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Shiatsu in Britain and Japan: personhood, holism and embodied aesthetics

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ABSTRACT *In this paper, globalisation processes are examined through the prism of shiatsu, an originally Japanese, touch-based therapy, now practised in Europe, Japan, North America, and many other places. Examining this emergent plane of therapeutic practice provides an opportunity to reflect on categories of personhood, notably that of the individual, and its place within processes of globalisation. The article is divided into two parts. In the first part the holisms inherent to East Asian medical practice and underlying notions of personhood in Japan and Britain are critically examined. The seemingly reductionistic practice of 'bodily holism' in Japan is shown to reflect socio-centred notions of the person. The concept of holism animating shiatsu in a British school in London, far from being Japanese, 'ancient', or 'timeless', is shown to reflect individualism characteristic of the New Age movement. In the second part of the paper, using an auto-phenomenological approach, a description of practitioner (my own) and client's lived experience of shiatsu is given in case study form. This illustrates how 'holism' is felt within the context of a shiatsu treatment. The aesthetic form of the shiatsu touch described is shown to be implicitly individualising. This has, it is argued, profound implications for understanding the embodied dimensions of practitioner–patient encounters, the potential efficacy of treatment, and more generally the practice of globalised East Asian 'holistic' therapies in Britain and other settings.*

Founded in 1983, the British School of Shiatsu-Do is the oldest shiatsu school in Britain. It occupies the second floor of a large four storey building on the busy Seven Sisters road in North London. After leaving the street below, climbing the building's stairs, one arrives and faces the school's reception desk and offices. On the right is the entrance to a tearoom and a door leading to male changing rooms. Whilst walking down a long, narrow corridor on the left, one passes under five pastel-coloured flags upon which the ideographs for wood, fire, earth, metal and water have been stencilled and painted. Individual treatment and female changing rooms are on the left of the corridor. Wooden foot racks, in which students place their shoes before entering each of the schools two training rooms, are on the right. Dark wooden doors lead into each training room, which

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in view of their respective freshly painted colours are referred to as the Amber and Turquoise *dojo*. They have high ceilings and plenty of natural light; large leafy plants stand in their corners and soft, beige carpets cover their empty, unobstructed floors. On three of the room's four walls hang acupuncture charts detailing meridian and point locations; the fourth back wall is lined with shelves on which futons, blankets, and cushions are neatly stacked. Each room is furnished with a small table, on which fresh flowers, incense box, and some Buddhist ornamentation have been placed. The tables stand to the side of life-sized replicas of plastic skeletal spines.

At the school, students are taught that shiatsu is an ancient Japanese 'holistic' form of therapy, which affects the 'body, mind and spirit' of patient/client/receiver/partner.[a] They learn to refer to neck pain, for example, as *jitsu*—an area of relative excess energy or tension; these areas are considered analogous to symptoms—manifestations of deeper weaknesses or deficiencies. In a preliminary conversation in which a client complains of neck pain, a student/practitioner might also note an ashen face, weak voice, shallow breathing, and sunken chest area; following this they might refer to the lungs as *kyo*—an area depleted of energy. In the school, students are taught that *kyo* and *jitsu* areas are bound together as underlying cause and symptom. To address *jitsu* areas, tension is dispersed using vigorous, mobilising techniques such as squeezing, rubbing and pummelling muscles. Conversely, to treat *kyo* areas, techniques require gentle, 'supportive' two-handed pressure. Students are also taught whilst studying the *kyo–jitsu* theory of the late Japanese shiatsu master, Masunaga Shizuto (1925–1981), that these bodily signs and symptoms could be accompanied by emotional and psychological feelings of isolation, depression, jealousy, or hypersensitivity. Shiatsu is considered holistic, therefore, because it is premised on a notion of the 'whole person' that incorporates aspects of the 'mind, body and spirit'. Students are also taught that by employing specific forms of shiatsu touch, they are able to work holistically and facilitate 'bodily', 'emotional/psychological' and possibly 'spiritual' change during and after treatment.

For those familiar with shiatsu in Japan today, certain aspects of this description might seem incongruous. During a recent trip to Hiroshima city, in informal visits to six shiatsu clinics,[b] not once was I treated on a futon. Practitioners explained that working with 'customers' on benches lessened damage to the knees, which results from kneeling on futons for lengthy periods. On my return to England, it seemed strange that whilst Japanese shiatsu practitioners had adapted to avoid the discomfort and complications that result from working on their knees, students in Britain, unused to kneeling, were urged by their teachers to persevere on the floor. Additionally, the attachment of the suffix *do*, which translates in Britain as 'way' or 'path', and the concomitant use of the word *dojo*[c] are suggestive of the different ways in which shiatsu practice is conceived and constituted inside and outside of Japan. During post-war years, East Asian medical theory was in many Japanese schools dropped (Lock, 1980, p. 180), and the resulting simplification has perhaps led to the common contem-

porary perception in Japan that shiatsu is a manual occupation with few if any of the lofty spiritual goals associated with the practice of a 'way' in Britain.[d] The elevation of shiatsu practice and emphasis in translation of the term *do* in Britain, on the spiritual over its concrete and everyday aspects, suggests a process of resettlement. It is at least in part a recent 'Western' innovation.[e] I also wish to note that the Japanese equivalent of the term 'holism', *zenshinshugi*, is rarely used in everyday speech in the way that its English counterpart is within contemporary Britain.

The growth in number of shiatsu schools in Britain[f] and number of registered practitioners in Japan suggests the existence of an emergent, globalised plane of therapeutic practice. Given these differences, however, it would appear naïve to presume that in differing contexts, shiatsu is practised in identical ways, and yet during the course of my own training in London, this represented an often encountered, unquestioned assumption for many with whom I studied. To complicate matters, I also encountered the belief that British shiatsu is 'holistic' whilst contemporary Japanese shiatsu is physical, symptomatic, and reductionist. This paper aims to investigate these beliefs by situating British and Japanese shiatsu practice with their attendant holisms, within their broader cultural and historical contexts. Before turning to Japanese and British contexts, I briefly turn to debates concerning the processes of globalisation and individualisation.

