



Shiatsu Public Awareness & Research Survey

Analytical Report

Shiatsu Society UK

December 2025

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1. Executive Summary

This survey was undertaken in November 2025 with a representative sample of 1005 people of the UK adult population on Awareness about Shiatsu. The results present a coherent and encouraging narrative:

- **Awareness of Shiatsu is relatively high, but can be improved** (43% have heard of it; nearly half have never heard of it or are unsure).
- **Familiarity is very low** compared with other therapies like massage and acupuncture.
- **Actual experience of Shiatsu is rare** (only 4% have ever received treatment), but **satisfaction is exceptionally high** among those who have (mean rating 8/10; median 9; 82% rated it between 7-10 out of 10).
- The public strongly associates Shiatsu with **stress reduction, mental wellbeing, and musculoskeletal pain**, which aligns with core strengths of the therapy.
- The **top barriers** are “I don’t know enough about it”, cost and availability, not safety or strong scepticism.
- People want **trustworthy, evidence-backed information** from the **NHS, GPs/health professionals, online scientific sources and the SSUK website**.
- The immediate **health priorities** of respondents (sleep, stress, energy, mental wellbeing, pain) align almost perfectly with both perceived benefits and desired research outcomes.

Gender-related implications

- The **balanced gender composition** suggests that Shiatsu can be positioned as a **mainstream, gender-inclusive therapy** that responds to universal needs (sleep, stress, pain, energy).

- There is a clear **under-recognition of women-specific benefits** (menstrual and menopause support), which points to targeted opportunities in practice development, research and public communication.

Priority actions suggested by the data

1. Invest heavily in basic public education

- Address the dominant barrier “I don’t know enough about it” via:
 - Clear, accessible explanations of what Shiatsu is and what to expect in a session.
 - Simple infographics and videos explaining benefits in the top priority domains (sleep, stress, energy, pain, mental wellbeing).

2. Align SSUK communications and research focus with public priorities

- Make **sleep quality, stress, energy, mental wellbeing and pain** the central pillars of both research and outreach.
- Explicitly communicate where evidence already exists and where new studies are being launched.

3. Deepen the link with trusted channels (NHS, GPs, formal directories)

- Develop information resources suitable for **NHS websites and GP practices**.
- Strengthen SSUK’s online presence as an authoritative source and ensure it is easily found through NHS/official directories.

4. Showcase high satisfaction and encourage first-time trial

- Use anonymised quotes and data from satisfied clients (rating 8–10) to bridge the gap from **curiosity to first session**.
- Consider “first-time” offers or introductory formats to reduce cost and uncertainty.

2. Purpose and scope

This report analyses the results of the **SSUK Shiatsu Public Awareness & Research Survey**. It provides:

- A structured overview of who responded (gender, age, occupation).
- Insights into **awareness, perceptions and experience** of Shiatsu.
- Analysis of **information needs, research interest and wellbeing priorities**.
- Comparative analysis (male/female vs. total population trends).

Where relevant, conclusions highlight opportunities for SSUK's communications, research priorities and public engagement strategy.

The question numbering from the final Survey questionnaire is being used in the structure below for ease of reference.

Overview, sample and method

Survey and sample

- Instrument: **SSUK Shiatsu Public Awareness & Research Survey 2025** (online).
- Population: **UK general public**, with fieldwork designed to be **representative of the UK adult population** by gender, age and broad ONS region. The total responses received for the survey were **1,005, thus making the survey fully representative**.
- Timeline: The survey was conducted online via the "Prolific" survey platform between 12/11 and 15/11/2025.

3. Section 1 – Awareness (Q1–Q7)

Q1 – Gender

Q1. What is your gender?

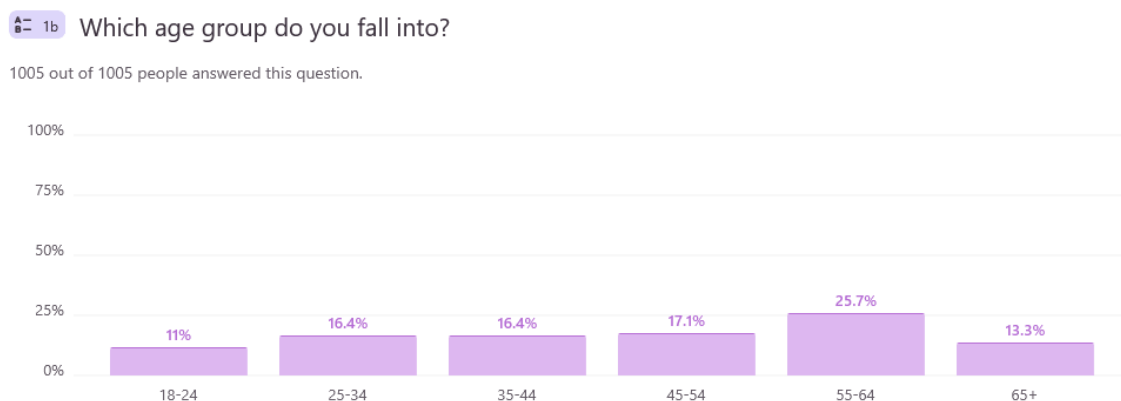
- Overall (N=1,005):
 - **Female:** 51.44%
 - **Male:** 48.06%
 - **Other:** 0.30%
 - **Prefer not to say:** 0.20%

The Survey age profile represents a balanced UK-representative gender sample. The total number of completed responses for the survey was N=1005, with 483 male, 517 female responses, 3 people defining themselves as “other” and 2 people not willing to disclose their gender (“prefer not to say”). For the gender-specific analysis for female and male respondents N=1,000, excluding the “other” and “prefer not to say” categories.

Q2 – Age group

Q2. Which age group do you fall into?

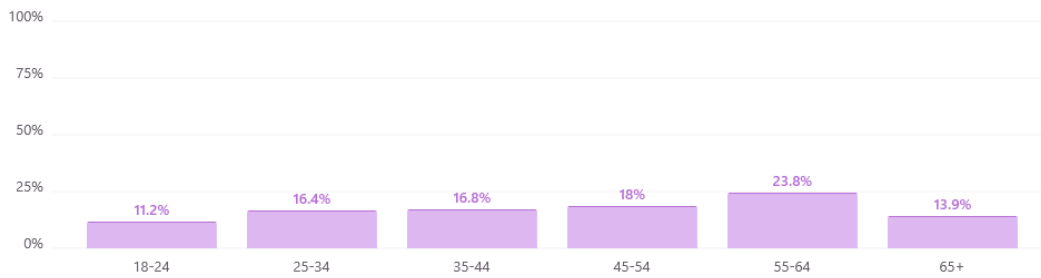
Overall age profile



Male age profile

1b Which age group do you fall into?

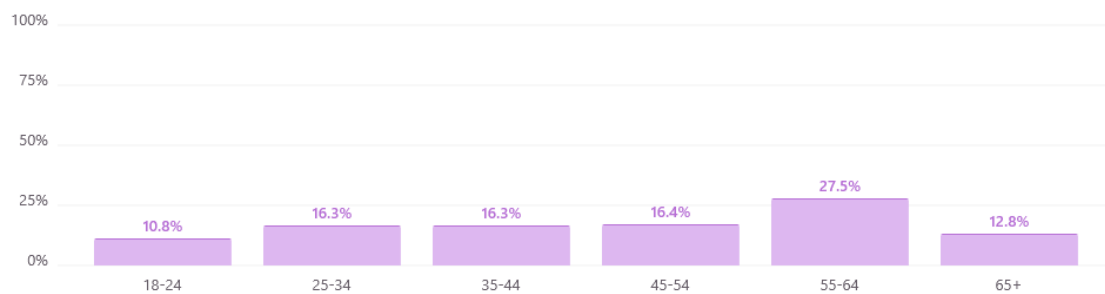
483 out of 483 people answered this question.



Female age profile

1b Which age group do you fall into?

517 out of 517 people answered this question.



Key insights

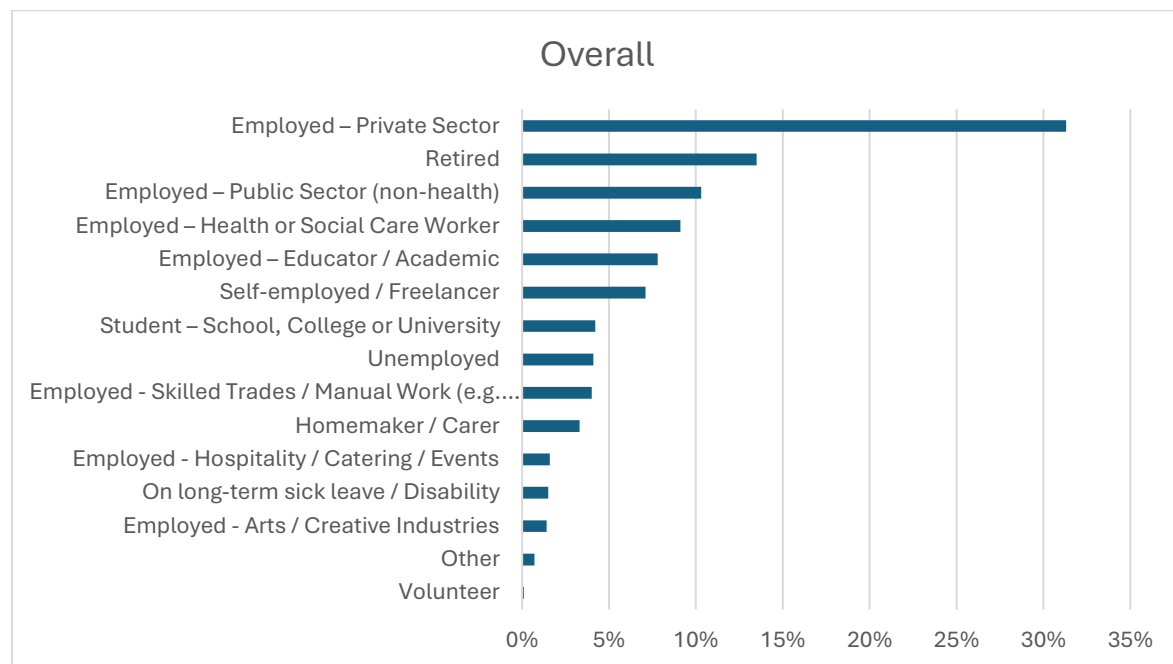
- The survey covers **all adult age groups**, with a **mid-life skew**:
 - About **56%** of respondents are **45+**.
 - The single largest group is **55–64**, especially among women (27.5% vs 23.8% for men).
- This age structure is representative of the UK adult population profile, and coincidentally also ideal for exploring issues like **chronic pain, stress, sleep problems and menopause**, which are particularly common in mid-late adulthood.

- Interest in **menopause and menstrual-related support** (noted later in Q8 and Q11b) is particularly relevant for women in the 35–64 age bracket.

