

General effect of Shiatsu (Dr. Eduard Tripp)

Causes and effects. An excursion

Doctor Franz Anton Mesmer (1734 – 1815) explained mysterious healings with the aid of magnetic steel, be-speaking and placing hands; describing a phenomenon that he called “animalistic magnetism” (magentisumus animalis). The evoking of many special life-appearances “actually doesn’t need any heaven, mineral or iron magnetism”, the effect of the “fluidum” coming directly from him would be enough to “magnetize” the sick ones and human beings in general, said Mesmer. From his perspective, there is a kind of current (the “fluidum”) flowing through an organism, and an unfavorable distribution of magnetism in the human body causes disease.

In the practice that he opened in Paris in 1778, his treatments took place as group therapies and were really a social event. The treatment room was furnished in an elegant and precious way, lit with dimmed candlelight. An invisible orchestra contributed to a harmonious atmosphere of well-being.¹ In the middle of the saloon there was a wooden trough called Baquet. It was filled with iron-chippings, glass splinters and water. There were bent iron bars sticking out from the holes in the lid. They served as a connection between the patients and the water that was supposedly magnetized. The patients sat around the Baquet in several rows and held each other’s hands.

When Mesmer entered the saloon with his specially chosen, handsome helpers and started touching his patient’s sick body parts with a long, gold plated iron staff, there was devotional silence. Everyone believed in this feeling of a strong healing magnetic current flowing from Mesmer into their own body. Some started to feel a peculiar warmth and others “started rolling their eyes and going into spasms, wrenching their limbs, screaming and hitting themselves”. If that happened, Mesmer would put down his golden staff and fixate on his patient’s eyes whilst rubbing the body gently from the head to the feet until they felt relief. They were then brought to “the crisis room”, a cushioned room where a soothing period followed the crisis relief. It especially helped “if the restricting corsage was unbuttoned to calm down the ladies”. These “magnetic crisis” were regarded as the actual carriers of the healing effect because, through them, the penetration of the animalistic fluid into the body was obvious.²

¹ Mesmer had become the fashion-doctor of the society of Paris, but he supposedly also helped the poor by magnetizing a tree in the park and offered them the opportunity to connect with these powers of the tree through ropes.

² Today one would call these crisis “cathartic reactions” or “hysterical reactions”, which weere probably largely caused by an attitude of expectation and autosuggestions.

Alas, Mesmer never received scientific recognition for his form of treatment. A commission was put together by Doctor d'Eslon of King Ludwig XIV to research the animalistic magnetism.³ They could not find any indications that the physical force worked and finally reported that the magnetism that Mesmer had discovered was based on imagination.⁴

Now, it is not a complete coincidence that the description of the treatments and the setting they were conducted in reminds us of wellness centers and Shiatsu practices which are trying to already signal relaxation, well-being and health in an environment created with particular architecture, harmoniously furnished rooms, room fountains, dimmed lights, candle light, scented air through incense and aetheric oil, relaxing music, etc.⁵

Effects and supposed effect coherences

For the evaluation of methods or effective substances, scientific medical research uses random double-blind studies. In it, an effective method or substance is used in the same way as a placebo⁶ (an ineffective method or substance)⁷ and neither the person giving the treatment nor

³ The commission was formed in 1784 and was made up of the doctors Gullotin, Jorie and Sallin D'Arcet, as well as the delegates of the Academy of Science Bailly, de Bory. Franklin and Lavoisier.