Globalisation and individualisation

The term globalisation first appeared at the end of the 20th century and has been usefully defined by David Held and his colleagues (1999, p. 16) as: "A process or set of processes, which embodies a transformation in the spatial organisation of social relations and transactions—assessed in terms of their extensity, intensity, velocity and impact—generating transcontinental or interregional flows and networks of activity." Debates concerning the politics, the implications and power effects accompanying the emergence of these interregional networks and flows are extensive. Some writers have noted that globalisation leads seemingly to homogenisation, or to worlds afflicted by 'McDonaldisation' (Ritzer, 1993), in which the principles governing the fast food industry of efficiency, calculability, predictability, and control of human beings by material technology are progressively extended to ever greater spheres of social life. In contrast, others have noted how globalisation seems to result in differentiation, de-territorialisation and increasingly complex flows of knowledge and practice from what were until comparatively recently considered to be homogeneous and spatially isolated cultures. Robertson (1995) attempts to reconcile these contrasting processes by arguing that the 'local' is intimated only through the existence of the 'global'. He notes that emergent regions of transcultural practice arise where commodities and technologies originating in one locality are adopted and adapted for consumption in others, something he refers to as 'global localisation' or 'glocalisation' (see also Høg & Hsu, this issue).

Fardon (1995) identifies, within literature examining globalisation, the existence of a bias needing redress, which results from a limiting preoccupation with the changes that European and North American knowledge and practice undergo outside of European and North American settings. He urges an examination of the reverse phenomenon—how ideas and practices originating in non-Western settings undergo a transformation during their resettlement in European and North American ones. Writing in the same volume, in studies examining the assimilation of non-Christian religious practices and the movement of shamanic practices within Europe, both Howell (1995) and Vitebsky (1995) highlight the movements of religious and medical knowledge characteristic of these reverse flows, and attempt to address what Howell describes as the 'unidirectional bias' of current analyses.

Studies of globalisation are not simply concerned with the multi-directionality of knowledge flows, but also with the complex ways in which knowledge and practices are transformed upon transfer to different settings. In placing East Asian medical practices within a global context, examining their 'indigenisation' is also necessary. Of particular relevance to this discussion are the arguments of Kleinman (1995, pp. 46–49), who identifies an unquestioned individualism inherent in many biomedical and bioethical discourses. He argues that the globalisation of these discourses and practices is problematically accompanied by an implicit dissemination of the often culturally inappropriate notion of the individuated self, which originates in orthodox Western philosophical traditions dating back to the Greeks. The primacy of the individual, and notions of personal entitlement and consumer preference, are pervasive and underlie, he argues, practices of international trade, peace and security negotiations, development policies, and health programmes. Examining the growing pervasiveness of individualism in specific contexts then represents an important task for those wishing to understand globalisation processes. In what follows, I discuss the 'hypertrophic individualisation' identified by Kleinman. I do this by tracing how cultural presuppositions concerning the person that animate shiatsu practice in Japan undergo change when shiatsu practice and knowledge is transferred, adopted and deployed within settings where a long-standing cultural commitment to the notion of the individual exists.

Shiatsu in Japan

The ideographs comprising the word shiatsu have the meanings 'finger' and 'pressure'. The term first appears in Japan during the Meiji era (1868–1912), when over 260 schools of *amma*, a general term for massage, were organised to form two distinct groups. These groups were styles of massage considered to have therapeutic potential and styles practised primarily for pleasure and relaxation (Lock, 1980, p. 179). The word 'shiatsu' first appears in print in 1919, in the title of the training manual written by Temai Tampaku, *Shiatsu Ho*, which translates as *Finger Pressure Therapy* (Liechti, 1998, p. 24). In 1925, the Shiatsu

Therapists Association was created to help consolidate the distinction between those who classed themselves as shiatsu practitioners and those who practised *amma*—massage for pleasure.

Precisely ascertaining the number of shiatsu practitioners registered in Japan today is difficult. Those studying East Asian medicine often receive, upon graduation, combined licences to practice acupuncture, shiatsu, and moxibustion. In many schools, shiatsu is often taught alongside other forms of massage such as Chinese *tuina*, Western massage, and *amma*. Difficulties arising from these combinations raise an interesting point of comparison: if numbers of shiatsu practitioners in Japan are difficult to acquire, it reflects perhaps that there are relatively few people who exclusively practise shiatsu. Consequently, the existence of schools dedicated solely to shiatsu teaching, as most are in Britain, contrasts strongly with the organisation of East Asian medical training in Japan. These difficulties aside, recent figures show that considerable numbers of people possess government licences to practice shiatsu, *amma*, and Western massage in Japan today. The quasi-governmental organisation the Foundation for Training, Licensure and Examination in Amma, Massage, Acupuncture and Moxibustion (*Toyo Ryoho Kenshu Shikan Zaidan*) reports that 168,930 people possess shiatsu and massage licences, 118,095 possess licences to practise acupuncture and 117,034 possess licences to practise moxibustion.[g] Comparatively, the UK governing body for shiatsu practitioners, the Shiatsu Society, has a current total membership of 1804 people. Shiatsu Society figures from October 2002 detail different membership categories as follows: 950 practitioners (of which 186 have trained or are training to teach shiatsu); 697 students; and 157 people in other membership categories.

During the last 50 years, a number of different shiatsu styles emerged within Japan. The most significant and widely practised of these was developed by Namikoshi Tokujiro (1905–2000). During his life, Namikoshi worked to promote shiatsu as a system of therapy distinct from *amma* and Western massage, and his efforts culminated in official recognition of shiatsu by the Ministry of Health and Welfare in 1964.[h] In Namikoshi Shiatsu, East Asian medical theories, which were considered an obstacle during post-war years to gaining government recognition, are not used. These theories have been replaced with biomedical understandings of anatomy, physiology, and pathology. During treatment, pressure is applied to areas of pain; the approach is largely physical and symptomatic in focus. The health insurance system allows patients to claim insurance for shiatsu treatment; however, patients can only claim for specific parts of body affected, such as an arm or leg. In visits to large shiatsu clinics in Hiroshima, I noted that very few patients appeared to pay, using their health insurance cards. Most paid 1800 or 3200 yen[i] themselves for a 30- or 60-minute session. Perhaps because of the jettisoning of East Asian medical ideas, subsequent reliance on biomedical models of anatomy and physiology and a resulting incompatibility with counter-cultural values during the 1970s, Namikoshi Shiatsu has not been influential in Britain. Masunaga Shizuto (1925–1981), who graduated from Kyoto University with a degree in psy-

chology and named his practice Zen Shiatsu, has been influential in Britain and Europe, a situation contrasting distinctly with that of Japan.