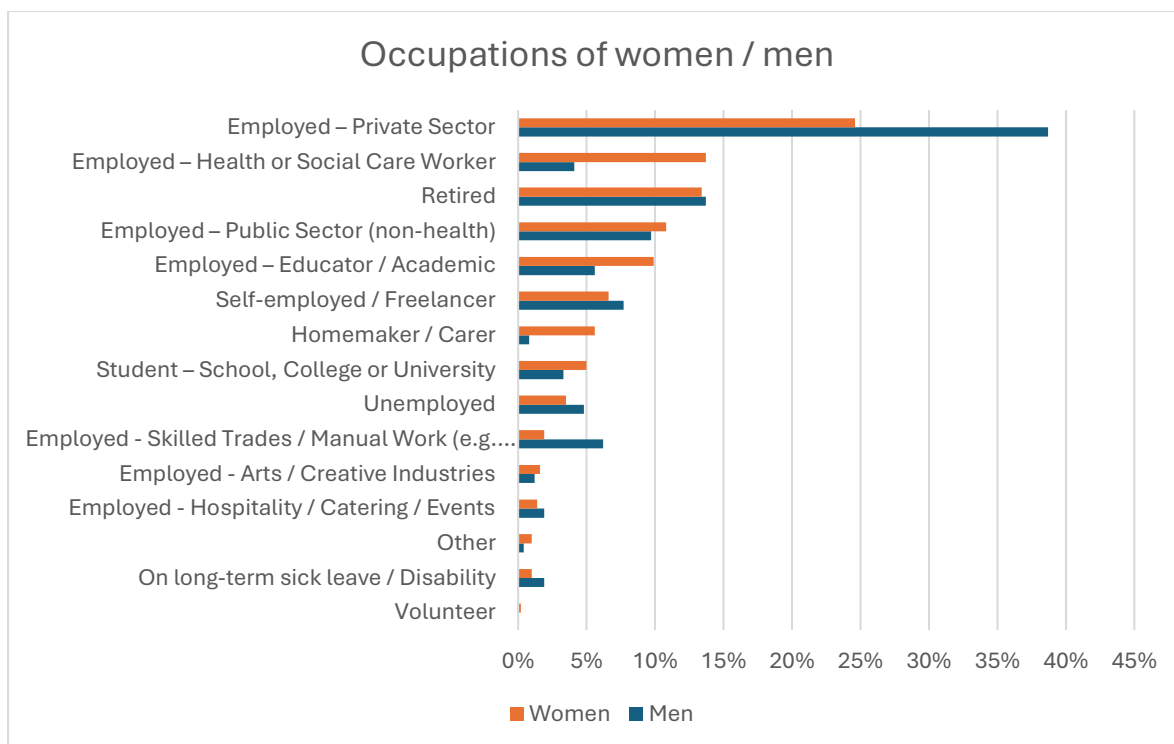
Q3 – Occupation

Q3. What is your occupation? (dropdown)

Overall (top categories)



Male vs female



Key insights

- There is a **clear gender pattern**:
 - Men are more concentrated in **private sector and manual/skilled trades**.
 - Women are more represented in **health & social care, education and homemaking/caring roles**.
- For SSUK communications, this implies:

- **Workplace wellbeing messaging** aimed at men may best focus on **private sector workplaces and manual trades** (stress, physical strain, recovery).
 - Women respondents are already more embedded in **health and care environments**, which may make them more natural early adopters and advocates of Shiatsu.
 - To reach **men**, leveraging mixed-gender social spaces (e.g. workplace, sports/social clubs) and visible case stories could help.

- To reach **women**, integrating Shiatsu into **women's health conversations** (menopause, menstrual health, stress, caregiving) is promising.
- The presence of **retired respondents** reflects both the age distribution and the potential of Shiatsu for **supporting healthy ageing**.

Q4 – Postcode

Q4. What is the first part of your postcode?

Region	Count
Yorkshire and The Humber	136
London	130
North West	126
West Midlands	99
East of England	98
South East	92
Scotland	87
South West	84
East Midlands	51
North East	44
Wales	31
Northern Ireland	23
<i>Unknown / Invalid</i>	3
Isle of Man	1



Source: Anthony Murphy,

Researchgate.net

Key insights

Region	Survey %	Population %	Difference
London	13.0%	15%	-2.0% (slightly under)
South East	9.18%	16%	-6.8% (substantially under)
North West	12.57%	13%	-0.4% (nearly proportional)
Yorkshire & Humber	13.57%	10%	+3.6% (over-represented)
South West	8.38%	10%	-1.6%
East of England	9.78%	11%	-1.2%
West Midlands	9.88%	11%	-1.1%
East Midlands	5.09%	9%	-3.9% (under)
North East	4.39%	5%	-0.6%

The national coverage of the Survey is broadly representative.

Regionally, the survey is slightly skewed, particularly:

- **Over-represented:** Yorkshire & Humber
- **Under-represented:** South East, East Midlands, and somewhat also London

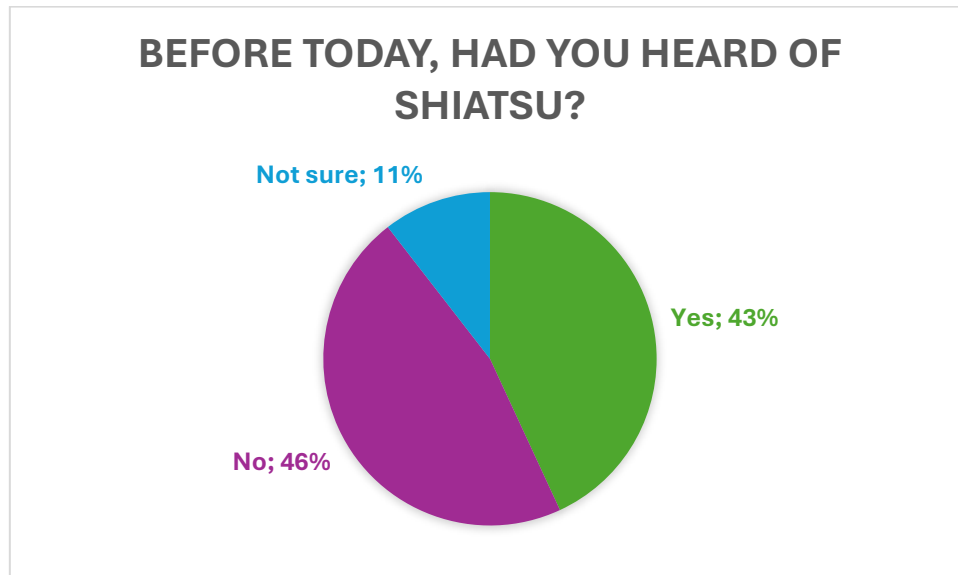
This suggests:

- Shiatsu awareness or survey engagement may be **stronger in northern regions**.
- Outreach may need to target **South East and Wales** more intensively.

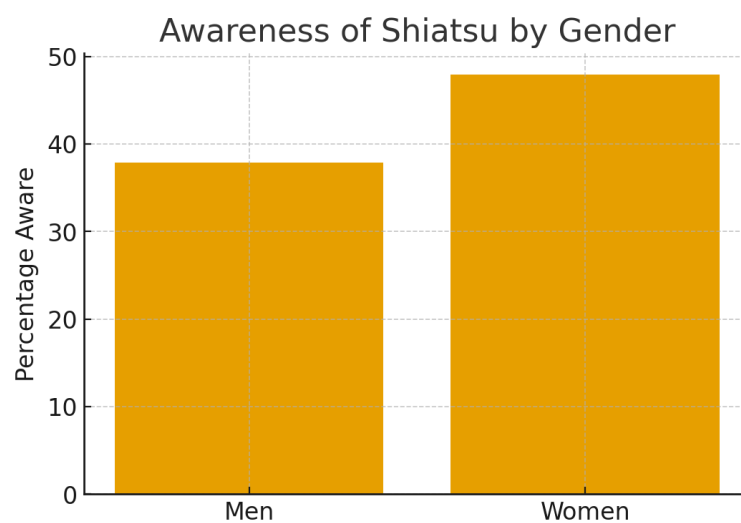
Q5 – Prior awareness of Shiatsu

Q5. Before today, had you heard of Shiatsu?

Overall



By gender



Group	Aware (%)	Not Aware (%)	Not sure (%)
Men	37.9	51.3	10.8
Women	48.0	41.8	10.3

Table 1: Awareness of Shiatsu (Male vs Female)

Key insights

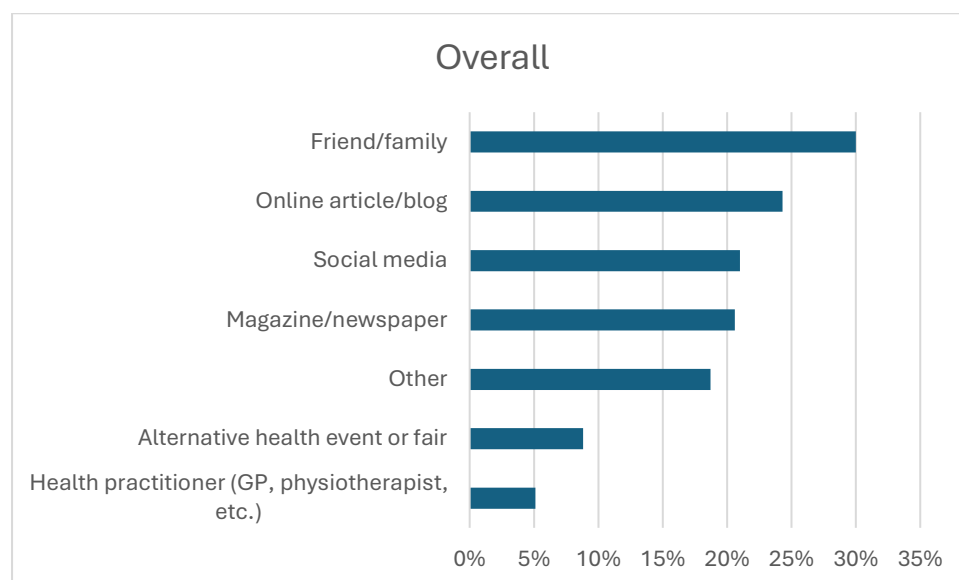
- **Awareness is surprisingly high:** Just under half of UK adults have definitely heard of Shiatsu (43%).
- **However, also more than half** of the sample (57%) **have not clearly heard of Shiatsu** (No + Not sure), so there is a clear need for more awareness raising in the general UK population about Shiatsu.
- **Men are somewhat less aware** than women:
 - There is a **10-point awareness gap** (48% of women vs. 38% of men have heard of Shiatsu).
 - More than half of men say they have **not** heard of Shiatsu.
- Women are therefore **driving current name recognition**, but both genders have large “awareness gaps”.

