Case 56, previous user)

I am seven and a half months pregnant and the shiatsu treatments get rid of the physical pains (back pain, heaviness on the legs), and of the fear and anxiety. (Case 79, previous user)

To keep going as I suffer from a grave illness (syringomyelia and scoliosis) which causes great physical deterioration. I also want to get emotional balance, when I have the treatment I feel better. (Case 111, previous user)

Relaxation, help with controlling emotional drives that generated tension. (Case 6, previous user)

The final area of illustration relates to the set of hopes under the heading 'maintaining physical relief.' These embraced hopes, for example, for improving sleep patterns, greater mobility, better posture or less pain. Illustrative quotes, sometimes pointing to a possible reason for their physical discomfort, include the following:

I hope to make disappear and/or avoid those pains that appear when you do little physical exercise and your job is quite sedentary. (Case 19, previous user)

Pain relief. (Case 119, previous user)

Relax, loosening of the muscles, rest. (Case 63, previous user)

General relaxation, get rid of neck and back pain, and eradicate or alleviate my migraine. (Case 34, previous user)

Relief from pains in my neck and upper back caused by a contracture. (Case 169, previous user)

Reduce back pain and have more energy. (Case 75, previous user)

I hope to improve my flexibility and mobility. (Case 69, previous user)

Help to reduce the pains and limitations imposed by some injuries and their effects. (Case 83, previous user)

To reduce the anxiety caused by the constant pain of fibromyalgia and to reduce the pain as well. (Case 25, previous user)

To stop using sleeping pills. (Case 72, previous user)

To unblock tensions, reduce stress, breathe better, rest and sleep better – in short, general well-being. (Case 48, previous user)

Finally, it is important to note that, as treatment progresses, the client's hopes may change. This is illustrated by a client who, in response to the question about hopes, commented:

I expected to relieve the tension accumulated in my neck and shoulder blades (NB here talking about previous treatments). The practitioner has helped me to understand that I have other problems of emotional kind and my back just expresses what I carry inside. Therefore my expectations have change. Now I want to change “things” of my inner being and open up to the world. (Case 58, previous user)

Summary

A wide range of hopes were expressed by the clients. For the 'grouped' hopes, self-enhancement was most often expressed, followed by energy work and relaxation and/or stress/tension management. Emotional help and maintaining physical relief for problems including pain were also articulated. For previous users, hopes were often linked to previously experienced benefits from earlier *shiatsu* treatments.

Chapter Seven: The Client’s Initial Experiences of *Shiatsu*

Introduction

This chapter presents findings on clients’ initial experiences of *shiatsu*. The data arise from clients’ responses to the second questionnaire, which they were asked to complete within ‘about 4 days’ of receiving the *shiatsu* treatment at which they were given the project documentation. Over three-quarters (78%) of these questionnaires were completed within a week. The chapter provides insight into client experiences *during* and *after* their most recent *shiatsu* treatment, including perceptions of the treatment environment and their relationship with the practitioner. Throughout, analysis is conducted for the sample as a whole, irrespective of client types and previous use of *shiatsu*, due to limitations of sample size.

Experiences during the Most Recent *Shiatsu* Treatment

Participants were asked to rate their level of agreement with each of a set of statements about ‘how they felt *during* their most recent *shiatsu* treatment’ (1 = ‘strongly agree’ ... 5 = ‘strongly disagree’). Table 7.1 and Figure 7.1 provide an overview of the findings.

Table 7.1: Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Positive Experiences	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
I liked the treatment environment	84	15			
I enjoyed the session	72	26			
I felt relaxed	67	28			
I felt energy moving or blockages being released	31	40	23		
I felt an emotional change during the session	26	43	21	7	
I felt a physical change during the session	22	44	26	6	

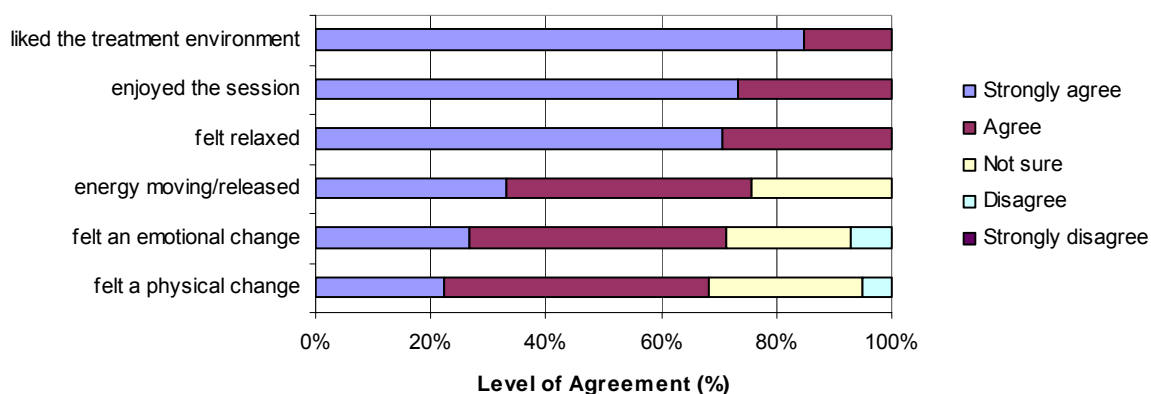
* Throughout, % of less than 5% are not shown

In relation to their agreement about ‘positive’ experiences, a number of summary comments can be made:

- Nearly all clients (99%) ‘strongly agreed’ or ‘agreed’ that they liked the treatment environment.

- Hypothetically expected, ‘positive’ experiences were realised. For example, over 95% ‘strongly agreed’ or ‘agreed’ that they enjoyed the session or felt relaxed during the session.
- Statements relating to more *shiatsu*-specific effects, for example, about ‘energy moving’ or ‘changes’ felt during the session, that the theoretical framework of *shiatsu* would hypothesise and that earlier qualitative work (Mackay and Long 2003) had pointed to, were agreed with by around three quarters: for example, ‘feeling energy moving or blockages being released’ (71%).
- Levels of agreement regarding experiencing a ‘physical’ or an ‘emotional’ change were similarly high (67-69% agreement); at the same time, over a fifth expressed some uncertainty neither agreeing or disagreeing (‘not sure’).

Figure 7.1: Positive experiences during session



In relation to possibly ‘negative’ experiences (Table 7.2), there was considerable agreement (97%) that clients had *not* ‘had a bad experience.’ Around three-quarters (73%) agreed or strongly agreed that the treatment had *not* been painful, with around a sixth (18%) saying that it had been painful.

Table 7.2: ‘Negative’ Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Possibly ‘Negative’ Experiences	Strongly disagree (5)	Disagree	Not sure	Agree	Strongly agree (1)
The treatment was painful	29	44	7	17	
I had a bad experience	70	27			

* Throughout, % of less than 5% are not shown

Client-Practitioner Relationship

Tables 7.3 and 7.4 present findings relating to the client-practitioner relationship.

- Around 70% of the clients ‘strongly agreed’ that the practitioner listened to, and accepted, them (Table 7.3). Just under a third (30%) of the clients ‘strongly agreed’ with the statement that the client and practitioner worked together, with 19% being unsure.

Table 7.3: Client-Practitioner Relationship (%)*

Client-Practitioner Relationship	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
The practitioner accepted me	68	30			
The practitioner listened to me	70	26			
The practitioner and I worked together	30	45	19	6	

- High proportions (82-87%) indicated the clients’ positive perceptions of their practitioner, in terms of their skill and trustworthiness (Table 7.4). A lower, but still high, proportion (69%) rated the warmth of the practitioner positively.

Table 7.4: Perceptions of the *Shiatsu* Practitioner (measured on a 7-points scale: (%))*

Perceptions of <i>Shiatsu</i> Practitioner	Very much so (1)	(2)	(3)	Not so to very much not so (4-7)
I felt the <i>shiatsu</i> practitioner was trustworthy	87	8		
I felt the <i>shiatsu</i> practitioner was skilful	82	14		
I felt the <i>shiatsu</i> practitioner was warm	69	23	5	

* Throughout, % of less than 5% are not shown

Experiences after the Most Recent *Shiatsu* Treatment

Participants were asked to rate their level of agreement with each of a set of statements which asked them about ‘how they felt *after* their most recent *shiatsu* treatment’ (1 = ‘strongly agree’; 5 = ‘strongly disagree’). Tables 7.5 and 7.6, and Figures 7.2 and 7.3 provide an overview of the findings.

In relation to their agreement over ‘positive’ feelings (Table 7.5, and Figures 7.2), a number of summary comments can be made:

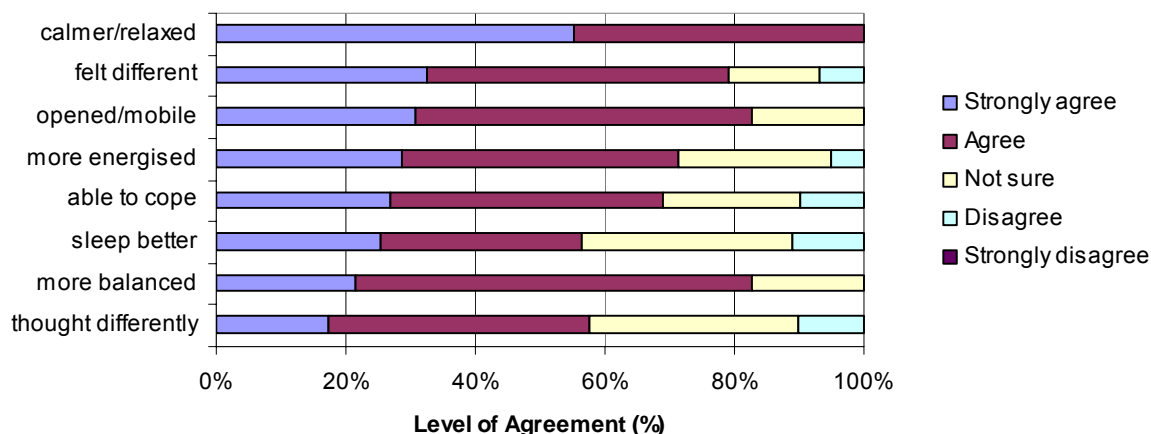
- Feeling ‘calmer or more relaxed’ after the session was a common experience, with 95% either agreeing or agreeing strongly.
- Considerable levels of agreement were also expressed about feeling ‘different’, ‘more mobile and opened’, ‘more energised’, ‘more balanced’, ‘more able to cope with things’, ‘being able to sleep better’ and ‘thinking about things differently’ after the session, with over a half agreeing or agreeing strongly.
- At the same time, substantial proportions expressed uncertainty about many of the statements. This ranged from about a third (32%) for ‘being able to sleep better; and ‘thinking about things differently’ to under a sixth (14%) for ‘feeling different’.

Table 7.5: ‘Positive’ Feelings after the Most Recent Shiatsu Treatment (%)*

Positive Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
I felt calmer or more relaxed	52	43			
I felt different after the session	32	47	14	8	
I felt physically more mobile and opened	29	51	16		
I felt more energised	28	42	24	5	
I felt more able to cope with things	27	42	20	11	
I was able to sleep better	25	30	32	12	
I felt more balanced	21	60	17		
I thought about things differently	17	39	32	11	

* Throughout, % of less than 5% are not shown

Figure 7.2: Feelings after session



In relation to possibly ‘negative’ feelings (Table 7.6 and Figure 7.3), there was considerable agreement that clients had *not* experienced negative feelings, with around seven-tenths or more affirming this.

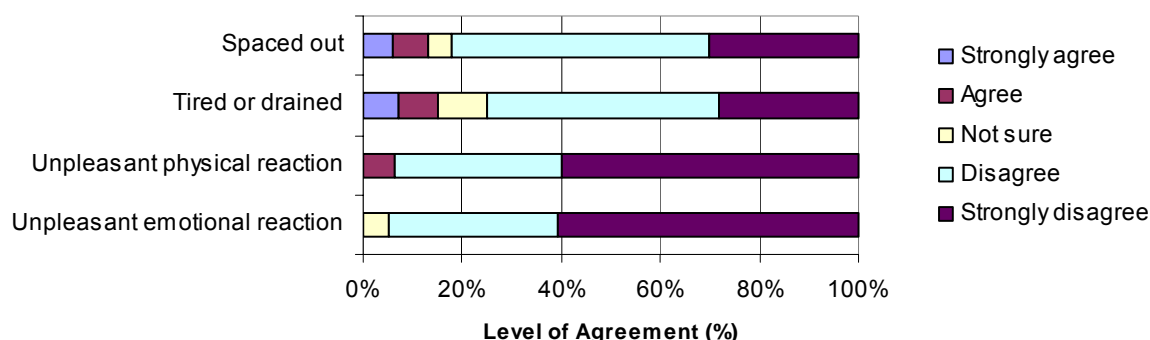
- Over three-quarters of clients expressed high levels of disagreement over feeling ‘more tired or drained’ or ‘feeling spaced out, light-headed or difficult to concentrate (74-82%).
- The overwhelming majority of clients in both groups expressed high levels of disagreement with statements about having ‘an unpleasant physical reaction’ or ‘unpleasant emotional reaction’ after the session (89-94% disagreeing or disagreeing strongly).

Table 7.6: Possibly ‘Negative’ Feelings *after* the Most Recent *Shiatsu* Treatment (%)*

Possibly ‘Negative’ Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
I felt spaced out, light headed or had difficulty concentrating	6	7	5	52	30
I felt more tired or drained	7	8	11	46	28
I had an unpleasant physical reaction		6		32	57
I had an unpleasant emotional reaction			5	34	60

Throughout, % of less than 5% are not shown

Figure 7.3: Possibly negative feelings



Summary

This chapter has presented findings on the clients' initial experiences and feelings about having *shiatsu* following the *shiatsu* treatment session at which they were recruited to the study. Clients expressed high agreement that they 'enjoyed' the sessions, 'felt relaxed' during the session and 'liked the treatment environment'. Nearly all the clients disagreed that they had had 'a bad experience'. Over two thirds expressed agreement that they had experienced a 'physical' or 'emotional' change during the session.

Clients were overwhelmingly positive about their relationship with the practitioner, nearly all agreeing that she/he 'listened' or 'accepted' them and that the practitioner and client worked together. The practitioner was also seen as 'trustworthy,' 'skilful' and, to a lesser extent, 'warm'.

Feeling 'calmer or more relaxed' and 'different' after the session was a common experience of over 90% of the clients. There was a considerable level of agreement that clients had not experienced any 'negative' feelings following the session. Around 90% or more of clients expressed agreement that they had not had an unpleasant 'physical' or 'emotional' reaction.

Chapter Eight: Evidence of Effectiveness: Symptom Change

Introduction

This chapter presents findings of the six-month follow-up study on the potential effectiveness of *shiatsu* in terms of symptom changes. Four sets of data are examined: improvement in ‘the symptoms I came with’ immediately (4-6 days after their initial treatment session) and three- and six-months later; changes in the severity of the set of symptoms ‘today’ at baseline, three- and six-months; for those who had had *shiatsu* before, changes in symptom severity in relation to the ‘first time’ they had *shiatsu*; and, a summary item exploring levels of agreement (on a five-point scale) with the statement, ‘*shiatsu* has been effective in treating my symptoms.’ Due to sample size limitations, the findings are presented for the sample as one group, irrespective of client types and previous use of *shiatsu*.

A: Improvements in Symptom Severity over the Six Months

At each of three time points (4-6 days after the initial recruiting *shiatsu* session, three and six months later), clients were asked to indicate improvements in the symptoms they had come with, for *shiatsu* treatment, rated on a 5-point agreement scale (5 = ‘strongly agree’; 1 = ‘strongly disagree’).

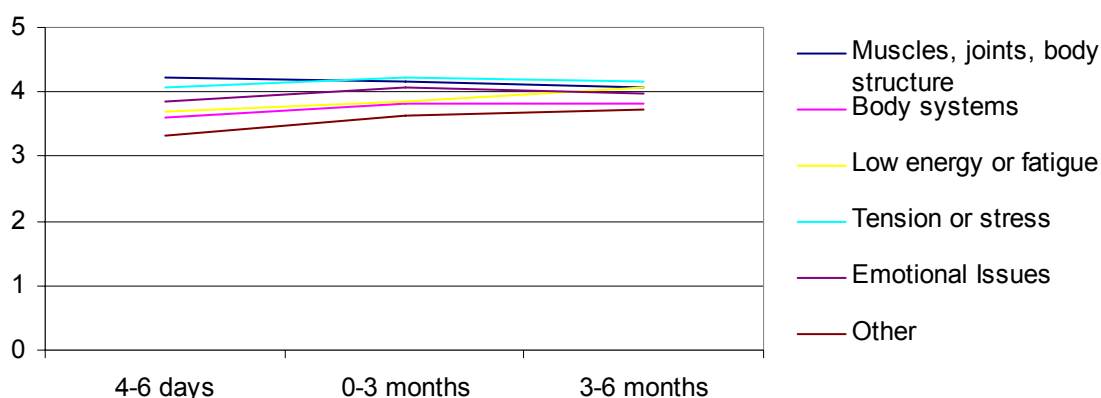
Over the six-month follow-up period, moderately high levels of agreement of a perceived improvement were evident at three months, and perceived improvements were consolidated over the subsequent three months (Table 8.1).

Table 8.1: Mean Improvement in Symptoms over Time

Symptom Improvement	4-6 days	0-3 months	3-6 months
Problems with muscles, joints, body structure ¹	4.22	4.16	4.07
Problems with body systems ²	3.60	3.81	3.83
Low energy or fatigue	3.69	3.86	4.06
Tension or stress	4.08	4.21	4.17
Emotional Issues	3.85	4.06	3.96
Other	3.32	3.64	3.73

¹ The heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Figure 8.1: Mean symptom change

B: Changes in Symptom Severity

Another perspective on the relative change in symptom severity can be obtained from comparing symptom severity 'today' at the three time points of baseline, three and six months. Clients were asked to rate symptom severity 'today' on a five-point scale (4 = very severe; 0 = not at all). This provides an indication of the 'potential effect' of *shiatsu* on the symptom group (among other possible factors that could have led to reduced symptom severity, such as self-recovery / healing, other CAM or conventional medical treatments, change in lifestyle or social environment).

Table 8.2 presents the 'adjusted potential effect' results. For four symptom groups, a small (third to a half-point), statistically significant, mean decrease in symptom severity is evident from baseline to three-month follow-up, with the largest benefit occurring for problems of tension/stress and emotional issues. For example, while at baseline problems over tension or stress were on average rated as 1.5 ('mild' to 'moderately severe'), by three or six-months later, they were on average rated around 1 ('mild'). From baseline to six months follow-up, a small (quarter to two-fifths-point), statistically significant benefit is evident only for two of these symptom groups (problems with muscles, joints or body structure, and tension/stress). From three to six months follow-up, there was no statistically significant change in symptom improvement.

Table 8.2: Adjusted Potential Effect over Time: Baseline to Three and Six Months

Symptom Change (‘Baseline’ vs. ‘3 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	0.33 (0.09)	3.49	p=.001
Problems with body systems (digestion, pain)	0.23 (0.14)	1.65	NS ³
Low energy or fatigue	0.38 (0.15)	2.49	p<.017
Tension or stress	0.49 (0.12)	3.95	p<.001
Emotional Issues	0.41 (0.15)	2.73	p=.010
Other	0.32 (0.15)	2.05	NS ³

Symptom Change (‘Baseline’ vs. ‘6 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	0.25 (0.12)	2.17	p=.035
Problems with body systems (digestion, pain)	0.18 (0.17)	1.10	NS ³
Low energy or fatigue	0.06 (0.18)	0.31	NS ³
Tension or stress	0.40 (0.15)	2.80	p=.008
Emotional Issues	0.31 (0.16)	1.87	NS ³
Other	0.27 (0.18)	1.55	NS ³

¹ SE (M) – standard error of the mean

² paired t-test

³ NS = not significant (p>0.05)

C: Changes in Symptom Severity – Previous Users

Yet further evidence comes from the group of clients who had had *shiatsu* before. These were also asked at baseline to provide a retrospective rating of their symptom severity ‘when you first started *shiatsu*.’ Comparing these ratings to symptom severity at recruitment to the study, for all the symptoms sets, a ‘half-point’ to ‘one-point’, statistically significant, mean decrease in symptom severity was evident (Table 8.3).

Table 8.3: Adjusted Potential Effect: First Time vs. Baseline

Symptom Change (‘Baseline’ vs. ‘First Time’)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	1.00 (0.13)	7.82	p<.001
Problems with body systems (digestion, pain)	0.67 (0.15)	4.56	p<.001
Low energy or fatigue	0.89 (0.14)	6.38	p<.001
Tension or stress	1.04 (0.15)	6.81	p<.001
Emotional Issues	0.96 (0.16)	5.85	p<.001
Other	0.53 (0.14)	3.91	p<.001

¹ SE (M) – standard error of the mean

² paired t-test

D: Overall Effectiveness in Treating My Symptoms

The final set of evidence relates to clients’ expressed agreement, or otherwise, with the statement that ‘*shiatsu* has been effective in treating my symptoms’ (Table 8.4). At three months, most (84-86%) agreed or agreed strongly that *shiatsu* had been ‘effective in treating my symptoms’, with this figure maintained and increased at six months.

Table 8.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not Sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not Sure	Disagree / Disagree Strongly
<i>Shiatsu</i> has been effective in treating my symptoms	84	16	-	86	9	6

Summary

At three and six months, clients expressed high levels of agreement over improvement in the symptoms they ‘came with’, with 84-86% indicating agreement or strong agreement about *shiatsu*’s effectiveness in treating their symptoms. A third to half-point, statistically significant mean decrease in symptom severity ‘today’ was evident at three months for four of the symptom groups; at six months, there was a quarter to a two-fifths-point, statistically significant mean decrease in symptom severity ‘today’ for two symptom groups (problems with muscles, joints and body structure, and tension or stress).

Chapter Nine: Evidence of Effectiveness: *Shiatsu*-Specific Effects

Introduction

This chapter presents further evidence on effectiveness drawing on client responses to a set of *shiatsu*-specific questions based on statements that other users of *shiatsu* have made about its potential benefits, and their overall rating of their health status. Statements covered comments such as '*shiatsu* has helped me to feel better in general' and 'I am more confident about my health' to 'my understanding and experience of my body has changed' and 'I feel I have developed as a person.' Participants were asked to rate their level of agreement with each statement, on a 5-point rating scale, from 'strongly agree' to 'strongly disagree', at three- and six-months follow-up. To aid interpretation, the data have been collapsed into three categories: 'agree and strongly agree', 'not sure' (that is, in-between/neither agree nor disagree) and 'disagree and strongly disagree', and differentiated into one of five groups: overall effects; specific symptom changes; general awareness effects; general attitudinal / personal effects; and relational effects.

Particular interest lies in changes from baseline to three months and the maintenance of this effect to six months later. Due to sample size limitations, the findings are presented for the sample as a whole.

A: Overall Effects

Two sets of data are presented: perceived changes in health status, and levels of agreement with four statements relating to overall effects of the *shiatsu* treatments.

Health Status Changes

When asked at baseline to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, 19% indicated that it was 'excellent' or 'very good', 59% 'good', and 2% (n=2) as poor (Table 9.1). Comparing those with 'at least good' health status (that is, 'excellent', 'very good' or 'good') to those with 'fair' or 'poor' health, there were statistically significant differences by currently visiting the GP or hospital for their current ill-health problems ($p=.003$) or taking medication for any of these problems ($p<.001$). There were no differences by age, gender or work status.

Table 9.1: Baseline Health Status (%)

Perceived Health Status	Excellent (1)	Very Good	Good	Fair	Poor (5)
In general, would you say your health is	3	16	59	19	2

* % may add to more than 100% due to rounding

To measure health status change over time, and to ensure reference was made to the same baseline, the health transition item was rephrased with the addition of the phrase, ‘compared to 3 (or 6) months ago,’ and the relevant category labels changed. At three- and six-months follow-up, 72-77% indicated that their health status was ‘much better than at that time’ or ‘somewhat better’ (Table 9.2). At three months, 28% rated it as ‘about the same’. At six months, there were indications of a move towards ‘better health status’, with fewer (16% vs. 28% at three-month follow-up) rating their health status as ‘about the same’. However, six clients (7%) indicated a worsening situation.

Table 9.2: Health Status at Three and Six Months, compared to Baseline (%)

Perceived Health Status	Much better	Somewhat better	About same	Somewhat worse	Much worse
Compared to 3 months ago, how would you rate your health status? (at 3 months)	21	51	29	-	-
Compared to 6 months ago, how would you rate your health status? (at 6 months)	33	44	16	6 (n=6)	1 (n=1)

% may add to more than 100% due to rounding

Perceptions of Overall Effects from Shiatsu

Table 9.3 presents the findings for the four statements relating to overall effects, which embraced the areas of ‘helping feel better in general’, ‘helping to maintain health’, ‘more confidence about my health’ and ‘overall health improvement.’ Two general comments emerge from the findings.

- High levels of agreement were evident for the four statements from baseline to three months, and the perceived benefit was maintained for the next three months. For example, at three months follow-up, over 90% agreed that *shiatsu* had helped them to ‘feel better in general’ or ‘helped to maintain my health’, with similar proportions agreeing at six months.

- There was a greater degree of uncertainty (expressing ‘neither agreement nor disagreement’) with the statements concerning ‘overall health improvement’ and ‘confidence about my health’, with 9-17% indicating they were ‘not sure’.

Table 9.3: Overall Effects of *Shiatsu* over the Six Months (%)

Overall Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
<i>Shiatsu</i> has helped me to feel better in general	95	5		96	3	1
<i>Shiatsu</i> has helped to maintain my health	92	7	1	92	7	1
My overall health has improved	81	17	2	86	11	3
I feel more confident about my health	79	15	6	80	19	2

* % may add to more than 100% due to rounding

B: Specific Symptom Changes

Table 9.4 presents the findings for the two statements relating to symptom change, covering the areas of ‘helping to recover from injuries or other problems’ and ‘helping to improve my posture or the way I use my body.’ Over half of the clients expressed agreement that *shiatsu* had helped them to recover from injuries or with posture; at the same time, over a quarter expressed uncertainty, neither agreeing or disagreeing (‘not sure’), with one or two clients expressing disagreement.

Table 9.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
<i>Shiatsu</i> has helped me to recover from injuries or other problems	69	27	4	69	24	7
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	55	38	7	69	28	3

* % may add to more than 100% due to rounding

C: General Awareness Effects

Table 9.5 presents the findings for the five statements relating to general awareness effects, covering areas such as ‘ability to help myself’, ‘awareness of self’ and ‘more in touch with my emotions.’ Three comments emerge from the findings:

- At least four-fifths (81-85%) expressed agreement with the statements, ‘I feel more able to help myself’ or ‘more aware of myself’; these proportions were maintained at six months follow-up.
- Three-fifths or more of the clients expressed agreement for the remaining three statements, at three and six months (64-74%).
- At the same time, at three-months follow-up, at least a tenth to a quarter (10-25%) expressed uncertainty (neither agreeing nor disagreeing) about experiencing general awareness changes. Such a picture continued at six months follow-up (9-29%).

Table 9.5: General Awareness Effects of *Shiatsu* over the Six Months (%)

General Awareness Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
I feel more able to help myself	84	10	6	87	9	4
I am more aware of myself	80	15	5	80	17	3
I am more in touch with my emotions	74	19	7	70	22	9
I think about things differently	74	18	8	64	30	6
My understanding and experience of my body have changed	69	26	5	66	27	7

* % may add to more than 100% due to rounding

D: General Attitudinal / Personal Effects

Table 9.6 presents the findings for the four statements relating to general attitudinal / personal effects, covering such areas as ‘being more hopeful about my problems’, ‘being more positive’ and ‘feeling about development as a person.’ Two general comments emerge from the findings:

- At three and six months follow-up, high levels of agreement were evident for the statement, of being ‘more hopeful that my problems can be helped’ (81-83%) and ‘feeling more positive, contented or at peace’ (76-85%).

- There remained a substantial proportion (10-33%) who expressed uncertainty for any of these four statements; in addition, five to eight clients expressed disagreement.

Table 9.6: General Attitudinal/Personal Effects of *Shiatsu* over the Six Months (%)

General Attitudinal / Personal Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
I feel more hopeful that my problems can be helped	83	11	6	81	13	6
I feel more positive, contented or at peace	76	17	7	85	10	6
I am more able to cope with things	63	27	10	77	16	7
I feel I have developed as a person	61	33	6	61	31	8

* % may add to more than 100% due to rounding

E: Relational Effects

There was considerable uncertainty (a third to a half or more of the clients) and some disagreement about the effect that shiatsu might have on the way clients relate to others or others to them (Table 9.7). Just under a half (46%) agreed *shiatsu* had ‘affected the way I relate to others’ and 25-28% with ‘the way other people relate to me’.

Table 9.7: Relational Effects of *Shiatsu* over the Six Months (%)

Relational Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree/ Disagree Strongly
Shiatsu has affected the way I relate to other people	46	37	18	46	44	10
<i>Shiatsu</i> has affected the way other people relate to me	28	50	22	25	57	18

* % may add to more than 100% due to rounding

Summary

Clients expressed generally high levels of agreement with the set of *shiatsu*-specific questions based on statements that other users of *shiatsu* have made about its potential benefits. The experienced benefits were generally maintained and/or consolidated over time. However, substantial proportions expressed a degree of uncertainty. These patterns were evident across each of the effect groups, except relational effects where there was least agreement with the potential effect. Over 70% of clients indicated that their health status was 'much better' or 'somewhat better than at baseline' at three and six months follow-up.

Chapter Ten: Evidence of Effectiveness: Take-Up of Advice and Changes Made

Introduction

This chapter examines the uptake of advice or recommendations provided by the *shiatsu* practitioner. Participants were asked in the three- and six-month follow-up questionnaire whether, or not, they had ‘made any changes in your life as a result of having *shiatsu* treatment’, and given the options of ticking a number of possible areas (diet, relationships, exercise, rest and relaxation, work, medication, use of conventional medicine, and use of CAM), as well as an open-ended option, to describe ‘other changes in your life’. These findings can be related back to advice giving reported on in the questionnaire clients completed ‘4-6 days’ after the treatment at which they were recruited to the study.

Areas of Advice Giving at Baseline

At baseline, just over three-quarters of the clients (76%, n=69) indicated that the *shiatsu* practitioner had given them some advice or recommendations during their treatment session. Areas of advice included²⁰: posture or how to use your body (51%); exercise (48%); diet (30%); points or meridians to work at home (26%); and ‘other’ (20%). The most common ‘other’ areas related to: general ‘perspective on life’ (n=6) and ‘emotional’ advice (n=4). The advice or recommendations were overwhelmingly (99%) seen as relevant by clients.

Take-Up of Advice

Looking overall, a very high proportion of the clients (80-91% at three and six months follow-up) indicated that they had made changes to their lifestyle ‘as a result of having *shiatsu* treatment’ (Table 10.1). Substantial proportions (76-85%) of those who made changes modified the time for ‘rest and relaxation’. Around a half indicated that they had made changes in the way they related to others (their ‘relationships’) and/or their ‘exercise taking’. About two-fifths modified their ‘diet’ and/or made changes to their work patterns. Around a half also drew attention to ‘other’ areas of change (more detail on the ‘other’ areas of change is provided below).

²⁰ Respondents were asked to tick as many boxes as were appropriate. Thus the percentages add up to > 100%.

Table 10.1: Changes Made as a Result of Having *Shiatsu* (%)

	Area of Advice Giving at Baseline	Changes Made as a Result of <i>Shiatsu</i>	
		At 3 months**	At 6 months**
% making changes		91% (n=84)	80% (n=74)
- Rest and relaxation	*	76	85
- Relationships	*	49	46
- Exercise	48	43	55
- Diet	30	42	45
- Work	*	23	36
- Other	21	50	49

* % indicating advice given at baseline (other areas not given as a tickable option)

** % making changes in particular area at time point (3 or 6 months)

Extent of Changes Made

Respondents were further asked to indicate the extent to which they had made changes in their life, as a result of having *shiatsu* treatment (Table 10.2). It is noticeable that four-fifths reported taking more rest and relaxation and between two-fifths to a half more exercise. A smaller number (n=9-10) had reduced the amount of ‘work’ they were doing.

Table 10.2: Extent of Change (%)⁺

Areas of Change	Baseline Use	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Take more	No change	Take less	Take more	No change	Take less
<i>Lifestyle</i>							
Rest and relaxation	*	80	19	1	80	18	3
Exercise	*	42	53	5	53	43	4
Work	*	13	74	14	22	63	15
<i>Health Care Usage</i>							
Use of other CAM for these problems	33	34	62	4	41	53	6
Use of conventional medicine for these problems	28	6	77	18	6	72	22
Medication use	(34**)	3	67	30	6	60	34

+ Percent may add up to more than 100% due to rounding

** Not asked at baseline

Changes were also noted in usage of health care. At baseline, use of conventional medicine or medication in addition to *shiatsu* for any of their problems varied from 28-34%. At three and six-month follow-up, a fifth to one-third or more had changed their usage. At three and six months follow-up, 18-23% were using less conventional medicine, while 30-34% were using less medication. Only a small minority of cases (n=2-4) had increased their use of other conventional medicine or medication. At the same time, use of other CAM for any of the problems they came to *shiatsu* for help had increased (34-41% were using it more).

‘Other’ Changes Made

In response to an open-ended question asking them to describe ‘other changes in their lives’, around a half of those who had made changes (n=36-42) chose to do so. At three months follow-up, changes in ‘levels of confidence and resolve’ were most mentioned (26%), followed by ‘making space to relax’ (18%) and ‘emotional changes’ (10%). At six months follow-up, changes in ‘levels of confidence and resolve’ was of continued significance, mentioned by 23%, of equal importance with ‘mind/body awareness’ (23%), followed by ‘emotional changes’ (10%). At both time points, clients pointed to experienced beneficial effects, for example, on their back or other muscles, general well-being, social life and experience of being more grounded (21-25% of clients mentioning changes). Some illustrative extracts from their comments provide further insight.