Holism in Japan

Margaret Lock (1980, pp. 217–228) argues in *East Asian Medicine in Japan* that the concept of holism informs the work of Japanese practitioners in two distinct ways. She says that in one sense holism refers to the idea that all parts of the body are interconnected and mutually affected by each other. In another sense, holism refers to the constant interaction between human body and social and material environments. All the practitioners she interviewed believed they worked holistically in the first sense, since treatments that addressed particular somatic complaints beneficially affected other parts of their patients' bodies. However, only two *kanpo*[j] doctors she interviewed attempted to work holistically in the second sense, and even then, it only informed their work in very general ways. Advice regarding social relations was not directed to patients' specific situations, rather given in the form of generalities concerning diet, health, and well-being. Lock writes of her interviewees that they "restrict themselves almost exclusively to manipulating reactions inside the body" (Lock, 1980, p. 218). She goes on to argue that these two kinds of holism are culturally informed and identifies several factors which suggest that 'holism' cannot be understood without reference to specificities of local social and religious contexts.

First, in Japan, sickness is regarded not as an individual concern but as a family matter, "an event for which the entire family unit has a shared responsibility" (p. 218). Sickness episodes invariably provide an opportunity for the mediation of tense interpersonal familial and social relationships in non-verbal ways, in the form of bathing or the preparation of special foods or herbal medicines. Keeping sickness within the family also lessened the possibility of incurring obligations that might require reciprocation later. Second, both Lock (1980, pp. 69–81) and Ohnuki-Tierney (1984, pp. 75–88) discuss 'somatisation' and 'physiomorphism', respectively, noting that childhood socialisation practices predispose people in later life to present somatic rather than psychological complaints within therapeutic settings. Third, Hardacre (1986, p. 18), in her work on the cultivation of selfhood within new religious milieu, echoes Lock in suggesting that a Confucian social conservatism permeates religious and therapeutic settings, equipping both patients and practitioners with the belief that it is preferable to adapt to one's environment rather than attempt to change it. In summary, a division of therapeutic labour between family and practitioners, socialisation practices following which patients are predisposed to present bodily rather than psychological complaints, and the conservative influence of Buddhist and Confucian beliefs, encourage practitioners to conceive and practise a holism of the body but not of the social and material environment.[k]

An appreciation of Japanese conceptions of the self further contributes to an understanding of these factors and the practice of 'bodily holism'. Using data

gathered during fieldwork at a sweet manufacturer in Tokyo, Kondo (1990) argues that individualistic, Western conceptions of the self, as an unchanging, whole, bounded, unitary 'I', who, detached from social contexts, "marches through life untouched and unchanged from one situation to the next" (p. 32), contrasts with conceptions and experiences of selfhood in Japan. She describes how selves are constituted in multiple, gendered ways and crafted within specific contexts of power. The term for oneself, *jibun*, is comprised of characters meaning 'self' and 'part', implying that the self exists only within the context of relationships with others. Reflecting personally on this socio-centric selfhood, she writes "my neighbours, friends, co-workers, and acquaintances never allowed me to forget that contextually, relationally defined selves are particularly resonant in Japan. I was never allowed to be an autonomous freely, operating individual" (p. 26).

In view of the socio-centric constitution of selfhood, both the origins and potential for the resolution of certain aspects of illness experience arguably lie within the fabric of relationships through which one's sense of self or selves unfolds each day. Implicit to the 'bodily holism' practised by East Asian health professionals therefore, is the understanding that healing or recovery is as much dependent on resolving issues constituted within the fabric of one's intimate relationships as orchestrated change within the body. Contrary to the perception that Japanese practitioners are reductionist in practising bodily holism, one could argue that therapeutic practice in these settings is itself socio-centric, taking place simultaneously within the context of relationships with health professionals and those with whom one lives and work. This implicit co-sharing of therapeutic responsibility, contrasts with the situation in Britain, where underlying unitary or individualistic conceptions of self result in a different conceptualisation of holism and practitioner–patient relationship.

Shiatsu in Britain

Shiatsu was first introduced and taught in Britain during the late 1970s at the East West Centre in London within the context of macrobiotics, a system of preventive health care largely concerned with the energetic qualities of different foods and their optimum combination in cooking. The Centre held cooking classes and shiatsu workshops, was the site of a bookshop and restaurant, and a meeting place for those interested in New Age,[l] alternative or complementary health. It has since closed and the influence of macrobiotic philosophy within shiatsu has lessened. Today, whilst the Shiatsu Society recognises a number of different shiatsu styles, it is Masunaga's Zen shiatsu which occupies a central place in the curriculum of many of its ratified schools. His approach to shiatsu relies on a theory of simplified and extended acupuncture meridians, diagnostic *hara* palpation[m] and *kyo–jitsu* theory.[n] Importantly, unlike Namikoshi, he was interested in psychological interpretations of shiatsu. To further introduce this approach and the concepts of holism implicit to shiatsu in Britain, I describe a

first year review lesson that took place at the British School of Shiatsu-Do in London.

Holism in Britain

During a typical weekend seminar students engage in several different activities. New techniques are introduced, old ones practised; point and meridian location are also studied alongside theories of Traditional Chinese Medicine (TCM) (see Hsu, this issue), and Masunaga's Zen Shiatsu theory. The school's pedagogic style is cumulative, complex theories are introduced early in simplified form, and are progressively expanded upon during second and third year workshops. This teaching style provides opportunity for review and it is to one such review I now turn. The central theme of the workshop was the metal element; the associated organs of which are the lungs and large intestine.[p]

At the outset of the session the teacher explained she wished to review what students had learned in their studies of TCM and Zen Shiatsu theory about the lungs, leaving its paired organ, the large intestine, for the following day. Students sat on cushions around the white board and began at her request to call out qualities they associated with metal. Answers included the words 'boundaries', 'cutting', and 'precise'. They were then asked to call out functions of the lungs from a TCM perspective, and dutifully gave the following textbook answers: the lungs govern *ki*[q] and respiration, control the channels and blood vessels, control descending and dispersing within the body, regulate water passages, control hair and skin, and house the corporeal soul. Signs indicative of lung energy imbalances included: shortness of breath, weak voice, pale ashen face, and problems with the nose. Conditions associated with lung energy imbalance included: asthma, bronchitis, constipation, and emphysema. Shortly afterwards the teacher announced "right time for the emotional stuff" and asked students to list the issues they associated with lung imbalances within Zen Shiatsu theory. Answers included: 'being stuck', 'not letting go', 'melancholy', 'stubborn', 'inflexible', 'isolated', 'territorial', and 'narrow-minded'. After being prompted, they also gave the positive qualities: 'gregarious', 'good self-esteem', 'empathy', and 'inspirational'. Whilst the physical symptoms listed are comparable to those described by Farquhar (1994) in her recent ethnography examining TCM clinical encounters in contemporary China, the psychological values given by students are dissimilar to the kind she details, and suggestive of New Age views of the person.[r]