Q6 – Where people first heard of Shiatsu

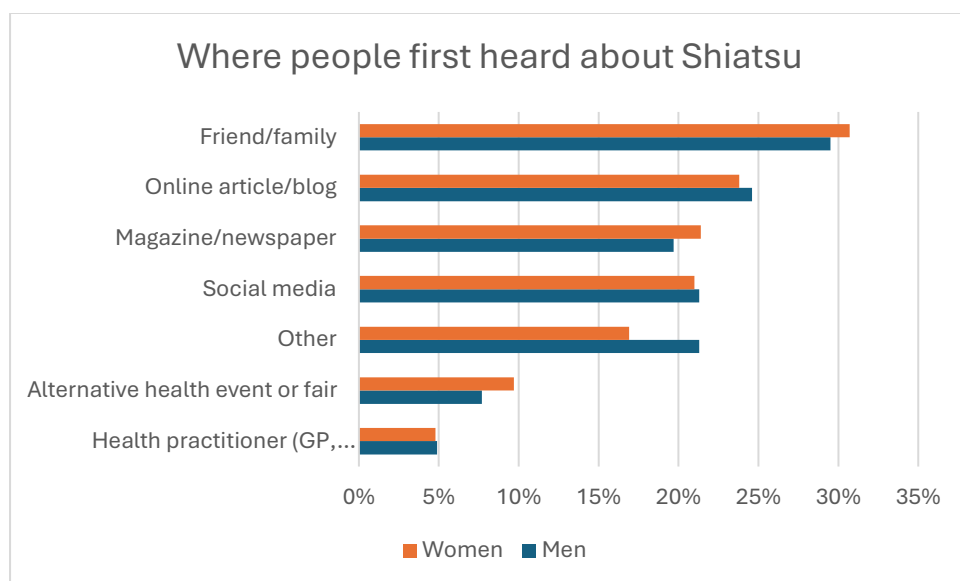
Q6. Where did you first hear about Shiatsu? (Select all that apply – asked only if Q5=Yes)

Base: Respondents who answered “Yes” to Q5 (431 respondents (**Male:** 183; **Female:** 248))

Overall (% of those aware)



By gender (% of those aware)



Key insights

Gender-specific insights

1. Gender patterns are broadly stable

- Men and women show **very similar patterns** across categories; no large divergences.

2. Women rely slightly more on events and word-of-mouth

- **Alternative health events/fairs:** Women 10% vs. Men 8%
 - **Friend/family:** Women 31% vs. Men 30%
- This aligns with wider patterns of women being more active consumers of complementary therapies.

3. Men are slightly more represented in “Other”

- Men 21% vs. Women 17%. This may reflect:
 - workplace introductions,
 - sports/martial arts contexts,
 - accidental exposure through unrelated platforms.

4. Digital channels are identical

- **Social media:** 21% for both
- **Online articles/blogs:** 25% (men) vs. 24% (women)

This suggests that **digital communications should remain broadly gender-neutral.**

Analysis of the “Other” responses

As the response “Other” was significant for all respondents (19% of total respondents, and even 21% of male respondents), below a **structured thematic analysis** of all “Other” responses is provided.

This contains an analysis of the 90+ entries from women and men confounded, grouped into **clear categories**, quantified, and with extracted insights.

Thematic Categories & Frequency

Based on the content, the “Other” responses fall into **7 dominant themes**:

Category	Description	Examples	Approx. Frequency
A. Can't Remember / Unsure	Respondents who explicitly cannot recall the source	“I can't remember”, “Not sure”, “I don't remember”, “I have no idea”	~40%
B. Television / Film / Pop Culture	Mentions of TV, films, pop culture references	“TV”, “Movies/TV”, “On television”, “Pop culture”, “Mentioned in film/TV”	~35%
C. Books (Japan, therapies, health, chi)	Exposure through reading	“Books about Japan”, “A book on health”, “Pre-internet... a book regarding therapies”	~10%
D. Massage products / devices	Shiatsu-branded chairs/massagers	“Shiatsu massage machine”, “massage chairs in	~8%

		an airport", "electrical massager product"	
E. Personal history or cultural background	Japanese heritage, martial arts training	"I am Japanese", "Through martial arts", "Did martial arts as a child"	~5%
F. General life exposure / ambient awareness	Heard it "from life", "general knowledge", "just aware of it"	"Just aware of it from life", "General knowledge, TV etc."	~5%
G. Spa/Wellness environments	Encounters in spa or wellbeing spaces	"My local spa", "Health Spa"	~3%
H. Healthcare or therapists	Through complementary therapists	"Acupuncturist"	<1%

Table 2: Sources where people first heard about Shiatsu

The above categorisation lets six distinct categories emerge, indicating whether or where people first heard about Shiatsu:

1. TV and Pop Culture are the #1 source of diffuse awareness

- The largest identifiable source after "can't remember" is **television and film**.
- People frequently lump Shiatsu together with **media representations of massage**, sometimes confused with:
 - "Shiatsu as a product brand"
 - "Shiatsu massage chairs"
 - "Shiatsu in pop culture references"

TV/media exposure is raising name recognition but not understanding.

Most respondents who mentioned TV did *not* show meaningful knowledge of what Shiatsu actually is.

2. A very high proportion simply "can't remember"

Over **40%** said variations of:

- “I don’t remember”
- “Not sure”
- “It was many years ago”
- “Just know it from life”
- “Heard it for as long as I can remember”

This suggests that **Shiatsu is part of ambient cultural vocabulary**, but often with **no clear origin or understanding**.

These respondents typically:

- Don’t know what Shiatsu actually is.
- Aren’t sure what it helps with.
- Report low familiarity in Q10.

3. Books are a surprisingly strong secondary channel

- Many respondents heard of Shiatsu from books on:
 - Japanese culture
 - Health
 - Chronic pain
 - Energy / chi
- Book-related responses are often older (“pre-internet”, “30 years ago”), suggesting:
 - This channel was strong historically.
 - There is potential to revive it via articles, eBooks, wellbeing guides.

4. Shiatsu-branded massagers create *brand confusion*

Many respondents learned the term from:

- Shiatsu massage cushions
- Airport massage chairs
- Back massagers with “Shiatsu mode”

These experiences **do not teach anything** about real Shiatsu therapy.

This confirms an ongoing challenge:

The **consumer electronics industry** has hijacked the name “Shiatsu”, contributing to name familiarity but misunderstanding.

5. Cultural exposure & martial arts as authenticity pathways

A small but meaningful group:

- Japanese respondents
- People with martial arts backgrounds (Aikido, Judo, etc.)

These respondents:

- Tend to recognise Shiatsu as something culturally Japanese.
- Often provide more accurate definitions in Q7.

This group represents a **potentially supportive audience** for more culturally-rooted messaging.

6. Spa encounters show minor but real presence

A few respondents encountered Shiatsu at:

- Hotel spas
- Health spas
- Local treatment rooms

This is **underdeveloped but promising** for UK practice growth.

Key Overall Insights

1. Word-of-mouth is the dominant awareness driver

- **Word-of-mouth** from **friends or family is the dominant channel** for both genders (around 30%), making this the single strongest awareness channel.
- Indicates that **personal recommendation** is central to Shiatsu diffusion and that community-based communications may outperform formal marketing.

2. Online discovery is collectively the largest category

- **Online article/blog:** 24%
- **Social media:** 21%
Together, nearly **half of all respondents (45%)** encountered Shiatsu digitally.
- Confirms that **digital channels are crucial** for raising public awareness, even for an offline, embodied therapy like Shiatsu.

3. Traditional media still matters

- **Magazine/newspaper:** 21% — equal to social media.
- Indicates that **print or mainstream news channels** continue to serve as effective exposure pathways, especially for health-oriented audiences.

4. Very low awareness through healthcare professionals

- **Only 5%** learned about Shiatsu through a **GP, physiotherapist, or other health practitioner.**
- This is a major gap and highlights:
 - low integration of Shiatsu into mainstream or allied health systems,
 - limited referral practices,
 - an opportunity for **professional engagement strategies** (GP packs, physiotherapy partnerships, NHS-aligned offerings).

5. “Other” accounts for a sizeable share

- **19%** chose “other”, which implies:
 - Additional informal channels exist (e.g., workplaces, classes, festivals),
 - The awareness landscape is more varied than the predefined categories capture.
- **However, most “Other” responses are indirect, passive or confused sources, not meaningful educational touchpoints. The following sources were mentioned:**
 - **TV/media** create name recognition without real understanding.

- **Books** historically shaped knowledge but are less dominant today.
- **Shiatsu-branded products** distort the meaning of Shiatsu for many people.
- **Very few learn about Shiatsu from practitioners or healthcare settings.**
- **Many cannot recall** where they heard the term—indicating very low engagement or understanding.
- Gender differences are minor here:
 - Women are slightly more likely to encounter Shiatsu at **alternative health events.**
 - Men slightly more often pick “Other”, suggesting idiosyncratic pathways (e.g. martial arts, books, TV, etc.).

Q7 – Open description of Shiatsu

Q7: “How would you describe Shiatsu?”

Category	Description	Examples	Approx. Frequency
1. Generic “Massage”	Simple “a type of massage” with no detail	“A type of massage”, “Some kind of massage”	~50%
2. Massage with modifiers	“Deep tissue”, “Japanese”, “targeted”, “relaxation”, “pressure points”	“Japanese therapeutic massage”	~30%
3. Acupressure / Meridians (more accurate)	References to pressure points or energy	“Acupressure”, “balancing meridians”	~5–7%

4. Exercise / Movement practice	Comparing it to yoga, Tai Chi, “graceful exercise”	“Like Tai Chi”, “A form of exercise”	~5%
5. Martial arts confusion	Shiatsu assumed to be a martial art	“Some sort of martial art?”	~2%
6. Brands / Products	Referring to massager devices or brand names	“A brand that makes healthcare products”	~2–3%
7. Energy-based healing	References to Ki, healing, New Age	“Healing through using Ki”, “New age healing”	~3–4%
8. Complete uncertainty	“Don’t know”, “No idea”, “Just the name”		~1%

The responses to this question show that many people **have a general sense** that Shiatsu:

- **belongs to the world of touch-based therapies,**
- **is hands-on and relaxing,**
- **comes from Japan,**
- and is **linked to wellbeing and healing practices.**

While the answers lack technical precision, they demonstrate that **Shiatsu is not “invisible”** — it occupies a recognisable mental space alongside massage, acupuncture, and mind–body practices.

This is a *valuable foundation* for public education and marketing.

1. “Massage-based” descriptions are not incorrect — they show functional awareness

About ~80% of respondents who have heard of Shiatsu describe it as:

- “a type of massage”
- “deep massage”
- “Japanese massage”
- “massage using pressure points”
- “relaxing massage”
- “targeted massaging for pain relief”

These aren't technically complete definitions, but they reveal 3 important insights:

✓ People understand Shiatsu is hands-on bodywork

This is directionally correct. Shiatsu is a touch-based therapy involving pressure, movement, and body contact.