The first area of illustration relates to changes in ‘levels of confidence and resolve.’ Typical comments include the following:

I face problems in a more creative and positive way, I try to see things from the outside, like an observer and not a first person actor. (Case 58, new user)

Increase of self-confidence and awareness of my emotions. (Case 30, previous user)

My frame of mind has improved. (Case 45, previous user)

My ability to assimilate changes in my life, like situations where I do not feel comfortable, is more positive. (Case 129, previous user)

Increased self-confidence. My sexual relationships have improved, although thanks to other treatments and therapies as well. (Case 83, previous user)

I feel more positive and relaxed. (Case 172, previous user)

I face problems in a different way. (Case 14, previous user)

Improvement in accepting changes in my life, able to face situations which are difficult for me. (Case 129, previous user)

Others pointed to wider effects arising from changes in confidence and increase in resolve:

(I have) suffered anorexia since childhood. Shiatsu and (my) practitioner are of invaluable help. It (shiatsu) has changed the way I look at things; I don't try to run away from what's happening to me. I accept things as they come, even if they hurt. (Case 31, previous user)

Shiatsu has encouraged me to take up yoga and phytotherapy and to learn integral reflexology. (Case 78, previous user)

I'm changing my way of living. Shiatsu has opened that door to me. (Case 86, previous user)

Better balance when facing conflicts (personal and life in general) and better conformity with my own personal limitations [accepting oneself more]. (Case 154, previous user)

A second area of illustration relates to changes in 'making space to relax'.

(Able) to enjoy from a relaxed body. (Case 93, new user)

More relaxed, better general condition, calmer. (Case 34, previous user)

I feel more relaxed, more positive and better with myself. (Case 172, previous user)

Generally I feel better physically and after the treatment I am more relaxed (Case 111, previous user)

I feel better physically but above all more relaxed and happier with myself. (Case 183, previous user)

In one of the sessions, I reached a state of complete relaxation. I had three visions, and afterwards I had an inner revelation about an issue that distresses me. This made me feel great inner peace. It only lasted a few seconds, but was very gratifying. (Case 164, new user)

Emotional changes: more relaxation, more peacefulness, more confidence, more hope. (Case 160, previous user)

A third area of illustration relates to changes in 'mind/body awareness:'

More body awareness and better understanding of my reactions and needs. (Case 93, new user)

I am able to get in touch with my soft side. (Case 68, previous user)

Greater body awareness. (Case 88, previous user)

It reminds me that I am a living body and I am in control of my body. (Case 128, previous user)

I am more self-aware, I am more in touch with my emotions. I am more positive. (Case 138, previous user)

More body awareness which allows me to take better care of myself. (Case 186, new user)

A progression of changes was also expressed by some clients. For example, at three months follow-up, a 30-ish year old female client commented:

I am more centred, more content with myself and what I do. I enjoy the present more, problems do not overwhelm me so much. I feel happy. (Case 110, previous user)

At six months follow-up, she expressed her experiences in the following way:

Greater capability to face changes. More accepting of self. Better mental clarity. (Case 110, previous user)

A final area of illustration relates to 'emotional changes':

Better control of emotions, greater self-reliance, fewer external needs. (Case 6, previous user)

(Shiatsu) "unblocks" me physically and emotionally. (Case 42, previous user)

To control my emotions. Calm when facing problems. (Case 92, previous user)

I am calmer. I manage to face problems in life from a distance, without getting nervous about every little thing. (Case 7, previous user)

Increase of self-confidence and awareness of my emotions. (Case 30, previous user)

Wider benefits of emotional changes (in the extract below, relating to relaxation and calmness) might occur:

The relationship with my partner is calmer in all aspects. There has been an enhancement of understanding and communication and I believe is due to my calm and relaxation. (Case 58, new user)

Finally, sometimes the emotional changes were perceived as arising not only to *shiatsu* but also together with other CAM therapies:

Positive emotional changes. I received both shiatsu and cranio-sacral therapy. (Case 162, previous user)

For a long time now I have been working on myself with different therapies and what shiatsu brings me is a better understanding of my tensions. (Case 68, previous user)

Summary

Over four-fifths of the clients indicated that they had made changes to their lifestyle ‘as a result of having *shiatsu* treatment.’ Areas of change were most noted in relation to rest and relaxation, relationships with others, exercise taking, and use of CAM (an increase) or conventional medicine (a decrease) and medication (a decrease). Around a third to two-fifths of clients provided additional comments to describe ‘other changes in their lives’, implicitly ‘as a result of having *shiatsu* treatment.’ The most mentioned areas of change related to ‘levels of confidence and resolve’, ‘mind/body awareness’, ‘emotional changes’ and ‘making space to relax’. The expressed changes are suggestive of a tendency to adopt a more relaxed, healthier and more balanced approach to life.

Chapter Eleven: Evidence of Effectiveness: Expectations and Satisfaction

Introduction

This chapter presents the final set of evidence relating to the potential effectiveness of *shiatsu*. Here, focus lies on the extent to which client expectations were met and clients' satisfaction with their *shiatsu* treatment.

A: Expectations

The overwhelmingly majority of clients (90-95%) either met or exceeded their expectations of the *shiatsu* treatment (Table 11.1). Only two or three clients indicated that his/her expectations had not been met.

Table 11.1: Meeting Client Expectations

Expectations	Exceeded	Met	Didn't meet	Didn't have any
To what extent did the <i>shiatsu</i> session meet your expectations? (4-6 days afterwards)	24	71	3 (n=3)	2 (n=2)
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (0-3 months)	16	74	5 (n=4)	6 (n=5)
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (3-6 months)	14	81	3 (n=2)	3 (n=2)

* % may add to more than 100% due to rounding

B: Satisfaction with *Shiatsu* Treatments

Around half of the clients (47-55%) were 'completely satisfied' with their *shiatsu* treatments over the six-month period; 84-87% rated their level of satisfaction as '1' (completely satisfied) or '2' on a 7-point scale (Table 11.2).

Table 11.2: Levels of Satisfaction with *Shiatsu* Treatments

Level of Satisfaction	Completely Satisfied (1)	(2)	(3)	Dissatisfied (4-7)
How satisfied are you with the most recent <i>shiatsu</i> session? (4-6 days afterwards)	47	38	13	2
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (0-3 months)	55	29	9	7
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (3-6 months)	47	39	10	4

* % may add to more than 100% due to rounding

Summary

The overwhelming majority of clients (90% or more) indicated that their expectations were either ‘met’ or ‘exceeded’. At six months follow-up, only two clients indicated that her/his expectations had not been met. Clients also expressed quite high levels of satisfaction with their *shiatsu* treatment sessions over the six-month period, with around a half being ‘completely satisfied’.

Chapter Twelve: Uses and Change of Use of Other Health Care Providers: Economic Implications

Introduction

This chapter explores the economic implications arising from the clients' access and use of *shiatsu*.²¹ Sample members were asked at baseline and at the three- and six-month follow-up about their use of other health care services, specifically visits to their primary physician or hospital for one or more of the problems in the previous three months, taking of medication, days off sick, and use of other CAM or conventional medicine. Looking at these data at the three points provides indicative evidence of potential resource savings for other health services resulting from use of *shiatsu* together with potential evidence of societal benefit associated with reduction in sickness absence from paid employment.

Use of Other Health Care Providers for Any of These Problems

In the previous three months prior to their recruitment to the study, about two-fifths (41%) of the clients had visited their family doctor or hospital for one or more of the problems they were currently receiving help for from *shiatsu*. At six months follow-up, this use had declined to just under a third (30%) of clients (Table 12.1). Over time, there was a decline in the mean number of visits made to the family physician or hospital, with a small number (3-7) making three or more visits. Overall between baseline and the six month follow up the total number of family physician or hospital visits fell by almost 70% (195 in the three months prior to baseline and 59 in the three months preceding the six months follow up).

Over the time period, there was little change in the proportion of people taking (conventional medical) medication for any of problems they had come to consult the *shiatsu* practitioner about, from 34% in the three months prior to the study to 31% at six-month follow-up.

For those who were in paid work, the majority (84-87%) took no time off for ill-health. For those taking time off for ill-health, the median average at baseline was 2 days, but ranging from 1 to 45 days. One person was in hospital for 45 days, but was back at work in the subsequent three month period. Over the following six months, the median time off work declined, from 22 days at baseline to 7 at six months follow-up. At three months follow-up, one person was off work for the full three month (90 day) period; in the subsequent period, this person was no longer working due to their ill-health in 3 months. Three others were off work for 30 days or more. At six months follow-up, again, one person was off work for 45 days. Over time the total number of work days lost due to sickness absence fell by 66% from

²¹ This section has been jointly written by Andrew Long and Claire Hulme, health economist at the University of Leeds.

216 days in the three months preceding baseline assessment to 73 in the six month follow up.

Table 12.1: Visits to a Family Physician/Hospital, Medication Use and Days off Work

Health Care Use and Usage	Use in previous three months, measured at baseline	Use in last three months, post-baseline	Use in last three months, post-3-month follow-up
% Visiting family physician / hospital for these problems	41	38	30
Average no. of visits			
• Median (range)	2 (1-20)	2 (1-15)	3 (1-7)
• Mean (SD)	5.4 (15.0)	3.0 (3.0)	2.7 (1.4)
% Taking medication for these problems	34	35	31
Days off for these problems			
• % none	84	87	84
• Median (range) days off	22 (1-45) (n=11)	18.5 (1-90) (n=6)	7 (1-45) (n=7)
• Mean (SD) days off	19.6 (14.7) (n=11)	28.2 (34.3) (n=6)	10.4 (15.6) (n=7)

Respondents were also asked at baseline whether or not they were currently having treatment, in addition to *shiatsu*, for any of their problems from either CAM or conventional/western medicine, and at three- and six-months follow-up about change in use ‘made as a result of having *shiatsu*’ (Table 12.2). At three months, 22% (n=17) reported a change in their use of conventional medicine, 6% using it less and 18% more; at six months, 28% (n=20) reported a change, but now 23% (n=16) reported using it less. In contrast, around a third at each follow-up point reported a change in their use of other CAM, with 34-41% (n=26-30) using it more. Over the time period, medication usage was reported used less by around a third (n=21-23).

Table 12.2: Use of Other Conventional Medicine, CAM and Medication (%)**

Health Care Use and Usage	Baseline	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Same	Less	More	Same	Less	More
Use of other conventional medicine for these problems	28	77	18 (n=13)	6 (n=4)	72	22 (n=16)	6 (n=4)
Use of other CAM for these problems	33	62	4 (n=3)	34 (n=26)	53	6 (n=4)	41 (n=30)
Medication use	(33)*	67	30 (n=21)	3 (n=2)	60	34 (n=23)	6 (n=4)

* In previous three months, prior to recruitment to the study measured at baseline

** % may add to more than 100% due to rounding

Summary

The economic implications of any changes in participants' health or health problems were captured through changes in the use of health service resources (with focus lying on medication and family physician or hospital visits) and lost productivity due to sickness absence from paid employment.

Overall participants reported a reduction in the total number of visits made to their family physician or hospital (195 in the three months preceding baseline; 59 in the three months preceding the six month follow up). Similarly, the proportion of participants taking medication for the problems they had come to consult the shiatsu practitioner about reduced slightly over the study period (34% to 31%). Around one in five participants reported reduced use of conventional medicine at three six months and over one in three a reduction in medication use at six months. Similarly the total number of works days lost due to sickness absence fell by 66% at six months (three months prior to baseline and at six months after baseline).

Whilst it is not possible to directly attribute these reductions in the use of health service resources to *shiatsu*, the findings are corroborated in the client-reported changes made life 'as a result of having *shiatsu* treatment', which were presented in Chapter Ten.

SECTION FOUR: THE U.K.

Chapter Four: Study Participants and Study Representativeness

Introduction

This chapter details the results of the recruitment process to the study. The chapter is in two sections. The first section looks at the practitioners who responded to the original request to take part in the study and those who subsequently took part. The second section looks at the clients, outlining the number of clients taking part (responders to the first questionnaire) and response rates over time, for the different combination of questionnaires. The chapter concludes by exploring the representativeness of the respondents to all four questionnaires (that is, from baseline to six-months after recruitment) in relation to those who were originally recruited (that is, responders to the first questionnaire).

The Practitioners

Following the invitation letter and subsequent despatch of the full protocol, providing extensive detail about the role of practitioners and procedures to follow, 30 practitioners took part in the client recruitment, with the aim of recruiting 16 clients, of which up to 5 would be 'new' clients to the practitioner.

Half of the practitioners met or exceeded this target. The average client yield per practitioner was 13 clients, ranging from 1 to 22²². Three practitioners recruited 20 or more clients, twelve 15-19, eight 10 to 14, and seven less than 10. Four practitioners recruited only one or two clients. For new clients, the average yield was three, with a range of 0 (five practitioners) to 8. The low new client yield was seemingly due to the less than expected number of clients attending their practice and/or an explicit concern over how the recruitment process (e.g. talking with the client about participating in the study) might affect their practice of *shiatsu* and relationship with the client.

It is important to remember that the practitioner was only asked to tell eligible clients about the study and give those who agreed an envelope containing the project information. It was then up to the client to complete the consent form and baseline questionnaire, sending these back to the research team at the University of Leeds. The practitioner was explicitly required not to subsequently ask such clients if they had agreed to talk part in the study, thus preserving client anonymity.

Evidence from the recruitment logs that practitioners were required to keep demonstrated that practitioners were following the recruitment protocol, of asking every eligible client consecutively. Where a client was not asked, a brief note was made of why; the noted

²² Three clients did not indicate who their practitioner was.

reasons met the exclusion criteria outlined in the study protocol. Further details about the participating practitioners – personal and practice characteristics and mode of practice - will be provided in a separate report.

The Clients

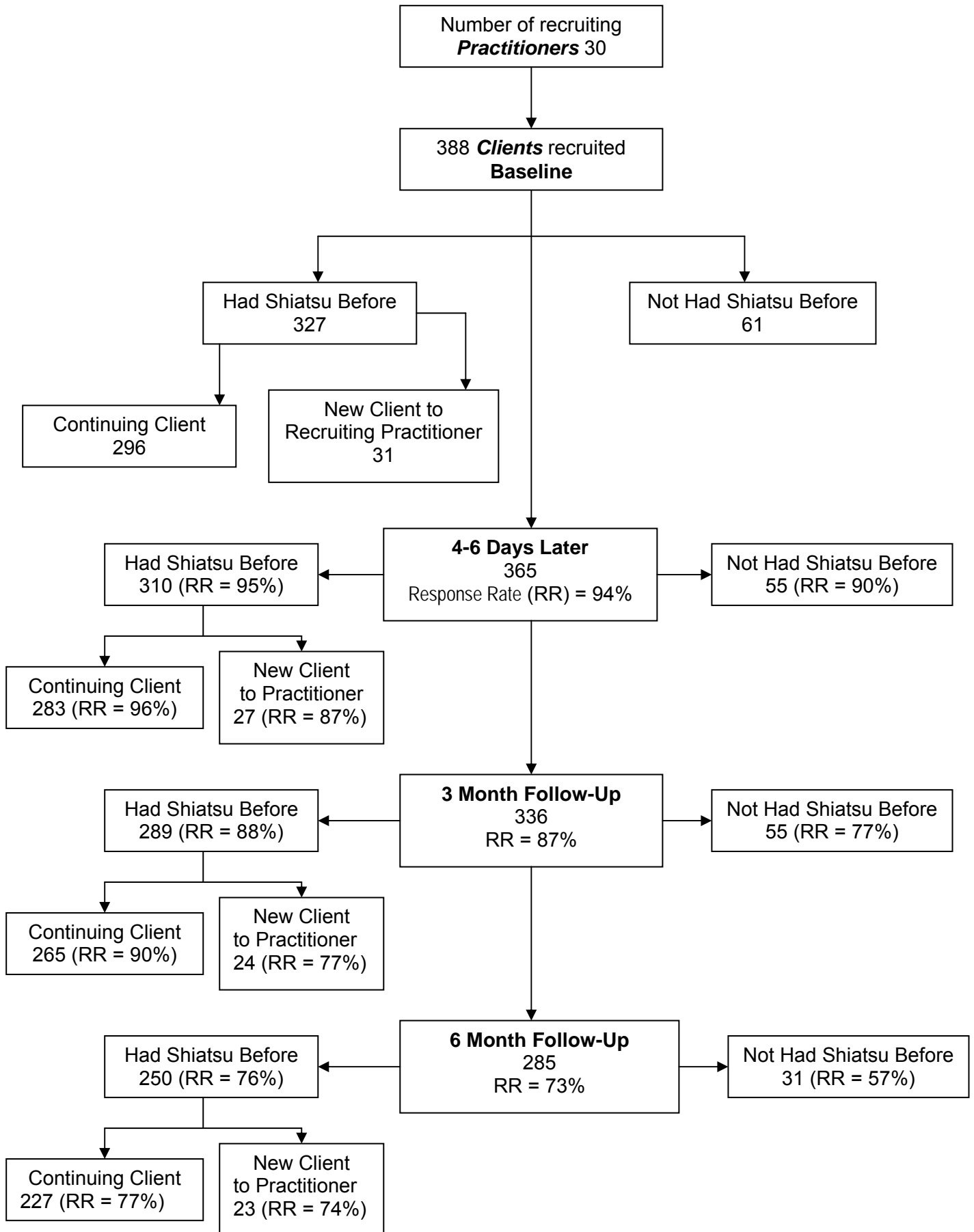
Baseline Recruitment and Response Rates over Time

A total of 388 clients were recruited to the study over an eight month period (February to September 2006 inclusive). At baseline, 61 were ‘new to *shiatsu*’, that is, having their first *shiatsu* treatment.²³ Around a quarter (24%, n=92) were ‘new’ clients from the perspective of the recruiting practitioner – a recruitment ratio of new to continuing clients of 1:3.2. Figure 4.1 provides an overview of the response rates over time to each questionnaire, by client status (‘new to *shiatsu*’ and ‘new’ vs. ‘continuing’ client). It is notable that there was substantially greater loss to follow-up (non-response) from those who had not had *shiatsu* before (43% vs. 24%, new *shiatsu* user: previous user).

The total number of clients who completed all four questionnaires (baseline to six-month follow-up) was 279, a response rate of 72% (or loss-to-follow-up of 28%, due to non-response to one or more of questionnaires 2, 3 or 4). It is this group of responders who form the focus of the findings in the Report.

²³ It must be remembered that the definition of ‘new’ client used in the recruitment phase was undertaken from the *practitioner’s* perspective, that is, new to the recruiting practitioner.

Figure 4.1: Overview of Response Rates



Representativeness of Study Responders

To see if there was any response bias (i.e. are those replying to all four questionnaires different in some way, for example, by age or gender, to the baseline sample?), the socio-demographic, family doctor use and *shiatsu* use characteristics of respondents were compared (Table 4.1).

Table 4.1: Socio-Demographic and Other Characteristics: Baseline to 6-Months Follow-up

	Median Age, yrs	Age, 95% CI	% Aged 65 or over	Gender, % female	% Full & part-time work	% Retired
Baseline (n=388)	49.0	48.4-51.1	13.7	83.8	63.2	19.4
3-months follow-up*						
6-months follow-up*	49.0	48.7-51.8	14.2	84.6	60.6	21.5

* n=279, that is, those who completed all four questionnaires

	% Visit family doctor for problem	% <i>Shiatsu</i> before	% 'New' clients
Baseline (n=388)	41.3 / 41.0*	84.3 (n=327)	23.7 (n=92)
3-months follow-up*	30.8		
6-months follow-up*	25.3	87.5 (n=244)	19.7 (n=55)

* n=279, that is, those who completed all four questionnaires

There were no significant differences by age, gender or employment status or, at baseline, between those visiting a family doctor in the previous three months for any of the problems / reasons that they were coming to see the *shiatsu* practitioner. There was a statistically significant difference by whether or not the client had had *shiatsu* before. Of the 61 clients who had not had *shiatsu* before, only 35 completed all four questionnaires (a response rate of 57%); of those who had had *shiatsu* before the response rate was 75% ($p=.006$). It can thus be concluded that previous users of *shiatsu*, who responded to all four questionnaires, are representative of the clients recruited at baseline. However, such a judgement is more problematic for those who had not had *shiatsu* before, as around two-fifths did not reply to all four questionnaires.

Completion Levels in the Cohort

The questionnaires were generally well completed. In the baseline questionnaire, missing responses were more frequent for the questions about reasons for having *shiatsu* (10-11%), 'having other treatments for any of these problems' from conventional medicine (11%), and visiting a family doctor or hospital for their current problems. Missing responses were rarer for the '4-6 days later' questionnaire, and only occurred for a few items (maximum value of 3%, n=12). In the three and six month follow-up questionnaires, for those who had had one or more *shiatsu* treatments in the previous three months, missing responses were most frequent for the question about severity of the symptom 'at the worst point over the last three months' and 'today' (10-11%), and averaged around 6-8% for some of the *shiatsu*-specific experience/effects questions.

It was notable that while in the 3 month follow-up questionnaire a large number of clients (123) did not rate the statement that '*shiatsu* has helped to maintain my health', for the 6-month follow-up questionnaire, this question was completed by all but four of the clients. This suggests and reinforces the need for longer term follow-up to judge benefits from a CAM modality such as *shiatsu*.

Summary

Of the 388 clients who were initially recruited to the sample from the 30 practitioners, 279 responded to all of the four postal questionnaires. This represents a response rate of 72%. It is this group of 279 clients who form the focus for the findings presented in this Report. There was a statistically significant, higher response rate amongst those who had had *shiatsu* before (75%) than those who had not (57%). It can thus be concluded that previous users of *shiatsu*, who responded to all four questionnaires, are representative of the clients recruited at baseline. However, such a judgement is more problematic for those who had not had *shiatsu* before and greater caution must be exercised in generalising the findings for the UK new *shiatsu* users. At the same time, there were no statistically significant differences between respondents to all four questionnaires and those initially recruited, for age, gender or employment status.

Chapter Five: Who Uses *Shiatsu*, Why and For What Reasons?

Introduction

This chapter presents baseline data on the characteristics of the clients who completed all four of the questionnaires and their continuing use of *shiatsu* over the six-month follow-up period. Baseline details are provided on socio-demographic characteristics, previous use of *shiatsu* and other CAM modalities, health status, reasons and symptoms surrounding their first and current ('today') use of *shiatsu* and their use of other health care providers for any of these problems.

Socio-Demographic Characteristics at Baseline

The average age of the clients responding to all the questionnaires was 50 years, with a median of 49 and a range of 24 to 87. Just over 3% were aged under 30, and just over 14% were 65 or older. The majority (85%) were female. About three fifths of the sample were in either full- or part-time work (37%, 24% respectively), with a greater proportion of the men being in full-time employment (54% vs. 34%, male: female). Twenty-one percent of the clients were retired. Only a small proportion (6%) indicated that they were not working 'due to ill-health' or were currently unemployed (2%, n=6).

Previous Use of *Shiatsu* and Other CAM at Baseline

The vast majority of the clients (88%) had had *shiatsu* before. They had received their first *shiatsu* a median average of 4 years ago, with a range from the last few months to 30 years before (95% confidence interval around the mean: 5.1 – 6.5 years). A similar proportion (88%) had used other CAM therapies before. The overwhelming majority of clients (95%) paid for their *shiatsu* treatment themselves. Three percent (n=9) had been offered the *shiatsu* either as 'free' of cost or paid for it via a gift voucher.

Health Status at Baseline

When asked to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, on a 5-point scale from 'excellent' to 'poor', 81% indicated that it was 'good' or better ('good' or 'very good' or 'excellent'), with only 8 clients (3%) judging their health status as 'poor'. Comparing those with 'at least good' health status to those with 'fair to poor', there were statistically significant differences by work status (a greater proportion of those who were in work or retired described their health status as 'good or better': 63% vs. 50%), currently visiting the GP or hospital for their current ill-health problems respectively for their current ill-health problems (those whose health was 'fair to poor' were twice as likely to have visited the GP or hospital: 64% vs. 36%), taking

medication (56% vs. 28%, ‘fair or poor’: ‘at least good’) or use of conventional medicine for any of these problems (41% vs. 23%). There were no differences by age, gender, previous use of *shiatsu*, client type or other use of CAM.

Reasons for Having *Shiatsu* Treatment and Associated Symptoms

Respondents were asked about their reasons for having *shiatsu* treatment and symptoms on this occasion (‘today’) and (if appropriate) on the first occasion they had *shiatsu*. Respondents could tick one or more of a set of choices.

Reasons for *Shiatsu* ‘Today’ at Baseline

Table 5.1 presents clients’ reasons for having *shiatsu* ‘today’, that is, at the *shiatsu* treatment session at which they were recruited to the study. Across groups, the dominant reason was ‘health maintenance’ (59-63%). For previous *shiatsu* users, the next most important reason was ‘to do something for oneself’, with coming ‘out of curiosity’ being equally important for new *shiatsu* users. A smaller proportion of new users indicated that they came for ‘personal development’ (10% vs. 19-20%).

Table 5.1: Reasons for *Shiatsu (% of those ticking the option as proportion of options ticked by the group)**

Reason for <i>Shiatsu</i> ‘Today’	<i>Shiatsu</i> Before		
	Yes		No
	Continuing	New	New
Health maintenance	59	63	62
Do something for self	20	17	14
Personal development	19	20	10
Out of curiosity	2	-	14
Client Total (n)	204	19	32

* Percent may add to more/less than 100% due to rounding.

When asked about the reasons for having *shiatsu* ‘at the first time they had it’, 44% of previous *shiatsu* users indicated that their foremost reason was for ‘health maintenance’. Next most important was coming ‘out of curiosity’ (26%), followed by ‘to do something for oneself’ (17%).

Reasons over the Six-Month Follow-up Period

Over the six-month follow-up period, the patterns of reasons for use unsurprisingly changed to mirror the patterns of previous *shiatsu* users at baseline. The majority of clients (62-64%)

were seeking *shiatsu* ‘for health maintenance’, and/or ‘personal development’ (18%) or ‘to do something for oneself’ (15-18%).

Symptoms as Reasons for Accessing *Shiatsu* at Baseline

The most mentioned set of symptoms as reasons for use of *shiatsu* related to ‘problems with muscles, joints or body structure (e.g. back pain, posture)’ and ‘tension and stress’ (Table 5.2). It must be remembered that clients could, and did, tick a number of reasons.

While there were differences in percentages indicating one or more of these groups of symptoms, there was a relatively similar ordering across client types and previous use of *shiatsu*. Exceptions were the greater importance of problems of ‘low energy or fatigue’ to new users of *shiatsu* and ‘emotional issues’ to previous *shiatsu* users who were coming for further treatment to a new practitioner. The ‘other’ category included a wide range of symptoms, including symptoms relating to particular conditions (pregnancy, Parkinson’s disease, cancer, irritable bowel, MS and ME), the ageing process, allergies and sleeping pattern problems.

Table 5.2: Symptoms as Reasons for Accessing *Shiatsu (% of those ticking the option as proportion of options ticked by the group)**

Symptoms ‘Today’	<i>Shiatsu</i> Before		
	Yes		No
	Continuing	New	New
Problems with muscles, joints, body structure ¹	29	19	33
Tension or stress	22	20	20
Low energy or fatigue	17	19	23
Problems with body systems ²	14	17	12
Emotional Issues	12	20	8
Other	6	6	5
Client Total (n)	197	19	34

* Percent may add to more/less than 100% due to rounding.

¹ The heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Symptoms as Reasons over the Six-Month Follow-up Period

At three- and six-month follow-up, the most mentioned set of symptoms as reasons for use of *shiatsu* were quite similar to those at baseline. These related to ‘problems with muscles,

joints or body structure (e.g. back pain, posture)’ and ‘tension and stress’ (Tables 5.3 and 5.4). Again, it must be remembered that clients could, and did, tick a number of reasons. Furthermore, it is important to note that the symptoms clients initially came to seek *shiatsu* at baseline may have changed over this time period, and/or additional symptoms (and thus symptom sets) might be ticked at each of the follow-up periods.

Table 5.3: Symptoms, at 3-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Three-Month Follow-up)	<i>Shiatsu</i> Before		
	Yes		No
	Continuing	New	New
Problems with muscles, joints, body structure	29	26	42
Tension or stress	23	19	19
Low energy or fatigue	17	19	12
Problems with body systems	11	13	8
Emotional Issues	11	21	12
Other	9	2	8
Client Total (n)	200	16	24

* Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

Table 5.4: Symptoms, at 6-Month Follow-up, as Reasons for Accessing *Shiatsu**

Reason (Six-Month Follow-up)	<i>Shiatsu</i> Before		
	Yes		No
	Continuing	New	New
Problems with muscles, joints, body structure	30	20	37
Tension or stress	23	28	20
Low energy or fatigue	18	18	15
Problems with body systems	12	13	20
Emotional Issues	12	20	7
Other	6	3	2
Client Total (n)	184	13	17

* Percent of those ticking the option as proportion of options ticked by the group. Percent may add to more/less than 100% due to rounding.

Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

Over the six-month follow-up period, just under four-fifths of the clients had one or more sessions in each three-month period (Table 5.5). A statistically significant greater proportion of new *shiatsu* users had no further *shiatsu* treatments since the treatment at which they were recruited (months 0-3: 31% vs. 11%, $p=.001$, new: previous *shiatsu* user; months 3-6: 51% vs. 18%; $p<.001$). Of those who had had further treatments, around a half had 2-3 treatments during the three-months periods, and a small minority 7 or more (3-7%). Nearly all (97-100%) of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Table 5.5: Continuing Use of *Shiatsu* over the Six-Month Follow-Up Period

	0-3 months	3-6 months
% Having <i>shiatsu</i> in last 3 months	79	78
Median sessions in 3 months	2-3 sessions	2-3 sessions
% 1 session	8	12
% 2-3 sessions	51	46
% 4-6 sessions	22	17
% 7 or more sessions	7	3
Continue with <i>shiatsu</i> in future	86	84

The vast majority (84-86%) indicated that they would continue with *shiatsu*, this being more likely for those who had had *shiatsu* before than those who had not (at three-month follow-up: 87% vs. 73%, $p>.05$; at six-month follow-up: 85% vs. 67%, $p=.028$). Nearly all (93-95%) were continuing to have their treatments from the same practitioner (who had initially recruited them into the study). Nearly all (97%) were paying for the treatment(s) themselves.

Summary

The average age of clients was 50 years, over four-fifths were female and most (88%) had had *shiatsu* before. Only a small minority (3%, $n=8$) perceived their own health status to be 'poor'. The dominant reason for accessing *shiatsu* 'today' was for 'health maintenance'. The most common symptoms as reasons for accessing *shiatsu* 'today' related to 'problems with muscles, joints or body structure', including back pain and posture, followed by 'tension or stress' and 'low energy or fatigue.' These three groups of problems remained important reasons for accessing *shiatsu* 'today' at three and six months. Over three quarters of the

sample continued to have *shiatsu* over the six months of the study, on average a median of 2-3 times per three month period. Over 97% paid for the *shiatsu* treatments themselves. Nearly all of those who had no *shiatsu* treatment during the relevant three month period indicated that they would consider having *shiatsu* again in the future.

Chapter Six: The Client's Hopes from *Shiatsu*

Introduction

This chapter presents data on the initial hopes that clients had of their *shiatsu* treatment, drawing on data from an open-ended question asked within the baseline questionnaire, 'what do you hope to get out of your *shiatsu* treatments?' These findings provide additional insight into the reasons clients had for their choice of *shiatsu* and should be read alongside findings (in Chapter Five) relating to reasons for having *shiatsu* treatment and associated symptoms. The extent to which their hopes were realised is returned to in Chapter Eleven ('were you expectations met?').

Hopes from Their *Shiatsu* Treatment

A wide range of hopes were expressed by the clients. Commonly, clients expressed more than one hope; for example, a client talked in terms of '*reduction of pain in back, neck and shoulders; improvement to digestion (IBS)*' (Case 16, previous user). About a third (32%) of the clients, all of whom had had *shiatsu* before, talked about the benefits they had experienced before with *shiatsu*, and, within this, most (two-thirds, that is, 20% of all the clients) also talked about what they hoped to get from this current set of *shiatsu* treatments. For example:

I get a physically comfortable body. I sleep better and feel more centred and relaxed after shiatsu. (Case 10, previous user)

To maintain my good health, to keep an arthritic hip moving, and pain free. Before I had shiatsu I used painkillers every day. I now use them very occasionally. (Case 9, previous user)

Controlled health maintenance and well being; continued personal development; having monthly treatments is a preventative measure. (Case 78, previous user)

Table 6.1 presents the 'top 15' expressed hopes. 'Alleviating muscular-skeletal problems (e.g. back and neck pain)' was most mentioned by all clients (6%) and particular so for new *shiatsu* users (14%). For new users of *shiatsu* other highly mentioned hopes were 'attaining pain relief' (9%), 'becoming relaxed' or 'attaining stress reduction, becoming able to manage stress better' (both 8%), followed by 'attaining more energy' (7%). For previous users of *shiatsu*, along with alleviating muscular-skeletal problems, most mentioned hopes were maintaining 'being relaxed', 'better health / having a healthy body' and 'reducing stress and tension' (all mentioned by 6% of clients).

