

Effects of *Qi* therapy on spiritual values: as seen from the aspect of changes in “Type A” behavior

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Original Thesis
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as seen from the aspect of changes in “Type A” behavior

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Introduction

1. The new emphasis of spirituality in modern society and its significance in “Type A” behavior pattern

Thanks to advances in medicine and public sanitation, modern Japan has largely reduced the effects of infectious diseases and infant mortality rates to possess one of the highest rates of longevity on the globe ¹⁾.

On the other hand, upon observation of the realities of our society one notices a growing trend in violent juvenile crime, an increasing number of youth neither employed nor in education (known as NEET), rising numbers of reclusive youth (called *hikikomori*), and a yearly suicide rate exceeding 30,000 which, along with other phenomena, we can only surmise to be rooted in the so-called “maladies of the soul” (*kokoro no yamai*).

The PIL Institute points out that although basic human needs such as food, clothing, housing, and financial security have been fulfilled; as a result of the overemphasis on fulfillment of the physical needs, people may have lost sight of their reason for being and/or purpose in life once these needs have been fulfilled ²⁾.

On the other hand, the term “spirituality” has also come into use in certain fields in recent years, notably in the fields of medicine and welfare ³⁾. This phenomenon can be said to be one result of a new emphasis placed on the “dignity of life” in areas of modern medicine and welfare, a term which points to the new awareness in “quality of life,” that is, not just *living as existing* but rather being concerned with *how one lives out the life one has been given*. Particularly in the fields of hospice or terminal care, where physical distress in the form of bodily pain, psychological distress in the form of insecurity or depression, and social distress in the form of financial or domestic problems have been the focus; new emphasis has come to be placed on the deeper spiritual suffering or pain more closely related to issues dealing with the meaning or value of human existence

^{1) 3) 24)}. The importance of “spirituality” was discussed at the year 2000 WHO executive board as one element of health ¹⁹⁾, demonstrating a new social current and world trend toward its recognition.

In recent years, the existence of Type A behavior has been recognized as a psychological pattern in which there is a tendency towards obsession with materialism ²³⁾. Type A behavior was discovered through observations by two American cardiologists Friedman and Rosenman ⁴⁾ in the 1950s as a behavior pattern described as being associated with hostility, aggressiveness, a sense of time urgency, and tendencies to being highly driven or competitive. Since the time of Type A behavior’s initial report up to the present, several studies have been carried out from a number of different angles ^{2) 12) 26)}. Type A was initially typically associated with coronary heart disease as a psycho-sociological factor. However, more recently it is believed to be related to a number of other physical ailments as a risk factor of stress-associated diseases or possibly an even wider range of hindrances to health ²⁹⁾.

In considering how Type A behavior is formed, Friedman and Rosenman attribute importance to the social environment ⁵⁾. Irrepressible materialism as often seen in advanced economies is pointed out as one of the greatest factors of Type A behavior; in addition, an increasing infatuation with speed, stiffer competition, the tendency to reduce people to mere statistics, and the weakening sense of religiosity in society are also associated with increases in Type A behavior. Thus, in a society where people are required to act speedily, value is placed solely on social advancement and the procurement of money and material goods, time for creative thought is not afforded at a leisurely pace, and important human qualities such as gentleness and thoughtfulness are lost. In other words, it would not be an overstatement to say that in advanced economies it is society itself that promotes Type A behavior.

Hirokazu MONOU, who looks at Type A behavior as a global issue, believes that regional conflicts and environmental problems are, on a deep level, related to Type A behavior ¹⁴⁾. He points out that hostilities among nations and/or races and the insatiable lust for riches are the main causes of regional

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conflicts; while a major factor in environmental issues is the widespread lifestyle that avariciously strives after self-fulfillment through wealth and physical comfort: the very essence of Type A behavior.

Furthermore, mediators in such situations turn out to be not just the political establishment or third-party governments, but include religious organizations. It is pointed out that the nature of Type A behavior is related to debilities in the ego such as uncertainty, unhealthy self-image, or insecurity¹⁵⁾. Although in amending Type A behavior it is most important to understand the motives for changing such behavior in order to bring about change in those problems rooted in the person's spiritual values¹⁵⁾. This may result through the rectifying of Type A behavior.