✓ People associate Shiatsu with relaxation, tension relief, and wellbeing

These associations align with the outcomes Shiatsu practitioners often observe.

✓ People recognise its Japanese origin

Repeated references to “Japanese massage” or “Asian therapy” show cultural awareness.

Rather than seeing these as “misconceptions,” they can be understood as **positive starting points**.

2. Many respondents intuitively associate Shiatsu with pressure points and acupressure

Several responses go beyond “massage” and approximate the correct concepts:

“Use of hands to manipulate the body for health reasons.”

“Using acupressure to treat the body.”

“Balancing meridians, like acupuncture without needles.”

“Massage using thumbs and fingers.”

“Japanese therapeutic massage.”

These respondents demonstrate:

✓ **Awareness of pressure-based techniques**

✓ **Awareness of energy flow / meridian concepts**

✓ **Awareness of non-needle acupuncture**

✓ **Familiarity with bodywork for health, not just relaxation**

This group is already quite close to an accurate definition.

3. Responses show intuitive clustering with other mind–body practices

Some people linked Shiatsu to:

- meditation
- yoga
- Tai Chi
- martial arts
- posture work

e.g.: “A hybrid of yoga with massage techniques.”

“Graceful exercise, a bit like yoga.”

“A non-violent martial art based around movement.”

This is significant because:

✓ **Shiatsu does share philosophical roots with Eastern movement arts**

✓ **These associations show a holistic, integrated understanding**

✓ **People intuitively link Shiatsu to approaches that centre:**

- body awareness
- energy flow
- mind–body connection
- balance

These intuitive connections are **useful bridges for communication**.

4. “General awareness without detail” still indicates name recognition

Statements like:

- “I only know the name.”
- “Just aware of it from life.”
- “Heard of it but not sure what it is.”
- “I think it’s a massage.”

demonstrate **brand presence**, even if not deep understanding.

In marketing and public health communication, **name recognition is the first step toward engagement**.

People can only *consider* a therapy if they first recognise the name.

Shiatsu has this baseline visibility.

5. Very few people hold strongly negative or dismissive interpretations

Even among vague or inaccurate answers, most responses were:

- curious
- neutral
- speculative
- or gently positive

There were *no* responses describing Shiatsu as harmful, risky, or ineffective.

The “tone” of the responses suggests **low knowledge, not negative perception.**

6. What this means for SSUK: A strong platform to build upon

✓ **Shiatsu already has broad cultural penetration**

Even if superficial, it is widely recognised.

✓ **The perception of Shiatsu as massage reduces the barrier to entry**

People are *not intimidated* by the concept.

✓ **Public intuition is directionally correct**

- Japanese
- therapeutic
- pressure-based
- relaxing
- energy-related
- holistic

✓ **The misconceptions are gentle and easy to correct**

Most people are *close* to understanding.

✓ **Messaging can build on what people already believe**

Instead of correcting people harshly (“Shiatsu is *not* just massage!”), use bridging phrases like:

“Shiatsu is a Japanese hands-on therapy that uses comfortable pressure and movement — a bit like massage, but with deeper benefits for your whole system.”

This approach:

- validates what people already know
- adds nuance
- educates without alienating

Key Insights

The responses show that:

- | |
|---|
| • Shiatsu is broadly recognised |
| • It is associated with wellbeing, touch, pressure, and Japanese origin |
| • Many people intuitively understand its therapeutic intent |
| • The public already groups it with healing, massage, and mind–body practices |
| • There is high potential to build accurate understanding on this solid foundation |

In other words:

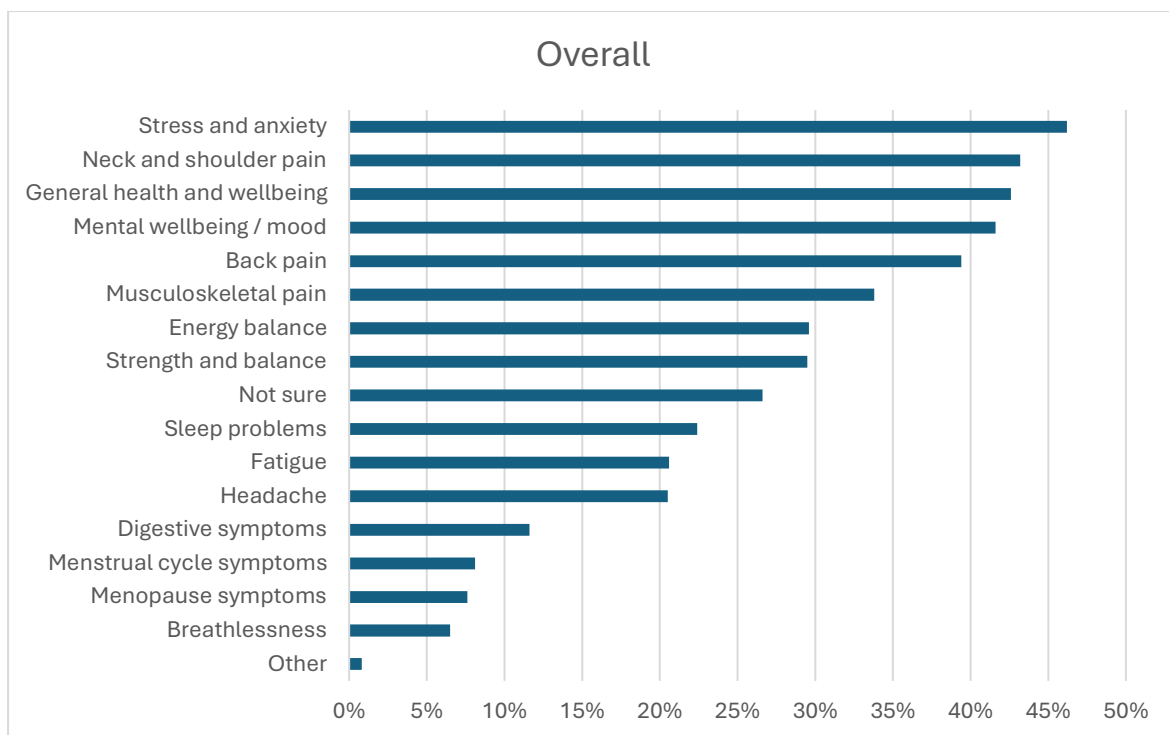
The public may not know the technical definition of Shiatsu, but they already understand enough for effective engagement and education.

4. Section 2 – Perceptions (Q8–Q10)

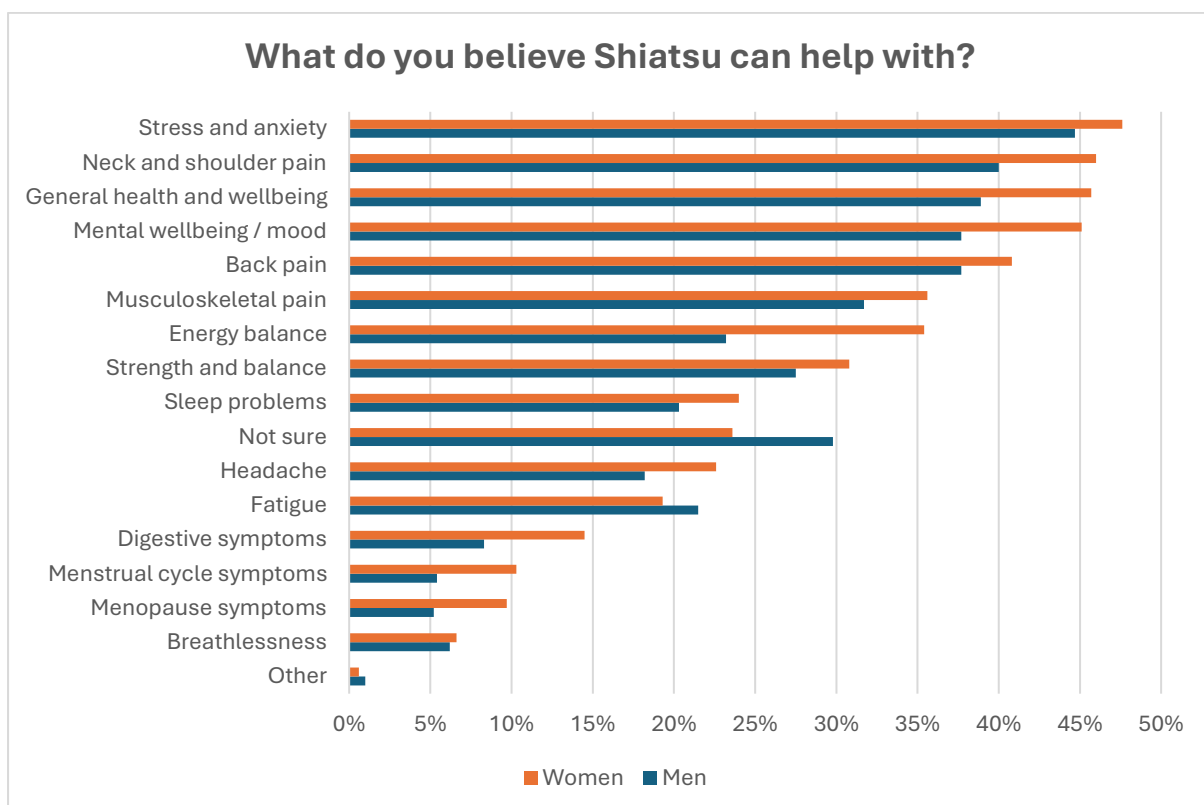
Q8 – Beliefs about what Shiatsu can help with

Q8. What do you believe Shiatsu can help with? (Select all that apply)

Overall (% of all 1,005 respondents)



Male vs female (% of all men / all women, N=1000)