Table 6.1: Top 15 Hopes from Shiatsu Treatment (%)

Client Hopes	Shiatsu Status		All Clients
	Previous User	New User	
Alleviate musculo-skeletal problems (e.g. back, neck pain)	6	14	6
Help to continue being relaxed	6	-	5
Maintain health / healthy body	6	-	5
Maintain reduced stress / tension	6	-	5
Alleviate symptoms in general	4	4	4
Become relaxed	3	8	4
Attain pain relief	3	9	3
Maintain sense of well-being	4	-	3
Maintain pain relief, pain reduction	4	-	3
Continue with energy work	4	-	3
Help to continue being balanced and/or grounded	3	-	3
Attain more energy	2	7	3
Attain stress reduction, be able to manage stress	2	8	3
Obtain emotional help in general	2	4	3
Maintain mobility	3	-	2
Attain health improvement*	1	5	2
Alleviate headache, migraine*	1	7	1

* Added as more than 5% of new *shiatsu* users expressed this hope

To illustrate the type of hopes that clients expressed, examples from those talking about ‘alleviating musculo-skeletal problems’ are presented. Typical comments include the following, with clients often mentioning other hopes, for example, to boost energy or to become (more) relaxed:

Alleviation of arthritic pain, muscle pain. (Case 12, previous user)

Relief from back and neck pain. Reduction in tension and stress. (Case 52, previous user)

Freedom from / reduction of neck pain. Boost energy to normal levels / reduction of fatigue. (Case 57, previous user)

Continued help with ongoing back problems. Relaxation. (Case 58, previous user)

Improvement in low back pain, keeping mobility in shoulder following mastectomy. (Case 61, previous user)

The easing of joint and muscular pain partly caused by a mastectomy 15 years ago. Help with tension and emotional stress. (Case 91, previous user)

Get rid of a frozen shoulder. (Case 188, previous user),

Possible ease of my joint problems. (Case 189, previous user)

Improve back problems, relieve tension in neck and back. Posture. (Case 213, previous user),

Healing of a strained shoulder. Improvement in flexibility of knees. (Case 254, previous user)

Relief from back pain. (Case 35, previous user)

Alleviate stiffness in joints and lower back, lower back discomfort from bad posture. (Case 235, previous user)

Alleviate pain of joints - increase movement and flexibility, reduction of heat/swelling, general working of joints in a supported fashion, movement of 'stuck' energy in system, general relaxation and resultant increase in energy levels. (Case 234, previous user)

Others referred to previously experienced benefits for their musculo-skeletal problems:

I have improved my back problem thanks to shiatsu and now I hope to help my other problems and begin a healthier lifestyle. (Case 265, previous user)

I have arthritis and I find shiatsu keeps it in check. I can lead a very active life. I had angina 2 years ago and a stent put in. (Case 128, previous user)

Having had regular shiatsu treatment for the last 18 months for arthritis. I have gained a lot of my suppleness, flexibility, and mobility back. (Case 50, previous user)

To help me relax, disperse tension and blocked energy, and to relieve back and shoulder pain. An hour of badly-needed self-nurturing. (Case 340, previous user)

Examples for new users of shiatsu include the following:

Reassurance and understanding of the way the body works. Pain-free muscles and joints. Relief from symptoms of menopause and the enjoyment and relaxed state from the shiatsu massage itself. (Case 49, new user) (Note: 'pain-free muscles' as one part of a set of hopes)

Relief from back and neck pain. Reduction in tension and stress. Feel more energised. (Case 52, new user)

I hope to rid myself of a pain at the top of my leg - due to sciatic nerve. I have had this problem for 9 months. (Case 93, new user)

Less pain due to osteoarthritis. To be more flexible in joints and muscles. (Case 294, new user)

Pain relief. I have suffered from chronic back pain for 3 years following a car accident. (Case 310, new user)

A broader picture of the expressed hopes from *shiatsu* treatment can be seen from grouping like codes or linked codes together. For example, while some clients talked about ‘getting increased energy’, others talked about ‘channelling their energy’ and yet others ‘becoming more balanced energetically’. These could be grouped into a broader, more general label of ‘energy-related’ expectations. Similarly, ‘attaining’ (new user) or ‘maintaining’ (previous user) energy work can be placed together into one broader heading. Table 6.2 presents the data in this form for the ‘top 10’ grouped codes.

Table 6.2: Top 10 ‘Grouped’ Hopes from *Shiatsu* Treatment (%)

Client Hopes	Shiatsu Status		All Clients
	Previous User	New User	
Relaxation and/or stress/tension management: attain or maintain	17	16	17
Self-enhancement: attain or continue (quality of life, personal growth, etc)	16	14	16
Physical relief (sleep, mobility, posture, pain, etc): obtain or maintain	15	21	16
Alleviate symptoms of particular conditions (back or neck pain, headache, ME, blood pressure, etc)	14	20	15
Energy work: obtain or continue, become or continue grounded, balanced	12	7	11
Alleviate symptoms in general	4	4	4
Emotional help and support: attain or maintain	7	5	7
Awareness of body & mind, integration: attain or maintain	5	2	5
Become emotionally calm / stronger	2	3	2
Prevention in general, ill-health and particular symptoms	2	3	2

Some similarity is evident for previous and new *shiatsu* users. Relaxation and/or stress/tension management was an important hope for new and previous users (either to attain or to maintain), and the most mentioned hope for previous users. For new *shiatsu* users, obtaining physical relief was the most mentioned hope (for problems with sleep,

mobility, posture or pain), followed by alleviating particular conditions (including back or neck pain, headache, etc). For both groups, self-enhancement (in terms of maintaining or attaining quality of life, personal growth, a sense of well-being and healthy/ier lifestyle) was also important. Further illustrative extracts are presented below.

The first area of illustration relates to the expressed hope of ‘continuing self-enhancement’, again often linked to other hopes and/or previously experienced benefits from earlier *shiatsu* treatments:

I am having shiatsu treatment in late pregnancy to try and alleviate back pain, to better prepare my body for the birth. (Case 210, new user)

Maintaining relief from ME symptoms. (Case 183, previous user)

Ongoing maintenance and improvement of various problems. For instance shiatsu has reduced joint pain quite dramatically. (Case 191, previous user)

Health maintenance, having found such a dramatic improvement in my anginal health after the first few months of my initial treatment 10 years ago - I now use shiatsu to balance and maintain myself. (Case 194, previous user)

To maintain general well being. To nip in the bud any potential stresses that could escalate if left untreated. (Case 195, previous user)

I have shiatsu for the effective maintenance of my mental and physical health. (Case 199, previous user)

It has already helped me immensely. My posture is good - shoulders down and back straight - as before my head seemed to be on my shoulders. With the exercises recommended, my hips will soon be correct. Future treatments to help keep my body supple and the marvellous feeling afterwards. (Case 200, previous user)

Keep physical problems at bay and keep symptoms to minimum with regular shiatsu treatments. Some personal space and time for me to relax (Case 209, previous user)

To keep my back and joints and muscles pain free for as long as possible so that I can continue living an active life. Also to re-balance all my other systems in order to maintain a good state of well-being. (Case 212, previous user)

I consider shiatsu a health maintenance incorporating everything physical, mental and emotional. (Case 221, previous user)

To keep me from having joint replacements; to keep me free of pain. (Case 232, previous user)

Having Parkinson's disease the shiatsu treatment helps slow down the progress of the disease, a positive attitude. (Case 237, previous user)

I go once a month to keep me healthy and in a positive frame of mind. I originally got shiatsu for work related stress. (Case 238, previous user)

Whole body maintenance. (Case 246, previous user)

Similar comments arose in relation to the heading of 'attaining self-enhancement':

Strengthened immune system. Easing of aches and pains. (Case 85, previous user)

My main aim is to get an improvement in my overall health and treatment for my specific joint problems. (Case 333, previous user)

Improvement in my health. (Case 336, new user)

Improve general well being. (Case 116, new user)

I hope to get a sense of well being from shiatsu treatment, I am sure I will judging (by) two sessions to date. (Case 132, new user)

A second set of illustrations relates to the area of 'maintaining' (for previous users) or 'becoming' (for new users) relaxed and/or reduce or manage stress or tension.

To feel more relaxed, more positive. (Case 1, previous user)

Relaxation to reduce tension, Help reduce pain in neck and shoulders. (Case 17, previous user)

Relaxation, stress relief. (Case 81, previous user)

Deep relaxation for stress, bone and muscle tension. (Case 158, previous user)

More relaxed, more energy. (Case 325, new user)

To release the tensions that I hold in my body. To open me up emotionally so that I can find expression - to be able to express myself fully. (Case 345, previous user)

Relief from muscle tension caused by stress. To feel calmer and more relaxed. (Case 367, new user)

Relaxation. Relief of occasional stress. (Case 157, previous user)

Relaxation - reduce accumulative tension. Re-balancing (energetically). (Case 163, previous user)

It not only relaxes and de-stresses, improves my state of mind. (Case 216, previous user)

Relaxation and to help revitalise my energy levels. To help me feel less stressed at work and to feel I can continue to give to my clients and colleagues (Case 217, previous user)

To help me relax, disperse tension. (Case 340, previous user)

A constant reduction of the effects of stress, a balanced body system to help enjoy life to the full. (Case 375, previous user)

A deep sense of relaxation, a rebalancing effect on my physical and emotional state. (Case 125, previous user)

Some expressed previous benefits as continuing hopes. For example, ongoing treatments were seen as helping and maintaining relaxation:

I see the treatments as an opportunity to relax and unwind. I find that regular treatments help me to stay balanced and feel more positive. (Case 3, previous user)

When I have shiatsu treatment it makes me more relaxed and this is invaluable for me. It is difficult for me dealing with my physical problems, and the pain they give me, and shiatsu leaves me more able to cope. (Case 134, previous user)

Yet others linked their relaxation with other symptoms, for example, a headache, other long standing illnesses or the consequences of major life events, for which they were looking for help with.

Relaxation time for me. Easing of neck and shoulder tensions which I am sure contribute to my headaches. (Case 135, previous user)

I suffer from Crohn's disease, I also sometimes get stressed out which doesn't help the Crohn's! Shiatsu helps me keep on an even keel and it is very enjoyable. (Case 285, previous user)

A means of releasing tension and stress caused by the death of my husband last year and having to cope on my own with 2 small children. I hope to be able to release the pent-up grief and channel my emotions more productively. (Case 382, previous user)

A third set of illustrations relates to the heading of 'attaining' or 'maintaining' physical relief, for example, from problems with sleeping, mobility, posture and pain. For new users, typical extracts included the following:

Better posture; pain relief. (Case 20, previous user)

More mobility, independence, and better health. (Case 28, new user)

Pain relief, flexibility, movement in frozen shoulder and release of tension within body and neck. (Case 34, previous user),

Relief from back pain. (Case 35, new user)

Improved mobility, more energy. (Case 115, new user)

Correction and realignment of pelvis following an accident 5 years ago. I also have trapped sciatic nerve which I would like sorted out. (Case 243, new user)

Improvement in flexibility, overcoming gradual increase in stiffness in last 2 years which inhibits yoga practice. (Case 256, new user)

Less pain in my back. Feel better about myself. (Case 295, new user)

Improved posture. Prevention of back pain. (Case 317, new user)

Relief from aches and pains experienced particularly at night - which probably explains my lower than usual energy. (Case 335, new user),

Relief of pain in left shoulder and arm. Relief of tension and stress (causes pain in shoulders and neck plus headaches). (Case 388, new user)

In many instances, pain relief, or poor posture or problems of sleeping were linked together, and/or to other hopes such as reducing stress or tension and becoming more relaxed. For previous users, typical extracts included the following.

Better posture; pain relief. (Case 20, previous user)

To have less back pain, better posture. (Case 327, previous user)

To have no pain, better stability when walking. (Case 180, previous user)

To help me reduce the back pain, I have in a less stressful manner than chiropractic methods. (Case 228, previous user)

Ease back and neck pain, relieve stress and tension. (Case 129, previous user)

Pain reduction, restored mobility. (Case 97, previous user)

To remain supple and free from stiffness, feeling of well being. (Case 337, previous user)

Relief from age related aches and pains, times of stress. (Case 76, previous user)

Release of tension in muscles. Release of underlying emotional state. (Case 74, previous user)

I have not slept naturally for 20 months. So looking for something to help me sleep. Have now stopped Zopiclone to see if shiatsu will work. Fatigue, lack of energy. Hoping for some improvements on all fronts. (Case 16, previous user)

I get a physically comfortable body I sleep better and feel more centred. (Case 10, previous user)

To keep me active, help to keep my blood pressure low, to relax me. (Case 114, previous user)

Re-alignment of my body, with my muscles holding the correct position, stress relief, less aches and pains, relaxation. (Case 278, previous user)

I hope to keep myself physically comfortable and loosen up my breathing as much as possible. (Case 268, previous user)

Finally, it is important to note that, as treatment progresses, the client's hopes may change. This is illustrated by a client who had previously had *shiatsu*, who in response to the question about hopes, extensively commented:

I go once a month to keep me healthy and in a positive frame of mind. I originally got shiatsu for work related stress. In 2002 my partner died in a road accident and for the first six months I had weekly shiatsu treatments to get me through this very difficult time. I went fortnightly for the next year and now have a monthly treatment. I cannot thank my practitioner enough for what she has done for me and without my shiatsu I think I would have been ill and off my work. Going once a month keeps me "finely tuned" and also very healthy. (Case 237, previous user)

This middle-aged, female client draws attention to the current reason for her use of *shiatsu* ('to keep me healthy') and its benefits ('keeps me finely tuned'). She also expressed her original (and emotionally painful) reason for accessing *shiatsu*, and the wider benefits of the treatment in relation to her own life and work situation.

Summary

A wide range of hopes were expressed by the clients. For the 'grouped' hopes, there was some similarity in the sorts of hopes articulated by previous and new *shiatsu* users. Relaxation and/or stress/tension management was an important hope for both groups and the most mentioned hope for previous users. For new *shiatsu* users, obtaining physical relief was the most mentioned hope, followed by alleviating particular conditions, with both areas including problems relating to pain. For both groups, self-enhancement was important. Finally, for previous users, hopes were often linked to previously experienced benefits from earlier *shiatsu* treatments.

Chapter Seven: The Client's Initial Experiences of *Shiatsu*

Introduction

This chapter presents the findings on clients' initial experiences of *shiatsu*. The data arise from clients' responses to the second questionnaire, which they were asked to complete within 'about 4 days' of receiving the *shiatsu* treatment at which they were given the project documentation. Over three-quarters (82%) of these questionnaires were completed within a week. The chapter provides insight into client experiences *during* and *after* their most recent *shiatsu* treatment, including perceptions of the treatment environment and their relationship with the practitioner.

Experiences during the Most Recent *Shiatsu* Treatment

Participants were asked to rate their level of agreement with each of a set of statements about 'how they felt *during* their most recent *shiatsu* treatment' (1 = 'strongly agree' ... 5 = 'strongly disagree'). Tables 7.1 and 7.2, and Figures 7.1a and 7.1b, provide an overview of the findings, separately for those who had used *shiatsu* before (continuing users) and those 'new to *shiatsu*' (new *shiatsu* users).

In relation to their agreement about 'positive' experiences (Table 7.1, and Figures 7.1a and 7.1b), a number of summary comments can be made:

- Hypothetically expected, 'positive' experiences were realised for the two groups. For example, over 90% 'strongly agreed' or 'agreed' that they enjoyed the session or felt relaxed during the session.
- Both groups expressed high levels of agreement that they liked the treatment environment.
- Perhaps unsurprisingly, continuing *shiatsu* users consistently indicated slightly higher levels of agreement (or disagreement where relevant).
- Statements relating to more specific effects, for example, about 'energy moving' or 'changes' felt during the session, that the theoretical framework of *shiatsu* would hypothesise, and that earlier qualitative work (Mackay and Long 2003) had pointed to, were varyingly agreed with. For example, 69% of continuing users agreed or strongly agreed regarding their 'feeling energy moving or blockages being released' compared to 33% of those new to *shiatsu*. For the latter group, over two-fifths expressed uncertainty, neither agreeing nor disagreeing.

- Levels of agreement regarding experiencing a ‘physical’ or an ‘emotional’ change also varied, with those new to *shiatsu* more likely to express lower levels of agreement. For example, 58% of continuing users ‘strongly agreed’ or ‘agreed’ that they had ‘felt an emotional change during the session’, compared to 32% of new *shiatsu* users.

Table 7.1: ‘Positive’ Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Positive Experiences	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I enjoyed the session	76	22			
I felt relaxed	72	27			
I liked the treatment environment	61	27			
I felt energy moving or blockages being released	32	37	21	9	
I felt a physical change during the session	24	46	18	11	
I felt an emotional change during the session	21	37	24	17	
<i>New Shiatsu Users</i>					
I enjoyed the session	54	46			
I felt relaxed	54	40	6		
I liked the treatment environment	31	69			
I felt energy moving or blockages being released	12	21	42	18	6
I felt a physical change during the session	9	38	31	22	
I felt an emotional change during the session		32	32	27	6

* Throughout, % of less than 5% are not shown

Figure 7.1a: Experiences – Previous Users

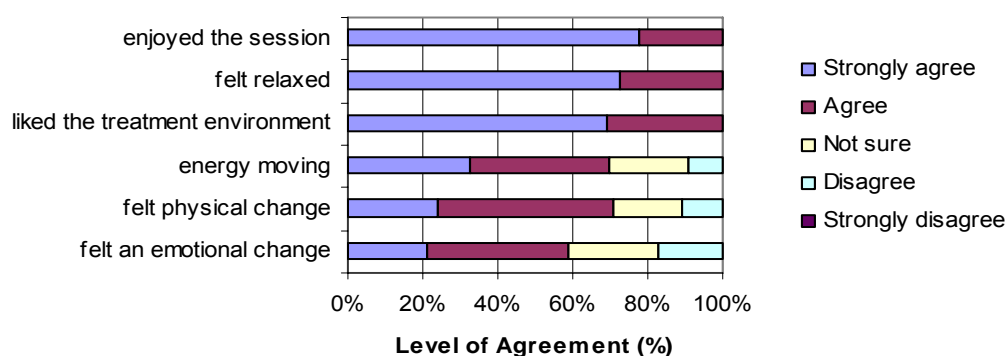
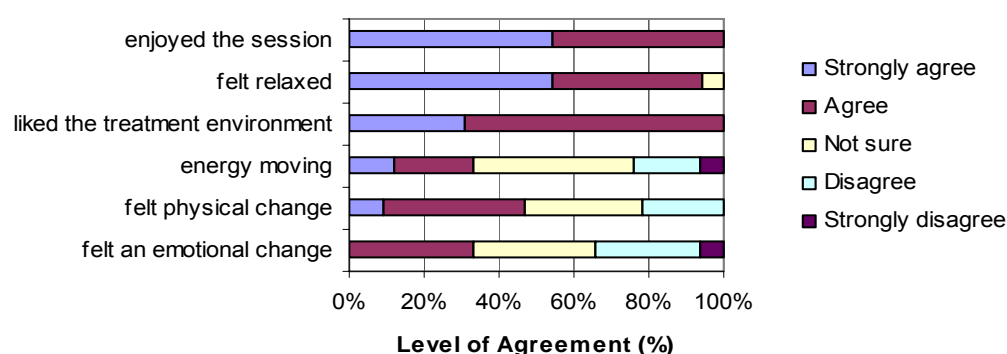


Figure 7.1b: Experiences – New Users



In relation to possibly ‘negative’ experiences (Table 7.2), there was extensive and strong agreement (86%) that clients had *not* ‘had a bad experience.’ There was more variation in levels of agreement about whether the treatment was painful or not. New *shiatsu* users were more likely to agree or agree strongly that the treatment was *not* painful, than previous users, where a fifth indicated their agreement that it was painful.

Table 7.2: ‘Negative’ Experiences *During* the Most Recent *Shiatsu* Treatment (%)*

Possibly ‘Negative’ Experiences	Strongly disagree (5)	Disagree	Not sure	Agree	Strongly agree (1)
<i>Previous Shiatsu Users</i>					
The treatment was painful	35	36	7	20	
I had a bad experience	86	13			
<i>New Shiatsu Users</i>					
The treatment was painful	50	35		9	
I had a bad experience	86	11			

* Throughout, % of less than 5% are not shown

Client-Practitioner Relationship

Tables 7.3 and 7.4 present findings relating to the client-practitioner relationship.

- More than 90% of the clients ‘strongly agreed’ or ‘agreed’ that the practitioner listened to, and accepted, them.
- Views over the extent to which the client and practitioner worked together were more mixed; notwithstanding over 80% agreed or agreed strongly that they did.
- Similar high proportions indicated the clients’ positive perceptions of their practitioner, in terms of their skill, trustworthiness and, to a lesser extent and in a more varied manner, their warmth (Table 7.4).

Table 7.3: Client-Practitioner Relationship (%)*

Client-Practitioner Relationship	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu User</i>					
The practitioner accepted me	75	25			
The practitioner listened to me	71	28			
The practitioner and I worked together	36	49	14		
<i>New Shiatsu User</i>					
The practitioner accepted me	53	41	6		
The practitioner listened to me	50	50			
The practitioner and I worked together	16	72		9	

Table 7.4: Perceptions of the Shiatsu Practitioner (measured on a 7-points scale: (%))*

Perceptions of Shiatsu Practitioner	Very much so (1)	(2)	(3)	Not so to very much not so (4-7)
<i>Previous Shiatsu User</i>				
I felt the <i>shiatsu</i> practitioner was trustworthy	87	10		
I felt the <i>shiatsu</i> practitioner was skilful	82	16		
I felt the <i>shiatsu</i> practitioner was warm	68	24	6	
<i>New to Shiatsu</i>				
I felt the <i>shiatsu</i> practitioner was trustworthy	80	20		
I felt the <i>shiatsu</i> practitioner was skilful	74	26		
I felt the <i>shiatsu</i> practitioner was warm	56	29	9	6

* Throughout, % of less than 5% are not shown

Experiences after the Most Recent Shiatsu Treatment

Participants were asked to rate their level of agreement with each of a set of statements which asked them about ‘how they felt *after* their most recent *shiatsu* treatment’ (1 = ‘strongly agree’; 5 = ‘strongly disagree’). Tables 7.5 and 7.6, and Figures 7.2a, 7.2b and 7.3, provide an overview of the findings, separately for continuing and new *shiatsu* users.

In relation to their agreement over ‘positive’ feelings (Table 7.5, and Figures 7.2a and 7.2b), a number of summary comments can be made:

- Feeling ‘calmer or more relaxed’ after the session was a common experience, with 89-96% agreeing or strongly agreeing across both groups.
- Continuing users consistently expressed higher levels of agreement. A greater proportion of new *shiatsu* users indicated their being ‘not sure’ (that is, neither agreeing nor disagreeing).
- Continuing users commonly strongly agreed or agreed that they felt ‘different’ after the session, ‘physically more mobile and opened’, ‘more able to cope with things’, ‘more balanced’ and ‘more energised’ (73-92%). Just over 60% similarly rated being ‘able to sleep better.’ Opinions over ‘thinking about things differently’ were more varied.
- While substantial proportions of new *shiatsu* users agreed that they felt ‘different’ after the session, ‘physically more mobile and opened’, ‘more able to cope with things’, ‘more balanced’, ‘more energised’ and ‘able to sleep better’ (37-58%), substantial proportions were not sure, with around 13-21% disagreeing.

Table 7.5: ‘Positive’ Feelings after the Most Recent *Shiatsu* Treatment (%)*

Positive Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I felt different after the session	47	45	8		
I felt calmer or more relaxed	46	50			
I felt physically more mobile and opened	31	45	16	8	
I felt more able to cope with things	29	46	22		
I felt more balanced	28	51	19		
I felt more energised	24	49	20	7	
I was able to sleep better	20	41	29	11	
I thought about things differently	14	32	35	18	
<i>New Shiatsu Users</i>					
I felt calmer or more relaxed	15	74		6	
I felt different after the session	15	58	18	9	
I felt physically more mobile and opened	11	37	31	17	
I was able to sleep better	9	44	28	19	
I felt more balanced	6	58	18	18	
I felt more able to cope with things		56	25	13	
I felt more energised		55	24	21	
I thought about things differently		24	49	21	

* Throughout, % of less than 5% are not shown

Figure 7.2a: Feelings – Previous Users

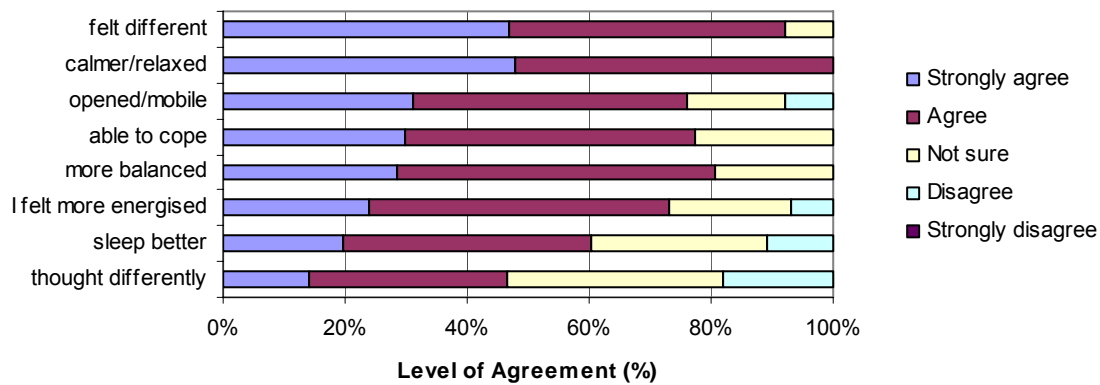
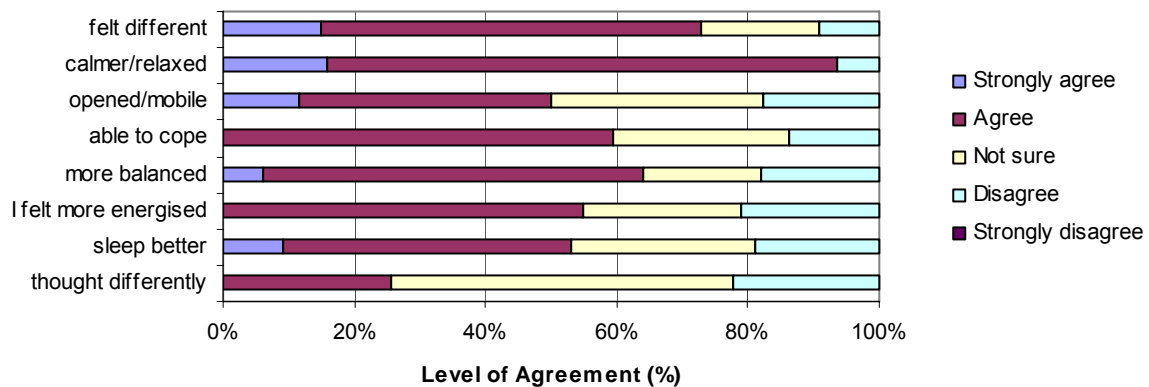


Figure 7.2b: Feelings – New Users



In relation to possibly ‘negative’ feelings (Table 7.6 and Figure 7.3), there was considerable agreement that clients had *not* experienced negative feelings, with around three-fifths or more affirming this.

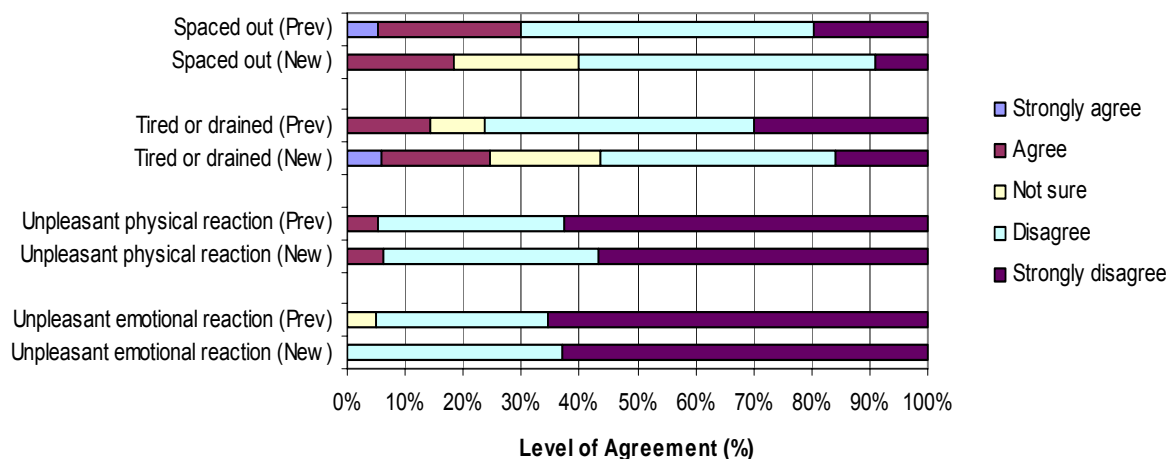
- The majority of clients in both groups similarly expressed high levels of disagreement over feeling ‘spaced out, light headed or had difficulty concentrating’ or ‘more tired or drained’ (64-68% for continuing users; 57-59% for new users).
- The vast majority of clients in both groups expressed high levels of disagreement with statements about having ‘an unpleasant physical reaction’ or ‘unpleasant emotional reaction’ after the session (91-97% disagreeing or disagreeing strongly).

Table 7.6: Possibly ‘Negative’ Feelings after the Most Recent Shiatsu Treatment (%)*

Possibly ‘Negative’ Feelings	Strongly agree (1)	Agree	Not sure	Disagree	Strongly disagree (5)
<i>Previous Shiatsu Users</i>					
I felt spaced out, light headed or had difficulty concentrating	5	24		49	19
I felt more tired or drained		14	9	45	29
I had an unpleasant physical reaction		5		31	60
I had an unpleasant emotional reaction			5	29	64
<i>New Shiatsu Users</i>					
I felt spaced out, light headed or had difficulty concentrating		18	21	50	9
I felt more tired or drained	6	19	19	41	16
I had an unpleasant physical reaction		6		36	55
I had an unpleasant emotional reaction				36	61

Throughout, % of less than 5% are not shown

Figure 7.3: Possibly Negative Feelings



Summary

This chapter has presented findings on the clients' initial experiences and feelings about having *shiatsu* following the *shiatsu* treatment session at which they were recruited to the study. Both previous and new *shiatsu* users expressed high agreement that they 'enjoyed' the session, 'felt relaxed' during the session and 'liked the treatment environment'. Nearly all the clients, in both groups, disagreed that they had had 'a bad experience'. New *shiatsu* users were more likely to agree or agree strongly that the treatment was *not* painful than continuing users.

New users expressed greater levels of uncertainty about 'energy moving or blockages released' and only a third indicated that they did (compared to 69% of previous users). Levels of agreement over experiencing a 'physical' or 'emotional' change during the session also varied, this being more likely for previous *shiatsu* users.

Clients were overwhelmingly positive about their relationship with the practitioner, nearly all agreeing that she/he 'listened' or 'accepted' them and that the practitioner and client worked together. The practitioner was also seen overwhelmingly by both groups as 'trustworthy,' 'skilful' and, to a lesser extent, 'warm'.

Feeling 'calmer or more relaxed' and 'different' after the session was a common experience of over 90% of the clients. Previous *shiatsu* users were more likely to indicate feelings of 'being more balanced' or 'energised' or 'physically more mobile and opened'. Finally, there was a considerable level of agreement that clients had not experienced any 'negative' feelings following the session. Over 90% in both groups expressed agreement that they had not had an unpleasant 'physical' or 'emotional' reaction.

Chapter Eight: Evidence of Effectiveness: Symptom Change

Introduction

This chapter presents findings of the six-month follow-up study on the potential effectiveness of *shiatsu* in terms of symptom changes. Four sets of data are examined: improvement in ‘the symptoms I came with’ immediately (4-6 days after their initial treatment session) and three- and six-months later; changes in the severity of the set of symptoms ‘today’ at baseline, three- and six-months; for those who had had *shiatsu* before, changes in symptom severity in relation to the ‘first time’ they had *shiatsu*; and, a summary item exploring levels of agreement (on a five-point scale) with the statement, ‘*shiatsu* has been effective in treating my symptoms.’

A: Improvements in Symptom Severity over the Six Months

At each of three time points (4-6 days after the initial recruiting *shiatsu* session, three and six months later), clients were asked to indicate improvements in the symptoms they had come with, for *shiatsu* treatment, rated on a 5-point agreement scale (5 = ‘strongly agree’; 1 = ‘strongly disagree’). Over the six-month follow-up period, for previous *shiatsu* users, moderately high levels of agreement of a perceived improvement were evident (means of 3.5 or more: Table 8.1). For those new to *shiatsu*, mean agreement levels were slightly less. Across groups, the overall trend was towards maintained improvement over the six months, with levels of agreement slightly tailing off in the 3-6 months period, particularly for the symptom groups of low energy (new users) and emotional issues (both groups).

Table 8.1: Mean Improvement in Symptoms over Time

Symptom Improvement	Previous <i>Shiatsu</i> Users			New <i>Shiatsu</i> Users		
	4-6 days	0-3 months	3-6 months	4-6 days	0-3 months	3-6 months
Problems with muscles, joints, body structure ¹	3.99	4.09	4.15	3.68	3.93	3.94
Problems with body systems ²	3.52	3.81	3.87	3.24	3.40	3.27
Low energy or fatigue	3.79	4.03	3.96	3.31	3.73	3.38
Tension or stress	4.01	4.22	4.10	3.29	3.70	3.57*
Emotional Issues	3.75	4.01	3.86	2.93	3.44*	3.14*
Other	3.27	3.73	3.66	2.87	2.89*	2.67*

* n < 10 for each of these sets.

¹ The heading in the questionnaire indicated back pain and posture as examples.

² This heading in the questionnaire indicated digestion, breathing, blood pressure and period pain as examples.

