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Shiatsu: The Research Evidence from a Cross-European Prospective Observational Study

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Limited research base on effects of shiatsu, client experiences, or who uses *shiatsu* and for what:

- Ernst (2001) – potential value in treating chronic conditions and general ill-health
- Systematic review of acupressure and shiatsu (Robinson et al, 2006) concluded that '*the research base for shiatsu is very much in its infancy*'
- Need for evidence of safety and benefits within usual *shiatsu*

To enhance the evidence base, European Shiatsu Federation (ESF) funded two studies:

1. (2001-2) Exploratory two country, interview based
2. (2005-7) Longitudinal three-country, observational study

Study Aims:

1. Identify who uses *shiatsu* and why
2. Find out client experiences and perceptions of its benefits, in the short and longer-term
3. Gain insight into who provides *shiatsu* and features of its practice

Study Design: A longitudinal, observational study

Settings: Austria, Spain and the UK

Client Recruitment: Target of 16, new and/or continuing clients per participating practitioner in each country.

Data Collection: Four self-administered questionnaires completed by the receiver at recruitment, 4-7 days after the initial shiatsu session, 3 and 6 months later.

Instrument Design: *Shiatsu*-specific, based on exploratory in-depth interviews in a previous study (Long and Mackay 2003). Study instruments all professionally translated and checked by native language speakers

Who was Recruited to the Study?



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948 clients recruited; 67% response rate at six-months follow-up (n=633)

Typical Client:

- Female, aged in her 40s, in paid employment, had used *shiatsu* before
- Described her overall health status as being 'good' or better
- Continuing to use *shiatsu* at six months follow-up, having 2-3 sessions during the previous three months, and paid for her treatment
- Most common reasons:
 - For accessing *shiatsu*: *to maintain or improve their health*
 - For symptoms: related to *body structure, tension/stress or low energy or fatigue*

85 practitioners recruited; 88% response rate to practice questionnaire (n=75)

Typical Practitioner:

- Female, aged in mid-40s, formal education at least to Baccalaureate or A level; given *shiatsu* for 9 years
- Most common practice style was Masunaga/Zen *shiatsu*
- All practitioners reported commonly giving advice – relating to exercise, diet, lifestyle habits and/or how to use one's body, and other ways to self-care
- Advice based on the energetic diagnosis and treatment

What did Participants 'Hope to Get' from *Shiatsu*?



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Main Hopes from <i>Shiatsu</i> (%)	AUSTRIA	SPAIN	U.K.
Energy Work (e.g. increase, become more balanced or grounded)	20	12	11
Attain / Maintain a Healthy Body	19	17	16
Relaxation and Stress Relief	17	12	17
Obtain Physical Relief (sleep, mobility, posture, pain)	13	10	16
Alleviate Symptoms of Particular Conditions	8	7	15
Emotional Help (for anxiety, depression or in general)	7	10	7
Enhance Body & Mind/Body Awareness	7	8	5
Emotional Calmness or Strength	4	6	5

Initial Experience of *Shiatsu*



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Experience (after baseline treatment)		AUSTRIA	SPAIN	U.K.
Positive (% agree or strongly agree)	Felt <i>relaxed</i>	95	96	98
	Felt <i>energy moving</i> or <i>blockages released</i>	76	71	65
	Felt more <i>balanced</i>	77	81	77
	Felt more <i>energised</i>	73	70	70
	Felt <i>physical change</i>	72	66	68
	Felt <i>emotional change</i>	64	69	55
	Able to <i>sleep</i> better	54	55	60
Possibly Negative (% agree or strongly agree)	Found that the treatment was <i>painful</i>	23	20	21
	Had an unpleasant <i>physical reaction</i>	11	8	6
	Had an unpleasant <i>emotional reaction</i>	5	6	3

- High client valuation of the quality of their relationship with the practitioner
 - Over three-quarters, strongly agreed that the practitioner *accepted them and listened to them*
 - Over four-fifths, strongly agreed that the practitioner was *trustworthy and skilful*
 - Around a third, strongly agreed that *'the practitioner and I worked together'*
- Treatment environment – most *liked* this; practitioners indicated they tried to create a *'safe and supportive environment'*
- Main reason for accessing *shiatsu* – to *'maintain or improve health'* as well as to treat particular problems
- Way clients expressing their treatment hopes suggested *'a desire / openness to change'*

Is *Shiatsu* Safe?