The teacher went on to explain that the lungs were a physical border between a person's self and the world beyond, as was the skin which was also governed by metal element. She stated that when boundaries were unhealthy, they were either too rigid or too permeable. In the first case, overly rigid boundaries resulted in a sense of separation and disconnection, with associated feelings of social isolation. Should boundaries be too weak or permeable, a person might feel unable to refuse unwanted requests from others. Healthy lungs she said allow people to physically and emotionally breathe in; one of the functions of the

lung's paired organ, the large intestine, was to allow both a physical and emotional letting go. In both theories, weak lung and large intestine *ki*-energy could result in constipation or a state of not being able to 'let go of the past'. She went on to give a personal example, and talked about the death of her mother some years earlier; a recent cold resulted, she felt, from her unresolved feelings about this event. This emphasis on psychology, emotion, and spiritual well-being at the shiatsu school can be contrasted with what Hsu (1999, pp. 218–224) notes in her recent ethnography, where she identifies and discusses the current neglect of *shen* or spirit in a TCM college in contemporary China. The association of healthy lungs with emotionally being able to 'take in' and 'let go' outlined here is again clearly suggestive of New Age values and views of the person.

In summary, during the session the teacher and students reviewed two East Asian medical theories and their respective conceptualisations of metal and lung energy imbalances. Using TCM theory, largely physical signs and symptoms, for example, shallow breathing or a pale face, were classified and discussed. Later on, with reference to Zen Shiatsu theory, psychological difficulties associated with lung energy imbalances, which included depression and feelings of isolation, were outlined. Interpretations did not result in a dichotomous form of Cartesian classification. Both models and their respective taxonomies were linked implicitly within several different conceptualisations of holism. First, different body parts were viewed as being connected, the lungs and skin, for example, in a form of 'bodily holism', which is arguably similar to the first kind of the holism encountered by Lock in Japan. A second holism stressed the linkages between physical and emotional/psychological aspects of the self. For example, susceptibility to chest infections might be accompanied by feelings of isolation and depression. This holism reflects though in privileging emotional symptoms as possible causes of illness, New Age or alternative health values.[s] Indeed, the tendency within the shiatsu school for minor somatic complaints to be psychologised contrasts with the physiomorphism identified in studies by Lock (1980), Ohnuki-Tierney (1984) and Kleinman (1980). It also contrasts with my own recent research within a clinic where *shinryou naika* or psychosomatic medicine was practised, a Fusui centre and an Aikido club.[t] In addition to 'bodily' and 'emotional/bodily' holisms, the teacher suggests a temporal or psychotherapeutic holism in stressing that current symptoms could result from unresolved emotional issues associated with a past event. Having identified the existence of several different conceptualisations of holism within this review session, I turn to the wider trajectories within which they inevitably require contextualisation.

Cultural trajectories: the expressive individual

Shiatsu is one of many therapeutic practices in Britain that constitutes the Alternative or Holistic Health Movement. Coward (1989, pp. 68–93) notes that virtually all alternative and complementary therapies claim to work holistically;

that is, that they treat the 'whole person rather than the parts'. Holistic health practitioners believe that in contrast to conventional medicine, health is found in the well-being of the whole person and therefore requires more than a fit, disease-free body. It requires an integrated and consequently healthy mind, body and spirit. She notes that claims to holism often suggest a therapy that is natural and gentle; a therapy that offers the almost religious possibility of an integrated whole self. Importantly, within holistic health practices, the emotions deemed irrelevant by orthodox medicine occupy a central place. Heelas (1996) goes further than Coward in examining not only holistic health practices, but also the New Age Movement, of which he argues holistic health practices are a part. Of relevance to our discussion here is his exploration, in the light of claims to 'authentic tradition', of what is new about many New Age practices. He argues that far from auguring a radical break with the past, the emergence of holistic practices in Britain represents a "climactic summation of long standing cultural trajectories" (p. 154). Indeed, he links their increasing popularity to the emergence of the autonomous, individual self over the last two centuries and the project of modernity generally.

Heelas (1996) writes that before the Renaissance selfhood could be characterised as embedded in the established order of things, informed by tradition or living in a way primarily defined and controlled by external loci of authority. During this time, there was little incentive to exercise one's own autonomy or freedom of expression; the order of self was predominantly collectivistic or socio-centric as opposed to self-informed or individualistic. He goes on to write that a progressive weakening of external forms of authority are characteristic of the last two centuries. Following this, people no longer think of themselves as 'belonging to' but 'informed by' the settings and institutions in which they are embedded. During this time, we see the gradual emergence of 'disembedded, desituated, detraditionalised' selves, which articulate what it is to stand alone as individuals (p. 155). This concept of person, therefore, far from being universal is culturally and historically specific, and described by Clifford Geertz (1984, p. 126) as:

> A bounded, unique more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement and action organised into a distinctive whole and set contrastively both against other such wholes and against its social and natural background.

Heelas (1996) writes that the shift to a self "set contrastively both against other such wholes and against its social and natural background" (Geertz 1984, p. 126) has taken two forms, utilitarian and expressive individualism. Central to the former is the idea of a maximising self, who rationally and autonomously seeks happiness through the pursuit and satiation of his or her wants. The expressive individualist self differs in desiring to live an 'authentic' life, which requires discovering and cultivating one's 'true human nature', whilst questing for 'personal growth', 'meaningful relationships' and 'being in tune with one's

self' (p. 156). Both these concepts of self resonate with Anthony Giddens' (1991) argument that the emergence of a reflexive way of living, in which the "individual no longer lives primarily by extrinsic moral precepts but by means of the reflexive organization of the self" (p. 153), represents a defining feature of the modern era. Whilst this schema might be overly simple, it nevertheless has its uses. Shiatsu discourse with its different holisms employed to facilitate the integration of different aspects of self, or the 'mind, body and spirit', which in turn leads to 'healing' and a more 'authentic', 'meaningful' life, is clearly more aligned with expressive individualist discourses than those beliefs and attitudes towards the person in health and sickness that are characteristic of East Asian medical practice in Japan.