Figure 8.1a: Symptom Change – Previous Users

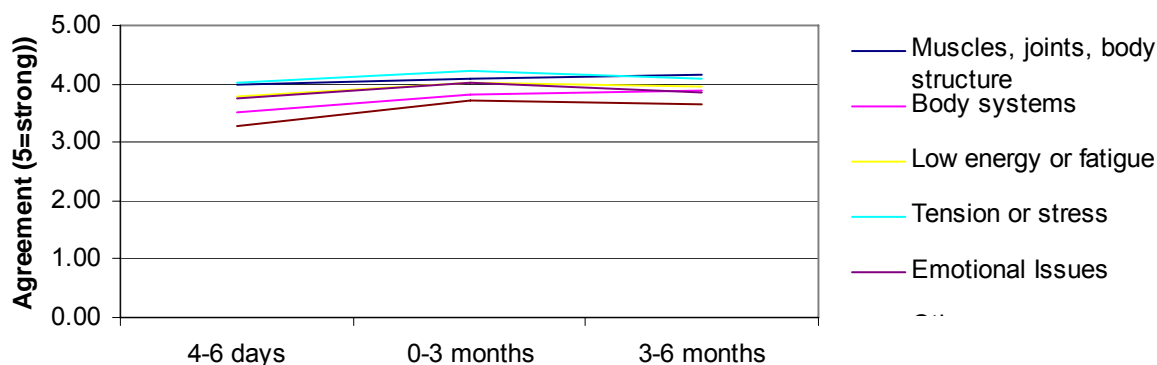
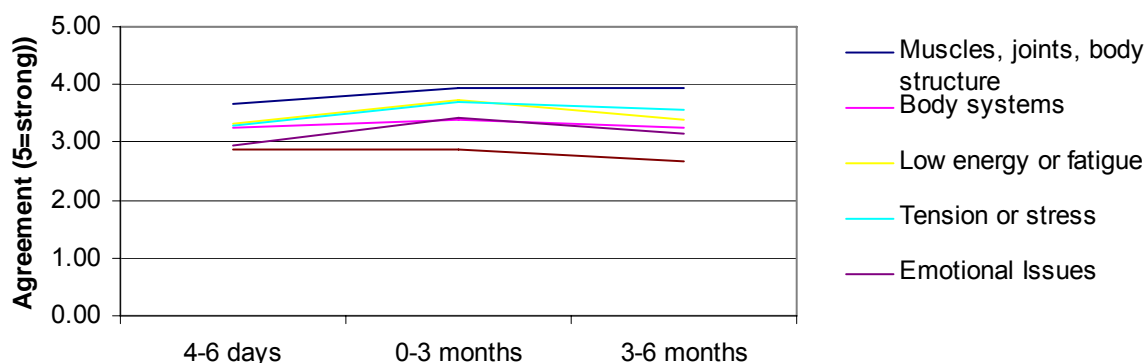


Figure 8.1b: Symptom Change – New Users



B: Changes in Symptom Severity

Another perspective on the relative change in symptom severity can be obtained from comparing symptom severity ‘today’ at the three time points (baseline, three and six months). This provides an indication of the ‘potential effect’ of *shiatsu* on the symptom group (among other possible factors that could have led to reduced symptom severity, such as self-recovery / healing, other CAM or conventional medical treatments, change in lifestyle or social environment).

Table 8.2 presents the ‘adjusted potential effect’ results. Across all symptom groups, about a ‘half-point’, and statistically significant, mean decrease in symptom severity is evident, from baseline to both three- and six-month follow-up. For example, while at baseline problems with body structure were on average rated as 1.5 (‘mild’ to ‘moderately severe’), by three or six-months later, they were on average rated around 1 (‘mild’). There was little, and no statistically significant change, in symptoms levels ‘today’ as measured at three versus at six months. That is, the achieved symptom severity change by three months was

maintained for the next three. These patterns were the same for those who had had *shiatsu* before and those who had not. Both groups experienced a reduction in symptom severity.

Table 8.2: Adjusted Potential Effect over Time: Baseline to Three and Six Months

Symptom Change (‘Baseline’ vs. ‘3 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	-0.46 (0.06)	7.05	p<.001
Problems with body systems (digestion, pain)	-0.41 (0.08)	5.19	p<.001
Low energy or fatigue	-0.35 (0.08)	4.15	p<.001
Tension or stress	-0.59 (0.08)	7.74	p<.001
Emotional Issues	-0.45 (0.10)	2.73	p<.001
Other	-0.43 (0.12)	3.52	p=.001

¹ SE (M) – standard error of the mean

² paired t-test

Symptom Change (‘Baseline’ vs. ‘6 Months)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	-0.53 (0.07)	7.71	p<.001
Problems with body systems (digestion, pain)	-0.63 (0.08)	8.07	p<.001
Low energy or fatigue	-0.37 (0.08)	4.81	p<.001
Tension or stress	-0.62 (0.08)	7.98	p<.001
Emotional Issues	-0.38 (0.08)	4.86	p<.001
Other	-0.38 (0.12)	3.25	p=.002

¹ SE (M) – standard error of the mean

² paired t-test

C: Changes in Symptom Severity – Previous Users

Yet further evidence comes from the group of clients who had had *shiatsu* before. These were also asked to provide at baseline a retrospective rating of their symptom severity ‘when you first started *shiatsu*.’ Comparing these ratings to symptom severity at recruitment to the study, a half to a three-quarter point, statistically significant, mean decrease in symptom severity was evident (Table 8.3).

Table 8.3: Adjusted Potential Effect: First Time vs. Baseline

Symptom Change (‘Baseline’ vs. ‘First Time’)	Mean (SE(M)) ¹	Test Value ²	Significance Level
Problems with muscles, joints, body structure	-0.61 (0.09)	7.11	p<.001
Problems with body systems (digestion, pain)	-0.48 (0.09)	5.27	p<.001
Low energy or fatigue	-0.66 (0.10)	6.89	p<.001
Tension or stress	-0.76 (0.09)	8.40	p<.001
Emotional Issues	-0.77 (0.10)	7.72	p<.001
Other	-0.42 (0.13)	3.18	p=.002

¹ SE (M) – standard error of the mean

² paired t-test

D: Overall Effectiveness in Treating My Symptoms

The final set of evidence relates to clients’ expressed agreement, or otherwise, with the statement that ‘*shiatsu* has been effective in treating my symptoms.’ At three months, most (88%) of previous *shiatsu* users agreed or agreed strongly that *shiatsu* had been ‘effective in treating my symptoms’, with this figure maintained at six months (Table 8.). While at three months, about three fifths (64%) of new *shiatsu* users agreed or agreed strongly that this was the case, at six months the percentages were very similar for both groups (85-87%).

Table 8.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not Sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not Sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has been effective in treating my symptoms	88	11	1	87	13	1
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has been effective in treating my symptoms	64	32	5	85	15	

Summary

At three and six months follow-up, clients expressed high levels of agreement over improvement in the symptoms they ‘came with’, with 85-87% indicating agreement or strong agreement about *shiatsu*’s effectiveness in treating their symptoms at six months. Across all symptom groups, about a half-point, statistically significant mean decrease in symptom severity ‘today’ was evident, from baseline to three-months. This was maintained over the next three months. Symptoms of ‘tension or stress’ demonstrated the greatest level of improvement, followed by ‘problems with muscles, joints or body structure’, including back pain and posture. For previous *shiatsu* users, a half to a three-quarter point, statistically significant decrease was evident in symptom severity ‘today’ compared to their retrospective rating of their symptom severity when they ‘first started *shiatsu*.’

Chapter Nine: Evidence of Effectiveness: *Shiatsu*-Specific Effects

Introduction

This chapter presents further evidence on effectiveness drawing on client responses to a set of *shiatsu*-specific questions based on statements that other users of *shiatsu* have made about its potential benefits, and their overall rating of their health status. Statements covered comments such as '*shiatsu* has helped me to feel better in general' and 'I am more confident about my health' to 'my understanding and experience of my body has changed' and 'I feel I have developed as a person.' Participants were asked to rate their level of agreement with each statement, on a 5-point rating scale, from 'strongly agree' to 'strongly disagree', at three- and six-months follow-up. To aid interpretation, the data have been collapsed into three categories: 'agree and strongly agree', 'not sure' (that is, in-between/neither agree nor disagree) and 'disagree and strongly disagree', and differentiated into one of five groups: overall effects; specific symptom changes; general awareness effects; general attitudinal / personal effects; and relational effects.

Particular interest lies in changes from baseline to three months, the maintenance of this effect to six months later and any variation by previous *shiatsu* use. It is important to note, however, that the base numbers for new *shiatsu* users are small (n=13-14) at six-month follow-up; care must be exercised in interpreting/generalising findings for this group. Two possible working hypotheses are the following:

H₁: Previous *shiatsu* users would experience benefits from having *shiatsu* (they might previously have experienced them and thus come back for more *shiatsu*)

H₂: New *shiatsu* users would express lower levels of agreement than those who had had *shiatsu* before (as a corollary of the previous hypothesis and *shiatsu* being a first experience for them)

A: Overall Effects

Two sets of data are presented: perceived changes in health status, and levels of agreement with four statements relating to overall effects of the *shiatsu* treatments.

Health Status Changes

When asked at baseline to rate their current health status, using the standard 'health transition' item from the SF-36 questionnaire, 39% indicated that it was 'excellent' or 'very good', 43% 'good', and 3% as poor (Table 9.1). Comparing those with 'at least good' health status (that is, 'excellent', 'very good' or 'good') to those with 'fair' or 'poor' health, there were statistically significant differences by work status (a greater proportion of those who

were in work, at home or retired described their health status as ‘good or better’, $p < .001$), currently visiting the GP or hospital for their current ill-health problems ($p < .001$) or taking medication for any of these problems ($p = .001$). There were no differences by age, gender or use of *shiatsu* before.

Table 9.1: Baseline Health Status (%)

Perceived Health Status	Excellent	Very Good	Good	Fair	Poor
In general, would you say your health is	8	31	43	16	3

To measure health status change over time, and to ensure reference was made to the same baseline, the health transition item was rephrased with the addition of the phrase, ‘compared to 3 (or 6) months ago,’ and the relevant category labels changed. At three- and six-months follow-up, 62-66% indicated that their health status was ‘much better than at that time’ or ‘somewhat better’ (Table 9.2). About a third (at both follow-up points) rated it as ‘about the same’, and 3-4% ($n = 9-11$) as ‘somewhat worse’ or ‘much worse.’ Comparing those who rated their health status ‘at least about the same (as baseline)’ to those who rated it ‘somewhat or much worse’, there were no statistically significant differences by age, gender, work status, previous use of *shiatsu*; only at six-months was there a difference in relation to visiting the GP or hospital for their problems in the previous three months ($p = .001$) or taking medication ($p = .025$).

Table 9.2: Health Status at Three and Six Months, compared to Baseline (%)

Perceived Health Status	Much better	Somewhat better	About same	Somewhat worse	Much worse
Compared to 3 months ago, how would you rate your health status? (at 3 months)	18	46	33	3 (n=7)	0.4 (n=1)
Compared to 6 months ago, how would you rate your health status? (at 6 months)	23	43	31	3 (n=7)	1 (n=2)

* % may add to more than 100% due to rounding

Perceptions of Overall Effects from Shiatsu

Table 9.3 presents the findings for the four statements relating to overall effects, which embraced the areas of ‘helping feel better in general’, ‘helping to maintain health’, ‘more confidence about my health’ and ‘overall health improvement.’ Three general comments emerge from the findings.

Table 9.3: Overall Effects of Shiatsu over the Six Months (%)

Overall Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
Previous Shiatsu User						
Shiatsu has helped me to feel better in general	94	6		94	6	1
Shiatsu has helped to maintain my health	91	7	2	95	4	1
I feel more confident about my health	81	16	3	79	17	4
My overall health has improved	76	21	3	80	18	3
New Shiatsu User						
Shiatsu has helped me to feel better in general	82	18		75	25	
Shiatsu has helped to maintain my health	56	33	11	79	21	
I feel more confident about my health	60	30	10	77	15	8
My overall health has improved	38	57	5	57	43	

% may add to more than 100% due to rounding

- Previous *shiatsu* users consistently expressed higher levels of agreement for all of the four statements from baseline to three months, and the perceived benefit was maintained for the next three months. For example, at three months follow-up, over four-fifths of both groups agreed that *shiatsu* had helped them to ‘feel better in general’, with higher levels of agreement expressed by previous *shiatsu* users.
- New *shiatsu* users expressed lower initial agreement which was then consolidated and extended by six months follow-up. For example, previous *shiatsu* users overwhelmingly (91-95%) agreed that *shiatsu* helped to ‘maintain my health’. At three months, only 56% of new *shiatsu* users affirmed this; by six months follow-up the percent had risen to 79%.
- New *shiatsu* users were more likely to express ‘neither agreement nor disagreement’ with the statements and, albeit small percentages, any level of disagreement. Use of the ‘not sure’ category is particularly noticeable for the ‘overall health improvement’ item.

B: Specific Symptom Change

Table 9.4 presents the findings for the two statements relating to symptom change, covering the areas of ‘helping to recover from injuries or other problems’ and ‘helping to improve my posture or the way I use my body.’ For both groups, by six months, at least around 60% agreed with benefits related to ‘recover from injuries’ or helping with ‘posture or the way I use my body.’

Table 9.4: Specific Symptom Change Effects of *Shiatsu* over the Six Months (%)

Specific Symptom Changes	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has helped me to recover from injuries or other problems	68	24	8	73	22	5
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	63	31	6	69	26	6
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has helped me to recover from injuries or other problems	53	21	21	67	33	
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	50	32	18	57	29	14

* % may add to more than 100% due to rounding

C: General Awareness Effects

Table 9.5 presents the findings for the five statements relating to general awareness effects, covering areas such as ‘ability to help myself’, ‘awareness of self’ and ‘more in touch with my emotions.’ Three comments emerge from the findings:

- Previous users of *shiatsu* consistently expressed higher levels of agreement for all of the five statements from baseline to three months; this was maintained for the next three months.
- Both groups expressed high levels of agreement, at three and six months, with the statement ‘I feel more able to help myself.’ Similar levels of agreement occurred, but only amongst previous *shiatsu* users for their being ‘more aware of myself’ or having a changed ‘understanding and experience of my body’. But, for the latter, by six months, over two-thirds of new *shiatsu* users also agreed.

- Greater degrees of uncertainty, and disagreement, were evident for ‘thinking about things differently’ and being ‘more in touch with my emotions’. While slightly more so for new *shiatsu* users, this was also the case for those who had had *shiatsu* before.

Table 9.5: General Awareness Effects of *Shiatsu* over the Six Months (%)

General Awareness Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
I feel more able to help myself	79	16	5	83	12	5
I am more aware of myself	77	17	7	71	23	6
My understanding and experience of my body have changed	74	19	7	72	20	8
I think about things differently	59	32	9	65	24	13
I am more in touch with my emotions	55	33	12	57	30	13
<i>New Shiatsu User</i>						
I feel more able to help myself	67	19	14	77	23	
I am more aware of myself	48	35	17	57	29	14
My understanding and experience of my body have changed	48	35	17	71	21	7
I think about things differently	48	30	22	36	36	29
I am more in touch with my emotions	30	40	30	50	21	29

* % may add to more than 100% due to rounding

D: General Attitudinal / Personal Effects

Table 9.6 presents the findings for the four statements relating to general attitudinal / personal effects, covering such areas as ‘being more hopeful about my problems’, ‘being more positive’ and ‘feeling about development as a person.’

Table 9.6: General Attitudinal/Personal Effects of *Shiatsu* over the Six Months (%)

General Attitudinal / Personal Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
I feel more hopeful that my problems can be helped	86	12	2	83	15	3
I am more able to cope with things	75	18	7	71	23	6
I feel more positive, contented or at peace	70	23	7	67	26	7
I feel I have developed as a person	56	30	13	52	38	10
<i>New Shiatsu User</i>						
I feel more hopeful that my problems can be helped	81	14	5	77	8	
I am more able to cope with things	40	35	25	64	14	21
I feel more positive, contented or at peace	32	46	23	50	36	14
I feel I have developed as a person	65	30	5	43	36	21

* % may add to more than 100% due to rounding

Two general comments emerge from the findings:

- At three months, both groups expressed high levels of agreement of being ‘more hopeful that my problems can be helped’ and this was maintained over the next three months.
- Previous *shiatsu* users expressed high levels of agreement about being ‘more able to cope with things’ and feeling ‘more positive, contented or at peace,’ a benefit that was maintained. There was more uncertainty (and disagreement) for these two aspects at three months for new *shiatsu* users, but by six months at least half of the respondents agreed that this was the case for them.

E: Relational Effects

Across groups, there was considerable uncertainty and disagreement about the affect that *shiatsu* might have on the way clients related to other people or others to them (Table 9.7). At three months, new *shiatsu* users were more likely to indicate agreement (perhaps due to fact that this more general, wide-reaching, relational effect may have already occurred for previous *shiatsu* users).

Table 9.7: Relational Effects of *Shiatsu* over the Six Months (%)

Relational Effects	0-3 months			3-6 months		
	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly	Agree / Agree Strongly	Not sure	Disagree / Disagree Strongly
<i>Previous Shiatsu User</i>						
<i>Shiatsu</i> has affected the way I relate to other people	40	41	20	34	49	17
<i>Shiatsu</i> has affected the way other people relate to me	21	58	22	23	54	23
<i>New Shiatsu User</i>						
<i>Shiatsu</i> has affected the way I relate to other people	55	30	15	27	27	47
<i>Shiatsu</i> has affected the way other people relate to me	50	33	17	8	23	69

* % may add to more than 100% due to rounding

Summary

The weight of evidence lends support to the two working hypotheses. Previous *shiatsu* users overall expressed their agreement with experienced benefits from having *shiatsu*, and new *shiatsu* users expressed lower levels of agreement. The experienced benefits were also maintained and/or consolidated for both groups by six months follow-up. These patterns were evident across each of the effect groups, except relational effects, arguably the most broad, and wide-reaching potential effect explored. About two-thirds of clients indicated that, compared to their health status at baseline, their health status ‘today’ was either ‘much better’ or ‘somewhat better’, at three- and six-months follow-up. A very small percentage (3-4%, n=7-11) of clients rated their health status as ‘somewhat worse’ or ‘much worse.’

Chapter Ten: Evidence of Effectiveness: Take-Up of Advice and Changes Made

Introduction

This chapter examines the uptake of advice or recommendations provided by the *shiatsu* practitioner. Participants were asked in the three- and six-month follow-up questionnaire whether, or not, they had ‘made any changes in your life as a result of having *shiatsu* treatment’, and given the options of ticking a number of possible areas (diet, relationships, exercise, rest and relaxation, work, medication, use of conventional medicine, and use of CAM), as well as an open-ended option, to describe ‘other changes in your life’. These findings can be related back to advice giving reported on in the questionnaire clients completed ‘4-6 days’ after the treatment at which they were recruited to the study.

Areas of Advice Giving at Baseline

At baseline, around three-quarters of the clients (74%) indicated that the *shiatsu* practitioner had given them some advice or recommendations during the treatment session at which they were recruited to the study. Areas of advice included²⁴: exercise (48%); diet (42%); posture or how to use your body (29%); points or meridians to work at home (26%); and ‘other’ (24%). The most common ‘other’ areas related to: ‘emotional advice’ (6%); ‘preventive advice’ (5%); advice on ‘rest, relaxation and stress management’ (4%); or, ‘to consult other CAM modalities’ (4%). At this time, the advice or recommendations were overwhelmingly (99%) seen by clients as relevant.

Take-Up of Advice

Looking overall, three quarters to four-fifths of the clients (73-80% at three and six months follow-up) indicated that they had made changes to their lifestyle ‘as a result of having *shiatsu* treatment’ (Table 10.1). Those who were previous *shiatsu* users were more likely to make changes (77% vs. 64% at three months; 82% vs. 69% at six months), but the difference was not statistically significant. Over half of those who made changes modified the time for rest and relaxation, exercise taking, and/or diet; a third or more had made changes in their relationships ‘with other people’ or work patterns. A substantial proportion of the clients who had made changes drew attention to ‘other’ areas of change (more detail on the ‘other’ areas of change is provided below).

²⁴ Respondents were asked to tick as many boxes as were appropriate. Thus the percentages add up to > 100%.

Table 10.1: Changes Made as a Result of Having *Shiatsu* (%)

	Area of Advice Giving at Baseline	Changes Made as a Result of <i>Shiatsu</i>	
		At 3 months**	At 6 months**
% making changes		73% (n=200)	80% (n=222)
- Rest and relaxation	*	65	66
- Exercise	48	57	53
- Diet	42	53	56
- Relationships	*	38	37
- Work	*	36	32
- Other	24	40	40

* % indicating advice given at baseline (other areas not given as a tickable option)

** % making changes in particular area at time point (3 or 6 months)

Extent of Changes Made

Respondents were further asked to indicate the extent to which they had made changes in their life, as a result of having *shiatsu* treatment (Table 10.2). It is noticeable that over half reported taking more rest and relaxation and more exercise. In addition, about a fifth had reduced the amount of 'work' they were doing.

Table 10.2: Extent of Change (%)⁺

Areas of Change	Baseline Use	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Take more	No change	Take less	Take more	No change	Take less
<i>Lifestyle</i>							
Rest and relaxation	*	58	39	3	54	44	3
Exercise	*	50	47	3	43	54	4
Work	*	13	63	24	12	70	19
<i>Health Care Usage</i>							
Use of other CAM for these problems	40	38	59	4	31	67	2
Use of conventional medicine for these problems	26	4	73	23	3	81	16
Medication use	(33**)	3	77	21	4	81	15

+ Percent may add up to more than 100% due to rounding

** Not asked at baseline

*** In previous three months, measured at baseline

Changes were also noted in usage of health care. At baseline, use of conventional medicine or medication in addition to *shiatsu* for any of their problems varied from 26-33%. At three and six-month follow-up, around a quarter had changed their usage. At three months follow-up, 21-23% were using less conventional medicine and medication, and at six months follow-up, 15-16%. Only a small minority of cases (8 or so clients) had increased their use of other conventional medicine or medication. At the same time, use of other CAM for any of the problems they came to *shiatsu* for help had increased. At three months follow-up, 38% indicated that they used it more and 31% at six months follow-up.

‘Other’ Changes Made

In response to an open-ended question asking them to describe ‘other changes in their lives’, around a two-fifths (n=80-88) chose to do so. A handful of respondents provided extensive (half to one page) comments. At three months follow-up, changes in their ‘levels of confidence and resolve’ were most mentioned (36% of those indicating other areas of change), followed by ‘making space to relax’ (14%), other (unspecified) ‘general lifestyle’ changes (14%), and ‘being less hard on oneself’ (10%). At six months follow-up, changes in ‘levels of confidence and resolve’ remained important (mentioned by 22%), followed by ‘greater mind / body awareness’ (16%) and other (unspecified) ‘general lifestyle’ changes (16%). At both time points, clients pointed to experienced beneficial effects, for example, on their back or other muscles, general well-being, social life and experience of being more grounded (21-23% of clients mentioning changes). Some illustrative extracts from the comments provide further insight.

The first area of illustration relates to changes in ‘levels of confidence and resolve’. Typical comments include the following:

I feel more confident about myself and grounded. The treatments have brought up my painful past and I am benefiting from that. (Case 25, new user)

Increased confidence. Easier to lift myself out of bout of depression. (Case 84, previous user)

I can see the way more clearly and get on with the problem instead of letting the problem fester. (Case 109, previous user)

Feel a greater sense of direction and what I want to do with the rest of my life. (Case 110, previous user)

Ability to relax and approach problems more positively. (Case 301, previous user)

I generally feel more positive about myself and life as a whole, particularly after a shiatsu session. (Case 371, previous user)

I feel more confident and optimistic. (Case 69, new user)

A general increase in confidence and well-being combined with other life changes. (Case 192, previous user)

I feel calmer in myself than (I) ever have and able to deal with most things that come my way. (Case 263, previous user)

The increases in confidence enabled other actions to be followed through:

Shiatsu strengthened me enough to seek other help I needed - sought out an osteopath and had four sessions with him; I don't think I would have done so but for the shiatsu treatment. (Case 177, previous user)

Shiatsu has affected every area of my life in a positive way. I am healthier, happier and more able to cope with my back pain. I'm more active now. (Case 341, previous user)

(I am) assessing the way I earn a living and thinking of ways to make it more supportive of my health and wellbeing. (Case 355, previous user)

Have learnt to like / respect myself for the first time. Pace myself. Aware of needs. (Case 70, previous user)

Feel a lot more confident, lost a lot of weight, became a stronger person. (Case 98, previous user)

More confident and at peace. More self aware. (Case 120, previous user)

Clearer thinking about choices and decisions. More confident to take directions which have expanded my life and life's purpose. (Case 161, previous user)

Further indications of a strengthening in resolve can be seen in the following extracts:

(I) talk more about what is annoying me! Asking for help more. (I) get a build up of symptoms between sessions; practitioner acts as the reliever. (Case 195, previous user)

To feel okay about having feelings. (Case 345, previous user)

I am learning to say "no" to other people's unreasonable demands on my time and trying to be more tolerant of other people's e.g. husband's lack of organisation!! (Case 196, previous user)

It was by making changes in my life that I found shiatsu - it has continued my growth and well-being physically and emotionally. (Case 266, previous user)

A second area of illustration relates to the heading, 'making space to relax'.

More meditation; more quiet time. (Case 118, previous user)

Ability to relax and approach problems more positively. (Case 301, previous user)

I am much more content. I do not get so “up tight” about irrelevant things. I now am qualified to do Indian head massage plus reiki. My perspective on life has altered. (Case 224, previous user)

At 79 years old I am in reasonable health but I do feel shiatsu relaxes me and I look forward to it. (Case 376, previous user)

I am much better at dealing with everyday problems that my family give me; I am much more positive. (Case 67, previous user)

Partner diagnosed with bowel cancer and has many complications. Shiatsu helps me to be more positive and calms me down. (Case 82, previous user)

A third area of illustration relates to ‘general lifestyle changes.’ Within this heading, some pointed to changes in diet:

Calmer, more thoughtful; diet changed to more fibre and less caffeine. (Case 321, new user)

(Diet changes) no longer drink tea or coffee or eat anything red. No longer eat potato, white flour, melon. (Case 251, new user)

Diet changed to more fibre and less caffeine. (Case 321, new user)

I have changed my diet to eating warming food or adding warming ingredients to cold foods of which I am eating less than before my shiatsu treatments. (Continuing client, case 377)

Established a balance; helped me to lose weight. (Case 121, previous user)

Others pointed to changes in smoking, alcohol use or use of cosmetics:

Gave up smoking. (Case 329, previous user)

Developing social life and healthier relationship to alcohol. (Case 181, previous user)

Reduced as far as possible use of cosmetic products - use organic alternatives. (Case 84, previous user)

Yet others drew attention to their use of other CAM, for general body maintenance:

Have been able to learn Tai Chi - before I could not move freely enough. (Case 243, new user)

Finally, others commented even more broadly or across a number of lifestyle factors:

Able to spend more time writing due to having more energy. (Case 113, previous user)

Review my whole life in general - work, rest, medication, complementary therapy, etc. (Case 193, previous user)

Trying to have(a) more balanced lifestyle but taking time to achieve. Health is improving but a slow gradual process. (Case 300, previous user)

Shiatsu has affected every area of my life in a positive way. I am healthier, happier and more able to cope with my back pain. I'm more active now. (Case 341, previous user)

Assessing the way I earn a living and thinking of ways to make it more supportive of my health and wellbeing. (Case 355, previous user)

A fourth area of illustration relates to comments about mind / body awareness.

I am more aware of my moods and how to deal with them. (Case 295, new user)

An overall awareness of what impacts my mind and body, negative and positive. (Case 15, previous user)

I have developed a keener awareness of how thoughts and feelings are connected to and express themselves through the body. This awareness allows me to be more self sustaining through my healing process. (Case 181, previous user)

Applying mentally in everyday life the connections I make between mind and body during(a) session to bring back a certain physical sensation/relaxation. (Case 233, previous user)

Shiatsu has helped me be more in touch with myself and has helped me release deep pain and function better, in a more integrated way. (Case 277, previous user)

Such comments were sometimes linked back to other experiential effects arising from having *shiatsu*, for example:

Because you can feel/see an improvement, you start to see a future, a vision ... a sense of knowing that you are stepping back into life. (Case 34, previous user)

Feel a greater sense of direction and what I want to do with the rest of my life. (Case 110, previous user)

Feel more relaxed and happy about my life than I ever have been. (Case 185, previous user)

More of a feeling of being “whole” and “calmly in control”. (Case 304, previous user)

Yet others talked more generally about the effects of *shiatsu* ‘on their lives’.

Always feel boosted with energy and much more relaxed after sessions. (Case 241, previous user)

Generally more content and happy with myself and my life; more fulfilled and positive. (Case 224, previous user)

Increasingly relaxed, positive, better able to cope with stresses. More ability to live in the present moment. Increased enjoyment of life. Find shiatsu recalibrates me. (Case 125, previous user)

Shiatsu has affected every area of my life in a positive way. I am healthier, happier and more able to cope with my back pain. I'm more active now. (Case 341, previous user)

Shiatsu has generally relaxed me; but I find in the general daily routine tiredness and tension build up. Shiatsu releases and relieves these but they re-occur and persist until shiatsu or self massage (not easy) relieve them. (Case 381, previous user)

Clients who had (and continued to) used *shiatsu* for many years provided further evidence on perceived benefits and the role of *shiatsu* in their lives:

I have used shiatsu for many years, so made many changes. (The) practitioner helps me to manage my ME by pacing, relaxation ... reduced my activity to a more sustainable level to reduce symptoms. (Case 71, previous user)

I go to shiatsu to keep me on a level plain. Have been going for 3-4 years. (Case 128, previous user)

(I am experiencing a) gradual (negative) progress due to old age and arthritis; hopefully shiatsu helps me not to let it get me down. I don't know if it would be different if I didn't continue. I continue (with shiatsu) because I have been involved with it for many years. (Case 211, previous user)

Shiatsu is part of my (way of) life and works in conjunction with all these other things. (Case 246, previous user)

Having had shiatsu over the past 20 months, my arthritis problem has been mild for the last 9-12 months. (Case 50, previous user)

I am reasonably fit and healthy – I use shiatsu as a means of maintaining that. (Case 290, previous user)

I had an operation for release of my carpal tunnel five weeks ago and a total hip replacement two weeks ago which has totally influenced my life style at present. My experiences of shiatsu - past three year - has totally helped my attitude to convalescence. (Case 211, previous user)

Summary

Around three-quarters of the clients indicated that they had made changes to their lifestyle 'as a result of having *shiatsu* treatment.' Areas of change were most noted in relation to rest and relaxation, exercise taking, diet and use of CAM (an increase) or conventional medicine (a decrease) and medication (a decrease). Around two-fifths of clients provided additional comments to describe 'other changes in their lives', implicitly 'as a result of having *shiatsu* treatment.' The most mentioned areas of change related to 'levels of confidence and

resolve', 'greater mind / body awareness', 'making space to relax' and 'general lifestyle'. 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. The expressed changes are suggestive of a tendency to adopt a more relaxed, healthier and more balanced approach to life.

Chapter Eleven: Evidence of Effectiveness: Expectations and Satisfaction

Introduction

This chapter presents the final set of evidence relating to the potential effectiveness of *shiatsu*. Here, focus lies on the extent to which client expectations were met and clients' satisfaction with their *shiatsu* treatment.

A: Expectations

The overwhelming majority of clients (88-96%) either met or exceeded their expectations (Table 11.1). Expectations were more likely to be exceeded at '4-6 days' (29% vs. 21%, $p < .001$) for those who had not had *shiatsu* before. At '4-6 days' after their initial treatment session, six clients indicated that their expectations were not met; at three and six month follow-up, this was the case only for one or two.

Table 11.1: Meeting Client Expectations

Expectations	Exceeded	Met	Didn't meet	Didn't have any
To what extent did the <i>shiatsu</i> session meet your expectations? (4-6 days afterwards)	22	71	3	5
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (0-3 months)	21	75	1 (n=1)	2
Thinking about all the <i>shiatsu</i> sessions you received over the last three months, to what extent did the <i>shiatsu</i> treatments meet your expectations? (3-6 months)	17	81	1 (n=2)	2

* % may add to more than 100% due to rounding

B: Satisfaction with *Shiatsu* Treatments

Around two-thirds (64-70%) of clients were 'completely satisfied' with their *shiatsu* treatments over the six-month period, with 89-92% rating their level of satisfaction as '1' (completely satisfied) or '2' on a 7-point scale (Table 11.2). The mean satisfaction level was maintained over time. Previous *shiatsu* users were more likely to express higher levels of satisfaction compared to new users, with this difference being statistically significant at 4-6 days and for the 3-6 month period ($p_{4-6 \text{ days}} = .002$; $p_{3-6 \text{ months}} = .014$).

Table 11.2: Levels of Satisfaction with *Shiatsu* Treatments

Level of Satisfaction	Completely Satisfied (1)	(2)	(3)	Dissatisfied (4-7)	Mean Rating
How satisfied are you with the most recent <i>shiatsu</i> session? (4-6 days afterwards)	64	25	7	4	1.53
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (0-3 months)	70	22	7	2	1.41
Thinking about all the <i>shiatsu</i> sessions you had had over the last three months, how satisfied were you with the <i>shiatsu</i> treatments? (3-6 months)	65	27	5	3	1.46

* % may add to more than 100% due to rounding

Summary

The overwhelming majority of clients (90% or more) indicated that their expectations were either 'met' or 'exceeded'. At six months follow-up, only one client 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, with around two-thirds being 'completely satisfied'. This was similarly the case for previous and new *shiatsu* users.

Chapter Twelve: Uses and Change of Use of Other Health Care Providers: Economic Implications

Introduction

This chapter explores the economic implications arising from the clients' access and use of *shiatsu*.²⁵ Sample members were asked at baseline and at the three- and six-month follow-up about their use of other health care providers, specifically visits to the primary physician or hospital for one or more of the problems in the previous three months, taking of medication, days off sick, and use of other CAM or conventional medicine. Looking at these data at the three points can provide indicative evidence of potential resource savings for other health services resulting from use of *shiatsu* together with potential evidence of societal benefit associated with reduction in sickness absence from paid employment.

Use of Other Health Care Providers for Any of These Problems

In the previous three months prior to their recruitment to the study, about two-fifths (41%) of the clients had visited their family doctor or hospital for one or more of the problems they were currently help for from *shiatsu*. Over the six-months of the study this use had declined to a quarter of clients (Table 12.1). There was a small variation over the time period in the average number of visits made to the family physician or hospital with a median number of 1 to 2 visits. Over the time period, there was also a small reduction in the proportion of people taking (conventional medical) medication for any of problems they had come to consult the *shiatsu* practitioner about, from 33% in the three months prior to the study to 28% at six-month follow-up.

For those who were in paid work, the majority (79-80%) took no time off for ill-health. For those taking time off for ill-health, the median average at baseline was 6 days, with a range of 1 to 40 days. At three-months follow-up, the median time off had fallen to a median of 2 days; three months later the median was 4. At three-months follow-up, one person was on extended sick leave (he had ME), but was able to return to work in the next three month period.

Overall between baseline and the six month follow up the total number of family physician or hospital visits fell by 52% (248 in the three months prior to baseline and 118 in the three months preceding the six months follow up). Over time the total number of work days lost due to sickness absence fell by 50% from 315 days, in the three months preceding baseline assessment, to 157 in the six month follow-up.