2. *Qi* and Spirituality

Among a number of theses dealing with the theme of spirituality, many make mention of *Qi* or *Qi* Method^{10) 22) 33)}. This fact hints that there is some relation between *Qi* and spirituality, while some point out that certain forms of "bodywork" including *Qi-gong* have the potential to uplift the sense of spirituality in individuals¹⁸⁾. In Nigorikawa's preceding study (*Effects of the Qi Healing on Human Spiritual Aspects*), it is reported that some forms of *Qi-gong* have influenced the spiritual aspects of individuals' sense of values such as fulfillment in life (*ikigai*) or how they view life after death (*shiseikan*)²⁰⁾.

So, what exactly is *Qi*? Themes dealing with the scientific definition of *Qi* have appeared in great number in recent years^{9) 27) 28)}. However, at present one cannot say that *Qi* has actually been defined.

From ancient times, the Chinese believed that *Qi* was the energy that supports the movement of the cosmos at its foundation and perceived that such energy circulated, entered, exited and fluctuated within living organisms¹⁸⁾. In recent times, there has arisen a movement that views it in terms of bioinformatics in a fashion that complements traditional beliefs¹⁸⁾.

For example, phenomena such as a photographic plate being exposed or a candle inside of a closed acrylic box whose flame flickers from the *Qi* emitting from an "acupoint" (acupuncture point, or *tsubo*) of the *Qi* practitioner's palm are the result of a strong surge of the *Qi*'s energy, but phenomena in which stiff shoulders or lower back pain are cured by the emitting of the external *Qi*, (i.e., *waiqi*, or *gaiki* in Japanese) to an acupoint on a human body are taken to be the result of a strong surge of the *Qi*'s illumination¹⁸⁾. This is because the energy of the *Qi* emitting from the *Qi-gong* practitioner's palm is believed to be roughly equivalent to 0.00000001% of one watt, thus far too small of an energy source to bring about any physiological change in a human body; thus, *Qi* is interpreted to be working as a source of information or illumination¹⁸⁾.

A *Qi-gong* practitioner conducts *Qi-gong* training daily; his objective being to discipline the internal *Qi*, (i.e., *neiqi*, or *naiki* in Japanese) which supposedly is circulating inside the body, but there is a wide variety of methods: more than 250 methods are practiced both in and out of China.

The term "*Sancho*" or "the three coordinations" indicates the three principles, namely, "coordination of body", "coordination of breath", and "coordination of spirit" which are practiced

as a way to enlighten the *Qi*¹⁸⁾. These principles are closely connected to relaxation of the posture, breathing, and the physical and mental condition of the person practicing them. There are many people these days who seek *Qi-gong* method as a path to attain a sense of spirituality and mental/physical health. There also are many cases in which people seek therapy through a *Qi-gong* practitioner as a way to resolve mental or physical problems, in a sense apart from the disciplinary aspect. Sato Kiko method can be cited as one *Qi-gong* method for attempting to improve such a recipient.

3. Sato Kiko Method

Sato Kiko Method (hereafter referred to as SK) is a meditation-based *Qi-gong* method at which Tadashi SATO himself arrived independently. Sato explains the characteristics of his method as follows (note from translator: hereafter, when referring specifically to Sato's method the term *Kiko*, Japanese for *Qi-gong*, will be used):

While a traditional Chinese *Qi-gong* practitioner sends the *Qi* ("Ki" in Japanese) energy from the outside, in SK, when the practitioner sends the *Qi*, the "*Qi* door" on the receiving end is opened and the necessary *Qi* springs up from inside the receiver's body. Also in SK, *Qi* is divided into two categories, those being "contracting *Qi*" and "expanding *Qi*." Contracting *Qi* springs from the so-called "lower *tanden* (Chinese: *dantian*)", and works toward the body's center, stimulating the sympathetic nervous system. Expanding *Qi* springs from the middle *tanden*, spreading throughout the body stimulating the parasympathetic nervous system. The SK method adjusts the balance of both the contracting *Qi* and expanding *Qi* to create the ideal balance for a healthy mental and physical state³⁰⁾. These concepts are of course not scientifically explained. However, through this method many instances of relief from depression, insomnia, improvement of diabetic or rheumatic ailments and slipped (herniated) discs have been reported.