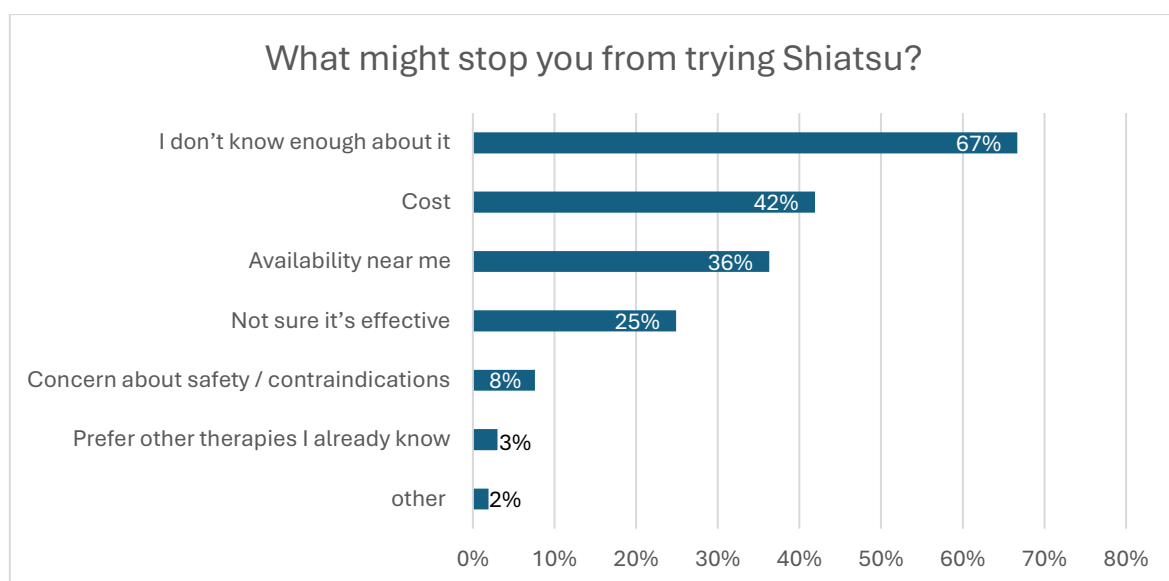


Key insights

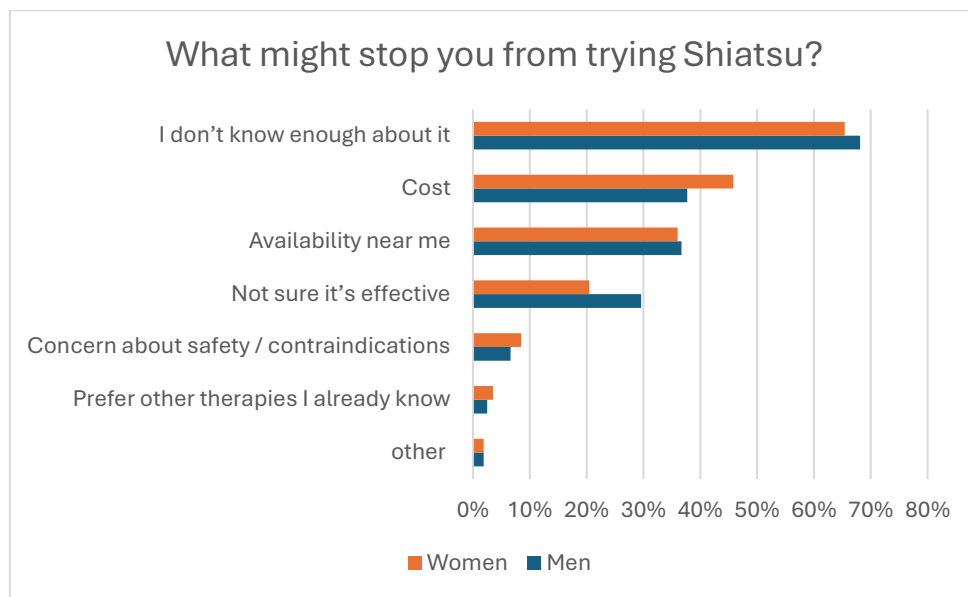
- The public generally sees Shiatsu as a **stress, mental health and musculoskeletal pain** modality, suggesting that public perception already aligns with some core strengths of Shiatsu.
 - **Women consistently attribute more benefits** to Shiatsu than men, across nearly all domains: Particularly for **mental wellbeing, energy, general wellbeing, neck/shoulder pain, and women's health issues**.
 - **High proportion "Not sure" (27%)**: A quarter of respondents **do not know what Shiatsu can help with, with men more likely to say "Not sure"** about what Shiatsu can help with. This highlights a clear **education opportunity, especially towards men**.
-
- There is **low awareness** of Shiatsu's potential role in **menstrual and menopause symptoms**, even among women – but women still mention these almost twice as often as men. That gap represents a **targeted communication opportunity towards women**, while maintaining a broadly inclusive stress/pain narrative for all genders.

Q9 – Barriers to trying Shiatsu

Q9. What might stop you from trying Shiatsu? (Select all that apply)



By gender



Analysis of the “Other” responses

- Of the merely 9 responders that answered “other”, 3 state that “nothing” stops them from trying Shiatsu, 3, mention that they simply “don’t need it”, 2 cite “time” as a restricting factor and one mentions being unsure about it as they had “never had a massage” in their life.

Key insights

- The **dominant barrier** for both genders is **lack of knowledge** – two-thirds of the sample.
- Over **42%** cite **cost**, and over **36%** cite **local availability**. Cost is a bigger issue for women (45.8% vs 37.7% of men). This indicates not just marketing issues but also **service distribution and pricing concerns**.
- **Scepticism about effectiveness is present but not dominant**: One in four are “not sure it’s effective” – a meaningful group, but smaller than the information and cost barriers. Scepticism about effectiveness is a bigger issue for men (30% vs 21% of women).
- Safety concerns (8%) and preference for familiar therapies (3%) are relatively minor for both, suggesting that once people are informed,

safety worries or competition from other complementary therapies are not major obstacles.

Strategic implications

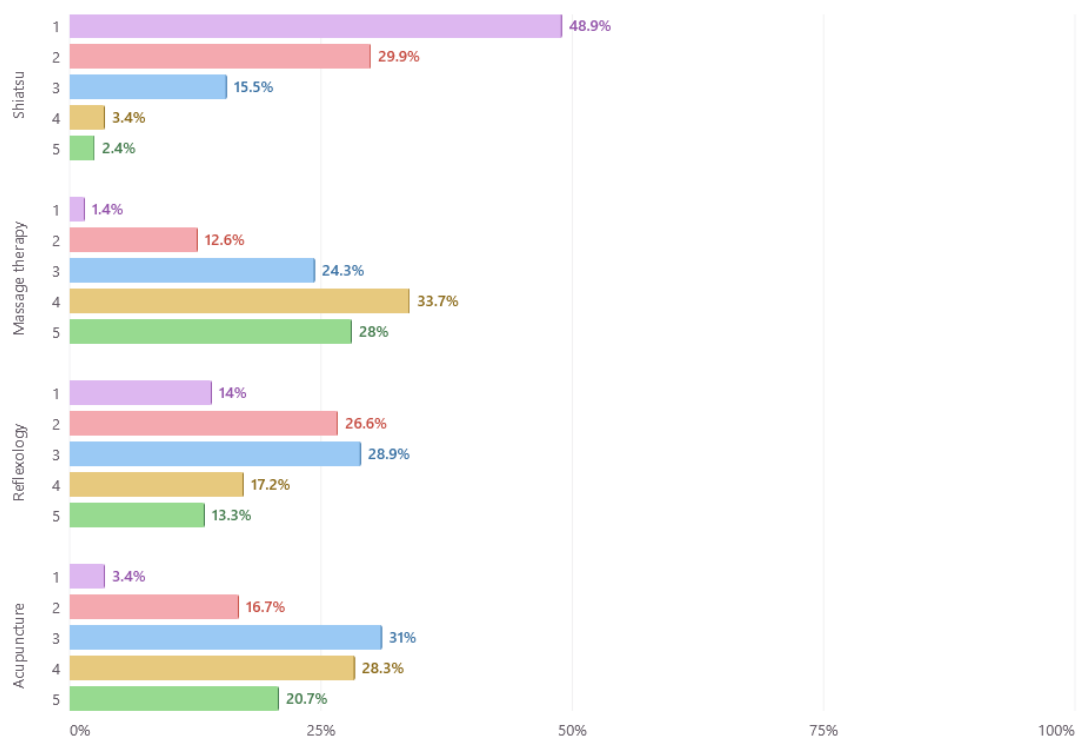
- For **men**: Emphasise **evidence, outcomes and mechanisms** to address scepticism (“Does it actually work?”).
- For **women**: Communicate **value for money** (e.g. outcomes over time, membership packages, multi-session benefits) and **availability/local directories**.
- For **both**: **Education campaigns** that answer “What is Shiatsu?”, “What happens in a session?” and “What can it help with?” are absolutely critical.

Q10 – Familiarity with Shiatsu and other therapies

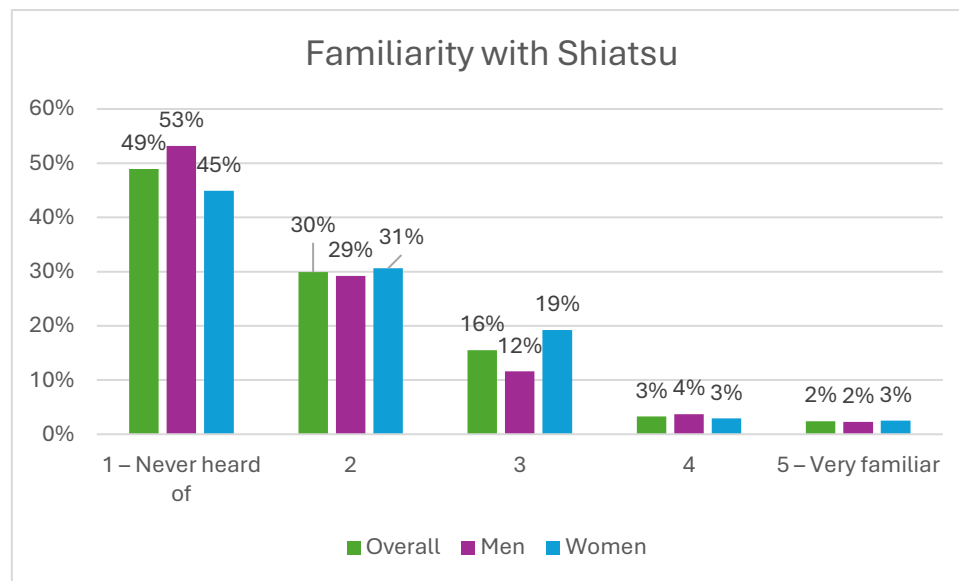
Q10. How familiar are you with the following therapies? (1–5 scale)

2c How familiar are you with the following therapies? (1 = Never heard of, 5 = Very familiar)

1005 out of 1005 people answered this question.



Familiarity with Shiatsu (all respondents)



Key insights – Shiatsu familiarity

- Shiatsu is **poorly known overall**:
 - Nearly **half of UK adults (49%) have never heard of it (1)**.
 - Only **6%** rate themselves as **4 or 5** on familiarity.
- **Men are less familiar than women**:
 - Over **53%** of men have never heard of Shiatsu vs. **45%** of women.
 - Women are more likely to have **moderate familiarity (3)**.

Familiarity with other therapies (overall and gender highlights)

- **Massage therapy** – very well known
 - Overall: about **61.6%** rate familiarity at **4 or 5**.
 - Men and women similar, with women slightly more likely to say “very familiar” (5).
- **Acupuncture** – moderately well known
 - Overall: about **48.9%** rate familiarity at **4 or 5**.