²⁵ This section has been jointly written by Andrew Long and Claire Hulme, health economist at the University of Leeds.

Table 12.1: Visits to a Family Physician/Hospital, Medication Use and Days off Work

Health Care Use and Usage	Use in previous three months, measured at baseline	Use in last three months, post-baseline	Use in last three months, post-3-month follow-up
% Visiting family physician / hospital for these problems	41	33	25
Average no. of visits			
• Median (range)	2 (1-15)	1 (1-12)	1.5 (1-13)
• Mean (SD)	2.2 (2.22)	1.8 (1.60)	2.3 (2.25)
% Taking medication for these problems	33	27	28
Days off for these problems			
• % none	79	80	80
• Median (range) days off	6 (1-40)	2 (1-90)	4 (1-30)
• Mean (SD) days off	8.1 (8.9)	8.6 (18.6)	6.8 (7.18)

Respondents were also asked at baseline whether or not they were currently having treatment, in addition to *shiatsu*, for any of their problems from either CAM or conventional/western medicine, and at three- and six-months follow-up about change in use 'made as a result of having *shiatsu*' (Table 12.2). Reported use of conventional medicine, and medication, declined over the study period, with 23% (three months) and 16% (six months) indicating they used conventional medicine less (21% and 15%, respectively, for medication use). A small proportion had increased their use of conventional medicine (3-4%). Over the six month period, use of other CAM increased by about a third (31-37%).

Table 12.2: Use of Other Conventional Medicine, CAM and Medication (%)

Health Care Use and Usage	Baseline	Changes Made as a Result of <i>Shiatsu</i>					
		At 3 months			At 6 months		
		Same	Less	More	Same	Less	More
Use of other conventional medicine for these problems	26	73	23	4	81	16	3
Use of other CAM for these problems	40	59	4	37	67	2	31
Medication use	(33*)	76	21	3	81	15	4

* In previous three months, prior to recruitment

Summary

The economic implications of any changes in participants' health or health problems were captured through changes in the use of health service resources (with focus lying on medication and family physician or hospital visits) and lost productivity due to sickness absence from paid employment.

Overall participants reported a reduction in the total number of visits made to their family physician or hospital (248 in the three months preceding baseline; 118 in the three months preceding the six month follow up). Similarly the proportion of participants taking medication for the problems they had come to consult the *shiatsu* practitioner about reduced slightly over the study period (33% to 28%). Twenty three percent of participants reported reduced use of conventional medicine at three months and 16% at six months. Similarly 21% reported reduced use of medication at three months and 15% at six months. The total number of works days lost due to sickness absence fell by half over the study period (three months prior to baseline and at six months after baseline).

Whilst it is not possible to directly attribute these reductions in the use of health service resources to *shiatsu*, the findings are corroborated in the client-reported changes made 'as a result of having *shiatsu* treatment', which were presented in Chapter Ten.

SECTION FIVE: COMPARATIVE ANALYSIS

Chapter Thirteen: Aspects of Safety, Negative Responses and Adverse Events to *Shiatsu*²⁶

Introduction

A core policy and practice question for any CAM modality centres on its safety. Evidence of ‘no harm’ and of ‘possible contra-indications’ provides a first and critical step towards acceptance by policy makers and conventional medicine providers to enable appropriate access and use of the modality by the general public. Negative effects of treatment can occur in any area of health care. These might include the worsening of a presenting condition or immediate, short-term adverse responses or reactions to the treatment or events perceived by clients as negative or adverse in some way, or be unexpected and potentially unexplained by the CAM modality’s guiding theory and practice.

Previous research on *shiatsu* undertaken as part of Phase One for the current study (Mackay and Long 2003; Long and Mackay 2003) differentiated ‘transitional’ effects from negative effects per se. The former were by definition short term and changing, and perceived and understood by clients as part of the ‘healing process.’ At the time, they were experienced by clients as ‘negative’, sometimes as they were unexpected and sometimes as they meant, albeit a short-term, intensification of the original symptoms. From a *shiatsu* theoretical and practitioner perspective, such responses would be seen as evidence of a response to a treatment, occurring as part of the normal and natural range of responses that clients might show or as a natural progression in the *shiatsu* experience. They would not be seen as negative effects or adverse events as such. In contrast, one conceptualisation of a negative effect arising from *shiatsu* might take the form of possible damage to tissues (for example, through the application of too much pressure; working on a painful area for too long) or inappropriate use of *shiatsu* for the client’s particular presenting problems.

To provide evidence on this issue, respondents were asked, on three separate occasions (4-6 days or so after the first treatment session at which the client was recruited to the study, three and six months later), whether, or not, they had experienced a ‘negative reaction’ to the *shiatsu* treatment (either short-term or longer lasting) and, if so, to describe it and its duration, and rate its severity and impact on their life (effects on activities of daily living, and whether or not it concerned or distressed the client). In the three and six month

²⁶ This Chapter is a revised and edited version of earlier drafts drawn up in collaboration with Lisa Esmonde, and commented on by Seamus Connolly. Their major contributions are fully and gratefully acknowledged. Errors in interpretation remain the responsibility of the author of this report.

follow-up questionnaires, the question was slightly differently phrased, asking the client to describe the ‘worst negative reaction’ experienced.

Careful attention was given to the mode of analysis of these data. The aim was to remain grounded within the comments of the participants. It was ‘their’ view / perspective on negativity which needed to be acknowledged, whilst recognising that ‘negative’ might hold the meaning of ‘unexpected’, ‘not a positive change’, or ‘undesired’ or simply as a response to the treatment that was ‘not experienced as positive’. At the same time, in order to categorise and make most sense of the data, the clients’ descriptions of the nature and form of whatever they described as ‘negative’ should be linked to the underlying philosophy, nature and methodology of *shiatsu* practice. That is, each comment needed to be reviewed in light of whether or not it would be perceived from within *shiatsu* as ‘negative’ or as a ‘response’ (and thus, in theory positive, that is, a transitional effect) to the *shiatsu* treatment(s).

For example, ‘feeling tired’ following a *shiatsu* treatment is an integral aspect of the body’s response to the energetic change promoted by treatment. It is also the nervous systems’ way of telling the client to rest, which is normally at least a desirable and sometimes necessary requirement of the healing process. It can sometimes represent the experience of the release of energy that has been used in sustaining a pattern of negative energy functioning. Almost invariably it is the precursor of change and improvement in some aspect of the client’s condition. Similarly, a short term exacerbation of some of the presenting symptoms may be described or experienced by the client as ‘negative’. From a *shiatsu* perspective, *shiatsu* will enhance the felt-sense experience in the body and, while whole system adjustment is happening symptoms, may be felt more acutely. These will then reduce due to improved overall functioning of the energetic system.

A five-fold typology of ‘response type’ was developed:

- i. Type 1: a response that does not appear to be related to *shiatsu*.
- ii. Type 2: a transitional effect, which the client describes as changing from ‘negative’ to ‘positive’. It did not distress the client nor stop her/him from doing their normal activities, and it lasted no longer than a couple of days.
- iii. Type 3: a transitional effect as expected and inferred from *shiatsu* theory and the expressed client-experiential data. The client did not state whether or not the response changed (that is, the comment was not qualified as having an ultimately positive effect). But, as with type 2, the response either did not distress the client or

did not stop her/him from doing normal activities, and it lasted no longer than a couple of days.

- iv. Type 4: an undesired, and thus negative, response, but one that is not unsafe. This type comprises statements of a negative response where it does not appear to be a description of risk to client health but the client has placed the response in a negative frame. The clients would commonly indicate that their responses were distressing and interfered with their daily activities. From a *shiatsu* perspective, the response might indicate an undesirable outcome of the treatment about which the practitioner might need to reassure or guide the client or offer after-care information and advice.

It is important to remember that a client-perceived undesirable effect might not be seen as undesirable by the practitioner. It could be seen perhaps as an opportunity for the client to accept and/or tolerate, or not. As the *shiatsu* perspective is holistic, connections between emotional responses, physical symptoms and symptom change are explicable and understandable within its theory. Such a response can offer clients the opportunity for a deeper understanding of their health and for taking responsibility for their health.

- v. Type 5: an undesired, and thus negative, potentially adverse event or effect that may represent a risk to client safety.

It must be remembered that the ‘true’ interpretation of each of the client’s responses to the questions requires additional knowledge of the client-practitioner interactions, and in particular, the energetic evaluation and details over presenting symptoms. This remains an area for further research using a different study design.

Findings

The findings are presented in three ways. Firstly, an overall picture is presented of the prevalence of negative responses (across and by response type) comparatively for the three countries, together with findings on their average duration, severity and impact on the clients’ lives. Where appropriate, data are presented separately for each of the three questionnaires (‘4-6 days later’ after the first treatment session at which the client was recruited to the study, and at three and six month follow-up). Secondly, data are presented on the types of negative responses experienced, and their form and nature, within and across countries. Thirdly, the nature and meaning of each of five response types across countries are illustrated through drawing on extracts from the clients’ comments.

Prevalence, Severity and Impact of Negative Responses

Tables 13.1-13.3 suggest a prevalence of client-perceived negative responses of between 12% and 22%, with rates being very similar across all three countries. Rates were highest at '4-6 days' after the initial treatment (at which the client was recruited) (18-21%) and at three months follow-up (21-22%). In each country, the rates were lower at six months (12-17%) follow-up.

The duration of the negative responses varied on average (median) from less than a day to two days. Within this, there were a number of cases in which the client's perceived negative response was quite lengthy. One UK client commented as follows:

Practitioner found knot of muscle in top left arm. Worked on it; within 24 hrs quite painful just above elbow. Persisted for days. Phoned practitioner, [told] me to massage firmly as often as possible. Moved to below elbow. Disappeared in few + days. (Case 290, UK, Quest 4)

The total duration from the experience of pain to its resolution was indicated as around 14 days. In this instance, the negative response (painfulness above the elbow) occurred. The client contacted the practitioner some time later and received some advice leading to a way to resolve it. The response provides an example of a transitional effect, albeit an atypical one, which resolved (that is, a 'type 2' response in the typology).

A second example is provided by an Austrian client, who experienced '*restlessness, panic attack, constant brooding*' (Case 111, Austria, Quest 4). This lasted for 21 days. In this instance, a possible example of a 'type 4' response in the classification, further advice or after-care from the practitioner might have been needed. A similar example is provided by a UK client who indicated that the negative response lasted for around a month (28 days). The person described it as '*exacerbation of neck whip-lash injury*' (Case 310, UK, Quest 3).

A third example is provided by one extreme outlier who indicated that the response had lasted 'for four months'. The response took the following form:

Numb area of an operation scar (gall bladder and scar revision), started to sting and drag. (Case 39, Austria, Quest 4)

Whether or not this is a response to *shiatsu* or not is moot. Further information would be required to come to a definitive conclusion.

Levels of reported severity were similar across the three countries. On average (median), the response was rated as moderately severe, 4-5 on a 7 point scale (rated from 1 = 'very slight' to 7 = 'very severe'). As to whether the negative response to the *shiatsu* treatment

(or any in the last three months) had stopped them doing things that they would normally do, there was much variation, both within country and data collection point. For the Austrian clients, between a fifth and two-fifths indicated that their negative response did stop them doing things they would normally do; for Spain, this was so for a tenth to a sixth; and, for the UK clients, this was so for a third to a half.

Table 13.1: Negative Responses over Time (Austria)

	Austria		
	4-6 days	0-3 Months	3-6 Months
% Negative Response	21% (n=53)	22% (n=52)	17% (n=29)
95% CI Length	1.7 – 3.2 days	1.5 – 3.1 days	0 – 15.5 days
Median Length (Range)	2 days (0.01-14)	2 days (0.01 – 14)	1.5 days (0.01 – 21)*
Median Severity (IQR)	5 (3-6)	5 (4-6)	5 (3-6)
% Stopped Them Doing Things (n)**	20% (n=11)	41% (n=22)	34% (n=11)
% Concerned or Distressed (n)**	5% (n=3)	15% (n=8)	28% (n=9)

* This range excludes one outlying case, who reported the response lasted for ‘four months’

** Percentage is of those who experienced a negative response

Table 13.2: Negative Responses over Time (Spain)

	Spain		
	4-6 days	0-3 Months	3-6 Months
% Negative Response	20% (n=18)	22% (n=19)	12% (n=11)
95% CI Length (n)	0.9 – 3.0 days	0.6 – 1.9 days	0.2 – 1.4 days
Median Length (Range)	2 days (0.01-7)	1 day (0.01 – 4)	0.15 days (0.01 – 2)
Median Severity (IQR)	4 (3-5)	4 (3-6)	4 (3-5)
% Stopped Them Doing Things (n)*	n=2 (12%)	n=2 (11%)	n=2 (17%)
% Concerned or Distressed (n)*	n=3 (18%)	n=2 (11%)	n=1 (9%)

* Percentage is of those who experienced a negative response

Table 13.3 Negative Responses over Time (UK)

	UK		
	4-6 days	0-3 Months	3-6 Months
% Negative Response	18% (n=50)	21% (n=57)	15% (n=38)
95% CI Length (n)	1.2 – 2.0 days	1.5 – 4.5 days	1.3 – 3.1 days
Median Length (Range)	1 day (0.01- 7)	1 day (0.01 – 28)	1 day (0.01 – 14)
Median Severity (IQR)	4 (3-5)	5(3-6)	4 (3-5)
% Stopped Them Doing Things (n)*	33% (n=19)	48% (n=26)	51% (n=21)
% Concerned or Distressed (n)*	16% (n=9)	29% (n=16)	27% (n=11)

* Percentage is of those who experienced a negative response

Form and Nature of Negative Responses

As a prelude to presenting data on the form, type and nature of the negative responses, four general comments are necessary.

Firstly, the UK clients tended to give more extensive descriptions of the response experienced.

Secondly, an issue²⁷ of noted significance in the wider health and illness literature is the medicalisation of Western language within the doctor-patient interaction. Commonly, research suggests that such interactions focus on naming specific body parts/sites (of pain, ache, etc) in technical language to classify the symptoms (cf. the mechanistic model of illness), rather than expressing or describing them in more 'holistic' terms. This form of expression was evident for the comments of the Austrian and UK clients, but much less so for the Spanish clients. The latter were more likely to talk in more general terms, for example, about '*malestar*', meaning discomfort or uneasiness. Literally this has the meaning of a state of badness, suggesting 'not feeling well in/with yourself' and/or 'not comfortable with your self (mind and/or body)'.

Thirdly, a further language dimension arises due to linguistic and cultural differences, again for the Spanish data. For example, in Spanish, no distinction is made between the English words of pain, ache or soreness.²⁸ Soreness translates into Spanish as dolor or dolorido/a (adj.). Thus, one would speak of '*dolor de garganta*' (a sore throat), '*cabeza dolorida*'

²⁷ Grateful acknowledgement is made to Rosa Mas Giral for drawing attention to these issues during our joint coding of the negative responses data. This and the subsequent paragraph arise from that discussion.

²⁸ Exactly what the difference in meaning or nuance in meaning in English is similarly of interest.

(meaning ‘sore head,’ because I banged my head) in contrast to ‘dolor de cabeza’ (‘headache’). When faced with the phrase, ‘dolor estomacal-pélvico, como dolor menstrual y/o digestión pesada’ expressed by one of the clients, how then should this be translated? Literally, the meaning is ‘ache / pain in stomach / pelvis / like period pain or digestion pain’. Translated the word ‘pain’ was used, because of a later clause’s reference to ‘menstrual’. But the expressed experience refers not just to ‘period pain’, but also ‘digestion’. So the reference and meaning could be about abdominal pain or bloating (to encompass the digestive dimension).²⁹

Fourthly and related to the above point, for the Austrian and Spanish clients, it is important to realise that some of the nuances of clients’ expressions may have been lost in translation into English.

Across all the negative responses, thirty different codes were used, including an ‘other’ category. These covered aspects such as: ‘feeling tired, drained, exhausted, lethargy, lacking in energy’; ‘sinusy’; ‘flu, fever, cold-like feeling’; ‘spaced out, light headed, dizzy, unable to concentrate’; ‘headache’; ‘muscle, joint ache or cramp’; ‘stiffness / tension / sore in joints & muscles’; ‘pain (neck, shoulder, back, hip joints)’; ‘mobility affected’; ‘bruising (from pressure) and sensitivity to touch’; ‘physical effects’ (differentiated into, for example: ‘tenderness soreness or burning sensation’; ‘sleeping patterns’; ‘bowels, bladder movement’; ‘eyes; breathing; nausea, queasiness’); ‘emotional effects’ (differentiated into: ‘weepy, cry, sadness, depressed’; ‘angry, aggressive, irritated bad temper/mood’; ‘anxiety fear uneasy, panic nervous’; ‘withdrawn’; and ‘emotional – other’); and, general symptom effect. The number of cases coded ranged from 31 in Spain to 85 in Austria and 102 for the UK clients.

Tables 13.4-13.6 present the most common form of the negative responses experienced by clients from each of the three countries. Some similarity is evident across countries for the forms of negative responses experienced. Three of the ‘top five’ negative responses took the form of ‘pain’ (in the neck, shoulders, back or hip joints), ‘headache’ and ‘feelings of tiredness or lack of energy’. For Austria, the remaining two were ‘stiffness or tension’ (joints and muscles) and ‘emotional in general’ (this excluded weepiness, anxiety and withdrawal

²⁹ Three maxims were followed in the subsequent coding of the Spanish negative responses data: (1) use what sounds most appropriate in English (‘headache’ vs. ‘pain in my head’); (2) use the language as used in English; and (3), apply/learn from the UK clients’ language use/vocabulary. It remains an important issue for further research, what the effect would have been if the study had been conducted from Spain on the UK (and thus translating from English to Spanish), and the importance of exploring, knowing or realising the potential multiple ways words are used and meaning imputed to them.

feelings). For Spain, the other two were ‘muscle/joint ache or cramp’ and ‘emotional’ (weepy, crying, sad, depressed). For the UK, these were, like Spain, ‘muscle/joint ache or cramp’ and a ‘general worsening or exacerbation of symptoms’.

Table 13.4: Negative Responses (Austria)*

Form of Negative Response	%
Pain (neck, shoulder, back, hip joints)	22
Headache	9
Emotional – in general	7
Stiffness or tension in joints and muscles	7
Tired, drained or no energy	7
General (worsening/accentuated) symptom effect	6
Emotional – weepy, crying, sadness, depressed	5
Muscle/joint ache, cramp	5
Emotional –anxiety, fear, uneasiness, panic, nervousness	5
Physical – tenderness, sensitivity to touch	4
Flu like, fever, cold, hot	4
Emotional – angry, aggressive	3
Spaced out, dizzy, cannot concentrate	3
Total Forms Mentioned (n)	85

* Mentioned by 5 or more (>3%) clients

Table 13.5: Negative Responses (Spain)*

Form of Negative Response	%
Pain (neck, shoulder, back, hip joints)	13
Headache	11
Muscle/joint ache, cramp	9
Tired, drained or no energy	9
Emotional – weepy, crying, sadness, depressed	7
Emotional –anxiety, fear, uneasiness, panic, nervousness	6
Physical – nauseous, queasy	6
Physical – bowel, bladder movement/frequency	6
Physical – (worsened) sleeping patterns	6
Total Forms Mentioned (n)	31

* Mentioned by 3 or more (>5%) clients

Table 13.6: Negative Responses (UK)*

Form of Negative Response	%
Tired, drained or no energy	23
Pain (neck, shoulder, back, hip joints)	14
Headache	11
Muscle/joint ache, cramp	7
General (worsening/accentuated) symptom effect	6
Emotional – weepy, crying, sadness, depressed	6
Spaced out, dizzy, cannot concentrate	6
Stiffness or tension in joints and muscles	5
Emotional – angry, aggressive	3
Flu like, fever, cold, hot	3
Total Forms Mentioned (n)	102

* Mentioned by 5 or more (>3%) clients

Pooling the data for the three countries and data collection points (Table 13.7) reinforces the significance of pain, with 30% of those experiencing a negative response mentioning this, followed by tiredness or (short-term) lack of energy (26%) or headache (18%). Around 10% of those experiencing a negative response mentioned its form in terms of muscle/joint ache or cramp, general worsening or exacerbation of symptoms or emotional (weepy, sad, depressed).

Table 13.7: Negative Responses (All Countries and Time Points)*

Form of Negative Response	%
Pain (neck, shoulder, back, hip joints)	30
Tired, drained or no energy	26
Headache	18
Muscle/joint ache, cramp	11
General (worsening/accentuated) symptom effect	10
Emotional – weepy, crying, sadness, depressed	10
Stiffness or tension in joints and muscles	9
Spaced out, dizzy, cannot concentrate	8
Emotional – anxiety, fear, uneasiness, panic, nervousness	6
Flu like, fever, cold, hot	6
Emotional – angry, aggressive	6
Total Forms Mentioned (n)	218

* Mentioned by 5% or more clients

Types of Negative Responses

Table 13.8 presents the distribution of types of negative responses within and across the three countries and the three data collection points. The total number of negative responses expressed was 334, where a client might indicate a negative response at each or any of the three data collection points. A small proportion in each country (2-6%), representing 4% for all three countries together, was not related to *shiatsu*.

Table 13.8: Response Types across Data Collection Points by Country (%)

Response Types	Country			All
	Austria	Spain	UK	
Type 1: not related to <i>shiatsu</i>	6 (n=8)	6 (n=3)	2 (n=3)	4
Type 2: transitional, changing to positive	13	17	44	27
Type 3: transitional, from <i>shiatsu</i> theory and experiential data	66	68	39	55
Type 4: undesired response, but not unsafe	10 (n=14)	6 (n=3)	13 (n=19)	11 (n=36)
Type 5: potential adverse event, potential risk to client safety	5 (n=7)	2 (n=1)	1 (n=2)	3 (n=10)
Total number of clients (expressing negative responses across any of the data collection points)	n=142	n=47	n=145	n=334

The majority of the ‘negative responses’ were classified as ‘transitional’ effects, either explicitly stated as ‘becoming positive’ by the client (‘type 2’ in the typology) or ‘part of the healing process from *shiatsu* theory’ (‘type 3’ in the typology). Across all three countries, transitional effects accounted for 82% of all the client-described ‘negative’ responses. This percentage was slightly higher in Spain (85%) than the UK (83%) and Austria (79%). A greater proportion of the UK transitional effects were classifiable as ‘type 2’ (44% vs. 13-17%), due to the notably more detailed descriptions of the negative response given by UK clients, which were more likely to contain information that enabled depiction of the transitional effect as ‘definitively changing to positive’ based on the clients’ own comments.

Only a small proportion, 3% across countries relating to ten clients, was classified as ‘type 5’, that is, a potential adverse event and potential risk to client safety. A further 11% (for 36 clients across the three countries) experienced a negative response that was classified as ‘type 4’, that is, an undesired response but one that is not unsafe.

To gain greater insight into each of the response types, illustrative examples are provided for each type of client-expressed ‘negative’ response across the three countries.

Type 1: Responses Unrelated to *Shiatsu*

Only a small number of the descriptions fitted this category. None suggested a connection with having had a *shiatsu* treatment. A typical example is the following:

The next day because I have a worse cold but my chest (asthma) was better; I felt tired; but the weather could have been a factor - damp and raining. (Case 148, UK, Quest 2)

Shiatsu itself cannot impart a cold or other viral/bacterial virus to a client. The only way this could be linked at all to *shiatsu* is to consider that, during a treatment, there was a ‘switch’ of functioning of the nervous system from sympathetic to parasympathetic mode. The result could be a lowered immunity to infection (with an infection either worsening or emerging). Prior to treatment, the client may have kept the infection at bay through their operating at a high level of activity or stress. As adrenaline levels drop (causing the ‘switch’), the body readjusts its functioning, opening up the body and allowing the emergence of the virus. An alternative scenario, however, might describe this example as part of a healing process evoked by *shiatsu* treatment; in the above typology, this example would be indicative of a ‘type 3’ transitional effect. In the above extract, the fact that the cold was described as having got ‘worse’ suggests that it was there already; the asthma was improving and the cold would run its course.

Another potentially similar example is the following, where the client points to the *shiatsu* ‘triggering’ influenza:

Only once (so far I have had 25 treatments) - within a few hours, it triggered a flu which I had already in me. (Case 62, Austria, Quest 1)

The words that this Austrian client used, for a treatment ‘*triggering a flu which was already in me,*’ leads to its classification as ‘type 1, not related to *shiatsu*’ response. The extract contrasts with one from a UK client (Case 177) reproduced in the next section. There, the client’s description, while mentioning ‘the flu’, is quite different. ‘*Flu like symptoms*’ form the way that the client expresses their (transitional) response.

Yet other similar responses are the following:

Sometimes after the session I get diarrhea and once I got fever (but it might have been caused by something else). (Case 26, Spain, Quest 3)

24 hours after receiving shiatsu, I vomited several times during the night. (Case 95, Spain, Quest 3)

One other individual described an emotional response, seemingly unrelated to *shiatsu*:

Feeling of indifference towards family members. Length: 1-2 days but I've had that before several times. (Case 271, Austria, Quest 3)

Another Austrian client described a response that happened three days after the treatment. The client explicitly queries whether this was a 'reaction' or not.

Got stabbing headaches that lasted for 3 days, but don't know if this was a reaction because it happened 3 days later. (Case 75, Austria, Quest 4)

A final example is provided by a Spanish client. From the detail presented, even though the response was experienced as distressing, of concern to the client and stopped normal daily activity, it is difficult to see how per se the response could be due to *shiatsu*.

I felt very bad about my relationship with my partner for several days. (Case 86, Spain, Quest 2)

With further information, it may however be the case that this represents an example of a transitional effect, as outlined in the next section.

Type 2: Transitional Effect (Client-Perceived and Theory-Consistent)

This type relates to responses that were perceived by the client to change to a positive effect (benefit). There are many examples of this transitional effect, all of which are explicable within *shiatsu* theory and consistent with evidence of a healing response.

A typical example is an *emotional* response. *Shiatsu*, a holistic energy therapy, working through the physical body, often elicits a strong emotional response during treatment:

I cried a lot 2 days after - the stress was released and dealt with and felt better for it. (UK Case 261, Quest 2)

Felt emotionally low; I felt that it was in me and it was being coaxed out of me but then it disappeared. (Case 259, Austria, Quest 4)

Emotionally I felt like crying, it helped me feel better. (Case 176, Spain, Quest 2)

Generally the first reactions after the session are crying, feeling cold, bringing up feelings and some muscle aches. (Case 31, Spain, Quest 3)

At the end of some sessions, I have connected with my negative emotions - like anger or sadness. (Case 12, Spain, Quest 4)

Very angry for 20-30 seconds - then better, but was not worried and (I) think (the) reaction is positive. (Case 319, UK, Quest 2)

A different sort of emotional response which was viewed positively by the clients is depicted in the following two extracts:

I have feared a serious illness; the fear got stronger ... I now have the courage to get the potential illness checked out => everything is okay! (Case 111, Austria, Quest 2)

Occasionally it triggered fear in me because I wasn't aware of this feeling and didn't know it. After the talk there was an improvement. It (the fear) lasted 1-2 days. (Case 203, Austria, Quest 4)

Another typical example relates to *physical* responses, comprising an exacerbation of physical symptoms which then result in a calming of that same symptom. From a *shiatsu* perspective, where a specific symptom presents, this will give an indication to the therapist of organ imbalance wherein there may be a fullness of energy or an emptiness (Zen *Shiatsu*) or an excess or deficiency in a given area (TCM modality). The practitioner will work that energetic in the required way. Often this will result in an increased manifestation of energetic imbalance, but one which is temporary and ultimately positive in terms of client well-being.

Felt tired a few hours after the session, slept for half an hour, then okay. (Case 96, UK, Quest 2)

I felt physically pranged and had to go to bed for 3½ hours and felt better for it. (Case 105, UK, Quest 2)

I am often very tired immediately after the session; I then feel good particularly if I can take it easy for that period. (Case 2, UK, Quest 2)

I felt very tired the next day with flu like symptoms and many aches and pains. This passed and the day after I felt better than before the treatment. (Case 177, UK, Quest 2)

Just required more sleep; not a negative reaction as such. (Case 45, UK, Quest 2)

This may also be manifest in symptoms initially becoming worsened or emerging:

Tension in neck area was painful for a short while (1 day) and then totally disappeared. (Case 99, Austria, Quest 2)

Relapse low-back pain but relatively short-lived, shiatsu moves it, therefore strong reaction in the beginning. (Case 327, Austria, Quest 3)

I often experience a slight worsening of physical symptoms the first 24-36 hrs after treatment; 1 night of discomfort then it usually shifts completely. (Case 218, UK, Quest 2)

At last symptoms emerged. (Client 11, Austria, Quest 2)

My skin (face) became very spotty and slight red rash on arms. But after 2-3 days my skin was glowing ... and hair softer and in improved condition. (Case 321, UK, Quest 2)

Next day (I) felt very spaced out and tired. As day passed, it also passed. (Case 49, UK, Quest 2)

The next day physical discomfort and lack of energy; then after 2 days, a lot of energy, full of life and well renewed. (Case 35, Spain, Quest 2)

I am 35 weeks pregnant. To move the pelvis and other body parts is painful short term but after 3 sessions the pain is decreasing. (Case 151, Spain, Quest 2)

Some zones that were treated hurt me sporadically and acutely for 2 or 3 days and gradually the pains became less frequent. (Case 37, Spain, Quest 2)

During the last session, pain on the groin and kidney, after 4 hours I passed a small stone that I had in my right kidney. (Case 110, Spain, Quest 3)

Normally after the session, my muscles tense even more; after 2 days they relax to a greater extent than before the shiatsu session. Some constipation. (Case 31, Spain, Quest 4)

It seems to irritate my bladder which is not reliable at certain times - then it 'rights' itself reasonably well. (Case 2, UK, Quest 3)

Feeling burning/cold spots which had been worked on, and feeling a bit stiff and tired for a while, its [sic - it's] like a full body workout. (Case 278, UK, Quest 4)

Initially feel stiff in low back for about an hour - then I can move more easily. (Case 149, UK, Quest 4)

Normally I end up very tired and I have to go to bed to rest. (Case 111, Spain, Quest 3) (Note: it is implied that after resting, the tiredness was resolved, and thus the response became positive)

A small minority of 'type 2' responses lasted more than two days. One client indicated that their response continued for '17 days'. This female client was 'shiatsu literate', using terminology that indicated an understanding that something was moving and resolving itself; she was seemingly accepting of the enduring response:

Knee problem got much worse - which released ... stored and repressed anger - liver jitsu treatment. (Case 207, UK, Quest 3)

A practitioner will commonly provide feedback to a client and may talk with her/him in terms specific to shiatsu therapy. The above client expresses what can potentially occur in the release and 'sedation' (calming) of the liver *jitsu* energetic. The term '*jitsu*' is a Japanese word that means 'full house' and is used to denote a fullness of energy that is imbalanced. The liver, amongst other functions, is responsible for moving *Ki* throughout the body and, if it is already full, a corresponding worsening of symptoms would not be surprising when it is

treated. When imbalanced, this will affect one or more joints in the body as in the above example.

Another client with back pain also experienced a lengthy response, lasting seven days before it got better:

My lower back pain and sciatica increased before getting better. (Case 81, UK, Quest 3)

Both these cases reported feeling distressed by their negative response but neither stopped doing what they normally did.

Type 3: Transitional Effect (Theory and Experientially Consistent)

This type relates to responses that would be perceived from the theory of *shiatsu* to be transitional, indicative of a healing response, as well as being consistent with experiential client data relating to no distress or concern. What differentiates responses in ‘type 3’ from those in ‘type 2’ is that the client him/herself did not explicitly indicate that the response changed to be positive. None of the responses would be considered within *shiatsu* theory or practice as deleterious to health, either emotional or physical (or spiritual). They would rather be perceived as expressions (and evidence) of energy changes that result from a *shiatsu* treatment and perceived to be part of the healing process.

Most preponderant examples of ‘type 3’, transitional effects relate to *physical* responses, for example, increased tiredness / fatigue, increased aches and pains, and an onset or increase in other physical disturbances. Examples of tiredness include the following:

Extreme fatigue for the rest of the day. (Case 5, UK, Quest 3)

On the day I receive shiatsu, I feel more exhausted and normally my body aches. (Case 128, Spain, Quest 3)

After some sessions I felt very tired. (Case 53, Spain, Quest 4)

On the day I get the treatment, I feel exhausted. (Case 128, Spain, Quest 2)

Increased aches, pains and soreness were often noted, for example:

Abdominal pain as in menstruation ... pull in right index finger; itching in right ear. (Case 180, Austria, Quest 2)

The spleen meridian has been sore for a few days although the liver had been treated. (Case 238, Austria, Quest 2)

Symptoms intensified on getting up, on the following day. (Case 181, Austria, Quest 4)

Strong headache. Back pain. (Case 147, Austria, Quest 3)

I have been having treatment for a few years and at the beginning I had very strong muscle aches, but 3 or 4 days after the session. (Case 31, Spain, Quest 2)

Some zones that were treated hurt me sporadically and acutely for 2 or 3 days and gradually the pains became less frequent. (Case 37, Spain, Quest 2)

I felt pain on the areas treated during the session (sciatica nerve mainly) for 3 or 4 days afterwards. (Case 82, Spain, Quest 2)

At night pain on the right trapezium. Sadness. For a few hours. (Client 9, Spain, Quest 2)

Aching joints and muscles. (Client 162, Spain, Quest 2)

On the next day, I have slight aches in the muscles that were the tensest ones. (Case 93, Spain, Quest 3)

Shiatsu theory would not perceive the responses described above as 'negative'. It might only be so perceived if the emerging ache or pain appeared as 'new', and retained its intensity or continued over an extended period of time. This serves to reiterate the need for insight into the energetic evaluation, and thus to know if the pain, ache or soreness the client is referring to was a new appearance and/or whether this was part of the reason for treatment.