Case study: embodying holism

Jackson (1996) writes that phenomenology is a philosophical method examining what it is to 'be-in-the-world' or "the attempt to describe human consciousness in its lived immediacy, before it becomes subject to theory and concepts" (p. 3). In recent years, ethnographies taking a phenomenological approach have provided reminders that human beings "for the most part live independently of the intellectual schemes dreamed up in the academe, and that the domain of knowledge is inseparable from the world in which people actually live and act" (p. 4). My discussion hitherto has focused on comparing holisms in Britain and Japan in the conceptual sense and could be accused of portraying these holisms as intellectual schemas. Whilst in certain settings this may well be the case, within the context of a case study, I wish to address this shortcoming by examining how differing holisms animate the lifeworlds of a practitioner and client, and as such can be shown to inform the lived experience of a shiatsu treatment. I attempt to convey what is rarely disclosed in studies of therapeutic encounters by describing techniques performed and the feelings and thoughts I experienced whilst performing them. It is an account written by someone who had been exposed to holism within a shiatsu school in Britain.

The treatment took place in March 1999 towards the end of my third, probationary year of shiatsu training. The description was written as part of my final year project. Prior to the treatment, my client Jane had visited me regularly for 18 months, about once every four to six weeks. Before receiving a probationary certificate, I practised free of charge. Subsequently, during my final year, I received £10 per session. After graduating this rose to £25. Each session lasted an hour. At the time, I practised in a small room at the back of a quiet, suburban house, which overlooked an English style garden complete with lawn and apple trees. The room was empty, save a number of green, leafy plants; I never got round to hanging the acupuncture charts I had bought during my first year and the walls remained bare for the duration of my stay. Sessions took place on an orange-rust-coloured futon placed on the floor in the centre of the room. At the beginning of a session I usually asked Jane to lie on her front, on a sculpted body cushion, which made lying for long periods of time face down comfortable.

Jane was married and had two children; her husband was a consultant psychiatrist. She was in her early 60s, very active, but often came for treatment complaining of feeling tired. She regularly visited her 90-year-old mother who lived in the north of England. She first encountered East Asian medicine 10 years ago, after being told by her local GP that her chronic back pain was caused by 'wear and tear', and as a result could not be treated. A friend gave her the name of an elderly acupuncturist, named Robert, who also practised chiropractic, homeopathy, and European herbs. In her first treatment, Robert corrected her back and gave her acupuncture, after which her pain significantly lessened. He explained that her pelvis had been misaligned for many years and it would take around 18 months of regular treatment to stabilise her spine. She continued to receive treatment for the following 18 months, after which her back pain had almost disappeared; she now receives regular acupuncture treatment, which she views as preventive. Jane believed she was healthier now than 10 years ago. Recently, other members of her family had started to visit Robert for acupuncture and take the homeopathic tablets and vitamin supplements he prescribed.

Robert held meditation sessions for his patients and situated his acupuncture within a spiritualist framework; he regularly talked to Jane about meditation and spirit guides. She recalled the occasion on which she first realised that Robert believed in reincarnation and the existence of spirits, after he remarked looking at some acupuncture charts that it would take "several lifetimes to learn all this knowledge". Following the unexpected death of her father six years ago, Jane started attending a spiritualist church. She had since experimented with different aspects of spiritualist practice and was attending weekly astrology classes. She considered herself a spiritual healer although she rarely practices.

Jane heard from a friend about my need as a student for people to practise shiatsu on. She consulted Robert and he approved of her coming. She felt that shiatsu helped to release tension from her neck and shoulders. "As you get older", she reflects, "there is a tendency to stoop"; after shiatsu, she felt herself "standing upright". On asking her about acupuncture and shiatsu she explained:

> After shiatsu you feel physically different, you notice changes in your posture straight away, all the joints are easier to move and I can move my neck. I prefer shiatsu to acupuncture. I don't like acupuncture at all but tolerate it because it's good for me. But Robert can help with many different things; if you have a spine out he can put it back. I thought I had arthritis in my neck the other day but there was a spine out, Robert put it back and the pain went. He also knows about the body and meridians, and can help harmonise your body. He helps concrete things like an upset stomach, like when I had a broken ankle, I recovered really quickly.

Jane's story can be viewed in a wider context of shiatsu users. In a nationwide survey conducted by Harris and Pooley (1998), 288 Shiatsu Society members distributed questionnaires to 792 clients. About half the clients had received diagnosis from medically qualified professionals and 72% were female; 30% of

the sample fell into the age band 35–44 years old. Most frequently reported symptoms were musculo-skeletal problems: neck and shoulders, lower back and arthritis; and psychological issues, such as feeling stressed, depressed and anxious. They note that their findings bear a striking similarity to those of Fulder and Munro (1985) who suggest that most complementary health practitioners seem to treat chronic, mild musculo-skeletal disorders and stress related psychological issues. Within the context of these studies, as a 60-year-old woman suffering with neck and shoulder pain and anxiety, Jane was not atypical.

My role as student–practitioner can also be viewed in the context of data gathered in the survey. Seventy-three percent of the practitioners were female. Practitioner age ranged between 26 and 69 years; the mean was 42.6 years. Most of the practitioners worked in the South East, the highest proportion of which worked within London. Respondents had been Members of the Register of the Shiatsu Society (MRSS) for an average of 4.3 years. Thirty-eight percent of respondents were qualified or were training to qualify as shiatsu teachers. Placed within this context, as a 28-year-old student–practitioner I was younger than the mean and comparatively inexperienced, and, being male, in the minority.

An auto-phenomenological account of treatment

I met Jane at the front door and showed her straight up to the workroom. She had had an exhausting month caring for her elderly mother and was due to go to New York with some friends for a pre-Christmas shopping trip. She was anxious about falling behind with the Christmas preparations. At first glance, she looked robust and strong, but I was quickly drawn to her sunken chest and slightly stooped posture. During the course of our preliminary conversation, she indicated she would like me to work on her neck and shoulders which, she said, felt stiff. Jane had recently had a cold and could not lie face down without coughing. Consequently, I decided to work with her sitting on a stool facing the window out towards the garden. As on previous occasions, I felt that Jane's neck was *jitsu* (tense) and chest *kyo* (weak). I planned to work following the treatment principle of dispersing tension held around the neck whilst opening and strengthening the *ki* of the chest by tonifying the lung meridian on each of her arms. I felt that Jane's symptoms were part of a metal energy imbalance, and planned therefore to work with a 'metal touch' learned during my training; in doing so, I would focus on Jane's 'embodied boundaries' during the treatment.