There are some studies which are bringing to light the effects that SK has on live subjects. According to these studies, SK has clear effects on the receiver's autonomic nervous system (skin temperature, heart rate, etc.)^{9) 27)}, hormones (adrenalin, norepinephrine, etc.)⁷⁾, immunity systems (NK [natural killer] cells, CD 4/CD 8, etc.)⁸⁾, and brain waves⁹⁾, in general puts the parasympathetic nervous system at an advantage, improving the immune functions. Also, at a Chinese Mind-Body Science conference in 1994, it is recorded that Sato was able to stimulate a self-channeled *Qi-gong*-like movement with a number of people including Chinese and those of other nationalities⁹⁾. And, as mentioned above, it has been demonstrated that SK has had positive effect on individuals' mental aspect and sense of values, uplifting spiritual values such as the individual's sense of fulfillment and views on life after death²⁰⁾.

The physical sensation that a receiver of SK experiences is not only the feeling of warmth or relaxation that can be attained through other *Qi-gong* methods, but also a sensation of floating in air or an out-of-the-body sensation in which there is feeling of the conscious mind leaving the physical body. This phenomena is thought to be the work of the *Qi* master creating an altered state of consciousness or state of meditation.

SK is set apart from auto-suggestion or hypnotism in that SK

makes no use of verbal suggestion; also unlike hypnotism, the receivers experience no confusion in states of consciousness nor do they display unresponsiveness⁹⁾.

Purpose of Study

As mentioned above, it has been proven through previous study that SK has some kind of actual effect on the receiver. It has also been verified by the previous study by the authors that it has some effect on the individual's sense of values including fulfillment (*ikigai*) and views on life after death. However, thus far there have been no studies made as to what effect *Qi-gong* may have on Type A pattern behavior.

When taking into consideration the fact that a person's behavior pattern is influenced by their sense of values, one can understand the possibility of the behavior pattern being changed through *Qi-gong*. In light of this, this study attempts to make observations on the correlation between *Qi-gong* and spirituality in Type A behavior and consider the effect of *Qi-gong* on Type A behavior in recipients of SK.

Study Method

1. Subjects

A total of 101 subjects (41 males, average age 46.7 yrs \pm 11.5 and 60 females, average age 48.0 yrs \pm 11.5) participated as subjects for the study. All measurement procedures were fully explained to the participating subjects and it was conducted with their full consent.

2. SK Exercised

SK was carried out for each subject directly by Sato (SK can also be conducted remotely). *Kiko* was conducted over a period of 40 minutes with the subject relaxing lying face up, during which almost no words of instruction were spoken. Subjects received the *Kiko* five times on a weekly basis. Of course, the subjects received a comprehensive explanation regarding SK and were treated with their consent.

3. Determining of Type A Tendency

A survey dealing with daily situations called "KG's Daily Life Questionnaire" was conducted to determine the tendencies of Type A behavior in the individual³²⁾. This questionnaire consisted of 55 questions to which the respondents answered from three choices: "yes" "no" or "don't know." The questions were to be answered according to the respondent's own judgment. One merit of this test is that besides being an effective scoring system for Type A itself, scores of the three subscales that make up Type A; namely, aggressiveness/hostility (AH) scale, hard-driving/time-urgency (HT) scale, and speed/power (SP) scale; can also be attained. This methodology has been made use of by a number of studies using group subjects, and has proven to be a valid method which includes as a physiological aspects, including the autonomic nervous system, among its considerations.

This questionnaire was given to subjects twice, once before SK treatment and once afterwards.

Results

1. Type A tendencies previous to *Kiko* treatment

Overall Type A scores, along with the mean value and standard deviations of the AH, HT, and SP subscale scores of all persons participating in the study previous to receiving *Kiko* treatment are shown in Table 1 below by gender.

The overall Type A score average of all participants previous to treatment was 45.9 (\pm 12.8), with a score of 44.3 (\pm 15.2) among males and 46.9 (\pm 10.9) among females. In regards to the three component subscales AH, HT, and ST, the average value on the AH scale was 14.6 (\pm 6.9) for males and 15.8 (\pm 6.0) for females; considerably lower than the mean values set by Yamazaki et al (males: 21.8 \pm 7.3, females: 21.7 \pm 7.2).

It should be noted that there was no statistically meaningful difference between the scores of males and females either overall or among the subscale components (see Table 1).