The following example provides an illustration, where the pain is described as 'moving' in the area treated (and thus a likely, positive, and thus transitional, effect):

Movement of the pain spots in the area which had been treated (neck). (Case 49, Spain, Quest 2)

Yet other examples related to physical symptoms worsening or physical effects occurring:

Symptoms intensified on getting up, on the following day. (Case 181, Austria, Quest 4)

The treatment always seems to disturb my bladder and for a few days I can't control it very well. (Case 2, UK, Quest 4)

Insomnia but with sleepiness at the same time. (Case 161, Spain, Quest 2)

Headache immediately after the treatment. (Case 12, Spain, Quest 3)

Some light headaches. (Case 75, Spain, Quest 3)

An intestinal/stomach discomfort became worse. (Case 15, Spain, Quest 3)

Bowel movement increase and a feeling of my blood pressure lowering [dizziness?] (Case 78, Spain, Quest 4)

Stomach - pelvis pain (like period pain and/or heavy digestion. (Case 78, Spain, Quest 3)

Told the practitioner that had problems sleeping and after session slept very well, but felt unable to think, write or reason. (Case 171, Spain, Quest 3)

Emotional responses were also evident and were of varying duration:

The symptoms become more intense sometimes as emotions “come to surface.” (Case 214, UK, Quest 4 - 1½ days duration)

For a few days I was very emotional, as feelings from the past surfaced. (Case 25, UK, Quest 4 - one week duration)

An hour after the treatment, I had a work meeting and the transition between shiatsu and my work activity caused me a little anxiety. (Case 12, Spain, Quest 2 - an hour or so duration)

Others did not indicate how long the response lasted, though the first extract below suggests one of short duration:

I felt very emotionally shaken. (Case 9, Spain, Quest 3)

Greater sensitivity to physical and emotional stimuli. (Case 138, Spain, Quest 3)

The feeling of being "too" open and vulnerable, haven't had the chance to put up protection (at the start of treatments). (Case 232, Austria, Quest 3)

In contrast are two extracts of extremely short duration (an hour or two) but which were also described as being very severe and causing considerable distress:

Immediately after last session, upon standing, felt the most horrendous ‘can’t cope’, defeatist and just wanted to cry. (Case 174, UK, Quest 3)

After my first treatment I felt incredibly angry. But I only noticed it when it was triggered, didn't know what to do with it! Helplessness! (Case 16, Austria, Quest 3)

Type 4: Undesired, But Not Unsafe

This category comprises statements of response which the client has placed in a negative frame, but does not appear to be a description of risk to client safety. The client would commonly also indicate that their response was distressing and interfered with their daily activities. From a *shiatsu* perspective, such a response might suggest the need for more extensive discussion within the treatment session about any possible responses to look out for and how to manage these, and/or to suggest that the client contacts the practitioner if she/he becomes concerned about their response to the treatment. Again, without knowing more about the presenting problem(s) and energetic diagnosis, it is difficult to be definitive. As an aside, the occurrence of a ‘type 4’ negative response might, from a *shiatsu* practice

perspective, be undesirable, as it might discourage particularly a new *shiatsu* user from continuing with their course of treatment sessions, or lead to adverse comments about *shiatsu* per se, or the particular practitioner.

An obvious example is provided by one UK client, who herself points to her need for greater after-care or advice from the practitioner (during or subsequent to the treatment):

Headache and weepiness the next day. I would have liked some advice (on) how to soften that after-effect. (Case 24, UK, Quest 2)

A similar example is provided by a Spanish client, where the experienced ‘nervousness’ and ‘sleep’ effect might have been offset by the practitioner talking through the use of moxa within the treatment (though this may have occurred) and/or giving written information for the client to refer back to, in case the practitioner had not been heard.

The burning of some of the points, made me feel nervous and I could not sleep for the whole night. (Case 65, Spain, Quest 4)

The nervousness is explicable in that, as indicated below (under ‘type 5’), in a previous treatment (mentioned in Questionnaire Three) she indicated that she had been ‘burnt’ by the moxa used in the treatment session.

A further example illustrates a possible situation where the treatment may have enabled access to an underlying problem, for which the practitioner may have been able to provide the client with specific information to help their manage it:

Very depressed for 2 days after the treatment, eating got worse. (UK case 108 Quest 4)

Some of the negative responses in this type were at an emotional or psychological level. For example:

Uncontrollable inner trembling and restlessness. (Case 243, Austria, Quest 243)

Restlessness, panic attack, constant brooding. (Case 111, Austria, Quest 4)

After the treatment I was often confused. (Case 233, Austria, Quest 4)

A negative feeling got stronger, both physically and mentally. (Case 21, Austria, Quest 3)

Very emotional, no energy, bursting into tears in front of colleagues. Feeling vulnerable and unable to cope. Drained inside. (Case 25, UK, Quest 3)

Yet others described a physical negative response.

Neck tension - still present (after 4 days). (Case 335, UK Quest 2)

Exacerbation of neck whip-lash injury. (Case 310, UK, Quest 3)

Sickness, strong headache and a feeling of asphyxiation. (Case 35, Spain, Quest 4)

In two cases (one UK and one Austrian client) a similar negative physical response was expressed at two or more of the data collection points. As these were differently expressed, it would seem that the comments related to different episodes.

Left shoulder and rib pain after 2 days, needed pain relief. (Case 183, UK, Quest 2 - lasted 4 days)

Nagging pain in left shoulder and left arm. (Case 183, UK, Quest 3 – lasting 21 days)

Pain down left ribs which was severe at times and lasted about 10 days but decreasing. (Case 183, UK, Quest 4 – lasting for 10 days)

While getting the treatment, the tension in the cervical spine dissolved. Two days later tension occurred in the thoracic spine. (Case 15, Austria, Quest 2)

Strong pain between shoulder blades. (Case 15, Austria, Quest 3)

A different example illustrates a negative response that could potentially put the client at risk:

Felt a sort of delay in reactions, making me slightly dizzy/confused/lacking coordination...a time lag between vision and action, makes me feel unsafe. (UK Case 16 Quest 2)

Significantly, the client herself points to this '*making me feel unsafe*'. This is a very eloquent description of a not uncommon response to treatment where there is an experience of a perceptual gap between seeing and taking action. The usual experience of connection, acuity and responsiveness is slowed down as if the body was out of time with the mind. While this is itself not harmful, the first time this is experienced, the '*sense of feeling unsafe*' is very real. It commonly passes within minutes. It would be, however, good practice for the practitioner to help the client ground him/herself, perhaps advising not to drive for a while. If the response occurs again, it is normally recognised by the client and the sense of lack of safety does not usually occur as the client knows it will pass shortly.

As a contrast to this, one UK client drew attention to a pain experienced in the session. While this was seen as a negative response, its length was very short. Most importantly, the negative response was (effectively) dealt with by the practitioner:

During treatment (I experienced) lower back pain (sciatica); practitioner had to change treatment due to this - went away by end of treatment (30 minutes). (Case 209, UK, Quest 2)

The following examples illustrate situations where the client took other action in order to overcome the negative response, from choosing to move practitioners or to use an alternative CAM modality, onto repairing the ‘damage’ with nutritional supplements. The last suggests a possible need to change the way that treatment was done:

My Shiatsu teacher was too intense, too much pressure, I changed to a female practitioner!! (Case 2, Austria, Quest 4)

Pain in lumbar region intensified - length 2 days, thanks to Yoga, pain has gone away. (Case 131, Austria, Quest 2)

Difficulty breathing, sensation of general discomfort and a very strong headache. These effects have appeared only after getting treatment facing up. (Case 35, Spain, Quest 3)

A similar example, but one where the practitioner helped to resolve the issue is illustrated by the following UK client:

Sat in car unable to drive away - bit "spaced out" - lack of grounding? Happened on two or three occasions; (because of this, the) practitioner felt I should have a break from shiatsu. (Case 72, UK, Quest 4)

Type 5: Potentially Adverse Event and Risk to Client Safety

This category encompasses responses that indicate an undesired, potentially adverse event or effect that may represent a risk to client safety. The clients expressed the response as negative, the response affected what they were able to do and caused them distress or concern. The responses classified into this type relate to ten clients: seven in Austria; one in Spain; and two in the UK. Their descriptions of the negative response are all reproduced below.

Many of the negative responses pointed to a physical response, either enhancing the original reason for treatment or leading to other problems for the client. For each of the following examples, a comment is also added in relation to any additional information about the length of the negative response, its severity, effect on normal activities of daily living and its causing concern or distress.

Strong pain along the cervical spine (Case 147, Austria, Quest 2 – described as very severe, stopped activities of daily living and causing distress)

Had KNEE pain after the leg stretching exercises! (Case 192, Austria, Quest 4 – described as very severe, lasting a week, stopped activities of daily living and causing distress)

Complaints got stronger after the first treatment (spine). (Case 267, Austria, Quest 4 - stopping activities of daily living and causing distress)

Increased aches/stiffness in knee/wrist joints when practitioner worked on them (Case 355, UK, Quest 3 – described as not severe, stopped activities of daily living and causing distress)

One client, possibly describing different instances, commented as follows, firstly at three-month follow-up (mentioning only its severity) and at six-months (mentioning its severity, duration and wider effect on activities of daily living):

The back pain got worse; beforehand (it was) only from time to time; afterwards (it was) all the time. (Case 219, Austria, Quest 3 – described as very severe)

With the second treatment the back pain got much worse and stayed for a long time. (Case 219, Austria, Quest 4 - very severe, lasting a week, stopping activities of daily living)

A further instance of a negative physical response comes from a UK client. The extract points to a quite severe response to the treatment that the client experienced and the action taken to overcome / resolve the negative response.

Heart/digestive system, feel very weak, bowels open more readily, colon very irritated, feel very sick; need to repair damage with nutritional supplements. (Case 28, UK, Quest 2 – described as very severe, stopped activities of daily living and causing distress)

It may, however, be the case, that this negative response was an example of a transitional effect predictable from *shiatsu* theory (that is, a 'type 3' negative response), albeit it was quite a severe response.

Another example of this type is provided by another Austrian client.

Many times, back pain. (Case 53, Austria, Quest 2)

The negative response was quite lengthy (four days), had multiple frequencies ('many times') and the client indicated that it caused concern or distress. However, this might be an example of a 'type 4' response. Without further information on the energetic evaluation and treatments administered one cannot come to a definitive conclusion.

One client drew attention to an emotional negative response. This client indicated that the response continued for about four days, was slightly severe and caused distress. Erring on the side of caution means that this expressed 'negative' response is classified as a 'type 5'.

The feelings run riot, various emotions emerge, from a previous lifetime; I am suspended in air and don't have a clue where I am. I was torn out of my "boring" daily grind called "life" and am currently trying to suppress (which is, of course, wrong but I'm not ready for it yet). This started a week after the first treatment and has been going on for 2.5 months now. (Case 259, Austria, Quest 3 - described as very severe, causing distress)

A different example is provided by a Spanish client, who reported that she had been ‘burnt’, presumably due to the use of moxa in the treatment.

*One night I could not sleep due to have been burnt in some points (hand - feet).
(Case 65, Spain, Quest 3)*

Moxa, in itself, is not part of *shiatsu*, but might be used by the practitioner to enhance a response. Appropriate application of moxa would not have led to any burning, thus the classification of this expressed negative response as ‘type 5’. In contrast, perhaps due to this experience, the same client drew attention to her anxiety about ‘being burnt’ (a negative response, reported above, as a ‘type 4’ negative response).

In reviewing the above cases, it is important to note that the type 5 classification takes heed not only of the form of response, but also its length and impact (on activities normally done and sense of distress arising). Again, whether the above do indeed pose a risk to client safety is open to discussion. Further information on the energetic diagnosis and presenting symptoms are needed to come to a firm conclusion.

Summary

This chapter has presented findings related to the safety and negative responses to *shiatsu* treatment expressed by clients. A five-fold typology of client-expressed negative responses was presented. Over four-fifths (82%) of the client-expressed ‘negative’ responses were classified as ‘transitional’ effects, that is, an initially negative-seeming response which turns to become positive, either as expressed directly by the client or as part of the healing process as 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’. A range of extracts from the clients’ descriptions of the negative response they experienced were presented to provide further insight into the meaning and use of the typology.

To be able to definitively classify negative responses into each of the types requires additional information, in particular, related to the energetic evaluation made by the practitioner and details of the actual treatment(s) provided. The intention in this study was to provide initial findings on possible negative responses. The intention of the chapter was to classify these responses to cohere with both clients’ perceptions and experiences and also the theory and practice of *shiatsu*. An issue for exploration in future studies is to ask more specific and additional questions to help to tease out the ‘change to positive’ for transitional effects and aid definitive classification of client-perceived negative responses into each of the five possible types.

Chapter Fourteen: Comparative Analysis and Discussion

Introduction

This chapter draws together the findings from each of the three countries to look for similarities and differences. The chapter follows the structure of the country reports, moving from a comparison of study participants and their use of *shiatsu* to their experiences and reports on the effects of their *shiatsu* treatments. It includes some of the data presented within each country report, drawn together in a comparative manner. The comparative findings will be presented along with comments and possible interpretations of the findings. To enable comparison across all three countries, the findings are presented for each country as a whole, that is, for both previous and new *shiatsu* users and new and continuing clients together.

Study Respondents

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%. While this is a good response rate, relative to postal surveys in general and longitudinal studies in particular (Moser and Kalton 1971; Bowling 2002; Bergk et al 2005), the response rate for the Spanish sample was only 49%, compared to 70% (Austria) and 72% (the UK).

In all three countries, there was a higher response rate for those who had *shiatsu* before compared to those who had not (Table 14.1). This was again 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%). While the response rate was lower amongst new users in the Austrian sample (62%), the difference in response rates was not statistically significant.

Table 14.1: Overview of Response Rates and Representativeness

		Austria	Spain	UK
Practitioners	Number recruiting clients	33	22	30
Clients	Baseline recruitment	371	189	388
	Responders to all questionnaires	261	93	279
	Response Rate	70%	49%	72%
	- Previous <i>shiatsu</i> users	72%	*53%	*75%
	- New <i>shiatsu</i> users	62%	*30%	*57%
Representativeness	Of baseline respondents	+++	+	++

* Statistically significantly different – previous vs. new users

There may be a variety of reasons that could account for the lower response rate in Spain. Díaz de Rada (2001) comments on the scant use of postal surveys undertaken in Spain and the expectation of marketing firms to achieve only a 40% response rate. He also points to the value of repeated reminders (one reminder only was used in the *shiatsu* sample) and its beneficial effect on response rates (Díaz de Rada 2005). Other studies show considerable variation in response rates to postal questionnaires conducted in Spain. In a Catalonian study of health professionals' opinion of the Health Plan, a response rate of only 34% was achieved (Brugulat et al 2003), while in an evaluation study of a system of feedback information on public health 80% of the health professionals responded. In contrast, the European KIDSCREEN study reported response rates varying from 19% to 91% in the eight participating countries (Berra et al 2007). Another factor is the known comparatively lower response rate for postal compared to interview based questionnaires and the loss to follow-up in longitudinal and cohort studies. Notwithstanding, the fact that just over half of all the original recruits to the study within Spain did not reply to all of the four questionnaires is disappointing and limits the generalisability of the Spanish findings.

To summarise, the variations in response rate and representativeness need to be borne in mind in drawing conclusions across the three countries in a comparative manner. There is greatest confidence (the +++ symbol in Table 14.1) for the Austrian sample, both as a whole and for comparisons between previous and new *shiatsu* users. There is slightly less confidence for the UK sample (the ++ symbol in the Table), as good as for Austria for the sample overall but with greater caution for new *shiatsu* users. There is least confidence for

the Spanish sample (the + symbol), but highest for looking at the sample overall; considerable caution should be exercised for the Spanish new *shiatsu* users.

Shiatsu Users and Reasons for Use

The findings on who uses *shiatsu* and why are presented in two parts. The first presents a profile of the typical *shiatsu* user. The second explores the reasons for ‘first’ use of *shiatsu* and the symptoms with which clients indicated that they came for help.

Characteristics of a Typical Shiatsu User

The findings across the three countries suggest that 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 (Table 14.2). She would also pay for her own treatment; only in Austria did a small proportion (4%, n=8) have their *shiatsu* paid through health insurance. Finally, she would be continuing to use *shiatsu* at (three and) six months, having an average of 2-3 sessions during the previous three month period.

Table 14.2: Profile of a Typical Shiatsu User

	Austria	Spain	UK
Typical User	Female in her young 40s, in paid employment,	Female in her mid-40s, in paid employment,	Female around 50 years old, in paid employment,
	used <i>shiatsu</i> before,	used <i>shiatsu</i> before,	used <i>shiatsu</i> before,
	and in ‘good’ health or better	and in ‘good’ health or better	and in ‘good’ health or better
Age Profile	- aged ≥ 65: 5% - range: 18-80 yrs	- aged ≥ 65: 3% - range: 25-71 yrs	- aged ≥ 65: 14% - range: 24-87 yrs
Retired	10%	7%	21%
Poor Health (n)	5% (n=13)	2% (n=2)	3% (n= 7)
Not Working due to Ill-Health	2% (n=4)	4% (n=4)	6% (n=16)
Continuing to use <i>shiatsu</i> (at 6 months)	76% 2-3 sessions on av.	81% 2-3 sessions on av.	78% 2-3 sessions on av.

There were however some country variations. In particular, the UK sample was typical older on average (a median age of 50 years, compared with 46 years in Spain and 42 for Austria). In addition, a substantially larger proportion of persons aged 65 and over and/or retired people were represented in the UK sample. The proportion of retired people varied from 21% in the UK to 7% and 10% respectively for Spain and Austria.

The profile of the typical *shiatsu* user is similar to that found in Harris and Pooley's (1998) UK-wide postal questionnaire survey of all qualified *shiatsu* practitioners registered with the *Shiatsu Society UK*. In their study, practitioners were asked to complete a client questionnaire about themselves and the next three clients who presented for *shiatsu* treatment. Of the 792 client questionnaires returned, clients were predominantly female (72%), over four-fifths (87%) were aged between 25 and 64 years, and most (78%) had received *shiatsu* before.

The extent to which the above profile of the typical *shiatsu* user is comparable to the profile for other CAM modalities is difficult to gauge. Some possible comparison data could come from surveys of the prevalence of CAM use in general and/or surveys of other therapies, such as acupuncture or reflexology. At the same time, one must note that many such 'CAM use' studies are problematic, given variations in the definition of CAM itself, time periods for prevalence estimation (for example, last six months, previous year or ever use), the cultural context surrounding CAM use and the quality of the survey itself (Ernst 2006).

One frequently quoted and methodologically sound study (Thomas et al 2001) presented data for the UK on the use and expenditure on CAM. It reported that at older ages, women were more likely than men to report use of CAM, and that around 90% of all the respondents were paying themselves for their CAM treatment. Another survey for a particular CAM modality and cultural context, Chinese medicine users in the USA (Cassidy 1998), summarised the user demographic profile as being mid-age, well-educated, employed and mid-income clients.

Looking more broadly, one can also ask whether the profile of the typical *shiatsu* user, and their health status, is comparable to the profile of the wider population. While there is a need to explore this in relation to each of the three countries, some illustrative information is presented for the UK.

Data from QRESEARCH (Hippisley-Cox et al 2007), a new clinical database containing the clinical records of patients ever registered with 525 GP practices in the UK, suggests that nearly twice as many women than men consult their GP between the ages of 16 and 64

years. This compares with an observed 4:1 ratio of female to male use of *shiatsu*. Results from the annual General Household Survey for England indicate that 15% of the population had consulted their GP in the last two weeks (General Household Survey 2005). The same survey indicated that, in response to the question, ‘how is your health in general?’ (rated on a five-point scale from ‘very good’ to ‘very bad’), 79% responded that it was ‘very good’ or ‘good’, and just under 6% that it was ‘bad’ or ‘very bad’. These latter figures are very similar to those reported in this *shiatsu* study

Reasons for Use of *Shiatsu*

There was substantial uniformity over the relative ranking of the three samples’ reasons for accessing *shiatsu* and the symptoms with which clients indicated that they came for help (Table 14.3). At the *first* time, around a quarter to a third of clients indicated that at least one of the reasons they had come to *shiatsu* was ‘out of curiosity’. At *today’s* session, one of the 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’.

Table 14.3: Reasons for Access and Reasons as Symptoms (%)

		Austria	Spain	UK
Why access <i>shiatsu</i>? (first use)	Out of curiosity	33	22	26
Why access <i>shiatsu</i>? (‘today’)	Health maintenance	39	50	59
	Do something for self	38	24	19
	Personal development	16	20	18
Symptoms as Reasons (‘today’ - baseline)	Problems with muscles, joints, body structure	27	32	29
	Tension or stress	27	22	21
	Low energy or fatigue	17	12	18
	Problems with body systems	12	14	14
	Emotional Issues	11	17	12
Symptoms as Reasons (‘today’ - 6 months)	Problems with muscles, joints, body structure	31	32	29
	Tension or stress	29	23	23
	Low energy or fatigue	16	11	18
	Problems with body systems	11	13	13
	Emotional Issues	8	16	12

In terms of reasons in the form of symptoms, ‘problems with muscles, joints and body structure’ was the most mentioned group of symptoms, both at baseline and at six month follow-up. This symptom group included back pain and posture. Next most important was ‘tension or stress’, followed by ‘low energy or fatigue’.

Findings on reasons for accessing and the symptoms that clients came for help with provide potentially additional insight into the meaning and interpretation of findings on self-perceived health status. At baseline, the typical *shiatsu* user described her/himself as being in ‘good’ (or better) health. This is entirely consistent with seeking help to ‘maintain health’ (a policy-valued approach to prevention, for example) and help for pain or other symptoms. For example, an individual may be afraid of a recurrence of a frozen shoulder, or be aware of tension and stress, and seek preventive treatment; at the same time, their perception of their general health may be that this is fine. Indeed, evidence from chronic illness

demonstrates that individuals may adapt to their continued ill-health and describe their current health status as ‘good.’

Again one can ask about the similarity of this profile of reasons for use to other studies in the area. In one *shiatsu*-specific study (Harris and Pooley 1998), the most common client ‘medical diagnosis’, classified using the International Classification Index of Primary Care, reported was ‘musculo-skeletal’, including neck/shoulder, lower back and arthritis (29%), followed by ‘psychological’, including depression, stress and anxiety (14%). These proportions are very similar to those reported in Table 14.3, if ‘emotional issues’ are combined with ‘tension or stress.’ Their data for current symptoms reported by clients again pointed to the importance of musculo-skeletal and psychological problems, followed by low energy. Looking across to other CAM modalities, the most common reason for use of Chinese medicine in the USA (Cassidy 1998) was reported to be musculo-skeletal pain relief, mood care and general wellness care. The latter category links across to the importance of health maintenance as a reason for accessing *shiatsu* ‘today’ within the current study.

Client Hopes from Their *Shiatsu* Treatment

Additional insight into the reasons why clients came for *shiatsu* was provided by the findings relating to the initial hopes that clients had of their *shiatsu* treatment. Overall, a wide range of hopes was mentioned within and across countries. In addition, many previous *shiatsu* users often linked their hopes to previously experienced benefits from earlier *shiatsu* treatments. It was also 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’.

Table 14.4 provides a comparative picture of the ‘top’ hopes for the three countries, grouped into linked categories with 5% or more clients within each. While the relative ordering of the grouped hopes varied between countries, the same ‘top seven’ sets of hopes were expressed in all the countries, each being mentioned by at least 5% of their clients. In Austria, energy work was most mentioned closely followed by self-enhancement and relaxation or stress reduction. In Spain, self-enhancement was most mentioned, followed by energy work and relaxation or stress reduction. In the UK, relaxation or stress reduction was most mentioned, closely followed by self-enhancement, physical relief and alleviation of the symptoms of particular conditions. In Spain, ‘becoming’ or ‘continuing to remain drug-free’ was also mentioned by 5% of the clients, but rarely so for the Austrian or UK samples.

Table 14.4: Top Client Hopes of their Shiatsu Treatment (%)*

Client Hopes	Austria	Spain	UK
Energy work: obtain or continue, become or continue grounded, balanced	20	12	11
Self-enhancement: attain or continue (quality of life, personal growth, etc)	19	17	16
Relaxation and/or stress/tension management: attain or maintain	17	12	17
Physical relief (sleep, mobility, posture, pain, etc): obtain or maintain	13	10	16
Alleviate symptoms of particular conditions (back or neck pain, headache, ME, blood pressure, etc)	8	7	15
Emotional help and support: attain or maintain	7	10	7
Awareness of body & mind, integration: attain or maintain	7	8	5
Alleviate symptoms in general	4	8	4
Emotional calmness and strength: become or maintain	4	6	5
Become or continue to remain drug-free / medication	1	5	1

* All groups with percent of 5% or more

There is no comparative data in the *shiatsu* literature to compare to these findings. It is however noteworthy that the way some of the clients described their hopes, including new *shiatsu* users, was often in terms that cohered with the language and terminology within *shiatsu*. For example, many clients spoke of their hope ‘to clear energy blockages’ or ‘to remain balanced’. From a *shiatsu* theoretical framework perspective, it would also seem that the expressed hopes are in the main achievable by *shiatsu*, thus reinforcing the clients’ choice of *shiatsu* to assist them for their symptoms and their desired outcomes (hopes).

The Client-Practitioner Interaction

An important factor, recognised within all research whether in conventional or complementary or alternative medicine, is the quality of the relationship created between the client and practitioner. This area has also been noted in the CAM field as being particularly important as a possible therapeutic factor in the outcomes from CAM modalities (Long 2002). A linked, relatively poorly recognised, and rarely researched factor that may support the realisation of a therapeutic effect is the nature of the treatment environment in which treatment takes place, relating, for example, to its ambience and atmosphere as well as features that may support its perception as a safe and caring environment (cf. the notion of a ‘healing environment’: see, for example, Williams 1998; Miller and Crabtree 2005).

Across countries, clients were overwhelmingly positive about their relationship with the practitioner (Table 14.5). Around 70% or more of the clients ‘strongly agreed’ that their practitioner ‘listened’ or ‘accepted’ them. While there was greater variation about their joint working, 75-93% expressed agreement that they did (30-46% ‘strongly agreed’). Around a fifth of the Spanish clients were ‘not sure’, neither agreeing nor disagreeing. In addition, across countries, the practitioner was overwhelmingly perceived as being ‘trustworthy’ and ‘skilful’ (over 80% indicated ‘very much so’). The practitioner was also ‘very much’ perceived as ‘warm’ by around two-thirds of the clients. Finally, the treatment environment was rated positively, with around three-fifths or more of clients indicating their strong agreement that they ‘liked the treatment environment’. These figures rose to over 90% when those who ‘agreed’ are also included.

Table 14.5: The Client-Practitioner Relationship and Perception of the Treatment Environment (% ‘strongly agree’ or % ‘very much so’)

Client-Practitioner Relationship	Austria	Spain	UK
The practitioner <i>accepted</i> me	76	68	72
The practitioner <i>listened</i> to me	84	70	69
The practitioner and I <i>worked together</i>	46	30	34
I felt the <i>shiatsu</i> practitioner was <i>trustworthy</i>	89	87	86
I felt the <i>shiatsu</i> practitioner was <i>skilful</i>	86	82	81
I felt the <i>shiatsu</i> practitioner was <i>warm</i>	62	69	66
Treatment Environment			
I <i>liked</i> the treatment environment	68	85	57

These findings compare favourably with a recent report from the Picker Institute exploring trends from national surveys, conducted in the period 2002-2007, of patients in the English National Health Service (Richards and Coulter 2007). For example, the proportion of patients who had ‘complete confidence and trust’ in their GP (primary physician) was around 76% and 81-84% for other primary care staff. In the 2006 primary care survey, around four-fifths of patients said that their GP ‘definitely’ listened carefully to what they had to say. At the same time, around a third of primary care patients said that they had not been sufficiently involved in decisions about their treatment. As the Picker report (2007: 10) comments, ‘failure to meet patients’ expectations in terms of providing safe, effective care, good communication skills, comprehensible information, respectful treatment, and empathy can undermine trust, and can potentially lead to worse health outcomes.’

Immediate Effects from *Shiatsu*

Drawing on the exploratory work undertaken as part of the background work to the three country longitudinal study, the occurrence of a number of *shiatsu*-specific immediate effects was explored. Some of the immediate and positive effects experienced *during* and *after* the initial *shiatsu* session at which the client was recruited are presented in Table 14.6 comparatively for the three countries.

Table 14.6: Immediate ‘Positive’ Effects (% ‘strongly agree’ and ‘agree’)

Positive Effects/Experiences	Austria	Spain	UK
I felt energy moving or blockages being released during the session	76	71	65
I felt a physical change during the session	72	66	68
I felt an emotional change during the session	64	69	55
I felt calmer or more relaxed after the session	94	95	95
I felt different after the session	90	79	90
I felt more energised after the session	73	70	70
I felt more able to cope with things	69	69	72
I felt more balanced after the session	77	81	77
I was able to sleep better	54	55	60

Considerable similarity is apparent. For example, around two-thirds or more of the clients agreed or strongly agreed that they had ‘felt energy moving or blockages being released’ during the session. There was agreement that physical and emotional changes had occurred. Nearly all (95% or more) expressed agreement about ‘feeling relaxed or calmer’ after the session, 79-90% that they ‘felt different’, and over two-thirds feeling ‘more energised’, ‘more able to cope with things’ or ‘more balanced’. At least half of the clients indicated agreement about being ‘able to sleep better.’

Clients were also asked about possibly negative, immediate effects or experiences during or after their initial *shiatsu* session (Table 14.7). Again similarity is apparent across countries. There was strong agreement (70-87%) 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. While around a third strongly agreed that the treatment was *not* painful, a small proportion indicated that it was (18% in Spain and 23% in Austria and the UK).

Table 14.7: Immediate ‘Possibly Negative’ Effects (% ‘strongly disagree’)

Possibly Negative Effects/Experiences	Austria	Spain	UK
I had a bad experience during the session	85	70	87
I had an unpleasant physical reaction	54	60	59
I had an unpleasant emotional reaction	63	57	63
The treatment was painful	31	29	37

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.

Evidence on Safety and Negative Responses

A core policy and practice question for any CAM modality centres on its safety. To explore this issue, respondents were asked at three time points whether, or not, they had experienced a ‘negative reaction’ to the *shiatsu* treatment (either short-term or longer lasting) and, if so, to describe it and its duration, and rate its severity and impact on their life. To analyse the data, a five-fold typology of response types was developed, embracing categories from ‘not related to *shiatsu*’ to ‘transitional effect’ to potentially adverse event.

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 (at which the client was recruited) (18-21%) and at three months follow-up (21-22%). In each country, the rates were lower 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’.

To definitively classify negative responses into each of the five types requires additional information, in particular, related to the energetic evaluation made by the practitioner and details of the actual treatment(s) provided. The intention in this study was to provide initial findings of possible negative responses. The lack of evidence of all but a very small number of potentially adverse events that may represent a risk to client safety is a key piece of

evidence in demonstrating the role that *shiatsu* can play in health care, health maintenance and health promotion.

Evidence of Effectiveness over the Longer Term

Following the same clients over time and seeking their views at different time points enables insight into the longer term effectiveness of *shiatsu*, from the perspective of the client. Data were collected at two ‘longer term’ time points: the first, three months after the session at which they were initially recruited to the study; the second, six months after the initial session. It was thus possible to make comparisons of symptom and *shiatsu-specific* changes from baseline to three months follow-up, baseline to six months follow-up and from three months follow-up to six months follow-up. The second and third comparison could be described as assessing the maintenance (sustainability) of the effect.

Symptom Change

The country reports presented four sets of evidence related to symptom change:

- Level of agreement of an improvement in ‘the symptoms I came with’ immediately (4-6 days after their initial treatment session) and three- and six-months later
- Changes in the severity of the set of symptoms ‘today’ at baseline, three- and six-months
- For those who had had *shiatsu* before, changes in symptom severity in relation to the ‘first time’ they had *shiatsu*
- A summary item exploring levels of agreement (on a five-point scale) with the statement, ‘*shiatsu* has been effective in treating my symptoms’

Across the three countries, the findings pointed to strong agreement over symptom improvement, reductions in symptom severity at three months and at six months and strong agreement about *shiatsu*’s effectiveness in treating their symptoms (Table 14.8). 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, a statistically significant reduction in symptom severity was evident for four symptom groups at three month follow-up but only for two at six month follow-up. This was for the symptom groups of ‘problems with muscles, joints and body structure’, and ‘tension or stress’.

Table 14.8: Overview of Findings on Symptom Change

	Austria	Spain	UK
Symptom Improvement (looking overall)	Moderately high agreement for all symptom groups	Moderately high agreement for all symptom groups	Moderately high agreement for all symptom groups
(3-6 month follow-up)	Immediate improvement but tailing off	Immediate & maintained improvement	Immediate & trend towards maintained improvement
Symptom Severity			
Baseline to 3 months	½ point* reduction in severity	⅓-½ point* reduction in severity	½ point* reduction in severity
	All symptom groups	Four symptom groups	All symptom groups
Baseline to 6 months	⅓-⅔ point* reduction in severity	≥¼ point* reduction in severity	½ point* reduction in severity
	All symptom groups	Two symptom groups	All symptom groups
3 to 6 months	Maintained effect for five symptom groups	Maintained effect	Maintained effect
	Small** reduction in severity for one symptom group		
First time to baseline	⅓-⅔ point* reduction in severity	½ -1 point* reduction in severity	½-¾ point* reduction in severity
	All symptom groups	All symptom groups	All symptom groups
Shiatsu's Effectiveness	86-89% agreed or agreed strongly	85-86% agreed or agreed strongly	85-87% agreed or agreed strongly

* Statistically significant (p<0.01)

** Statistically significant (p<0.05)

Shiatsu-Specific Effects

Table 14.9 provides an overview of some of the findings within each country. For reasons of space, selected statements are provided for each group of effects explored, and only for six month follow-up. The six month's data demonstrated evidence of sustained effects over time.