Standing behind Jane, I lowered my hands gently onto her shoulders, and focused my attention into the muscles beneath them, which felt bunched and hot. I wanted to disperse some of this tension and after kneading and squeezing her trapezius muscles, moved back half a step. I started to work with light and rapid hacking movements, using the sides of my hands, after which I pummelled the area with loosely clenched fists. My arms started to ache and I found my awareness receding from Jane's shoulders. As I grew increasingly preoccupied

with my rapidly tiring arms, my movements seemed to get sloppy and lose their focus. I relaxed, softened my arms and knees, and tried to drop my shoulders. I took a few deep breaths, drawing my awareness into my belly before starting again. This seemed to change the quality of my hacking and pummelling. My now relaxed and easy movements seemed to emanate not from the muscles in my arms but from further down my body, in my legs and belly. It felt as though the space between Jane and myself had cleared. Whereas previously I had concentrated on her shoulders, I now seemed able to perceive more of Jane, immediately noticing different areas of tension (*jitsu*) and weakness (*kyo*) further down her back. With this fresh, cleared mode of attention, it seemed that my capacity to feel had also changed. The momentum and weight of my moving hands now seemed to reverberate deep inside her back.

With just a little work, Jane's previously slumped posture had changed. She seemed aware of her posture and was incrementally drawing herself upright. I decided to change techniques and work on her shoulders using arm rotations. I grasped her left shoulder with my right hand and placed my left forearm under hers, supporting its weight. The space between us closed as my torso contacted and supported her back. At first I had a preconceived idea about what the arm rotation should be. I wanted to trace wide free flowing circles in the air, and began attempting to do this. Jane's arm immediately tensed under my hand, the rotation became difficult to perform, the movement occluded by a glue-like friction. Our interaction seemed almost instantaneously to have become a contest of bodily wills. Having recognised my imposed inappropriate ideal of normative mobility my approach changed. I remembered that metal touch implied working with embodied boundaries sensitively. I tried to drop any expectation of what the rotation should look and feel like, relaxed, took a few deep breaths, again drawing my intention to my abdomen and lower back. Instead of tracing a circle of my own imagination, I listened with my hands into Jane's shoulder and let the movements emerge in their own fashion. From this point the circles which were initially quite small became wider and easier to trace; her arm grew heavy and relaxed in my hand.

After working on her other shoulder in the same way, the atmosphere of the room had become still and quiet. The light outside had faded and the room was getting dark. Jane was breathing deeply, and I felt the slow rise and fall of a respiratory wave under my hands. With my left hand gently on her forehead, I started to squeeze up and down her neck with my right. I then began to work lightly with the points along the base of her occipital bone with my right thumb, slowly allowing my thumb to sink deeper into the hollow of the point as muscles softened. I was surprised at how I felt; calm, balanced, and firmly rooted to the floor, my limbs felt pleasantly warm and buoyant. Moving along the base of the neck with my thumb and focusing into my belly, I imagined I was sitting supported by a large balloon. My thumb sank deeply into the acupuncture point Gall Bladder 12, slowly sinking through layers of skin, fascia, muscle, to reach bone at the point's base. I made small, slow circles with my thumb and supporting hand, tracing a figure of eight for a minute or two. Moving on to the

next point, I experienced the same sense of emptiness; these points were *kyo*, I reflected. At the next point, I could feel my thumb buzzing; boundaries between it and Jane's neck seemed to blur. After a while I moved round to her right and began to work the same sequence of three points.[u]

Jane was now sitting upright and was very still. I also noticed the atmosphere of the room had changed, the air had a strange, sticky, glutinous quality; and my perception of time seem to have slowed. After starting to work, it became difficult to tell where the boundaries between my thumb and her neck were. Awareness of my hand and arm seemed to have extended beyond my thumb into the area immediately surrounding the point I was working on. Her shoulder muscles felt hot and soft. As this sense of embodied intimacy grew, I felt I needed physically to do less and less. After a while, with my hand still lightly on her forehead and thumb deep in the point, I started slow exploratory rotations of Jane's head. After initiating the movement, I immediately lost sense of whether I was directing the movements or not. The combined experiences of not knowing who was directing the movements, the thickened atmosphere, and the dissolution of a normal sense of separateness were unusual for me. After a couple of minutes the glowing, pulsating sensations beneath my hands gradually diminished. The area around Jane's neck and shoulders seemed light and alive, far more so than when I started. My hands returned to her shoulders and stayed there for a couple of minutes until I gently broke contact and moved away to the far side of the room. Jane sat quietly for a few minutes before getting up and sitting down on the chair in the corner.

She seemed calm and was smiling, moving her head and shoulders, commenting that they felt much looser. She told me that she had felt energy moving down her body in the form of heat and tingling, and added: "Did you feel him in the room?" Surprised, I asked what she meant. She explained whilst I worked on the points beneath her neck, a little old man from China had been sitting in the room's corner. She had also been aware of someone walking around us in a circle. I did not comment and, without saying anything explicitly, felt that Jane realised I had not sensed spirits in the room. After a short silence, she arranged another appointment, got up and left.

The next treatment was different; I experienced none of the strong sensations described above. Afterwards she said that she had enjoyed it, but I had not had my helper with me today, reaffirming her belief that there had been someone in the room 'helping me' work during her previous treatment. Some weeks later, I telephoned Jane to talk about the session, asking if she could comment about her experiences again. During the later stages of the treatment she had had a "sense and awareness" of two spirits in the room. She explained that in spiritualist healing, when a healer moves to the side of the person being healed, they make space for a spirit to work. She also explained in spiritualist teaching the neck is viewed as the place through which healing energies often enter a person.

Jane had experienced these kinds of sensations before in other spiritualist settings, on two previous occasions though, she felt the spirits had been working

with her, this time she was certain they had been working with me. She spoke of feeling "the energy of room shifting" and being "aware of the spirits presence". In response to a question about whether she enjoyed the treatment, she replied: "Yes, it was a wonderful feeling, I felt a great deal of love and felt open and comforted by their presence, I would like them to be around all the time". The 'Chinaman' sitting in the corner was her guide, she explained; he had a kind, round face and wore an emerald green top and Chinese style trousers. He was not really a person though but "an Energy". The experience was rare but important, she reflected.