- Men slightly more at level 4; women slightly more at level 5.
- **Reflexology** – mid-range familiarity
 - Overall: **approximately half** at levels 3–5.
 - Women more familiar than men (fewer at level 1, more at 4–5).

Key insights

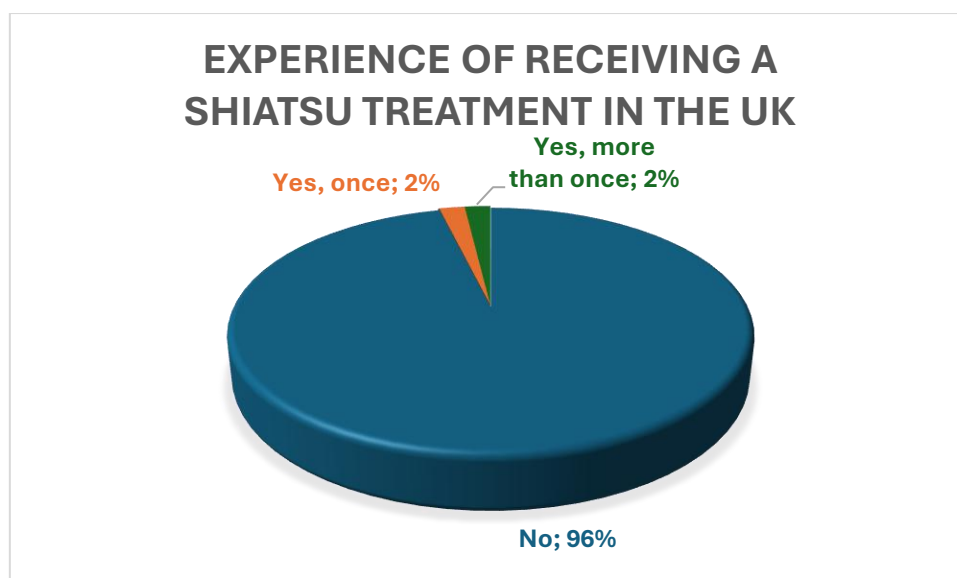
- Compared to **massage, acupuncture and reflexology**, Shiatsu is **far behind** in public familiarity.
- **Women generally report higher familiarity** with complementary therapies overall.
- For positioning, SSUK could describe Shiatsu as: “A form of Japanese bodywork, somewhat like massage but with pressure along energy pathways...”, explicitly linking it to a **highly familiar benchmark (massage)**.
- We could also create **gender-inclusive explanations** that resonate equally with men and women, while also producing **gender-specific stories** (e.g. supporting women’s health or men’s stress and pain in specific contexts).

5. Section 3 – Experience (Q11)

Q11 – Experience of receiving Shiatsu

Q11. Have you ever received a Shiatsu treatment?

Overall



By gender

Response	Men	Women
No	97%	96%
Yes, once	2%	2%
Yes, more than once	2%	2%

Table 3: Experience of receiving Shiatsu by gender

Key insights

- Across a representative UK sample, **only about 4% (N=39) have ever experienced Shiatsu.**
- Experience rates are **similar for men and women**, with women slightly more likely to have tried it at least once.

Q11a: What was the main reason you sought it? (Open text)

(N=39)

Type of reason	Count	Percentage
Musculoskeletal pain	7	16%
Back pain	7	16%
Relaxation	5	12%
Training / Student Practice	4	9%
Stress and anxiety	4	9%

Curiosity	4	9%
Chronic condition relief	2	5%
Workplace / Occupational Wellbeing	2	5%
General Health and Wellbeing	2	5%
Neck and shoulder pain	1	2%
Strength and balance	1	2%
Mental wellbeing / mood	1	2%
Gift	1	2%
Sleep problems	1	2%
Menstrual cycle problems	1	2%

Out of the 39 respondents who had received Shiatsu, a good third (34% = 15 responses) had sought it due to **musculoskeletal pain** issues mainly in the back, muscles or shoulders.

12% (5 respondents) sought it for **relaxation purposes**, and a similar number for **stress and anxiety relief** or out of **curiosity** (4 or 9% each). An surprising type of “client” is one that has experienced Shiatsu because they or a friend were or had been **studying Shiatsu** and they had experienced treatments by way of training practice (9%). Some of the less frequent responses include the **relief from chronic conditions, mental wellbeing/mood or sleep problems** and **menstrual cycle problems**.

Noteworthy are those respondents that said that they had received it thanks to a **Workplace / Occupational Wellbeing initiative** or as a **gift** from a friend respectively (1 or 2 responses each), making these interesting routes in for people to experience Shiatsu for the first time.

NB: Several respondents cited two reasons, e.g. “relaxation” and “mental and physical wellbeing”, so their responses was counted twice in the above analysis, bringing the total number of responses to 43.

Q11b – Satisfaction with Shiatsu

Q11b. How would you rate your experience? (0–10 scale in data)

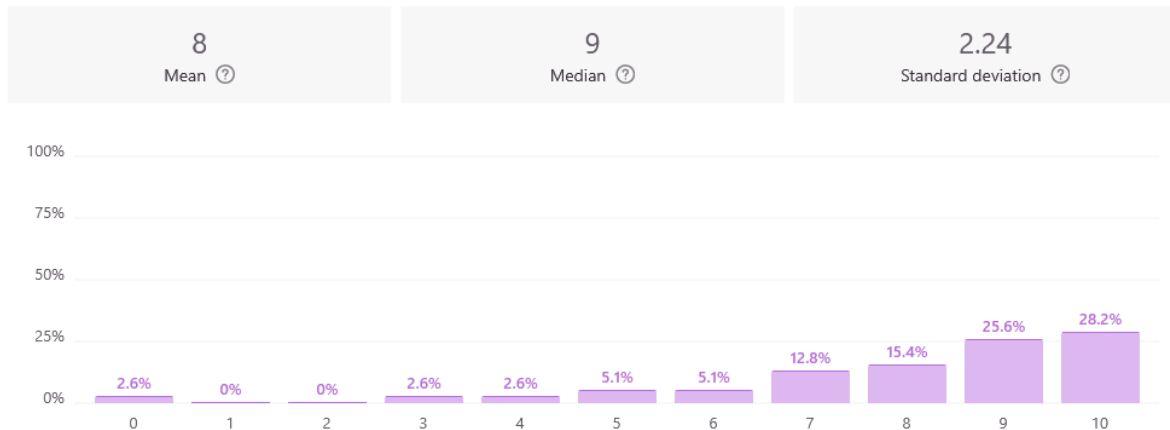
Base: Those who have received Shiatsu

- Overall N=39 (16 men, 22 women, 1 other)

Overall satisfaction

 3c How would you rate your experience?

39 out of 1005 people answered this question.



- Mean: **8.0 / 10**
- Median: **9**
- Standard deviation: **2.24**
- Range: **0–10** (the few low scores are outliers; most are clustered high)

By gender

- **Men (N=16)**
 - Mean: **8.13**
 - Median: **9**
 - Range: **0–10**
- **Women (N=22)**
 - Mean: **7.91**

- Median: **8**
- Range: **3–10**
- **Other (N=1)**
 - Mean: **8**
 - Median: **8**
 - Range: **8**

Key insights

- Satisfaction is **very high** for both genders and all types of persons:
 - Around **8–9 out of 10** on average.

Distribution:

- **8–10 (“highly positive”):** 27 respondents (**69%**)
- **7–10 (positive overall):** 32 respondents (**82%**)
- Very low counts for 0–4 (each 0–2 respondents).
- There is **no meaningful gender difference** in satisfaction.
- This reinforces a central strategic point:

The main challenge is not convincing people who have tried Shiatsu – it is getting people to try it once.

In communication, it would be powerful to develop **gender-diverse case stories** (“I’m a 52-year-old man working in finance” / “I’m a 47-year-old woman juggling caregiving and work”) to demonstrate that this positive experience is **not gender-specific**.

6. Section 4 – Research & Learning (Q12–Q13)

Q12 – Willingness to participate in research

Q12. If a scientific study on Shiatsu’s effects was taking place, would you be interested in taking part as a volunteer?

Key insights

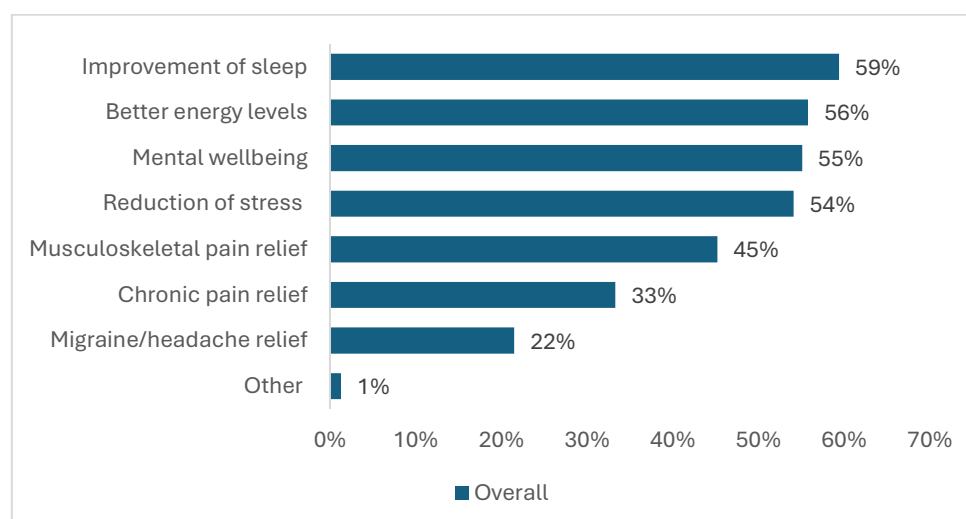
This question has to be excluded from analysis as a technical error in the survey did not allow the survey participants to proceed with the survey unless they replied “yes” or “maybe”.

The error was notified by one anonymous participant on Prolific with the following message: “I was not allowed to proceed on from the question about if I would want to be in a study. I clicked 'no' but kept going back to the previous question. I therefore had to click 'maybe' to keep going.”