Table 14.9: Overview of Findings on Shiatsu-Specific Effects at Six Months Follow-up (% 'agree' or 'agree strongly')

	Austria	Spain	UK
Health Status Change			
'much/somewhat better' compared to 6 months ago	74	78	66
'about the same' compared to 6 months ago	24	16	31
'somewhat/much worse' compared to 6 months ago	2% (n=4)	7% (n=6)	3% (n=9)
Overall Effects			
My overall health has improved	72	86	78
I feel more confident about my health	87	80	79
Specific Symptoms			
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	64	69	68
General Awareness			
I feel more able to help myself	69	87	83
I am more in touch with my emotions	60	70	57
I think about things differently	68	64	63
My understanding and experience of my body have changed	82	66	72
Attitudinal & Personal			
I feel more hopeful that my problems can be helped	76	81	83
I am more able to cope with things	68	77	70
I feel I have developed as a person	67	61	52
Relational			
<i>Shiatsu</i> has affected the way I relate to other people	50	46	33
<i>Shiatsu</i> has affected the way other people relate to me	30	25	22

Across countries, two-thirds or more of the clients indicated that their health status was 'much better' or 'somewhat better than at baseline' at six months follow-up. Around 25-30% indicated that it was 'about the same', while it had worsened only for a very small number of

clients, 19 in total. Substantial proportions also 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. The one area of exception related to the set of statements exploring relational effects. For these, 30-50% or so expressed uncertainty, neither agreeing nor disagreeing. That this effect was not realised is perhaps not surprising as it is arguably the broadest and most wide-reaching effect hypothesised.

For the Austrian and UK samples, with their larger sample sizes, it was also possible to explore whether or not there was any differences in experiential effects by previous *shiatsu* use or not. Particular interest lay in exploring two working hypotheses: firstly, previous *shiatsu* users would indicate benefits from having *shiatsu* (they might previously have experienced them and thus came back for more *shiatsu*); and secondly, new *shiatsu* users would express lower levels of agreement than those who had had *shiatsu* before (as *shiatsu* was a first experience for them).

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. For both samples, the experienced benefits were also maintained and/or consolidated for both groups by six months follow-up. These findings provide support for the working hypotheses.

Uptake of Advice

At baseline, across the 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. Table 14.9 documents this and the areas of change clients indicated that they had made to their lifestyle ‘as a result of having *shiatsu* treatment.’

Table 14.9: Advice and Uptake of Advice (% yes, % more, % less, or % same)

	Austria	Spain	UK
Advice and Changes Made (baseline)			
Advice or recommendations given at baseline (% yes)	76	76	74
Lifestyle Change (6 month follow-up)			
Made lifestyle changes 'as a result of having <i>shiatsu</i> treatment' (% yes)	77	80	80
Rest and relaxation (% take more)	75	80	54
Exercise (% take more)	64	53	43
Work (% reduce)	32	15	19
Other (% yes)	33	48	40
Healthcare Usage Change (6 month follow-up)			
Use of conventional medicine for these problems (% less)	17	22	16
Medication use (% less)	20	34	15
Use of other CAM for these problems (% more)	30	41	31

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 (43-80%). Working less was also evident, interpretable in part from the verbatim comments of some clients, in terms of time at work or devoted to work outside of work hours. A third or more indicated making other changes, with their verbatim comments drawing attention to a range of areas. Across countries, the most mentioned areas included 'body / mind awareness', 'general lifestyle' changes and changes in 'levels of confidence and resolve.' For the Spanish and UK samples, 'making space to relax' was also mentioned, and 'emotional changes' for Spain alone. 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.

The level and range of changes indicated by clients provides powerful experiential evidence of beneficial effects arising 'as a result of the *shiatsu* treatment'. Looking overall, the expressed changes are suggestive of a tendency to adopt a more relaxed, healthier and more balanced approach to life.

Table 14.9 also documents changed health care usage. It is notable that use of conventional medicine, for any of the problems clients came for treatment to the *shiatsu* practitioner, declined (about a sixth used it less), as did use of medication. Conversely, clients pointed to their increased use of other CAMs, alongside their use of *shiatsu*.

Expectations and Satisfaction

Across countries, the overwhelming majority of clients (90% or more) 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. This finding should be reviewed against the hopes that clients expressed at their initial treatment session. Whether or not all their hopes were realised remains an area of further research.

Clients also expressed high levels of satisfaction with their *shiatsu* treatment sessions over the six-month period. Around a half (47% in Spain) to three quarters (74% in Austria) were ‘completely satisfied’ (scale value=1), and 86-96% expressing satisfaction ratings of 1 or 2, on a seven-point scale. Only a small proportion (1% in Austria to 7% in Spain) expressed any degree of dissatisfaction (a score of 4 or more).

Such high levels of satisfaction are quite common in patient surveys, as service users tend to be very appreciative of the care they have received. For example, the Picker Institute (Richards and Coulter 2007) reported that around three-quarters of primary care patients said that the main reason for their visit to the surgery was dealt with to their satisfaction. Notwithstanding, it is important to ask clients about their level of satisfaction and to find out that only a small proportion expressed any degree of dissatisfaction. It remains important for the *shiatsu* practitioner and the profession as a whole to address any areas of dissatisfaction that might be identified.

Summary of Effectiveness Evidence

The various sets of data discussed above document a set of interconnected and consistent evidence of client-perceived beneficial effects. Positive evidence relates to:

- Symptom change
- *Shiatsu*-specific effects
- Lifestyle changes, in particular, as expressed through client comments
- Expectations and satisfaction
- Maintenance (sustainability) of the effect at three and six months follow-up

Given the preponderance of previous *shiatsu* users in the samples for each of the countries (85-88%), evidence of positive benefit is in itself not surprising. Taking a conservative view, if clients did not perceive *shiatsu* to be helping, it is more than likely they would not continue to use it. In addition, most of the clients continued to use *shiatsu* (76-81% at six months

follow-up). The findings in the country sections however do not show differences in experienced effects by whether or not the client continued to use *shiatsu*.

It is here that reference must be re-made to the lower (than hoped) response rate within the Spanish sample, and the noted lower response rate in both Austria (not statistically significant) and the UK (statistically significant) for new *shiatsu* users. It would be very useful to know more about the reasons for non-response. As stated earlier in this Chapter, greatest confidence can be placed in the findings for the group of previous *shiatsu* users and for the findings for Austria and the UK.

At the same time, the range of benefits expressed, from symptom change to *shiatsu*-specific effects onto reported use of other conventional medicine and medication, are highly noteworthy. The benefits also relate to the theoretical expectations within the underlying theory, method and mode of practice of *shiatsu*. That this has been found to be the case, even if for those who continue to use it, is important evidence of effectiveness.

Economic Implications

The economic implications of any changes in participants' health or health problems were captured through changes in the use of health service resources (with focus lying on medication and family physician or hospital visits) and lost productivity due to sickness absence from paid employment.

Across all three countries participants reported a reduction in physician/hospital visits over time alongside a reduction in use of conventional medication. 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.

The findings also showed wider, societal economic benefits in respect of lost productivity. The figures revealed a fall in the total number of days of sickness absence from paid employment. Across all countries, overall total sickness absence fell by 50% or more over a six month period. Assuming a five-day week, equalling about 261 working days per year and using an international average employment income comparison,³⁰ initial valuation of

³⁰ 2005 annual employment income per worker in constant 2005 international dollars (converted using IMF PPP exchange rates): \$29210 Austria; \$18670 Spain; \$32602 UK. Converted to € using \$1=0.707. <http://www.worldsalaries.org/employment-income.shtml> and <http://www.exchangerate.com/> Accessed 23.10.07

the reduction in sickness leave ³¹ suggests cost-savings of between €14,476 (Spain) and €27,931 (the UK) to €31,042 (Austria). These figures are tentative; they do not include costs to other sectors in the form of, for example, sickness benefits. Further research will explore these potential savings in more detail.

Summary

This chapter has tried to draw together some of the key comparative findings from the three country, longitudinal cohort study. Where possible, some of the findings have been linked to other research literature, for example, to compare the profile of the typical *shiatsu* user and particular aspects of the findings to other research, at least in the UK, on healthcare use and users. Linking the findings into research literature from Austria and Spain (the latter was only explored in relation to the issue of response rates) would be valuable.

The chapter has pointed to the need to remember the variations in response rate and findings on representativeness in drawing wider conclusions about the results. Within this context, looking overall, it is evident that there is substantial similarity across the three countries in terms of the evidence over who uses *shiatsu* and why, hopes from *shiatsu*, negative responses, evidence on short and longer term effectiveness, and economic implications. The consistency of the evidence is noteworthy and may offset earlier concerns over generalisability.

³¹ The difference between the number of days away from the workplace in the two periods

SECTION SIX: Implications and Conclusions

Chapter Fifteen: Conclusions and Key Messages for Policy and Practice

Introduction

The final chapter of this report presents the conclusions and some key messages arising from the three-country, longitudinal cohort study of Austria, Spain and the UK. The chapter begins by drawing out some reflections on the way the study was done, pointing to both strengths and potential weaknesses. It continues by presenting the main conclusions of the study and some key messages for policy and practice. It concludes by outlining areas for further research.

Strengths and Weaknesses of the Study

Before presenting the conclusions from the study it is fitting to reflect on strengths and weaknesses of the study.

The study has a number of *strengths*:

Firstly, the study was a pragmatic study, that is, it explored *shiatsu* as delivered and received within normal practice. Practitioners were asked to continue their practice as normal; they were also required not to ask their clients if they were taking part in the study, or not. Practitioners only had to tell eligible clients about the study, at an appropriate point in the treatment session, and to give the client the study documentation for him/herself to look at later. The intention was to minimise any impact of the research study on the *shiatsu* session and the client-practitioner relationship.

Secondly, the study was designed and undertaken in a rigorous manner. Practitioners signed their agreement to follow the study protocol. To maximise recruitment to the study and response rates over time, careful attention was given to the quality of the recruitment letters, information sheets and questionnaires. Explicit data analysis strategies and methods were followed through.

Thirdly, practitioners were required to employ a consecutive sampling strategy in client recruitment. This approach was chosen to minimise selection bias. Eligible clients embraced all clients, aged 18 or older, who came for *shiatsu* for whatever reasons. Practitioners' recruitment logs demonstrated their adherence to this selection process.

Fourthly, the study was undertaken according to strict ethical guidelines. All data were stored securely. No information on which of the practitioners' clients were participating in the study was given to practitioners (they were only informed of the number of their clients,

new and continuing, who had agreed to take part). Only one reminder letter / questionnaire was sent to a client if a particular questionnaire was not returned (balancing minimising intrusion with optimising response). Client and practitioner anonymity has been and continues to be maintained in presentations (both oral and written) on the study.

Fifthly, a good response rate was obtained from Austria and the UK, meeting the pre-specified target sample size for those completing all four of the study's questionnaires. More difficulty was however met for Spain, both in recruiting the desired number of clients per practitioner and in clients' completion of all the four questionnaires.

Finally, the measurement tools used in the study were based on a previous exploratory, interview-based, two-country study. This ensured that the experiences and effects explored related to statements of previous *shiatsu* users and practitioners. Such use of CAM modality-specific measurement tools is relatively unique within CAM research, but its necessity is becoming increasingly recognised within the research community if 'all' the effects of CAM modalities are to be assessed (Schulmann 2004; Paterson and Dieppe 2005; Verhoef et al 2005). Most importantly, the intention of the study was to explore a wide range of potential effects, and possibly negative responses, embracing symptom change (the classic conventional medicine criterion), *shiatsu*-specific changes (relating to the experience and theoretical framework of *shiatsu* as practised), client-practitioner relationship and treatment environment (cf. Long 2002).

It is also inevitable that the study has a number of *weaknesses* and areas which some might perceive as weaknesses.

Firstly, there was a problematic recruitment and response rate from Spain. Some reasons to account for this have been discussed in Chapter Fourteen. Notwithstanding, the response rate of 49% and achieved sample size of 93 clients (as opposed to the target of around 200) to all four of the study's questionnaires is disappointing. This affects the generalisation of the Spanish sample to the Spanish *shiatsu*-using population as a whole, suggesting the need for some caution in interpreting the findings. Some ways to address this issue that might be considered in future research would be to extend the time period available for client recruitment (in order to increase the initial recruitment rate) and use of more than one reminder letter and, perhaps, e-mail client follow-up to enhance response rates (but in consequence resulting in greater intrusion into clients' lives).

Secondly, the overwhelming majority (85-89%) of responders to all of the study's four questionnaires were previous *shiatsu* users. This is partly due to the lower response rate of new *shiatsu* users (significantly so for the UK sample). It is also due to the lower initial

recruitment rate of new users to the study. It is important to note, however, that the target recruitment ratio of 'up to 5 new clients' per practitioner was based on a crude estimate of the ratio of new to continuing clients. This estimate has not been borne out in the study where a ratio of 1:4 seems more accurate.

Thirdly, the fact that the study comprises a high proportion of previous *shiatsu* users may itself be seen as a potential weakness. As discussed in Chapter Fourteen, it could be argued that findings of beneficial effects of *shiatsu* are only to be expected. If clients did not perceive *shiatsu* to be helping, it is more than likely they would not continue to use it. This argument has validity. At the same time, it is only users of a treatment or, in this instance, *shiatsu* who can provide any data on its experience and effects. This suggests the importance of finding out about the experiences of those who do not continue to have *shiatsu*, an important area for future research. In this study, it was evident that, while again a large proportion continued to have further *shiatsu* treatments over the six-month study period, there were no differences in experienced effects by whether or not the client continued to use *shiatsu*. It is thus argued that the proportion of previous *shiatsu* users in the study is not a weakness per se, but part of the necessary reality of generating evidence on the benefits, or otherwise, of a particular treatment.

Fourthly, a potential danger is for readers to interpret the findings on effects as evidence of cause. Careful attention has been given in the report to ensure that no interpretation of cause is made. It is certainly possible that reported reductions in symptom severity occurred through/because of 'the passage of time' (the condition, so to speak, resolved itself), or due to other factors (for example, use of other CAMs alongside *shiatsu*, changes in the context of clients' lives apart from any uptake of advice and recommendations of the practitioner) or due to the very fact of having a consultation with a trustworthy practitioner who listened and accepted the client, rather than the other parts of the treatment process (for example, the administering of pressure in *shiatsu* treatment). The findings are indicative of potential effects and benefits (potentially causal) and must be interpreted as such. Imputation of cause was only referred to in the context of a question-phrasing which specifically referred to 'as a result of having *shiatsu*'. To impute cause in other instances requires a different study design, involving at least a comparison group.

Fifthly, some commentators may see the focus on self-reported outcomes as problematic, despite the recognition in the wider research literature about the need to adopt a patient-centred approach to service practice and use of 'patient-reported outcome measures' (Fitzpatrick et al 1998). Self-reports are the only way to generate evidence on patient experience and patient-experienced effects. It is however recognised that corroborating

evidence of symptom change, for example, would add to the strength of the evidence. Exactly how this might be done other than asking clients about their symptoms is not clear. For example, use of a (validated) measure of depression still requires the patient to report on their experiences.

Finally, further data were needed to appropriately classify some of the data and to interpret some of the findings. This was the case for the data on negative responses. Given the study design (the practitioner did not know which clients were in the study), no insight into the energetic evaluation of the practitioner for particular clients was collected or collectable. In addition, due to the study's pragmatic nature, as is usual in CAM practice, the practitioner tailored the treatment session to the needs of the particular client. The effect of differences in practice remains an area for further research.

Conclusions and Key Messages

The main conclusions and key messages arising from the research cover a range of aspects.

1. Original Contribution to the Evidence Base

- 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
- The study provides evidence for three European countries - Austria, Spain and the UK; each country has differences in the number of practitioners (thus, likely access to *shiatsu*) and national healthcare regulations
- The study is the first to collect information in a systematic manner from clients about possible negative responses to *shiatsu* and thus is able to report on the issue of the safety of *shiatsu*
- The study provides evidence on a range of important data, from 'who uses *shiatsu* and why' to client-perceived experiences and effects and economic implications

2. Safety and Negative Responses (Chapter Thirteen)

- The prevalence of client-perceived negative responses varied from 12% to 22%, with rates being very similar across all three countries
- A very small proportion (3%, relating to ten client episodes) of the negative responses were classified as 'an undesired, potentially adverse event or effect that may represent a risk to client safety'

- Over four-fifths (82%) of the client-expressed ‘negative’ responses were classified as ‘transitional’ effects
- These findings confirm the safety of *shiatsu* as practised within the three countries

Findings on safety and possible adverse event are an essential first step for policy acceptance of a CAM therapy. The very low level of potentially adverse events is important evidence for policy.

Important implications arise for *shiatsu* as a CAM profession (in the context of regulation) and professional practice. Firstly, the fact that clients expressed transitional effects as negative responses suggests the importance of practitioners’ making explicit possible negative feelings (emotional and/or physical) that may arise subsequent to or as a consequence of the treatment. Secondly, the occurrence of any potentially adverse event is of concern. This suggests the need for thoughtful after-care and post-treatment support being offered explicitly and routinely by practitioners. Clients may thus become clearer about the concept and occurrence of the ‘healing crisis’, ‘energy shifts’, the ‘rebalancing process’ itself and possible ‘body detoxification’ on both a physical and an energetic level. Professional *shiatsu* associations could assist by preparing information leaflets for practitioners to give to their clients or for practitioners to tailor for their own clients.

3. Effectiveness (Chapter Six and Chapters Eight to Eleven)

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

- Immediate benefits and positive experiences (following initial treatment)
- Symptom change over the six-month follow-up period
- *Shiatsu*-specific effects over the six-month follow-up period
- Lifestyle changes, in particular as expressed through client comments, over the six-month follow-up period
- Met expectations and continued satisfaction with treatment
- Maintenance (sustainability) of the effect at three and six months follow-up

Importantly, these findings are generally consistent across and within each of the countries.

Once a demonstration of the safety of a treatment is established, the next important aspect for policy and public acceptability is that the treatment ‘works’. The findings provide important evidence of potential benefits/effects, as perceived and reported by clients.

Importantly, and providing corroboration of the clients' perceptions, the exposition of the underlying framework of *shiatsu* (Chapter Three) suggests the expressed hopes of clients at baseline were in principle achievable and relevant to *shiatsu*. General well-being, health maintenance, health promotion and health awareness effects are notable here. The findings related to the uptake of practitioner advice and recommendations, and explicitly identified lifestyles changes clients reported making 'as a result of having *shiatsu*' suggests an important role for *shiatsu* to play in public health, in raising health awareness, health promotion and behavioural change (on diet and exercise in particular).

4. Economic Implications (Chapter Twelve)

From a policy perspective, evidence of cost-effectiveness needs to be generated. While the study was not structured in such a way as to draw detailed data on possible economic benefits, it does allow some of the economic dimensions to be addressed. The findings demonstrate:

- A reduction in use of conventional medicine and medication
- A reduction in working days lost due to ill-health
- Significant success in treating two symptom groups, 'musculo-skeletal conditions' and 'tension and stress'

All three areas provide indicative evidence of an added value and potential economic benefit arising from *shiatsu* treatment.

5. Who Uses Shiatsu and Why? (Chapter Five)

- The 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 also pay for her own treatment
- A quarter to a third of clients indicated that at least one of their reasons for first accessing *shiatsu* was 'out of curiosity'
- The most commonly mentioned reason for accessing *shiatsu* today was for 'health maintenance or to improve their health', followed by 'to do something for oneself'
- In terms of reasons in the form of symptoms, most mentioned were 'problems with muscles, joints and body structure', including back pain and posture, followed by 'tension or stress' and 'low energy or fatigue'

From a policy and practice perspective, these findings suggest that an important role is being played by *shiatsu* in the areas of maintaining good health and prevention of ill-health. The greater use of *shiatsu* by women than men reflects other data on gender variation in healthcare usage. Its greater use by men could have beneficial effects on their own health and illness prevention.

6. Client-Practitioner Relationship and Treatment Environment (Chapter Six)

- Clients were overwhelmingly positive about their relationship with the practitioner, with strong agreement about ‘being accepted’ and ‘listened to’, and agreement about ‘working together’
- Practitioners were ‘very much’ perceived as ‘trustworthy’ and ‘skilful’, and to a lesser degree, ‘warm’
- Clients overwhelmingly valued and liked the treatment environment

The relationship between the client and practitioner, and treatment environment most recently, are increasingly recognised as important, if not critical, factors in enabling health and healing. The very fact that the practitioner listens and accepts the client plays an important therapeutic role, which ought not to be subsumed under the heading of a ‘non-specific’ effect (Di Blasi et al 2001; Moerman and Jonas 2002). The study’s findings are very supportive of current practice. 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.

Areas for Further Research

Doing research seemingly inevitably identifies the need for more research. Leaving to one side the broader issues of the relative effectiveness of *shiatsu* in comparison to another CAM modality, or of *shiatsu* in addition to or in comparison with a conventional medicine treatment for particular symptoms sets or conditions, the current research suggests a number of areas for further exploration.

1. For the area of *safety and negative responses*: Firstly, to ask more specific and additional questions to help to tease out the ‘change to positive’ for transitional effects. Secondly, to generate data on the energetic evaluation and presenting symptoms with a view to be able to more definitively classify any negative responses into each of the five types
2. For the area of *who uses shiatsu and why*: To gain insight into the characteristics of clients who stop using *shiatsu* and to uncover their reasons

3. For the area of *economic implications*: To explore further the area of cost savings. Future analysis of the current datasets is to be undertaken in collaboration with health economists at the University of Leeds, to explore differences and similarities between the three countries, analysed as one dataset, and between sub-groups based, for example, on reasons for use (including symptom groups) and age
4. For the area of *practitioner variation*: To explore possible variation in effects achieved by different practitioners, given the likely variations in practice that arise in individualised treatment
5. For the area of *causality*: To impute cause requires a different study design, involving at least a comparison group

REFERENCES

Adams G (2002) Shiatsu in Britain and Japan: personhood, holism and embodied aesthetics. *Anthropology and Medicine* 9(3): 245-265.

Beresford-Cooke C (1996) *Shiatsu Theory and Practice*. Churchill Livingstone: Edinburgh.

Bergk V, Gasse C, Schnell R and Haefeli WE (2005) Mail surveys: obsolescent model or valuable instrument in general practice research. *Swiss Medical Weekly* 135: 189-191.

Berra S, Ravens-Sieberer U, Erhard E, Tebé C, Bisegger C, Duer W, von Rueden U, Herbman M, Alonso J, Rajmil L and the European KIDSCREEN group (2007) Methods and representativeness of a European survey in children and adolescents: the KIDSCREEN study. *BMC Public Health* 7:182.

Brugulat P, Séculi E, Fusté J, Juncà S, Martínez V, Medina A, Mercader M and Sánchez E (2003) La opinión de los profesionales sanitarios sobre el Plan de Salud de Cataluña. Punto de partida par una reflexión orentada al futuro. [Health professionals' opinion of the Catalan Health Plan: Basis for a reflection on the future.] *Gaceta Sanitaria* 17(1): 52-58.

Bowling A (2002) *Research Methods in Health*. Open University Press: Buckingham.

Cassidy CM (1998) Chinese medicine users in the United States Part 1: Utilization, Satisfaction, Medical Plurality. *Journal of Alternative and Complementary Medicine* 4(2): 189-202.

Charmaz K (2000) Grounded theory: objectivist and constructivist methods. In Denzin NK and Lincoln YS (eds.) *Handbook of Qualitative Research – Strategies of Qualitative Enquiry*. Thousand Oaks: Sage.

Di Blasi Z, Harkness E, Ernst E, Georgiou A and Kleijnen J (2001) Influence of context effects on health outcomes: a systematic review. *The Lancet* 357: 757-762.

Díaz de Rada V (2001) Mail surveys using Dillman's TDM in a Southern European Country: Spain. *International Journal of Public Opinion Research* 13(2): 159-172.

Díaz de Rada V (2005) Response effects in a survey about consumer behaviour. *International Journal of Market Research* 47(1): 45-64.

Ernst E (2006) Prevalence surveys: to be taken with a pinch of salt. *Complementary Therapies in Clinical Practice* 12 (4): 272-5.

Ernst E (ed) (2001). *The Desktop Guide to Complementary and Alternative Medicine. An Evidence Based Approach*. Harcourt Publishers Limited: London.

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 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)

Fitzpatrick R, Davey C, Buxton MJ and Jones DJ (1998) Evaluating patient-based outcome measures for use in clinical trials. *Health Technology Assessment* 2(14).

General Household Survey (2005) *ESDS Nesstar Catalogue. Research Databases. General Household Survey*. <http://nesstar.esds.ac.uk/webview/index.jsp> (Accessed 15th November 2007).

Harris PE and Pooley N (1998) What do shiatsu practitioners treat? A nationwide survey. *Complementary Therapies in Medicine* 6: 30-35.

Hippisley-Cox J, Fenty J and Heaps M (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QRESEARCH Database*. QRESEARCH research highlights. The Information Centre: Leeds. <http://www.qresearch.org/default.aspx>

Long AF (2002) Outcome measurement in complementary and alternative medicine: unpicking the effects, *Journal of Alternative and Complementary Medicine* 8(6): 777-786.

Long AF and Mackay H (2003) The effects of shiatsu: findings from a two-country exploratory study, *Journal of Alternative and Complementary Medicine*, 9 (4): 539-548.

Mackay H and Long AF (2003) *The Experience and Effects of Shiatsu: Findings from a Two Country Exploratory Study*, Salford: University of Salford, Health Care Practice R&D Unit. Report No. 9.

Moerman DE and Jonas WB (2002) Deconstructing the placebo effect and finding the meaning response. *Annals of Internal Medicine* 136: 471-476.

Moser CA and Kalton G (1971) *Survey Methods in Social Investigation*. Heinemann Educational Books: London.

Miller WL and Crabtree BF (2005) Healing landscapes: patients, relationships, and creating optimal healing places. *Journal of Alternative and Complementary Medicine* 11(1): S41-S49.

Paterson C and Dieppe P (2005) Characteristic and incidental (placebo) effects in complex interventions such as acupuncture. *British Medical Journal* 330:1202-1205.

Richards N and Coulter A (2007) *Is the NHS Becoming More Patient-Centred? Trends from the national surveys of NHS patients in England 2002-07*. Picker Institute Europe. <http://www.pickereurope.org>

Robinson N, Donaldson J and Lorecn A (2006) *Shiatsu: A Review of the Evidence*. Shiatsu Society UK and Thames Valley University: London (www.shiatsusociety.org).

Schulman D (2004). The unexpected outcomes of acupuncture: case reports in support of refocusing research designs. *Journal of Alternative and Complementary Medicine* 10(5): 785-789.

Senstad O, Leboeuf-Yde C and Borchgrevink C (1997) Frequency and characteristics of side effects of spinal manipulative therapy. *Spine* 22 (4): 435-441.

Strauss AL and Corbin J (1998) *Basics of Qualitative Research*. London: Sage Publications.

Thomas KJ, Nicholl JP and Coleman P (2001) Use and expenditure on complementary medicine in England: a population based survey. *Complementary Therapies in Medicine* 9: 2-11.

Verhoef MJ, Lewith G, Ritenbaugh C, Boon H, Fleishman S and Leis A (2005) Complementary and alternative medicine whole systems research: beyond identification of inadequacies of the RCT. *Complementary Therapies in Medicine* 13: 206-212.

Williams A (1998) Therapeutic landscapes in holistic medicine. *Social Science and Medicine* 46(9): 1193-1203.

APPENDICES

Appendix 1

October 2005

Dear Practitioner

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

I am writing to invite you to take part in the above research study. This will be carried out by the University of Leeds and is sponsored by the European Shiatsu Federation. The study has the full support of your national association. The research has two aims:

1. Assess the client's experience and perceptions of short and longer-term, positive and negative effects of shiatsu, and their maintenance over time
2. Find out about the age, gender and other characteristics of shiatsu practitioners and features of their practice

The study is taking place in three European countries: Austria, Spain and the UK. Your name was selected randomly by the Shiatsu Society (UK) from its list of practitioners who had been on the register since July 2003. This letter has been sent directly to you by the Shiatsu Society (UK) who alone knows your identity.

Please look at the attached information sheet, which outlines the study and provides an overview of what taking part in the study will mean for you. In summary, you are asked to recruit around 16 clients on our behalf, give out the project documentation, and to complete a short questionnaire about your own practice.

If you would like to take part in the study, please complete the attached pro forma and return it to me at the University of Leeds within two weeks of receipt of this letter. We will then send you a detailed protocol and agreement form.

I can assure you that all information that you send us will be treated in confidence. All data generated within the project will be anonymised during the analysis and oral and written reports on the project.

I hope that you will take part in the study. Its success depends on your involvement. The research itself will help build a wider understanding of the experience and effects of shiatsu and enhance the credibility of, and access to, shiatsu.

Yours sincerely

Andrew F Long
Professor, Health Systems Research



Practitioner Information Sheet

The Effects and Experiences of Shiatsu: A Cross-European Study

You are invited to take part in a research study being conducted at the University of Leeds and sponsored by the European Shiatsu Federation.

Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Who is conducting the project?

Researchers from the University of Leeds are undertaking the project. The research is sponsored by the European Shiatsu Federation. The study has the full support of your national shiatsu association. Professor Andrew Long is directing the research. The main contacts for the study are Professor Long and Ruth Allcroft at the University of Leeds, and the Shiatsu Society (UK) representative, David Home.

Why is the study being conducted?

The research base of shiatsu is at an early stage of development. There is an urgent need for more information on the benefits it may have for those who use it and information on any negative effects. This study builds on a previous two-country, interview-based study, funded by the European Shiatsu Federation, which explored client and practitioner views of the experience and effects of shiatsu. The current study will take this forward by following a set of clients over time to examine immediate, short and longer-term effects. This will assist in providing a high quality foundation for the wider recognition of shiatsu and a basis for future research exploring the relative effectiveness of shiatsu to other complementary and alternative modalities (for example, acupuncture or aromatherapy massage) and/or conventional medicine in the promotion of health and well-being.

What is the purpose of this study?

We want to find out about people's experiences of shiatsu, and the effects (both positive and negative) shiatsu has had on them in the short and longer term and their maintenance over time. We also want to find out about the age, gender and other characteristics of shiatsu practitioners and features of their practice

What is the study design?

We are undertaking a self-administered questionnaire-based, longitudinal study. The study is being undertaken in three countries: Austria, Spain and the UK. A uniform research protocol will be followed in order to maximise the validity of the findings and the external credibility of the research. Each participating practitioner will be asked to recruit up to 16 consecutive clients, some of whom will be 'new' clients (that is, never having received shiatsu from the participating practitioner) and some 'continuing' clients (that is, a client who has received shiatsu from the participating practitioner and is either beginning a new set of treatment or is a current, ongoing client). Each client will be asked to complete a postal questionnaire at their initial treatment session, a few days later (to find out about immediate effects), three months later and six months after their initial recruitment to the study.

Why have I been invited to participate?

The initial inclusion criterion for the study is 'a shiatsu practitioner who has been on the national society's register since July 2003'. Your name was selected randomly by the Shiatsu Society (UK) from its practitioner Register. This letter has been sent directly to you by the Society who alone knows your identity.

Do I have to take part?

No. Participation is entirely voluntary.

What happens if I agree to take part?

You will be asked to recruit at least 4 'new' clients and up to 12 'continuing' clients. This will involve you in telling them a little about the project, giving them an information sheet on the project, and the first two questionnaires. After this initial contact, you should just continue to treat the client as usual. We will provide you with all the documentation to give to the clients. We will also ask you to complete a short questionnaire providing us with more information about your practice.

What will happen to the data that I provide?

All the information that you give us will be kept *strictly confidential*. Your name (which is currently unknown to the research team at the University of Leeds) will not be mentioned in any reports. Only members of the research team, which will include a researcher yet to be appointed, will know that you have agreed to take part in the study. Any contact you have with the national Shiatsu Society representative linked to the project will also be treated in confidence. Your name will not be made known to anyone else, including members of the European Shiatsu Federation.

All hard copies of information provided will be stored in locked filing cabinets. All electronic copies, including databases of participants (practitioners and clients), and anonymised data sets arising from the questionnaires will be stored on password-protected computers and on the University of Leeds server in order to prevent access to the data should an individual computer be stolen. It is expected that the study will be widely disseminated in both oral and written form. In all cases, all data will be anonymised.

Can I get further information?

If you agree to take part in the study, we will send you a detailed protocol about what we need you to do. This will explain how to recruit the clients in order to avoid bias. You will then be able to ask for more information either from the UK representative, David Home, or Professor Andrew Long at the University of Leeds.

What happens next?

If you are interested in taking part in the study, please now complete the attached *Practitioner Participation Form*. Once we hear from you, we will include your name in the list of interested practitioners. We may need to select from this list, keeping some names in reserve. We will write to you either sending you the full protocol or asking if you will be a reserve.

Thank you for taking the time to read this information sheet. If you are interested in taking part in the study, please now complete the enclosed Practitioner Participation Form.



Practitioner Participation Form

The Effects and Experiences of Shiatsu: A Cross-European Study

Step One: Do you meet the eligibility criteria for the study?

1. The study is restricted to shiatsu practitioners who:

- (i) Have been on the Society's Register since July 2003
- (ii) See a minimum of five clients on average each week, that is, about 20 per month.

Please confirm that you meet the eligibility criteria for the study. Yes / No

2. *If you meet these two criteria*, please would you provide us with initial information about the number of clients you see. We are interested in both 'new' clients (that is, a client who has never before received shiatsu from yourself) and 'continuing' clients (that is, a client who has received shiatsu from yourself and is either beginning a new set of treatment with yourself or is a current, ongoing client).

- (i) Looking back over the last *six* months, how many new and continuing clients did you see? *Please write a number in each box.*

	September	August	July	June	May	April
New Clients						
Continuing Clients						

- (ii) Do you expect to see a similar number of clients over the next four months?

 A lot fewer Fewer About the same More

If you expect to see more or less clients, can you briefly say why?

|

Step Two

Please turn over the page and complete the reverse of this page

Step Two: Are you willing to take part in the study?

Having read the information sheet and met the eligibility criteria for the study, if you are willing to take part, please sign and tick as requested in the boxes below and provide us with your full contact details.

I agree to take part in the above project, which will be carried out by the University of Leeds.