⁴ With the decision of the commission, the magnetic explanation was put away and seen as unscientific. It was forbidden for doctors to even talk about "Mesmerism". However, the commission couldn't disprove the healing successes of Mesmer and the magnetism-movement had already developed such a momentum that it spread out amongst lay-people not only in France, but also in the whole of Europe. There were so-called "Harmonies" formed in several French cities, which propagated Mesmer's method. Finally, Mesmer's approach developed into a new direction; the method of suggestion emerged, which has been scientifically researched especially in France. Initiated by James Braid (1795-1893) and Jean Martin Charcon (1825-1893), some of the causes of effect, as suspected by Mesmer, were scientifically researched as the teachings of hypnotism. The teachings of Mesmer became the starting point of two big movements in psychology; hypnosis and psychoanalysis. With the development of the theory of suggestion, the school of Nancy postulated a thinking approach, which was totally contrary to the epoch. So far, one was striving to ascribe the whole mental-life to physicality. A.A. Liebeault and Hypoeyte Bernheim, both representatives of the school of Nancy, began to introduce psychological interpretations into medicine. With the understanding that suggestion is an imagination, which becomes real in an action, the mental aspect is recognized as a possible cause an exact, scientific sense (meaning that the mental processes, by the laws of nature, doesn't only have an effect on other mental aspects but also on the body). Healing beginning in the mind is strived for. In a certain sense, the "psychological age" started with Mesmer. The workings of Mesmer were also picked up by American-Christian Communities. They tried to capture the influence of the mind on the body and engaged in "mental healing procedures", e.g. in the church of "Christian Science" (founded by Mrs. Eddy, who had been treated by a student of Mesmer). In this community, diseases are thought away by bringing the sick to the conviction that there is no physicality, only the mind. In this system, a state of disease is simply a wrong train of thought, which can be cured by thinking right.

⁵ Similarly, doctors utilize a setting and an appearance that are supposed to convey professionalism, calming down and confidence to the clients: the furnishing of the office, the doctors clothes, radiating professional competence, the attention to and creation of a platform of trust. Also, a certain diagnosis and/or treatment rituals, which include the prescription of medications, add to this creation of trust within this environment.

Being sick doesn't only consist of something in the body being out of order; suffering and not feeling well are present in many aspects. That is why, according to Walter A. Brown (1998), it is totally legitimate to give pills without effective substance (placebos) and provide methods of doctoral healing art for the benefit of the client.

⁶ The Latin word placebo means "I will please" and is the first word of the roman-catholic prayer for the deceased: "Placebo Domino in regione vivorum" (I will please the lord in the land of the lord). In the 12th century, one referred to it as simply 'placebo'. In the 14th century, its meaning turned into something derogatory; people started calling

the patient know if they are working with a verum (the method or substance being tested) or a placebo. Such procedures can be helpful for pharmacological substances (within clearly defined ethical frame-conditions⁸), but not for a method like Shiatsu, in which the intention is part of the practice.

On the other hand, the effects that are triggered from the conviction and attitude of the practitioner and the client can't just be put away as imaginations. For example, the effects of the "animalistic magnetism" are used in hypnotherapy in a purposeful way today. By now, placebo effects are psychologically proven as "real effects" by administering image-giving procedures.⁹

The polar comparison of verum (proven or 'to be' proven effective substance) and placebo (no effective substance) shall therefore be regarded critically, because a supposed coherence of effects can be wrong when looked at from standard of knowledge at a later point in time. Sometimes it is also the other way around; a supposed placebo effect later shows to be founded

bootlickers and cringers by this name. This probably came from the job of the placebo-cantors, who would sing the mourning song for money.

When this word made its way into medicine it kept its derogatory aftertaste and was used, as a definition from 1811 says, for all kinds of medications that were only prescribed to please rather than having a therapeutic value.

⁷ One can regard any substance or method that hasn't been proved in the medical field, and has a positive effect on the state of being, as a placebo.

Placebo effects don't only happen with pseudo-medications, they can also appear in surgeries. Bruce Moseley from the Houston Veterans Affairs Medical Center in Texas (2002) found that in the case of certain knee complaints, a placebo-surgery (the surgery was only pretend, but the normal cuts made in an arthroscopic interference were performed and the wound was sewn together afterwards) was just as effective as the standard operation, in which the knee-joint is washed out to get rid of pieces of cartilage that have rubbed off.

⁸ Placebo controlled studies are only allowed if there is no danger that the disease will get worse without treatment.