Q12a – Preferred study topics

Q12a: What type of outcomes would you be most interested in seeing studied? (*Select all that apply*)

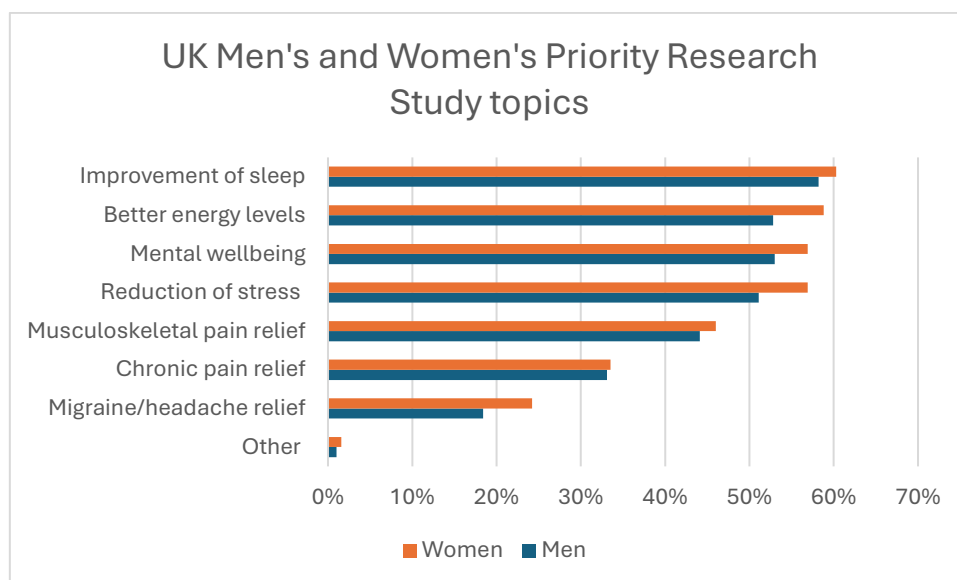
Overall (% of all respondents)



Analysis of “Other” responses

For the 1.3% of respondents who said that “other” types of outcomes would be of interest to them, none described any specific outcomes.

By gender



Key insights

- Across the UK public, the **top 5 research topics that people are interested in** are, in order of priority:

- Sleep,**
- energy,**
- mental wellbeing**
- stress and**
- musculoskeletal pain**

These are equally important for men and women.

- This aligns closely with Q8 (perceived benefits) and Q14 (personal health priorities), reinforcing these domains as **prime targets** for Shiatsu research.

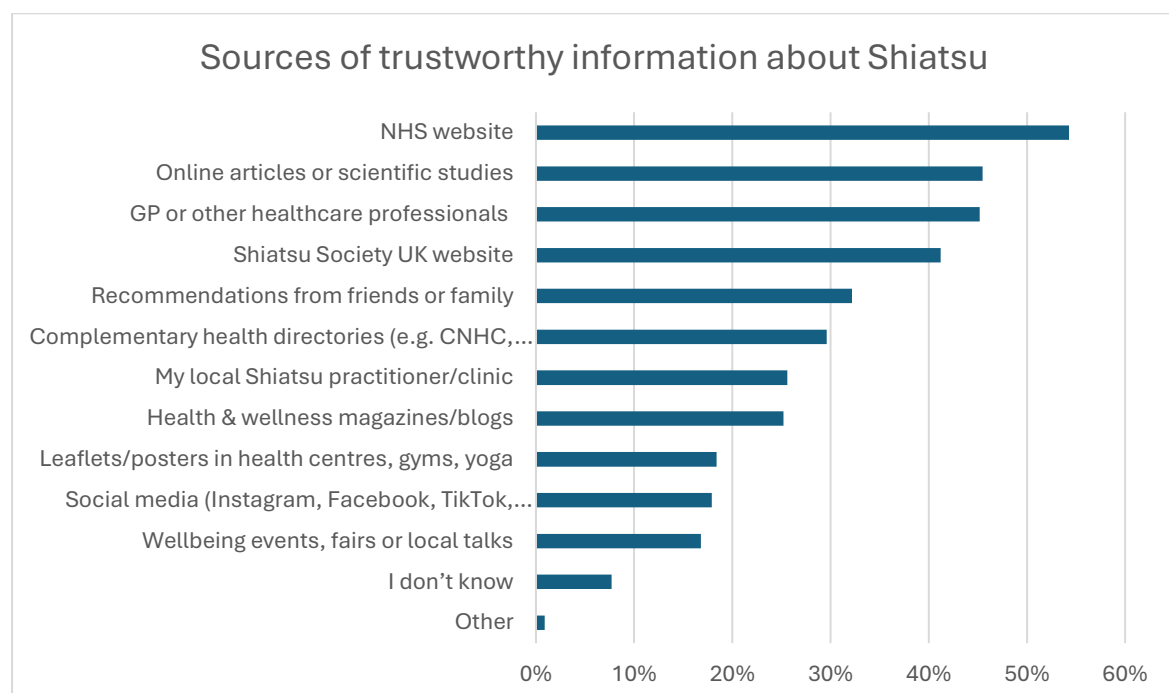
Gender angle

- **Sleep disturbance, fatigue, stress and musculoskeletal pain** are **common across genders**, meaning research in these areas will be **broadly relevant**.
- **Women** show **slightly higher interest** in almost all outcomes, especially:
 - **Stress, mental wellbeing, energy levels** and **migraine/headache relief**.
- This suggests a particular opportunity to:
 - Design **gender-inclusive studies** that also allow **subgroup analysis by gender**.
 - Communicate how research addresses questions relevant to **both women and men**.

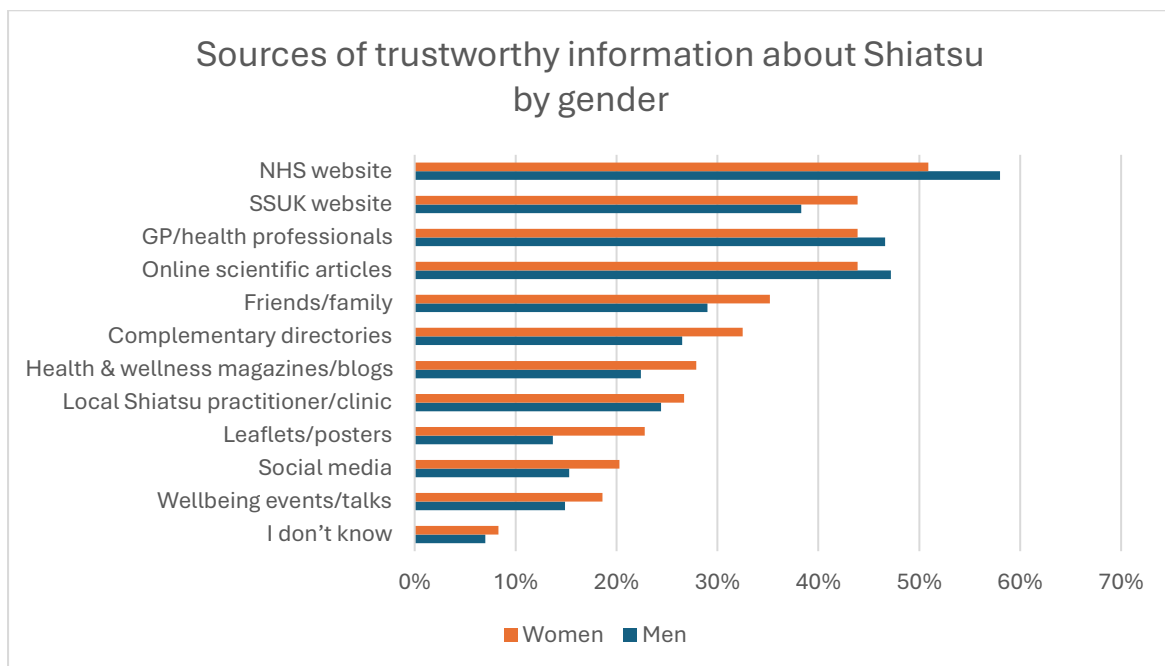
Q13 – Preferred sources of trustworthy information

Q13. Where would you most like to find trustworthy information about Shiatsu? (Select all that apply)

Overall (% of all respondents)



By gender



Key insights

- **NHS-branded and medically-associated channels dominate trust** for both genders:
 - NHS website
 - GPs and other healthcare professionals
 - Online scientific or evidence-based content
- **Strong role for SSUK as an authoritative voice**
 - Over **41%** want information via the **Shiatsu Society UK website**, a very significant figure.
 - SSUK can position itself as the **central hub** linking public-facing information, practitioner directories and accessible research summaries.
- **Friends and family remain important**
 - Word-of-mouth (32%) continues to be a key trust mechanism, consistent with Q6 (where people first heard about Shiatsu).

- **Social media is not the primary channel for trust:**
 - Only 18% want to rely on it for trustworthy information.
 - Men are **less trusting of social media** than women.
 - This doesn't mean social media is unimportant – it may be a **discovery tool**, while **trust and final decisions** rely more on official websites and professionals.
- Women rely more on **friends/family, magazines and community/leaflet channels** than men.

Strategic implications

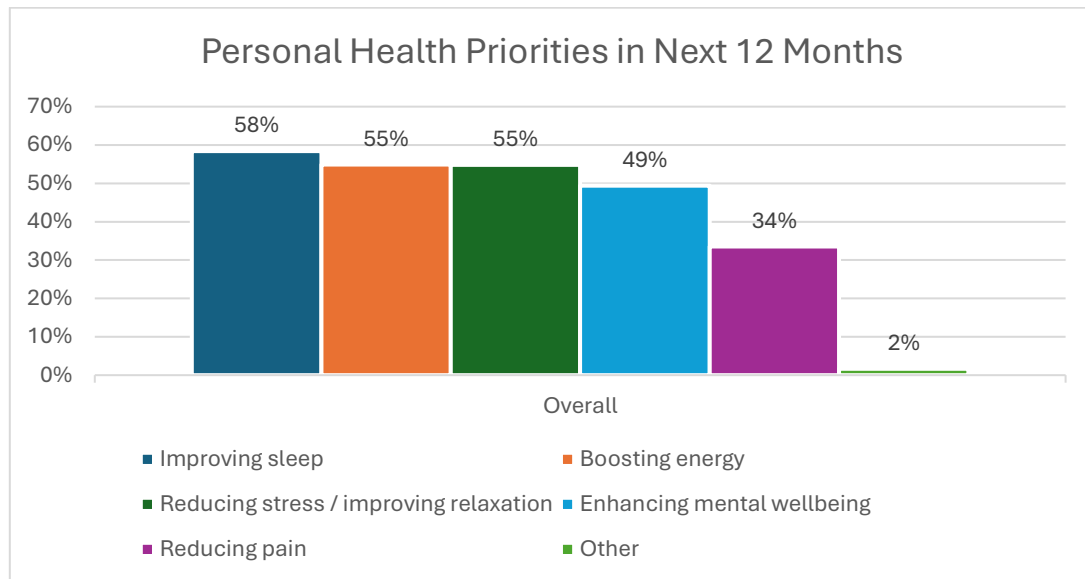
- To reach **men**, emphasise:
 - NHS-adjacent information, **evidence summaries**, and GP-facing leaflets and **men-focused narratives** (e.g. work-related stress, sports injuries).
 - To reach **women**, in addition:
 - Use **SSUK website**, wellness magazines/blogs, **word-of-mouth campaigns**, and **local posters/events** to develop **women-focused content** (e.g. menopause, menstrual health).
 - In all cases:
 - Trust in **NHS and healthcare professionals** is likely high across genders, making these channels **gender-neutral gateways** for information about Shiatsu. Therefore, position SSUK as a **credible, evidence-aware authority** that is visible from NHS-type environments.
-