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Similar prevalence rate of 12-22 per 100 client-perceived negative responses across countries

Median duration: 1 to 2 days

Client-Centred Typology of Effects

- 82%: *transitional effects* ('changing to positive' after a day or so)
- 11%: *undesired but not unsafe*
- 3% (n=10): *potentially adverse event* (may represent a risk to client safety)
- None of these clients ceased *shiatsu*

Form of 'Negative' Response	%
Pain (neck, shoulder, back, hip joints)	30
Tired, drained or no energy	26
Headache	18
Muscle / joint ache	11
General symptom worsening	10
Weepy, crying, sad, depressed	10
Stiffness in muscles, joints	9
Spaced out, dizzy	8
Anxious, fearful, uneasy, panicky	6
Angry, aggressive	6
Flu-like, fever, cold, hot	6

Does *Shiatsu* Work? What were its Benefits?



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Five Sets of Evidence:

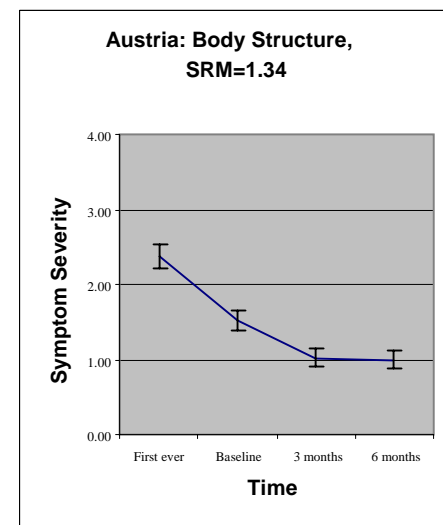
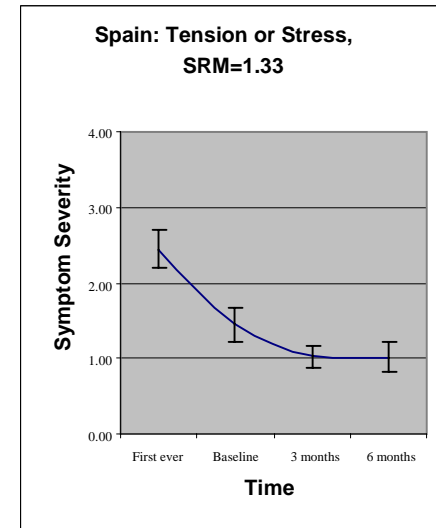
1. Changes in Symptom Severity – in relation to reasons for seeking *shiatsu* treatment
2. *Shiatsu*-specific Effects – overall, body awareness and understanding, attitudinal and relationship effects
3. Advice Taking
4. Changes in Use of Other Health Care Providers – resource and potential economic benefits
5. Achievement of Expectations and Overall Satisfaction

Changes in Symptom Severity



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- Statistically significant symptom improvement ($p < 0.01$)
 - ½ point reduction (5 point scale)
 - All symptom groups (Austria, UK)
 - Two symptom groups (Spain)
- Symptom severity decreased over the first 3 months (Austria, Spain and UK)
- Benefit maintained for the next 3 months (Austria and UK)
- Substantial decreases in symptom severity from ‘first ever’ use of *shiatsu* to ‘baseline’ (study entry) and to ‘3 months’; benefit was maintained for the next 3 months (see illustrative Figures)



Shiatsu-Specific Effects (at 6 months)



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(% 'agree' or 'agree strongly')	Austria	Spain	UK
Overall Effects			
<i>Shiatsu</i> has helped me to feel better in general	93	96	93
<i>Shiatsu</i> has helped to maintain my health	91	92	94
My overall health has improved	72	86	78
I feel more confident about my health	87	80	79
Symptom-Related Effects			
<i>Shiatsu</i> has been effective in treating my symptoms	89	86	87
<i>Shiatsu</i> has helped me to improve my posture or the way I use my body	64	69	68
General Health / Self Awareness			
I feel more able to help myself	69	87	83
I am more in touch with my emotions	60	70	57
My understanding and experience of my body have changed	82	66	72
Attitudinal & Personal Effects			
I feel more hopeful that my problems can be helped	76	81	83
I am more able to cope with things	68	77	70

Advice Giving:

- At baseline, 74-76% of clients received advice relating to:
 - Exercise, diet, posture, points / meridians to work on at home
 - Other areas, for example, about emotions or preventive advice:
 - ‘how I feel about myself’*
 - ‘positive attitude about my body ...mind’*
 - ‘to pay attention to when my back is hurting’*
 - ‘to listen to my own body, to look after myself more’*
- Advice overwhelmingly seen as relevant

Advice Taking:

- At 6 months follow-up, 77-80% had made changes to their lifestyle ‘as a result of having *shiatsu* treatment’
 - Taking more rest and relaxation or exercise, changing their diet, reducing time at work
 - Other changes such as *increased body/mind awareness* and *increased levels of confidence and resolve.*
- Two-thirds or more (64-87%) agreed or strongly agreed with statements about ‘*greater confidence*’, ‘*more in touch with my emotions*’, ‘*changes in understanding and experience of my body*’ and ‘*more able to cope with things*’



Working hypothesis 1

Improvement in symptoms after shiatsu treatment reduces use of conventional health service resources representing cost savings for health service providers


Evidence

- Reduced numbers of patient-reported GP/hospital visits and
- Reduced in patient-reported medication use
- Corroboration by way of patient reported changes perceived to have occurred *as a result of having shiatsu treatment*
- Possible inclusion of other health-improving changes (exercise, rest and relaxation, work, use of other conventional medicines)

Working hypothesis 2

Improvement in symptoms after shiatsu treatment reduces sickness absence from paid employment

Evidence

- Reduction in patient-reported work absences (paid employment)
- Changes in patient-reported employment status ('not working due to ill health'  in 'paid' full/part time employment)
- Corroboration by way of patient reported changes perceived to have occurred *as a result of having shiatsu treatment*

Realised Expectations and Satisfaction [sustained at 6 months]



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Expectations	AUSTRIA	SPAIN	U.K.
Expectations Met <i>at 3 months</i> (%)	71	73	75
Expectations Exceeded <i>at 3 months</i> (%)	24	17	21

Satisfaction with Treatments	AUSTRIA	SPAIN	U.K.
Completely satisfied <i>at 3 months</i> (%)	74	53	69
Mean rating (<i>max = 7</i>)	6.7	6.3	6.6

Summary Findings

- Supportive evidence that *shiatsu* is a safe treatment when given by accredited, experienced practitioner
- Consistent evidence of client-perceived benefits from having *shiatsu*
- Benefits maintained over time
- Potential economic benefits – reduction in time off work, GP and hospital visits and drug medication
- At six-months, around four-fifths reported making substantial changes in their life, as a result of having *shiatsu*
- Clients felt listened to and accepted in the consultations and practitioner perceived as skilful and trustworthy
- Suggestive of a substantial role for *shiatsu* in enabling promoting and adopting healthier behaviours
- Similarity and consistency of findings across the three countries

Study Strengths

- Pragmatic study design (*shiatsu* as delivered and received)
- Longitudinal evidence (six months follow-up)
- Rigorous adherence to study protocol
- Good response rate over time
- Appropriate, *shiatsu*-specific measuring tools, including open-ended questions for free-text comments

Possible Limitations

- Lower response rate in Spain
- Reliance on self-reported benefits (but only way to obtain evidence on client experience and client-experienced effects)
- Sample group – relatively socially and economically advantaged; and most ‘continuing users’ of *shiatsu*
- Possible variation of inter- and intra-country variation in relation to differences in practitioner’s style of practice



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Research team: Ros Mas Giralt, Ruth Allcroft, Lisa Esmonde

Related Publications

Long AF (2008) The effectiveness of *shiatsu*: findings from a cross-European, prospective observational study. *Journal of Alternative and Complementary Medicine* 14(8): 921-930 and 14(9):1175.

Long AF, Esmonde L and Connolly S (2009) A typology of negative responses: a case study of *shiatsu*. *Complementary Therapies in Medicine* 17(3):168-175.

Long AF (2009) The potential of complementary and alternative medicine in promoting well-being and critical health literacy: a prospective, observational study of *shiatsu*. *BMC Complementary and Alternative Medicine* 9: 19.

For core Research Report (2007), see: <http://www.healthcare.leeds.ac.uk/pages/research/documents/ShiatsuFinalReport.pdf>