Table 1. Pre-treatment Type A scores of participants and gender variability

	overall (n=101)	males (n=41)	females (n=60)		
	mean \pm SD	mean \pm SD	mean \pm SD	t-value	p-value
TypeA	45.9 \pm 12.8	44.3 \pm 15.2	47.0 \pm 10.9	-0.98	0.333
AH	15.3 \pm 6.4	14.6 \pm 7.0	15.8 \pm 6.0	-0.86	0.393
HT	12.2 \pm 6.2	12.1 \pm 6.6	12.3 \pm 6.0	-0.21	0.837
SP	13.1 \pm 5.5	12.3 \pm 6.0	13.6 \pm 5.1	-1.15	0.252

2. Type A tendencies following *Kiko* treatment

Next, we made pre- and post-test comparisons of the participants in three categories. These were: 1) the group as a whole, 2) the "high Type A" group, namely those whose score exceeded 1 point or more in standard deviation (SD) of the mean value (those with stronger Type A tendencies) and 3) the "low Type A" group, namely those whose score was 1 point or more SD lower than the mean value (those with weaker Type A tendencies), as shown in **Diagram 1**. As a result, with the exception of the speed/power (SP) subscale, all scores within the entire group exhibited significant drops in Type A tendencies. Furthermore, scores among the high Type A group exhibited drops in all score categories, while those among the low Type A group conversely tended to show slight rises on the hard-driving/time-urgency (HT) and speed/power subscales.

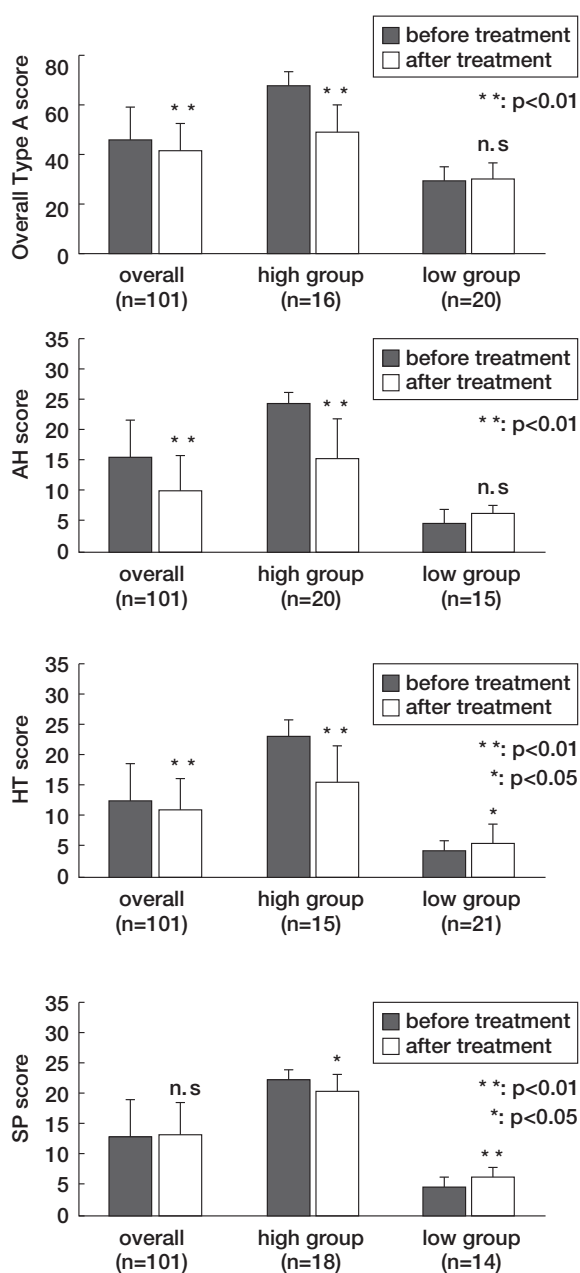
As described above, Type A tendencies show clear decreases through *Kiko* treatment, an inclination most evident among the the group which displayed strong Type A characteristics.