7. Section 5 – Health Priorities (Q14)

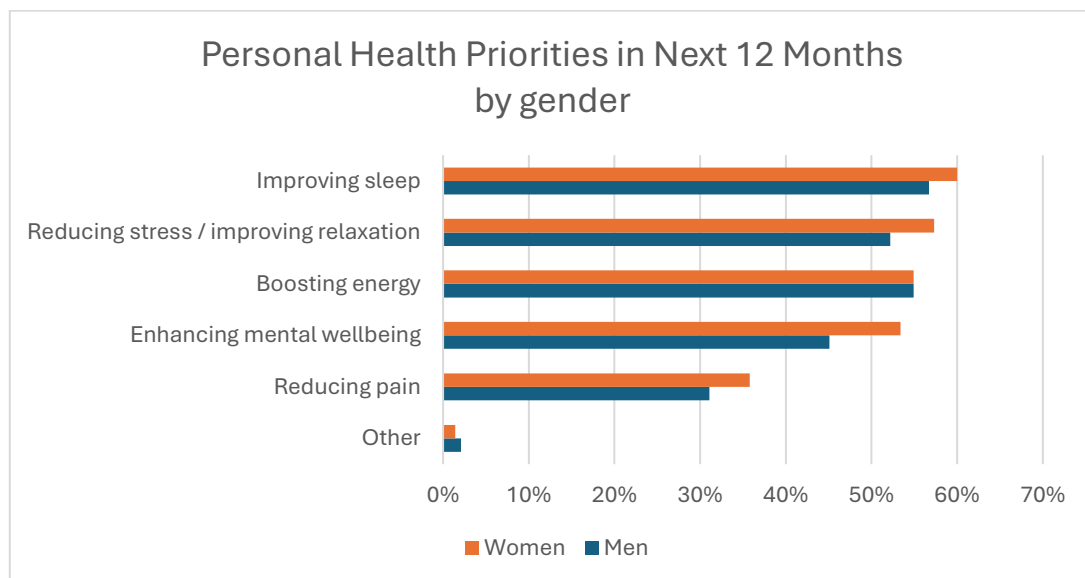
Q14 – Personal Health Priorities in next 12 months

Q14. In the next 12 months, which of the following are you most interested in improving? (Select all that apply)

Overall (% of all respondents)



By gender



Key insights

- For both men and women, the **top four health priorities in the next year** are:

1. **Sleep**
2. **Energy**
3. **Stress / relaxation**
4. **Mental wellbeing**

- Women are consistently a bit **more likely than men** to select each priority.
- These priorities align **almost perfectly** with:
 - What people believe Shiatsu can help with (Q8).
 - What outcomes they want researched (Q12a).
- This gives SSUK a clear basis for **strategic alignment**: public communication, practitioner training, and research agendas can all converge on these core domains.

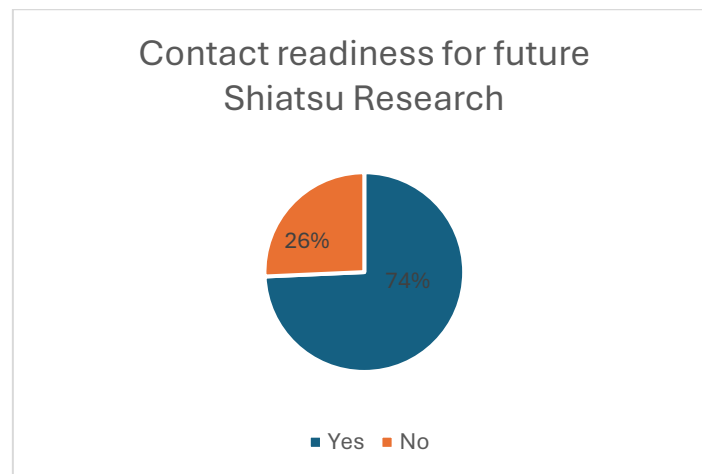
Gender reflection

- These health goals are **not gender-exclusive**: both men and women frequently experience poor sleep, stress and low energy. However, the **pathways** to these problems can be gendered (e.g. caregiving load, workplace culture, hormonal changes).
 - As a result, SSUK could:
 - Maintain **gender-neutral headline messages** (“sleep better”, “reduce stress”).
 - Develop **gender-sensitive supporting materials** (e.g. “Shiatsu for women in menopause”, “Shiatsu for men under work pressure”).
-

8. Section 6 – Contact for Future Research (Q15)

Q15. Can we contact you regarding future potential research on Shiatsu?

Overall



By gender

	Men	Women
Yes	73%	76%
No	28%	24%

Table 4: Contact readiness for future Shiatsu Research by gender

Key insights

- An overwhelming majority, around **three-quarters of all respondents**, in a representative UK sample, are open to being contacted about future Shiatsu research.
 - Women are slightly **more willing** than men, but both genders show high openness.
- This suggests a significant potential for SSUK to: Build an **opt-in research volunteer panel** and segment this panel by **gender, age, and health priorities**, for targeted recruitment into specific studies.

9. Summary of Insights

Drawing across all questions:

1. Awareness & familiarity

- Women are **more aware** of Shiatsu and **slightly more familiar** with it (and with other complementary therapies) than men.
- Men are more likely to have **never heard of Shiatsu** and to say **“Not sure”** about what it can help with.

2. Perceived benefits

- Both genders see Shiatsu mainly as **stress/pain/mental wellbeing** work.
- Women attribute **broader and deeper benefits**, including energy, general wellbeing, and women’s health issues.

3. Barriers

- **Lack of knowledge** is top for both.
- Men: **more sceptical about effectiveness**.
- Women: **more concerned about cost** and slightly more about safety.

4. Trusted information channels

- **Family and friends (word of mouth), online blogs, social media, NHS, GPs, and scientific sources** are key.
- Men rely even more on **NHS/evidence** and less on social media.
- Women are more open to **magazines, social media, events and word-of-mouth**.

5. Experience and satisfaction

- Very few men or women have tried Shiatsu, but those who have are **highly satisfied** (≈8–9/10).
- Satisfaction is **not gender-specific**.

6. Research openness

- Men and women are **equally very open** to be contacted by SSUK regarding Shiatsu research – 74% overall, with women being slightly more willing to be **re-contacted**.

7. Health priorities

- Men and women share **the same top 4 health goals** (sleep, stress, energy, mental wellbeing).
- Women consistently show slightly **higher levels of concern/priority**, especially for mental wellbeing and pain.

10. Strategic implications for SSUK

10.1. Clearer Messaging for the general public (gender-inclusive)

- Position Shiatsu as a **mainstream, evidence-aware therapy** for:
 - **Sleep,**
 - **Stress and anxiety,**
 - **Mental wellbeing,**
 - **Energy,**
 - **Musculoskeletal pain.**
- Focus on **bridging the awareness and experience gap**:
 - Large percentages are unaware or unsure of Shiatsu, yet satisfaction is excellent among those who try it.

- **Clarify the difference between “Shiatsu therapy” and “Shiatsu massagers”**
 - This brand confusion is rather widespread.
 - Suggested messaging: “Shiatsu (the therapy) is a professional, hands-on treatment rooted in Japanese medicine—not a mechanical device.”
- **Address ambient confusion with concise educational materials**
 - Short, clear, sharable explainers are essential:
 - “What is Shiatsu?”
 - “Is Shiatsu the same as a massage chair?” → No.
 - “What does a Shiatsu session look like?”

10.2. Targeting men more effectively

- **Core challenges with men:**
 - Lower awareness.
 - Higher scepticism (“Not sure it’s effective”).
 - Preference for **authoritative sources**, not social media.
- **Approach:**
 - Use **evidence-focused messaging** in “serious” contexts (NHS-like websites, health sections of news outlets, workplace wellbeing programmes).
 - Emphasise **performance, recovery, pain relief and stress resilience** instead of purely “holistic” narratives.
 - Offer **clear explanations of mechanisms** (e.g. how touch, pressure and relaxation can impact nervous system, sleep and pain).

10.3. Targeting women more effectively

- **Core characteristics in women:**
 - Higher awareness and familiarity.
 - Broader belief in potential benefits.

- Higher sensitivity to **cost** and **safety**, and strong interest in **mental wellbeing and pain**, including migraine and women's health issues.
- **Approach:**
 - Highlight **value for money**, e.g. packages, membership, or multi-session benefits.
 - Emphasise **mental wellbeing, sleep and women-specific health** (PMS, menstrual pain, perimenopause/menopause).
 - Use **SSUK website, social media, wellness magazines/blogs, and local leaflets** to reach them where they already look for wellbeing solutions.
 - Include **testimonials and case narratives** to build trust.

10.4. Using the research opportunity

- With 75% happy to be contacted for research:
 - Build an ongoing **public research panel**, segmented by gender and health priorities.
 - Focus initial studies on:
 - Sleep and insomnia,
 - Chronic stress and anxiety,
 - Everyday musculoskeletal pain (back, neck/shoulders),
 - Energy/fatigue and mental wellbeing.
 - Ensure that studies are designed so that **results can be communicated** back through the very channels respondents trust most (NHS-style sources, SSUK website, GP leaflets).

10.5. Using a wider range of Communication Channels

- **Leverage word-of-mouth channels**

- Given their dominant role:
 - encourage clients to share experiences (reviews, referrals),
 - introduce referral incentives,
 - equip practitioners with shareable educational materials.

- **Strengthen digital presence**

- With nearly half discovering Shiatsu online, further investment in:
 - SEO-optimised content,
 - practitioner blogs and case studies,
 - social media campaigns,could materially increase public awareness.

- **Leverage TV/ mainstream media opportunities**

- Since media is still an important pathway for the discovery of Shiatsu:
 - Target lifestyle / health journalists,
 - Provide scripts or PR snippets for wellbeing programmes,
 - Partner with influencers in holistic health,
 - Secure articles, features, and interviews in health supplements and lifestyle magazines,
 - Pitch case studies to local or regional press.

- **Re-engage the book-reading and Japanese culture audiences**

- Articles in wellbeing magazines
- eBooks or explanatory PDFs
- Stories connecting Shiatsu to Japanese traditions

- **Engage more with alternative health events**

- While still low (9–10%), events attract people already open to complementary therapies. Visibility at fairs and festivals is a **high-quality conversion opportunity.**

- **Build bridges to healthcare professionals**

- It is striking how few respondents heard about Shiatsu through GPs, physios, nurses or midwives.
- However, **NHS website, GPs and healthcare professionals and online articles and studies** are the **most trusted channels**.
- Therefore: Use these channels to build credibility and make Shiatsu discoverable by developing:
 - NHS-style information using language that is aligned with the NHS NICE Guidelines,
 - GP and health-professional materials such as GP-ready leaflets,
 - CPD sessions for allied health professionals,
 - participation in NHS-aligned well-being programmes,
 - Evidence summaries and accessible study results.