⁹ Brain scans show that by giving placebos, the prefrontal cortex is stimulated and possibly suppresses the following reaction of the pain matrix. It is possible that the production of the neurotransmitter dopamine is stimulated with placebos. Dopamine stimulates us and motivates us to act. Also, perhaps the release of pain-relieving endorphins is also stimulated through placebos. But it is not true that placebos have no side effects. Clients do complain about typical side effects. One can even observe withdrawal symptoms when the pseudo-medication is discontinued. It is remarkable, says Walter A. Brown (1998), that placebos help the most when the suffering symptom is a direct effect of one's stress. Beyond depression and states of fear, this is valid for pain and other complaints that become worse with agitation, e.g. asthma or slightly raised blood pressure. One assumes that in this case, the effect of the placebo could be based on a reduction of the worrying about the sickness; for it has been proven that stressful situations influence the immune system, increase the cortisol level in the blood and the power of resistance goes down.

From the viewpoint of the complexity-theory, the information takes a central role in the process of self-organization of complex systems, whereas information about matter (e.g. infusion, medication, surgical interference) as well as energy (e.g. optical or acoustic waves, tactile or flavor signals) are conveyed. For the complex-theoretic understanding of placebos, the cause-effect principle (a specific cause always has the same effect) needs to be expanded by understanding that a placebo is given according to the respective cause. Every living being derives a meaning out of everything that it perceives in its environment.

This especially includes signs (information) that it takes in passively or actively from the construction of the world it lives in (once one recognizes a sign, it is open to individual interpretation. In this procedure, one can either hit the right mark or be mistaken). The meaning that results out of the interpretation of signs is an important aspect of a fundamentally important procedure, which decides how an effect unfolds.

Every interpersonal and therapeutic intervention and the triggered effect, gives details of a psychochemical part as well as a part that is created by the meaning it gives (every communication alike contains a content and a relationship aspect). So, a strong and lasting effect mostly happens when the psychochemical effect and the effect of the consequential meaning point in the same direction.



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on a provable effect-mechanism. With this background it certainly makes sense to question how much of the effects in Shiatsu¹⁰ are based on the clients simply receiving attention and care. If the Shiatsu practitioners, as well as the receivers, share the same belief, the method is effective and healing.¹¹

Health and sickness

The basic principle of modern, scientific medicine is based on diagnostic findings that are gained by conducting objective examinations that could be repeated at any time. There is the image of a healthy person on one side and a pathologically degenerating person on the other. Therefore, diseases have hardly anything to do with us being healthy people. This might actually be quite comforting because, overall, we are healthy, there is only a small portion of us who are sick with disease.

Diseases are opponents that come from the outside, fight us and sometimes conquer us.¹² They are “named” by medicine and the diagnosis calls for a certain course of action, which allows the adequate strategies and weapons to be developed and used against the opponent. This ‘reduction of disease’ approach of scientific medicine simultaneously reduces the sick people themselves. They feel reduced by their disease, disturbed in their “normal” life-process, not “whole” anymore. They feel pain, feel “alienated” “beside themselves” and separate themselves, according to P. Heintel (1992), into a subject that remembers its former health and an “objectively” disturbed “physical” condition. They look for help and, because of their physical disorder, are open to interventions from outside. They look for interventions that explain the part that has been “split off” from them and gives them the security that this problem is actually something “outer”, something that doesn’t belong to them.

On the other hand, if we are sick, we rarely feel it in a partial way. Normally, our whole body experiences it. Because of the separation between the disease and us as a healthy person, we avoid accepting the disease as our own, as a special form and expression of our subjectivity, as an indication of ourselves. Supporters of holistic approaches criticize, that no one can be treated sustainably from the “outside”. Healing is partly reliant on taking the sickness into ourselves; into our body, mind and spirit.

¹⁰ In Austria, as opposed to Japan, Shiatsu is legally considered an occupation concerned with the goal of taking care of health, relaxation, regeneration, vitality and well-being, but definitely not for the treatment of diseases in a medical sense.