Both Jane and I experienced, in identifying the period during which I worked on the acupuncture points along the base of her neck, an embodied confluence: we felt this passage of work was significant. It seems however that whilst I interpreted what had happened within ideas about the changing *jitsu* and *kyo* states of Jane's neck and shoulders, unbeknownst to me, Jane made sense of the treatment within a spiritualist worldview, and had interpreted her sensations as evidence of spiritual healing. In what follows, I briefly reflect on my reasons for choosing to recount this treatment and the style in which it is written.

In 1998, I felt my account was written in a way that accurately conveyed my experiences. Now, with some hindsight, I view my attempts to describe a 'connectedness' with Jane as written with my potential readership of peers and teachers in mind. My choice of treatment and language used reflect the importance attributed to what Mellor and Shilling (1997, p. 23) refer to as 'carnal or sensate knowing', within settings such as the shiatsu school where I was studying at the time. On reflection, this treatment was the first during which I experienced feelings of strong stillness. Since returning from Japan though, I have frequently had similar experiences and do not regard them as unusual. My reasons for choosing this treatment stem from the immediate, succinct and clearly personalised interpretation Jane felt able to give at the end of the treatment. I acknowledge situations are likely to be more muddied than what I seem to suggest here.

Embodied individualisation of shiatsu encounters

In examining what makes holistic therapies attractive, Coward (1989, p. 70) notes the importance of tactile experience, of "knowledgeable hands which hold, explore, guide, and shape the body, providing a wonderful sense that something is being done for one's health in the most tender, comfortable, and personalised way". Within the context of this discussion, Coward's choice of the word 'personalised' is significant. It raises the question of what student–practitioners do to personalise the shiatsu encounter, and importantly, how this occurs in embodied ways. I would like to explore these questions by situating my account and Jane's spiritualist interpretation of her treatment, within a broader description of the rationale given to students at the British School of Shiatsu-Do in London for using different modes of touch. In doing so, I hope to highlight in

what way the holisms already described are embodied by student–practitioners, thus enabling them to 'individualise' or 'personalise' their encounters with clients.

In line with the above, I continue to focus on the metal element and its attendant form of shiatsu touch.[v] I have already mentioned that students are told that metal imbalances manifest in, and result from, a client's rigid or impermeable physical and emotional boundedness or boundaries. When confronted with such a client, a form of touch that draws a client's awareness to this rigidity can be used. In Jane's case, having identified a metal imbalance, I attempted to stretch her arms with a sensitivity that drew her awareness, first, to her embodied limits and, second, to ranges of possible movement. This was done by establishing an initial embodied boundary, a full stretch. Then, after waiting for a moment, this boundary was broached in my gently stretching her arm further. The same principle animated other techniques, such as my work at the base of her neck, in which I allowed my thumb to slowly sink through her skin, fascia and muscles to the pressure point's bony base. By stretching and applying pressure in this way, it was my embodied intention to suggest an embodied permeability to Jane. According to British teachers, this rarely encountered embodied permeability might stimulate in the minutes, and hours, and days following a treatment, novel existential insight concerning a client's psychological 'boundaries'. I suggest though that an explanation such as this, which stresses interpretive acts of the kind that Jane made, only partially reveals the significance of approaching a client's embodied being in this way. Additionally, this kind of touch might have what Jackson (1989, p. 142) refers to as metaphorical qualities. The suggestion of an embodied permeability might also potentially lead to changes in a client's pre-reflexive embodied sense of self, namely, that aspect of the self engaged with the world in ways that are distinct from rational, interpretive modes of reflection. Other elemental imbalances require different aesthetics of touch. Practitioners may, for example, focus on contacting either the bones in the case of a water imbalance, or the joints in the case of a wood imbalance, or the muscles or flesh of the body in the case of an earth imbalance. At the school the experience of each of these touches, along with 'changing a client's *ki*', are believed to offer an opportunity for reflexive self-engagement that constitutes 'healing'. I would add that each touch also arguably has distinct metaphorical potential.

Importantly, this differentiated system of touch also represents the means by which practitioners claim their work is able to service needs of the 'individual'; having identified a specific elemental imbalance, they are able to personalise treatment by responding with a specific mode of touch. In view of this, shiatsu as taught and embodied at the British School of Shiatsu-Do could be described as a system of differentiated therapeutic touch, congruent with other New Age practices which exhibit a commitment to framing and facilitating an individual's quest for self-authenticity and meaning. It remains to be added that Japanese practitioners with whom I had conversations with in Hiroshima and Nagoya were surprised to hear of shiatsu being framed and practised in this way.

Globalisation as individualisation

In this paper I have attempted to argue the following: whilst there exist superficial similarities between shiatsu in Japan and a shiatsu school in London, in that both involve the application of hand pressure to the body of another, reflecting differing histories and categories of personhood, their respective concepts of holism are radically different. Importantly, individualism informs the holisms found in the British setting described here. I have also argued that comparison between settings requires not only the critical examination of holism as concept, but also the ways in which it is embodied and manifest in the form of differing aesthetics of touch. In the case of the shiatsu school in London these aesthetics are also animated by the notion of a self-defining, autonomous individual in the form of person as 'mind–body–spirit'.

Kleinman (1995, pp. 46–49) is not alone in linking processes of individualisation and globalisation. Robertson (1992, pp. 25–31), for example, argues that the 'global field' is characterised by the four processual developments: individualisation, internationalisation, societalisation, and humanisation. He defines individualisation as a process of global redefinition of persons as complete wholes rather than as subordinate parts of localised groups or communities. At the shiatsu school, and in my own work as a student–practitioner, conceptualisations of holism and attendant embodied modes of 'holistic shiatsu touch' rest more on notions of the individual than the socio-centrically defined person, and thus perhaps are representative of the globalisation as individualisation that Kleinman and Robertson describe.

