

An informal evaluation of Remote Shiatsu – April to June 2020

Sally Ibbotson MRSS

Introduction

Shiatsu is a form of complementary and alternative medicine (CAM) which primarily developed in Japan. Both Shiatsu and acupressure have roots in Chinese medicine and embrace the philosophy of Yin and Yang, the energy meridians, channels and vessels, the five elements and the concept of Qi or energy. 'Shiatsu' literally means "finger pressure", but uses gentle manipulations, stretches and pressure using fingers, thumbs, elbows, knees and feet. Shiatsu incorporates acupressure, which is similar but applies pressure for longer on specific pressure points on meridians, following Traditional Chinese Medicine (TCM) theory. Shiatsu tends to cover the whole body. Shiatsu diagnosis is primarily through touch, rather than TCM which primarily uses the pulse diagnosis and inspection of the tongue. Shiatsu practitioners are trained in the anatomical location, functions and uses over 150 pressure points on the body.

Remote Shiatsu

As you can see from above, Shiatsu is very much about touch. Because of the Covid-19 Pandemic, Shiatsu treatments are not possible in person at the moment – at least in Scotland and at the time of writing.

A number of Practitioners have started to work remotely. I decided to try and this was done with an open mind and some healthy cynicism! I felt the need to record and evaluate the treatments and all recipients were made aware that would be the case.

This report is not peer reviewed and neither did I have a control group. It falls far short of a proper research study. However I have written about the method and findings largely because many people have been curious about these!

Method – Setting up

I am grateful to Clifford Andrews and New Energy Works for the generous Webinars broadcast on this subject throughout lock-down.

I used a form similar to the MyMop research tool whereby clients identify 2 issues that they wish to change through the remote treatment. These could be physical, mental or emotional. The severity of these issues is rated on a scale of 0 to 6 and is also monitored by asking about any specific activity with which symptoms interfere.

Well-being is also monitored. Life-style changes and use of medication were recorded as were new symptoms.

Method – the treatments

I had 11 volunteers from varying age groups. All but one were women. The participants were mixed in their experience of, and attitude to, energy work. Some had received Shiatsu and some not.

I was insured to undertake remote Shiatsu.

The study was done during the time of lock-down. Many of the symptoms were emotional and psychological.

I conducted a brief Zoom interview before treating the client and diagnosed by voice, face, symptoms and medical history. I also used clean language and metaphor to co-assess state of being.

At the end of the interview the client lay on a comfortable surface and was asked to be responsible for his/her comfort and warmth. The treatment lasted between 30 and 40 minutes and was divided into 2 or 3 parts.

To treat the client, I imagined them lying on my futon and had many cushions around. I replicated a 'real' Shiatsu session exactly. I 'tuned in' intuitively to diagnostic areas and also followed my instincts as to where to work on the imagined body. I used the cushions to support my bodyweight safely

The Treatment was divided into sections divided by pauses when work on a meridian, channel or site (I use The Art of Jin Shin sacred sites) felt complete. When I paused, I took notes and then returned to the treatment.

I imagined the client moving positions as and when needed and I myself moved accordingly.

At the end of the treatment I called the client if they had requested that I do this, to check they were in good health and to wake them up if asleep. One client also mentioned that this was a useful demarcation between treatment time and their 'day'.

I emailed a summary of the session to the recipient and asked that they give me feedback about the treatment and subsequent hours and days. This could be done at any time so there was no time pressure.

Method – following up

After 7 days, the client and I had a brief conversation to compare our experiences and to fill in the 2nd part of my research form. The questions on the form related to the severity of the issue presented before treatment and whether it had improved or not. I used a scale of 0-6 on both forms.

There were also questions about changes to life-style, medication or symptoms. Any new symptoms were recorded.

Results – my experience

Possibly because of my experience with integral imaging and internal Qigong, I was able to easily intuit how and where to start the treatment. Sometimes the initial diagnostic interview gave enough information and sometimes it was a matter of starting somewhere and then following instincts - as if practising Qigong with a holographic horizontal body!

The cushions and pillows provided surfaces on which to place my hands, knees, fingers and arms and I also picked cushions up if I wanted to, for example, to work on a foot or rotate a leg.

My experience was that I could go very deep into the points and channels if need be and this felt freeing. On a couple of occasions, I recall feeling elated that I was working without the limitations of a physical body!

I had the same feeling of well-being that comes after giving a 'hands-on' treatment to a client – as if my Qi had also been balanced.

Results – receiving Remote Shiatsu

I also received 4 treatments during this time and found benefit from all of them both in terms of pain relief and well-being during a time when I was in relative isolation.

I now receive regular remote Shiatsu with 2 Practitioners and we have all had experiences of feeling where the other is working or 'seeing' area light up.

Results – some statistics

Well-being

Of the 11 volunteers, 7 recorded an increase in Well-being. In 3 people it remained the same and in one person it decreased.

Primary Symptom

This improved in 7 of the volunteers, in one person stayed it the same and in 3 cases severity increased. The symptoms which worsened were neck tension, jaw tension and weight gain. I am unsure whether this is significant, however the treatments for those in whom symptoms worsened were given fairly close to the beginning of lock-down and at the start of my remote shiatsu adventure!

Secondary Symptom

10 people cited a second symptom. In 7 people it improved, in 2 it stayed the same. In one person the second symptom worsened and anxiety was the worsening symptom.

Interference with ADL (Activities of Daily Living)

In 10 people who had reported that their symptom/s interfered with a specific ADL, that situation improved. In 1 participant the situation worsened slightly. The activity that worsened was 'ability to relax'.

Some Other Results...

All clients expressed gratitude for the treatment.

Here are some of the comments that were made:

“I am so thrilled and surprised – its amazing my breastbone has released and legs lengthened”

“I feel like I have had a Shiatsu”

“..such a lovely experience..”

“..I felt nurtured..”

“..it felt 80-85% like a session in person”

“..I did feel calmer and more grounded afterwards..”

References

New Energy Work. Website: www.newenergywork.com Clifford Andrews

Entangled Minds. D Radin. *Pocket Books (2009)*

Clean Language. W Sullivan & Judy Rees. *Crown House Publishing Ltd (2015)*

Words That Touch. Nick Pole. *Singing Dragon (2017)*

Energy Medicine. James Oschman. *Churchill Livingstone (2006)*

Evolve Your Brain. Joe Dispenza. *Health Communications Inc. (2007)*