¹¹ An important aspect of placebos is that they help when one believes in their effectiveness, but with this focus on unspecific effects, other effect coherences should definitely not be questioned. On the contrary, every method always contains many general and specific components.

¹² Medicine has us believe that the more diseases are discovered and researched, the easier it is to treat the sick person specifically and the faster they get well again. But, as P. Heintel (1992) put it, one can also see it in the way that the many diseases, which modern medicine can name and treat, serve the healthy more than the sick, because they can put their mind at rest, knowing that, in the case of an emergency, others will know what needs to be done. Having this knowledge in the background and having a free life based on it, keeps them healthier than if they would be worrying all the time.



The holistic approach assumes that every disease is an expression of our individuality in its many forms of appearance. Being healthy is one condition, being sick is another. Just as there are “lighter” and “heavier” diseases, there are also “healthier” and “less healthy” life states, the spectrum stretching all the way from being functional to a fulfilled sense of blissfulness.

In the holistic understanding of health and sickness the idea of the power of intrusion from the outside is given up to make room for complex, interactively influencing life-coherences. The symptom (the “single diagnosis”) forms only a part of the whole “pattern”, the “whole disease”. What is crucial to understand in holistic medicine, is that it is not so much about an intrusion from the outside, but rather about “immanent control”.

Diseases and their social coherences

Scientific medicine is valid worldwide. It is its goal to create parameters with diagnostic findings that are not dependant on cultural, social and religious norms. A disease that has been diagnosed within this structure will be treated in a standardized way (independent of the societal and the social environment). In contrast, traditional medicine was and is closely connected with the respective culture, embedded in its ideas and values. Traditional medicine doesn't want to, and can't, renounce this context,



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because the “causes for disease” are different depending on various social and biological conditions.¹³

Disease and suffering that come from our biological conditions collectively belong to human beings in general; but at the same time they shape the destiny of every individual. The social and cultural environment determines the relationship between these two poles.¹⁴ On one side of the continuum, there are “we-oriented”, “collectively concerned cultures” that lessen the burden of dealing with one’s destiny on one’s own. On the other side, in “I-oriented” cultures individuality plays a significantly bigger role. There are important parts that the “I” contributes; but with it, the individual loses much of its social backup and its collective integration. The suffering that eventually surfaces for all has to largely be dealt with alone.

Ultimately there is no guidance, no recipe, to overcome this contradiction in us. We have to individually deal with this cleft that goes through the middle of us. If we look at it this way, disease is also rooted in a bad or misshapen handling of these two parts. Lofty expectations of individualization and differentiation can potentially lead to excessive demand of the body. That doesn’t only mean achieving, stressing, pressure about time, physical disciplining, etc. It isn’t possible for the mind to change and have the body stay the same; the “whole” body resonates with what is happening and forms an “analogy”.

Treatment, therefore, means setting communicative arrangements, in which the practitioner can live, suffer and be happy with the client and take part in what is going on. That is how healing and recovering processes are triggered. It is the goal of the intervention to bring the individual, who’s suffering consists in having lost the connection to the greater reality, back to it.¹⁵

¹³ From a holistic platform, it is often a laborious endeavor to develop a diagnosis. Here, the different diagnostic instruments often only help in the beginning of the search by broadening the attention or the “searching attitude”. Diagnosis means an “offer of language”; it describes possible paths that people can walk together and helps to arrange communication circumstances. More important than finding appearances of disease is the search for many possible “access possibilities”, the opening up of new paths.

¹⁴ Cultural backgrounds have a very big influence on vast parts of our life, all the way to our perception. R.E. Nesbit (2001, 2003) and U. Kühnen (2003) have proven that members of Asian and western cultures differ in their perception – genetic causes were able to be conclusively excluded. For western people who live in a culture which is strongly marked by individualism, it is significantly easier to ignore context. People from Asian cultures, on the other hand, are much more tied into social nets - in family, work and village communities. They experience continuous exchange and transformation and include their environment into their perception more than westerners.