My signature at the bottom of this form shows that:

- | | Please tick
or initial box |
|--|---------------------------------------|
| • I confirm that I meet the two eligibility criteria for the study | <input type="checkbox"/> |
| • I have read the information sheet outlining the research project | <input type="checkbox"/> |
| • I understand that my involvement will be <i>confidential</i> and that my name will not be mentioned in any report. | <input type="checkbox"/> |
| • I would like to receive a copy of the detailed protocol for the study in which I fully intend to take part. | <input type="checkbox"/> |

Signature: _____

Date: _____

Name: (please print) _____

Date: _____

Postal Address (including postcode and country):

Tel: _____

E-mail: _____

Please return this fully completed form in the FREEPOST envelope to the research team at the University of Leeds.

**School of Healthcare
Baines Wing
The University of Leeds
PO Box 214
Leeds LS2 9UT**

Appendix 2



Practitioner Protocol – Austria, Spain and the UK

The Effects and Experiences of Shiatsu: A Cross-European Study

Introduction

To ensure the credibility of the research to the wider research community, it is very important that the research is guided by a tight and uniform research protocol. At the same time, it is essential that the research itself does not interfere with the practitioner's clinical practice and fits with the profession's guidance on ethical and professional practice. This document has been drawn up by the principal research investigator, Professor Andrew Long at the University of Leeds, UK, in collaboration with members of the European Shiatsu Federation.

The document outlines the protocol and its requirements. It provides detailed guidance on how and how many clients to recruit, the tasks that you as practitioner need to undertake and assurances of confidentiality and anonymity that must be given to prospective clients for the research study. Each practitioner who takes part in the study must confirm *in writing*, using the attached pro forma, their agreement to fully conform with the requirements of the protocol and confidentiality.

Client Recruitment

How Many Clients to Recruit

You are asked to recruit a total of 16 clients into the study. All clients must be *aged 18 or over*. Of these:

- At least 4, and up to 5, of these clients must be 'new' clients. We are defining a 'new' client as someone who has never received shiatsu from yourself
- The remainder, that is, up to 12, must be 'continuing' clients. We are defining a 'continuing' client as someone who has received shiatsu from yourself and either is beginning a new set of treatment with yourself or is a current ongoing client.

Which Clients to Recruit

To try to prevent any bias in selecting which clients you recruit to the study, you must ask successive / consecutive clients who fill the above criteria. The process works as follows. Suppose, after the agreed start date of the study, your work schedule looks like this:

- 'Continuing' client comes to see you and s/he is in the middle of a set of treatments -> ask if s/he would be interested to take part in the study, give out documentation
- Next client is a 'new' client coming for her/his first treatment -> ask if s/he would be interested to take part in the study, give out documentation
- 'Continuing' client who is in the middle of a set of treatments is the next client -> ask if s/he would be interested to take part in the study, give out documentation
- Next client is a 'continuing' client who is starting a new set of treatments -> ask if s/he would be interested to take part in the study, give out documentation
- Next client is a 'new' client coming for her/his first treatment -> ask if s/he would be interested to take part in the study, give out documentation

Continue until your quota (16 clients, of which at least 4 are 'new' clients) is achieved.

When you have asked 12 'continuing' clients (or 4 'new' clients), do not ask more. You should contact the research team at the University of Leeds to see if in fact all the clients you asked have agreed to take part in the study and thus if you need to ask more 'continuing' or 'new' clients. Your recruitment should then continue, until you have reached your full quota of clients.

Which Clients to Exclude

The only exception to this sequential sampling procedure is a situation in which you judge that it is inappropriate to ask one of these clients to take part in the study. Examples include the client being very emotional or too ill or is a friend or relative. You must though keep a record of the reason why you did not ask the client to take part in the study (see below).

Keeping a Log of Recruitment Requests

We need to be confident and be able to show to others that the recruitment protocol is being followed. We also have to be able to convince others about the quality of our client recruitment process. You must therefore keep a log that summarises the detail of your attempts to recruit clients to the study. This may be inspected or requested by the research team and/or Shiatsu Society country link person at any time. The log should contain the following details:

Date	Client Name / ID Number	Reason not asked to take part

We also need you to keep a log of the numbers of 'new' and 'continuing' clients that you treat during the following months, writing in the total number in each box.

	October	November	December	January	February	March	April
New Clients							
Continuing Clients							

When to Recruit Clients

You have discretion about which ways might work best within your own practice and style of practice. For your ongoing clients, you will know when and how is best for each of them. Some practitioners ask their new clients to complete a short questionnaire either before or during their first treatment session. You could briefly introduce the study to the new client at this time and give out the relevant documentation. Other practitioners take time in the first session to talk through with the client about their reasons for coming and so on. You could briefly introduce the study to the client at this time and give out the relevant documentation. Or, you might feel that the study is best introduced when the client has received their treatment. We want you to do what works best for you and your client.

We recommend that you tell the client about the study on the following lines:

- Tell clients that the benefits of shiatsu that clients experience have not been documented to date. To do so will both make shiatsu more available to others and help improve professional practice
- We are thus undertaking research to find out what benefits shiatsu has for you
- My role is to ask you if you would be prepared to take part in the study
- To do so will require you to fill in a number of questionnaires and send these back to the University research team
- To help you decide, I have an information pack which contains details on the project and the two initial questionnaires – both of which are fairly short and would take you about 15-20 minutes to complete – and FREEPOST envelopes to return the questionnaires in.
- I will not know if you decide to take part in the study; only the research team will know this when you send the questionnaire(s) back to them.
- All the data you provide will be treated in confidence
- Would you be interested to help ... (then give the documentation) Thank you.

What Documentation to Give to the Client

You will be provided with all the documentation to give each potential recruit to the study. The documentation comprises:

- An introductory letter explaining the purpose of the study and procedures
- An information sheet on the study, including contact details for further information on the project
- Questionnaire One (asking for background information on the client and reasons for seeking treatment)
- Questionnaire Two (exploring immediate effects after the 'first' treatment session)

You will not know who has agreed to take part in the study, as the client, having read the documentation, sends the completed questionnaires directly back to the research team at the University of Leeds.

In summary, you must:

1. Give the client the envelope labelled 'Information Sheet and Questionnaire One'
2. Ask the client to read these as soon as possible and, if s/he is happy to take part in the study, to complete the questionnaire, returning it in the FREEPOST envelope to the research team at the University of Leeds
3. Give the client the second envelope labelled 'Questionnaire Two' and mention that this should be completed in about four days time
4. Stress to the client that taking part is entirely voluntary; that taking part will not affect their treatment with yourself in any way; that you will not know if s/he has agreed to take part in the study; and that the information that s/he provides to the research team will be confidential; and all responses will be anonymised in subsequent publication of the results
5. Finally, say that all of this information is outlined in the documentation that you have given them.

What Else Do I Have to Do?

That is it! What you must *not* do is to ask the client at the next time you see them whether or not s/he is taking part in the research. This is to preserve the client's confidentiality and to avoid you treating the client in any way different than you would normally do. So, just continue to treat the client as usual.

Contact with the Research Team

Please contact the research team at the University of Leeds when you have given out research packs either to 12 'continuing' clients and/or 4 'new' clients. The research team will then let you know whether or not you need to ask more clients (as all of the clients you gave packs to may not have agreed to take part in the study).

The research team at the University of Leeds will contact you:

1. When the required numbers of clients (new and continuing) have been recruited from your practice
2. To obtain a copy of your log of the numbers of 'new' and 'continuing' clients that you have treated during the six months since the start of the study
3. To obtain a copy of your log that summarises the detail of your attempts to recruit clients to the study, including reasons for non-recruitment of particular clients

If you are unsure what to do, you can also contact the research team. In the first instance we would advise you to get in touch with your country contact {...}, who should be able to help. If he cannot help, {...} will either contact the research team himself or recommend you to.

Appendix 3

Professor Andrew Long
+44 (0)113 343 6250
a.f.long@leeds.ac.uk

Dear Shiatsu Client

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

Thank you for agreeing to receive this pack which includes an Information Sheet on the research project, a short guide to the study, a Consent Form and two short questionnaires.

I warmly invite you to take part in this study. We want to find out about people's experiences of shiatsu, the effects (both positive and negative) shiatsu has on them in the short and longer term, and the extent to which these effects are maintained over time. The study aims to recruit about 600 shiatsu users from each of three European countries (Austria, Spain and the UK). We want to be able to provide a European-wide perspective on the effects and benefits of shiatsu.

Please read the enclosed *Information Sheet* carefully. This tells you more about the study and what happens if you agree to take part. If you want to ask any questions, in the first instance, please ask your shiatsu practitioner. Alternatively, you can contact Professor Andrew Long or Ruth Allcroft at the University of Leeds on 0113 343 6250.

I want to assure you that the information that you provide us with will be kept *strictly confidential*. Your name will not be mentioned in any reports. Only members of the research team will know that you have agreed to take part in the study. As we will be sending you further questionnaires (in three and six months time), we need you to tell us your name and full contact details. This information will be stored securely.

If you are happy to take part in the study, please now complete the enclosed *Client Consent Form* and *Questionnaire One*. Please then send the completed form and questionnaire one back to us at the University of Leeds using the FREEPOST envelope.

About four days or so after the shiatsu treatment session at which you were given this information pack, please complete *Questionnaire Two*. Please then send the completed questionnaire back to us at the University of Leeds using the other FREEPOST envelope.

Thank you for sparing the time to read through this letter and information pack and, if you choose, for taking part in this research study.

Yours faithfully

Andrew F Long
Professor, Health Systems Research

Shiatsu Client Information Sheet

The Effects and Experiences of Shiatsu: A Cross-European Study

You are invited to take part in a research study being conducted at the University of Leeds and funded by the European Shiatsu Federation.

Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Who is conducting the project?

Researchers from the University of Leeds are undertaking the project. The research is sponsored by the European Shiatsu Federation. Professor Andrew Long of the School of Healthcare at the University of Leeds is directing the research. The main contacts for the study are Professor Long and Ruth Allcroft at the University of Leeds.

Why is the study being conducted?

With the increased use of complementary and alternative therapies, there is an increasing need to find out users' experiences of the therapies, perceived benefits in the short and longer term, and any negative reactions to therapies. While shiatsu practitioners are confident that what they are doing is both safe and beneficial, the perspective of actual users is very important. The results of this study will be of great use to future shiatsu users, letting them know of possible health and well-being benefits and supporting the development of high quality professional practice.

What is the purpose of this study?

We want to find out about people's experiences of shiatsu, the effects (both positive and negative) shiatsu has on them in the short and longer term, and the extent to which these effects are maintained over time. The study is recruiting about 600 shiatsu users from each of three European countries (Austria, Spain and the UK). We want to provide a European-wide perspective on the effects and benefits of shiatsu.

What happens if I take part?

You will be asked to complete a set of four questionnaires over a six-month period. The *first* questionnaire asks you to provide some background information on yourself and reasons for seeking treatment. This should be completed as soon as possible. The *second* questionnaire asks about your initial response to the shiatsu treatment. It should be completed within four days of the shiatsu treatment at which you were given this information sheet. The practitioner will have given you copies of these questionnaires, and FREEPOST envelopes, with this information sheet. Three months later, the research team will send you the *third* questionnaire to find out the benefits of shiatsu to you at this time. Finally, another three months later, the research team will send you the *fourth* and final questionnaire asking about effects at this time.

Do I have to take part?

No. Participation is entirely voluntary. Not taking part will not affect the way your shiatsu practitioner treats you in any way. Indeed, the practitioner will not know whether or not you have agreed to take part in the study. Even if you agree to take part now, you can decide not to take further part in the study by not completing the subsequent questionnaires that we send you. You do not have to give any reasons.

What will happen to the data that I provide?

All the information that you give us will be kept *strictly confidential*. Your name will not be mentioned in any reports. Only members of the research team, which will include a researcher yet to be appointed, will know that you have agreed to take part in the study.

As we will be sending you further questionnaires (in three and six months time), we need you to tell us your name and full contact details. These personal details and all hard copies of the information you provide will be stored in locked filing cabinets. All electronic copies, including databases of participants (practitioners and clients), and anonymised data sets arising from the questionnaires will be stored on password-protected computers and on the University of Leeds server in order to prevent access to the data should an individual computer be stolen.

It is expected that the study will be widely disseminated in both oral and written form. In all cases, all data will be anonymised.

What happens next?

There are two things you have to do now, if you are happy to take part in the study:

1. Complete the attached *Client Consent Form* and *Questionnaire One*. Send the completed form and questionnaire back to us at the University of Leeds using the FREEPOST envelope.
2. About four days after the shiatsu treatment at which you were given this information sheet, complete *Questionnaire Two*. Then send the completed questionnaire back to us at the University of Leeds using the other FREEPOST envelope.

Three months later we will then send you the third questionnaire for you to complete.

Can I get further information?

If, having read this information sheet, you want to ask any questions about the study, in the first instance, please ask your shiatsu practitioner. Alternatively, you can contact Professor Andrew Long or Ruth Allcroft at the University of Leeds on 44-113-343 6250 (if outside the UK) or 0113 343 6250 (if inside the UK).

Thank you for taking the time to read this information sheet. If you are happy to take part in the study, please now complete the enclosed Client Consent Form and Questionnaire One.

Client Consent Form



Project Title: The Effects and Experiences of Shiatsu: a Cross-European Study

I agree to take part in the above project which will be carried out by the University of Leeds

My signature at the bottom of this form shows that:

Please tick or initial box

- I have read and understood the information sheet provided and have had the chance to seek further information and ask questions.
- I understand that my involvement will be *confidential* and that my name will *not* be mentioned in any report.
- I understand that my taking part in the study is entirely voluntary and I can decide not to complete subsequent questionnaires. I know I do not have to give any reasons.
- I understand that the information generated from the study will be used anonymously in presentations and publications on the study.
- I understand that my personal details will be stored securely and in electronic form and only used to contact me in order to send me subsequent questionnaires.

Signature: _____

Name: (please print) _____

Date: _____

Postal Address: (please provide full contact details so that the research team can send you the third and fourth questionnaires)

Tel: _____

E-mail: _____

Please return this signed form in the FREEPOST envelope, together with the completed Questionnaire One, to the research team at the University of Leeds.

Appendix 4



The Effects and Experiences of Shiatsu: A Cross-European Study

Questionnaire One: Background Information

Thank you for agreeing to take part in this study. Please can you now complete the following short questionnaire. When you have completed the questionnaire, would you send it back to us in the attached FREEPOST envelope.

For your ease, most of the questions can be answered by ticking a box. Just one asks you to write in your own words about what you hoped to get from having shiatsu treatment. Please complete all the questions.

You will notice that overleaf we ask you to write in your name and full contact details. This will enable us to send you subsequent questionnaires. We assure you that your responses will be treated in confidence and all data will be anonymised during the analysis and subsequent verbal and written reports.

Once again, thank you for your help with this research project.

Professor Andrew Long
School of Healthcare
University of Leeds

First of all, would you please complete your contact details. Thank you.

Name:	Date questionnaire completed:
Address:	
e-mail (if any):	

1. How old are you?

2. Are you: Male Female

3. Please indicate which best describes your employment status now:

- | | |
|---|-----------------------|
| ... in paid, full-time work (30 hours or more a week) | ... full-time student |
| ... in paid, part-time work (less than 30 hours a week) | ... unemployed |
| ... looking after your home/family | ... retired |
| ... not working due to ill health | |

4. Have you had shiatsu before? Yes/No

If yes, when did you first have shiatsu? *Please give year*

5. Have you had other complementary or alternative therapies? Yes/No

6. How are you paying for your shiatsu treatment today?

- | | |
|---|---------------------------|
| Yourself | Offered free |
| On health insurance | Using a gift voucher |
| Other <i>Please describe</i> | |

7. What are your reasons for having shiatsu treatment?

Please tick all that are applicable

Today	When you first started shiatsu	
-------	--------------------------------	--

- | | | |
|------|------|------------------------------|
| .... | .... | Out of interest or curiosity |
| .... | .... | To do something for myself |
| .... | .... | Personal development |
| .... | .... | Health maintenance |

Symptoms

- | | | |
|------|------|---|
| .... | .... | Problems with muscles, joints or body structure (e.g. back pain, posture) |
| .... | .... | Problems with body systems (e.g. digestion, breathing, blood pressure, period pain) |
| .... | .... | Low energy or fatigue |
| .... | .... | Tension or stress |
| .... | .... | Emotional issues |
| .... | .... | Other problems <i>Please describe</i> |
| | | |

8. **Thinking about each of these symptoms, how severe a problem is this to you today?** *Please circle the relevant number*

	<i>Not at all</i>	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

9. **If you have had shiatsu before, thinking about each of these symptoms, how severe a problem was this to you when you first started shiatsu?** *Please circle the relevant number*

	<i>Not at all</i>	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

10. **Have you visited your family doctor or hospital about any of these problems in the last 3 months?** Yes/No

If you have, about how many times was this? times

Are you currently taking medication for any of these problems? Yes/No

If you are in paid employment, approximately how many days did you have off work due to any of these problems in the last 3 months? days

11. **Are you currently having any other treatment (in addition to shiatsu) for any of these problems**

- from other complementary and alternative medicine? Yes/No
- from other conventional/western medicine? Yes/No

12. In general, would you say your health is:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excellent	very good	good	fair	poor

13. What do you hope to get out of having shiatsu treatment?

.....

.....

.....

.....

.....

14. Finally, is this your first shiatsu treatment with this practitioner? Yes/No

If No, about how long ago was the first treatment you had with this practitioner? Please tell us both the month and year, if possible. (Month and Year)

Thank you for your help in completing this questionnaire. Please now return it to the University of Leeds as soon as possible in the stamped addressed envelope provided.

Professor Andrew Long
Shiatsu Project
School of Healthcare
Baines Wing
University of Leeds
FREEPOST LS3018
Leeds LS2 3YY



The Effects and Experiences of Shiatsu: A Cross-European Study

Questionnaire Two: Initial Experiences and Effects

Thank you for agreeing to take part in this study. Please can you complete the following short questionnaire about *four* days after the shiatsu treatment at which you were given information about the research project. When you have completed the questionnaire, would you send it back to us in the attached FREEPOST envelope.

For your ease, most of the questions can be answered by ticking a box. Just one asks you to write in your own words about any negative reaction you may have experienced. Please complete all the questions.

You will notice that overleaf we ask you to write in your name and full contact details. This will enable us to send you subsequent questionnaires and to link your reply to your first questionnaire. We assure you that your responses will be treated in confidence and all data will be anonymised during the analysis and subsequent verbal and written reports.

Once again, thank you for your help with this research project.

Professor Andrew Long
School of Healthcare
University of Leeds

Please complete this questionnaire within 4 days of receiving your shiatsu treatment. First of all, would you please complete your contact details. Thank you.

Name:	Date questionnaire completed:
Address:	
e-mail (if any):	

1. Please rate the following statements about how you felt during your most recent shiatsu session. Please circle the relevant number

	strongly agree	agree	not sure	disagree	strongly disagree	don't know
I enjoyed the session	1	2	3	4	5	6
I felt relaxed	1	2	3	4	5	6
I liked the treatment environment	1	2	3	4	5	6
The treatment was painful	1	2	3	4	5	6
I felt a physical change during the session	1	2	3	4	5	6
I felt an emotional change during the session	1	2	3	4	5	6
I felt energy moving or blockages being released	1	2	3	4	5	6
I had a bad experience	1	2	3	4	5	6
The practitioner and I worked together	1	2	3	4	5	6
The practitioner listened to me	1	2	3	4	5	6
The practitioner accepted me	1	2	3	4	5	6

2. I felt the shiatsu practitioner was: Please circle the relevant number

Skilful	1	2	3	4	5	6	7	Unskilful
Cold	1	2	3	4	5	6	7	Warm
Trustworthy	1	2	3	4	5	6	7	Untrustworthy

3. In this session, did the shiatsu practitioner give you any advice or recommendations?

Yes/No

If yes, what were the recommendations/advice about? *Please tick all that are applicable*

- Diet
- Points or meridians to work at home
- Exercises
- Posture or how to use your body
- Other *Please describe*

Do you think the recommendations/advice were relevant?

Yes/No

4. Please rate the following statements about how you felt after your most recent shiatsu session. (We are interested in both short-term and longer lasting experiences). Please circle the relevant number

I have noticed an improvement in the following symptoms:

	strongly agree	agree	not sure	disagree	strongly disagree
Problems with muscles, joints or body structure (e.g. back pain, posture)	1	2	3	4	5
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	1	2	3	4	5
Low energy or fatigue	1	2	3	4	5
Tension or stress	1	2	3	4	5
Emotional issues	1	2	3	4	5
Other problems	1	2	3	4	5

5. Please rate the following statements about how you felt after your most recent shiatsu session. (We are interested in both short-term and longer lasting experiences). Please circle the relevant number

	strongly agree	agree	not sure	disagree	strongly disagree
I felt different after the session	1	2	3	4	5
I felt spaced out, light-headed or had difficulty concentrating	1	2	3	4	5
I felt calmer and more relaxed	1	2	3	4	5
I felt more able to cope with things	1	2	3	4	5
I felt more tired or drained	1	2	3	4	5
I thought about things differently	1	2	3	4	5
I felt physically more mobile and opened	1	2	3	4	5
I had an unpleasant physical reaction	1	2	3	4	5
I felt more balanced	1	2	3	4	5
I felt more energised	1	2	3	4	5
I was able to sleep better	1	2	3	4	5
I had an unpleasant emotional reaction	1	2	3	4	5

6. **Did you have a negative reaction to the treatment (we are interested in short-term negative reactions, as well as longer lasting ones)?** Yes/No

If yes, please describe the reaction briefly:

.....
.....

How long did the reaction last?

How severe was the reaction?

Very slight reaction 1 2 3 4 5 6 7 Very severe reaction

Did the reaction stop you doing things you would normally do? Yes/No

Were you concerned or distressed by negative reactions to the treatment? Yes/No

7. **How satisfied were you with the most recent shiatsu session you received?**

Completely satisfied 1 2 3 4 5 6 7 Completely dissatisfied

8. **To what extent did the shiatsu session meet your expectations?**

- Exceeded my expectations
- Met my expectations
- Didn't meet my expectations
- Didn't have any expectations

Thank you for your help in completing this questionnaire. Please now return it to the University of Leeds as soon as possible in the stamped addressed envelope provided.

Professor Andrew Long
Shiatsu Project
School of Healthcare
Baines Wing
University of Leeds
FREEPOST LS3018
Leeds LS2 3YY

First of all, would you please complete your contact details. Thank you.

Name:	Date questionnaire completed:
Address:	
e-mail (if any):	Practitioner Name:

1. Please indicate which best describes your employment status now:

- | | |
|---|-----------------------|
| ... in paid, full-time work (30 hours or more a week) | ... full-time student |
| ... in paid, part-time work (less than 30 hours a week) | ... unemployed |
| ... looking after your home/family | ... retired |
| ... not working due to ill health | |

2. How many shiatsu sessions have you received in the last 3 months?

- | | |
|------------|--|
| 0 | If you have had no more shiatsu sessions, please go to Question 15 |
| 1 | 7 – 11 |
| 2 – 3 | 12 or more |
| 4 – 6 | |

3. When did you have your most recent shiatsu session? Please give date

4. Were all these sessions with the same shiatsu practitioner? Yes/No

5. How have you paid for these sessions? Please tick all that are applicable

- | | |
|---|-------------------|
| Yourself | Offered free |
| On health insurance | As a gift |
| Other <i>Please describe</i> | |

6. Are you continuing to have shiatsu? Yes/No

If *no*, would you consider having shiatsu again in the future? Yes/No

7. Thinking about all the shiatsu you received over the last 3 months, how satisfied were you with the shiatsu treatments? Please circle the relevant number

Completely satisfied 1 2 3 4 5 6 7 Completely dissatisfied

8. What have been your reasons for having shiatsu treatment over the last 3 months? Please tick all that are applicable

- | | |
|-----------------------------------|---------------------------------|
| Out of interest or curiosity | To do something for myself |
| Personal development | Health maintenance |

Symptoms

- | | |
|--|--|
| Problems with muscles, joints or body structure (e.g. back pain, posture) | Problems with body systems (e.g. digestion, breathing, blood pressure, period pain) |
| Low energy or fatigue | Emotional issues |
| Tension or stress | |
| Other problems <i>Please describe</i> | |
| | |

9. **Thinking about all the shiatsu you received over the last 3 months, to what extent did the shiatsu treatments meet your expectations?**

- Exceeded my expectations
- Met my expectations
- Didn't meet my expectations
- Didn't have any expectations

10. **Thinking about each of these symptoms, how severe a problem was this to you at the worst point over the last 3 months?** *Please circle the relevant number*

	Not at all	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

11. **Have you visited your family doctor or hospital about any of these problems in the last 3 months?**

If you have, about how many times was this? Yes/No
..... times

Are you currently taking medication for any of these problems? Yes/No

If you are in paid employment, approximately how many days did you have off work due to any of these problems in the last 3 months? days

12. **Thinking about each of these symptoms, how severe a problem is this to you today?** *Please circle the relevant number*

	Not at all	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

13. Please rate the following statements in relation to your experience of shiatsu over the last 3 months. Please circle the relevant number

I have noticed an improvement in the symptoms I came with:	strongly agree	agree	not sure	disagree	strongly disagree
Problems with muscles, joints or body structure (e.g. back pain, posture)	1	2	3	4	5
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	1	2	3	4	5
Low energy or fatigue	1	2	3	4	5
Tension or stress	1	2	3	4	5
Emotional issues	1	2	3	4	5
Other problems	1	2	3	4	5

14. Listed below are some comments that other clients have made about shiatsu. Please rate each of these in relation to your experience of shiatsu over the last 3 months. Please circle the relevant number

	strongly agree	agree	not sure	disagree	strongly disagree	Don't know
My overall health has improved	1	2	3	4	5	6
Shiatsu has helped to maintain my health	1	2	3	4	5	6
I feel more confident about my health	1	2	3	4	5	6
Shiatsu has helped me to feel better in general	1	2	3	4	5	6
Shiatsu has been effective in treating my symptoms	1	2	3	4	5	6
Shiatsu has helped me to improve my posture or the way I use my body	1	2	3	4	5	6
Shiatsu has helped me to recover from injuries or other problems	1	2	3	4	5	6
I feel more hopeful that my problems can be helped	1	2	3	4	5	6
I feel more able to help myself	1	2	3	4	5	6
My understanding and experience of my body have changed	1	2	3	4	5	6
I am more aware of myself	1	2	3	4	5	6
I think about things differently	1	2	3	4	5	6
I am more in touch with my emotions	1	2	3	4	5	6
I feel more positive, contented or at peace	1	2	3	4	5	6
I am more able to cope with things	1	2	3	4	5	6
I feel I have developed as a person	1	2	3	4	5	6
Shiatsu has affected the way I relate to other people	1	2	3	4	5	6
Shiatsu has affected the way other people relate to me	1	2	3	4	5	6

15. Have you made any changes in your life as a result of having these shiatsu treatments? Yes/No

If yes, please would you indicate what these were from the items below:

Change in diet (any change in what or when you eat or drink) Yes/No

Changes in my relationships with other people: Yes/No

Changes in: (Please circle the relevant number)	Increase amount	Decrease amount	No change
Exercise	1	2	3
Rest and relaxation	1	2	3
Work	1	2	3
Medication	1	2	3
Use of other complementary and alternative medicines	1	2	3
Use of other conventional medicines	1	2	3

Other changes in your life Please describe

.....

16. Did you have a negative reaction to any of the shiatsu treatments you received in the last 3 months (we are interested in short-term negative reactions, as well as longer lasting ones)? Yes/No

If yes, thinking about the worst negative reaction you experienced, please describe the reaction briefly:

.....

How long did the reaction last?

How severe was the reaction? Please circle the relevant number

Very slight reaction 1 2 3 4 5 6 7 Very severe reaction

Did the reaction stop you doing things you would normally do? Yes/No

Were you concerned or distressed by negative reactions to the treatment? Yes/No

17. Compared to 3 months ago, how would you rate your health?

- Much better than at that time
- Somewhat better now than at that time
- About the same
- Somewhat worse now than at that time
- Much worse than at that time

Thank you for your help in completing this questionnaire. Please now return it to the University of Leeds as soon as possible in the stamped addressed envelope provided.

First of all, would you please complete your contact details. Thank you.

Name:	Date questionnaire completed:
Address:	
e-mail (if any):	Practitioner Name:

1. Please indicate which best describes your employment status now:

- | | |
|---|-----------------------|
| ... in paid, full-time work (30 hours or more a week) | ... full-time student |
| ... in paid, part-time work (less than 30 hours a week) | ... unemployed |
| ... looking after your home/family | ... retired |
| ... not working due to ill health | |

3. How many shiatsu sessions have you received in the last 3 months?

- | | |
|------------|--|
| 0 | If you have had no more shiatsu sessions, please go to Question 15 |
| 1 | 7 – 11 |
| 2 – 3 | 12 or more |
| 4 – 6 | |

3. When did you have your most recent shiatsu session? Please give date

4. Were all these sessions with the same shiatsu practitioner? Yes/No

5. How have you paid for these sessions? Please tick all that are applicable

- | | |
|---|-------------------|
| Yourself | Offered free |
| On health insurance | As a gift |
| Other <i>Please describe</i> | |

6. Are you continuing to have shiatsu? Yes/No

If *no*, would you consider having shiatsu again in the future? Yes/No

7. Thinking about all the shiatsu you received over the last 3 months, how satisfied were you with the shiatsu treatments? Please circle the relevant number

Completely satisfied 1 2 3 4 5 6 7 Completely dissatisfied

8. What have been your reasons for having shiatsu treatment over the last 3 months? Please tick all that are applicable

- | | |
|-----------------------------------|---------------------------------|
| Out of interest or curiosity | To do something for myself |
| Personal development | Health maintenance |

Symptoms

- | | |
|--|--|
| Problems with muscles, joints or body structure (e.g. back pain, posture) | Problems with body systems (e.g. digestion, breathing, blood pressure, period pain) |
| Low energy or fatigue | Emotional issues |
| Tension or stress | |
| Other problems <i>Please describe</i> | |
| | |

9. **Thinking about all the shiatsu you received over the last 3 months, to what extent did the shiatsu treatments meet your expectations?**

- Exceeded my expectations
- Met my expectations
- Didn't meet my expectations
- Didn't have any expectations

10. **Thinking about each of these symptoms, how severe a problem was this to you at the worst point over the last 3 months?** *Please circle the relevant number*

	Not at all	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

11. **Have you visited your family doctor or hospital about any of these problems in the last 3 months?**

If you have, about how many times was this? Yes/No
..... times

Are you currently taking medication for any of these problems? Yes/No

If you are in paid employment, approximately how many days did you have off work due to any of these problems in the last 3 months? days

12. **Thinking about each of these symptoms, how severe a problem is this to you today?** *Please circle the relevant number*

	Not at all	Mild	Moderately severe	Severe	Very severe
Problems with muscles, joints or body structure (e.g. back pain, posture)	0	1	2	3	4
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	0	1	2	3	4
Low energy or fatigue	0	1	2	3	4
Tension or stress	0	1	2	3	4
Emotional issues	0	1	2	3	4
Other problems	0	1	2	3	4

13. Please rate the following statements in relation to your experience of shiatsu over the last 3 months. Please circle the relevant number

I have noticed an improvement in the symptoms I came with:	strongly agree	agree	not sure	disagree	strongly disagree
Problems with muscles, joints or body structure (e.g. back pain, posture)	1	2	3	4	5
Problems with body systems (e.g. digestion, breathing, blood pressure, period pain)	1	2	3	4	5
Low energy or fatigue	1	2	3	4	5
Tension or stress	1	2	3	4	5
Emotional issues	1	2	3	4	5
Other problems	1	2	3	4	5

14. Listed below are some comments that other clients have made about shiatsu. Please rate each of these in relation to your experience of shiatsu over the last 3 months. Please circle the relevant number

	strongly agree	agree	not sure	disagree	strongly disagree	Don't know
My overall health has improved	1	2	3	4	5	6
Shiatsu has helped to maintain my health	1	2	3	4	5	6
I feel more confident about my health	1	2	3	4	5	6
Shiatsu has helped me to feel better in general	1	2	3	4	5	6
Shiatsu has been effective in treating my symptoms	1	2	3	4	5	6
Shiatsu has helped me to improve my posture or the way I use my body	1	2	3	4	5	6
Shiatsu has helped me to recover from injuries or other problems	1	2	3	4	5	6
I feel more hopeful that my problems can be helped	1	2	3	4	5	6
I feel more able to help myself	1	2	3	4	5	6
My understanding and experience of my body have changed	1	2	3	4	5	6
I am more aware of myself	1	2	3	4	5	6
I think about things differently	1	2	3	4	5	6
I am more in touch with my emotions	1	2	3	4	5	6
I feel more positive, contented or at peace	1	2	3	4	5	6
I am more able to cope with things	1	2	3	4	5	6
I feel I have developed as a person	1	2	3	4	5	6
Shiatsu has affected the way I relate to other people	1	2	3	4	5	6
Shiatsu has affected the way other people relate to me	1	2	3	4	5	6

15. Have you made any changes in your life as a result of having these shiatsu treatments? Yes/No

If yes, please would you indicate what these were from the items below:

Change in diet (any change in what or when you eat or drink) Yes/No

Changes in my relationships with other people: Yes/No

Changes in: (Please circle the relevant number)	Increase amount	Decrease amount	No change
Exercise	1	2	3
Rest and relaxation	1	2	3
Work	1	2	3
Medication	1	2	3
Use of other complementary and alternative medicines	1	2	3
Use of other conventional medicines	1	2	3

Other changes in your life Please describe

.....

16. Did you have a negative reaction to any of the shiatsu treatments you received in the last 6 months (we are interested in short-term negative reactions, as well as longer lasting ones)? Yes/No

If yes, thinking about the worst negative reaction you experienced, please describe the reaction briefly:

.....

How long did the reaction last?

How severe was the reaction? Please circle the relevant number

Very slight reaction 1 2 3 4 5 6 7 Very severe reaction

Did the reaction stop you doing things you would normally do? Yes/No

Were you concerned or distressed by negative reactions to the treatment? Yes/No

17. Compared to 6 months ago, how would you rate your health?

- Much better than at that time
- Somewhat better now than at that time
- About the same
- Somewhat worse now than at that time
- Much worse than at that time

Thank you for your help in completing this questionnaire. Please now return it to the University of Leeds as soon as possible in the stamped addressed envelope provided.