This results in a form of shiatsu which differs from that which is characteristic of Japanese settings, where socio-centric personhood ensures a de-centred mode of treatment, in which the locus and responsibility for therapeutic efficacy is intertwined within the fabric of a patient's relationships with practitioners, family, and work colleagues. As a result of this individualisation in Britain, contexts of efficacy arguably recede from work and home settings to within the confines of the practitioner–patient relationship, and secondly, to within the confines of the reflexive individual client themselves, whose responsibility it becomes to make sense of the process in which they are situated. This inevitably has profound implications for the constitution of practitioner–patient relationships. Coward (1989) argues that individualism inherent to many holistic health practices, coupled with latent religious sense of guilt, can lead to 'cultures of blame', in which responsibility for ill health is born exclusively by the individual. Whilst I do not, of course, propose a corrective redefining of British shiatsu practice with Japanese conceptions of selfhood, I hope to have shown that the relationship between embodied aesthetics of shiatsu touch in Britain and the historical and cultural contexts from which these embodied aesthetics have emerged is important and requires further consideration.

Parkin (1995) cautions against portraying systems of knowledge as bounded and coherent. To be sure, shiatsu practices in Britain and Japan cannot be reduced to simple oppositions of East and West and of socio-centric and

individualistic personhood. There exist many different shiatsu schools and styles in Britain, Japan and other countries that I have not been able to detail and examine here. The continuing movement of both teachers and students between Britain and Japan, and indeed other countries, makes simple contrasts problematic. Japanese teachers regularly come to Britain, whilst students of shiatsu in Britain, be they French, German or English, travel to and study in Japan. To further complicate matters, a small number of Japanese people encounter shiatsu for the first time in the form of 'Shiatsu-Do' in Britain. Additionally, Jane's spiritualist interpretation is unusual but nevertheless suggestive of the possibility that clients make sense of shiatsu in a wide range of discourses.

In using a phenomenological approach, I hope to have suggested that future studies could seek not to delineate the historical and conceptual boundedness of differing shiatsu styles, approaches and interpretations, but rather the interlinking of local and global processes and contexts through which practices such as shiatsu are formed, embodied and utilised. Given Csordas's (1993) statement that the body represents the 'existential ground of self', and in the light of Jackson's (1989, 1996) ideas about bodily metaphors, one could argue that different shiatsu touches have differing metaphorical qualities. Touching through the embodied self might lead to changes in the embodied self, in ways that render irrelevant whether reflexive, interpretive acts are made about the treatment or not.

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Notes

(a) The issue of how to refer to the person who receives shiatsu treatment is a vexing one. In this paper, I use the term 'client', which is often employed within the British School of Shiatsu-Do.

(b) The Japanese Ministry of Education generously funded this period of research.

(c) *Dojo* literally means 'Place of the Way'. The word commonly refers to places where martial arts such as Judo, Karate-Do and Kendo are practised.

(d) I frequently encountered this kind of appraisal of shiatsu in conversations with a wide range of people in Hiroshima.

(e) For example, Endo Ryoku, Pure Land Buddhist priest and shiatsu master, currently living in Kyoto, says that in contemporary Japan the notion of shiatsu as a vehicle through which one cultivates the self is uncommon. He describes his approach as Tao Shiatsu, preferring the Chinese pronunciation of the word *do*.

(f) The Shiatsu Society website lists over 20 shiatsu schools in Britain, all founded within the past 25 years.

(g) Lock (1980, p. 16) defines *okyu* or moxibustion as "a therapeutic technique, in which small cones of a powered herb, mugwort (*Artemisia vulgaris*) are burned on the body a certain defined points".

(h) Reasons for the formulation and consequent recognition of an explicitly Japanese style of therapy require placement within the historical context of the first half of the 20th century,

when the drive to modernise was coupled with arguably nationalistic attempts to identify, retain and encourage, or alternatively invent 'authentic' Japanese traditions (see Sharf, 1995; Vlastos, 1998).

(i) The exchange rate at the time was 180 yen to the pound sterling.

(j) Lock (1980, p. 15) writes: "*Kanpo*: means the 'Chinese method'. It refers to the entire medical system brought to Japan from China in the sixth century. In modern Japan it is also used to refer to the application of herbal medicine, as distinct from acupuncture, moxibustion and massage."

(k) Lock's, Ohnuki-Tierney's and Hardacre's studies were written around 20 years ago; however, data gathered during informal visits to shiatsu clinics in Hiroshima seem to suggest that the observations they make remain pertinent today.

(l) The term New Age refers those practices originally identified with the counter-culture of the 1960s and early 1970s. For a fuller account of the characteristics of the anticipated 'New Age' or 'Age of Aquarius', see Heelas (1996).

(m) The term *hara* refers to the area beneath the ribs and above the pubic and hipbones. For a discussion of significance of *hara* within Japan, see Lock (1980, p. 86) and Ohnuki-Tierney (1984, pp. 57–60).

(n) Lock (1980, p. 180) translates the derivative words *jissho* and *kyosho* as states of hyper- and hypoactivity in organs and meridians.

(o) The school teaches traditional Chinese medical theories as they appear in textbooks currently written for students of acupuncture and shiatsu in Britain. Texts include, for example, Giovanni Maciocia's *The Foundations of Chinese Medicine* (1989). Masunaga's Zen shiatsu theory is a re-interpretation of TCM theories, the main difference being the inclusion of emotional/psychological issues. See Masunaga and Ohashi (1977, p. 42) for a summary of the psychological and physical issues they associate with lung and large intestine imbalances.

(p) Metal is one of five elements within the theory of the five elements or phases. For fuller discussion, see Farquhar (1994, pp. 96–97) and Lock (1980, pp. 29–37).

(q) See Lock (1980, pp. 84–85) and Hsu (1999, pp. 58–88) for discussions of *ki* in Japan and China, respectively.

(r) See Farquhar (1994, p. 103) for symptom categories and examples in China.

(s) See Coward (1989, pp. 43–68) for a fuller discussion of the primacy given to emotions as causes of illness within alternative and New Age movements.

(t) The characters that constitute the term *fusui* are 'wind' and 'water'. In the centre's discourse *fusuigaku*, 'the study of wind and water', represents an experiential path through which practitioners gradually acquire an embodied sensitivity to ever-subtler levels of reality, knowledge of which is utilisable in everyday situations. Aikido is a non-competitive martial art. In both these settings, the first few foundational years of training focused on strengthening the physical body (*nikutai*), a prerequisite for achieving insights into and experiencing subtler levels of reality.

(u) Bladder 10, Gall Bladder 12 and 20.

(v) The metal touch is one of five touches that are phenomenologically constitutive of shiatsu techniques taught at the school. Students are also introduced in their training to wood, earth, fire and water touches.

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