¹⁵ In the understanding of the salutogenesis one could formulate that, through the binding with a greater reality, the basic attitude of a person towards the world and towards himself or herself is changed. Antonovsky calls the attitude of experiencing life as interconnected and making sense, as coherence-feeling which is based on three levels: the sense of comprehensibility, sense of manageability and the sense of meaningfulness.



The early experience of the World

We make our earliest experiences with the all-encompassing connectedness of the world in our mothers' womb. In this life phase we acquire the basis of the, using Bela Grundbergers (1976) words, "uplifting-sublime" feeling, in which there are no needs and nothing is outside or separated from us. Then with birth comes a radical change. The infant is born into a deficient world, into a world full of needs, necessities and difficulties. Newly born human beings are incapable of surviving on their own. They need care and mothering, which will never be as complete as it was in pre-natal existence. It can never be complete because post-natal life is affected by the tension of needs and the satisfaction of needs, by strain and relaxation.

If the experiences of infants are sufficiently good and they experience their environment as being caring, reliable and sensitive, they gain trust are

emotional embedded in the world. They are part of it. If they feel unprotected in their environment and experience themselves as being separate from it, they will become skeptical and negative towards the world.

This fundamental course of finding our place in the world happens very early in our life, at a point in time in which we don't yet have the use of language. We mainly make these experiences physically, in direct contact with the people that take care of us. It is these early experiences that respond to the physical touch of Shiatsu. We are stimulated if there is already



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a solid basis and encouraged if there are deficiencies. Being cared for attentively, feeling welcome and sensing that we are part of a world that is benevolent and worth living in, can be conveyed non-verbally.

Self-experience – A prerequisite for professional accompaniment

It becomes the task of the Shiatsu practitioner to act as a communicator between the individual and “the world”, taking care that the connection with people and that access to the world don’t tear off.¹⁶ Therefore, the practitioner turns into a “care-taker of the world in between”, of the space that connects us with others. The practitioner turns into a “border crosser” who engages in this in-between world in order to become effective in their field as an instrument or a guidepost and to promote communication during encounters. That is why attentiveness and respect towards the person being accompanied is of great meaning. Self-experience, in terms of having the ability to self-reflect, is an essential prerequisite for Shiatsu practitioners so that they may accomplish the task of encouraging the client in his/her development instead of hindering it.

Self-regulation through the strengthening of the psychophysical core

In the fifties, Rene Spitz was already pointing out that in the 20th century, the primary experience of an infant in the world is different from how adults feel it. Spitz calls this early form of perception and communication coenaesthetic. Within it, the main points are similar to a Shiatsu encounter; skin and body contact, vibration, rhythm, tension and relaxation, physical posture, temperature and tone of voice and, ultimately, the automatic musculature and the autonomous nervous system.

But in the course of our development the coenaesthetic world of experience steps into the background and a different, diacritical, perception starts dominating. This phase has an emphasis on the skeletal (arbitrary) musculature, the central nervous system, logical thinking and optical perception. Nevertheless, although it is often hidden, the coenaesthetic world of the inner core of remains a decisive factor in our life.¹⁷

Shiatsu has the potential to strengthen the inner, psychophysical core of the person being treated. In the approach of G. Bartl (1984, 1989), the important qualities are formed by warmth,

¹⁶ The religion philosopher Martin Buber (1923) sees the human being as having two different connections with the world, in an I-You and an I-It relationship. While we feel separated from the world, observe it and can deal with it in the I-It-relationship, we are one with it in the I-You-relationship and there is nothing outside of us.

¹⁷ Different than in (classical) psychoanalysis, according to which one stage of development is replaced by the next, modern infant-research sees different levels of self-sensing as simultaneous occurrences. At every point in time, the individual experience of social interaction happens in all domains of reference – independent of whether or not one gives them attention (D. Stern, 1992).

If the coenaesthetic world of perception wastes away (e.g. through an over emphasis of the rational world of values), an inner, emotional and finally mental impoverishment occurs. This inner world, which also concerns our intuition, is nourished and developed through rhythm, sound, awareness exercises, Shiatsu, etc.

rhythm and continuity, which must be fulfilled during the early life of the infant. This ensures a solid base for harmonious maturation and development and, therefore, good conditions for psychological and physical health.¹⁸

With its physical-emotional approach Shiatsu strengthens warmth (through devoted and attentive touch), rhythm (through the rhythm of the work and the strengthening of one's own rhythms of the body) and continuity (through the setting and fundamental support that stays the same in the core). Sometimes in a specific way and other times not, Shiatsu forms the conditions for self-regulative processes, which support and promote health and development.

Translation: Zoe Binetti

Quoted references:

- Bengel, J., Strittmatter, R. & Willmann, H. (2001): Was erhält Menschen gesund? Antonovskys Modell der Salutogenese - Diskussionsstand und Stellenwert. Forschung und Praxis der Gesundheitsförderung Band 6, Bundeszentrale für gesundheitliche Aufklärung.
- Bartl, G. (1984): Der Umgang mit der Grundstörung im Katathymen Bilderleben. In: J.W. Roth (Hg) - Konkrete Phantasie. Verlag Hans Huber.
- Bartl, G. (1989): Strukturbildung im therapeutischen Prozess. G. Bartl & F. Pesendorfer (Hg) - Strukturbildung im therapeutischen Prozess. Literas Universitätsverlag.
- Brown, W. A. (1998): Der Placebo-Effekt. In: Spektrum der Wissenschaft 3/1998, S. 68.
- Buber, M. (1923): Ich und Du.
- Grunberger, B. (1976): Vom Narzissmus zum Objekt. Suhrkamp Verlag.
- Heintel, P. (1992): Warum gibt es nur eine Gesundheit und so viele Krankheiten? Vortrag in Bad Gastein, September 1992; abgedruckt in Imagination 3a, 1992, S. 5.
- Hontschik, B. (2006): Körper, Seele, Mensch. Versuch über die Kunst des Heilens. Suhrkamp Verlag
- Mäder, Alexander (2004): Der Schein heilt. In: Gehirn & Geist 5/2004, S. 28.
- Masuda, T. & Nisbett, R.E. (2001): Attending Holistically Versus Analytically. In: Journal of Personality and Social Psychol. 81, S. 922.
- Mosley, J.B. et al. (2002): A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the Knee. In: New England Journal of Medicine 347, S. 1717.
- Nisbett, R.E., Peng, K, Choi, I. & Norenzayan A. (2001): Culture and Systems of Thought. In: Psychological Review 108, S. 291.
- Nisbett, R.E. (2003): The Geography of Thought. Nicholas Brealy Pbul. Ltd.
- Kühnen, U. (2003): Denken auf asiatisch. In: Gehirn und Geist 3, S. 10.
- Spitz, R.A. (1945): Diacritic and coenesthetic organizations. In: Psychoanal. Rev. 32.
- Spitz, R.A. (1992): Vom Säugling zum Kleinkind. Verlag Klett-Cotta, Stuttgart (Originalausgabe: The First Year of Life, 1965).
- Stern, D.N. (1992): Die Lebenserfahrung des Säuglings. Verlag Clett-Cotta.
- Tepperwein, K. (1977): Die hohe Schule der Hypnose. Ariston Verlag.
- Toifl, K. (2004): Lebensfluss zwischen gesund und krank. Facultas Verlag.

¹⁸ The balanced experience of warmth (given through affection and attention), neither lack of nor excess, forms the basis for trust in the world and the ability to enjoy it. Adequate rhythm provides security and supports becoming aware of form and borders. Continuity strengthens and sustains the experience of warmth and rhythm, and forms the basis for mature, authentic relationships.



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