Observations

1. Type A tendencies of participants

As seen in **Table 1**, the mean score value of participants of the study was 45.9 (\pm 12.8). This was a slightly higher value than

Diagram 1. Comparisons of Type A scores before and after SK treatment



the mean value of 43.6 which was obtained from a group of college students tested by Yamazaki, the creator of “KG’s Daily Life Questionnaire”³²⁾. Furthermore, the mean value of the aggressive/hostility scale, presumably the most closely related to coronary disease and the autonomic nervous system, was 14.6 (±6.9) for males and 15.8 (±6.0) for females; significantly lower than the mean value obtained by Yamazaki et al (21.8±7.3 for males and 21.7±7.2 for females).

From the above results, we can think of the participants in this study as having a slightly higher Type A score than average, while having weaker aggressive/hostility tendencies.

2. Type A and Spirituality

A decrease in Type A tendencies was seen among participants in the results of this study. This was most apparent among

those participants who were prone to Type A behavior. Furthermore, the same tendency was exhibited in all three Type A subscale components (AH, HT, SP). Of special note was the unlikely occurrence of a significant post-treatment decrease in the aggressiveness/hostility (AH) tendencies of the study’s participants who had below-average AH values to begin with.

Friedman, a renowned Type A researcher who pointed out⁶⁾ that the weakening of spiritual values in modern society reinforced Type A tendencies, also states that “neither modern materialism nor its attending ‘idols’ -- computers, expensive cars, home appliances, jewelry, decorative furniture, etc. -- can provide spiritual support. Unfortunately, the more a strong Type A individual tries to be fulfilled by things, the less they are inclined to be aware of that paradox. Sooner or later they must face the reality that in order to be fulfilled they must take care of their spiritual side (paraphrased)”. Friedman’s sessions which emphasize approaches to spiritualism or the power of love have an important role in Friedman’s guidelines for rectifying Type A behavior, and each session is concluded with prayer⁶⁾.

In Japan it has also become more commonplace to emphasize the importance of spiritual values in rectifying Type A behavior. For example, Monou points out that, as a result of the advance of industrialization in the twentieth century, materialism has become more prevalent, people have come to value quantity over quality, and thanks to dramatically shortened time required for travel, communications and production, people have become addicted to speed. A free economy has also brought about a fierce spirit of competitiveness. These changes are said to have promoted the retreat of religiosity, without which there is little remaining that may have a braking effect on Type A behavior¹⁴⁾. Oishi also states that the increase of Type A persons is almost certainly a fundamental factor of the retreat of spirituality in modern society, by which we mean the placing of value on the immaterial or on religion²³⁾.

3. Kiko and Spirituality

In light of the above, Nigorikawa et al have reviewed the effects that SK has on an individual’s spiritual values, such as a sense of fulfillment or views on life after death. It is reported that, as a result of treatment, the receiver’s sense of fulfillment changes for the better; while views on life after death also tend to shift towards a belief in “life after death” or “rebirth;” in other words, a permanence of the soul²⁰⁾.

As pointed out by Friedman above, Momose and Monou also agree on the possibility that a change in spiritual values may lead to a lightening of Type A tendencies, if indeed Type A behavior is related to an individual’s spiritual values.

Why would *Kiko* have the potential to influence a human’s sense of values? At present there are no materials which address this question. Although it has become clear that *Qi* has a tangible effect on the human body, almost nothing has been proven as to the mechanism that causes such an effect to occur.

There are many reported instances of people experiencing dramatic changes in their view of life after death following a near-death experience. Moody discusses the commonly seen change-of-heart in people who have had a near-death experience.

He states that “Almost every person who has had a near-death

experience says the same thing: that the most important thing in life is love. Many say that humans are alive because of love. By being enlightened as such, almost every one who has had a near-death experience has a basic change in their sense of values. People who had been set in their beliefs came to believe that all humans are to be valued in their own way; while those who had believed that their material possessions were above all else came to place value on brotherly love (paraphrased ¹⁶⁾.”

In almost the same way, Morse also points out that a person who returns from a near-death experience is freed from material greed and are more likely to say things to the tune of “we have to love more, and be kind to others ¹⁷⁾.”

Among those who have had SK treatment, there have been multiple reports of recipients who have experienced sensations of floating in air or the loss of sense of the physical body in which their consciousness leaves the body; in other words, phenomena similar to an out-of-the-body experience which those who have had a near-death experience have had ³¹⁾. It is unknown why individuals who have had such experiences should be affected in such a way as to experience changes in value systems, but nevertheless it cannot be denied that SK seems to offer the recipient a spiritual revelation similar to that of those who have had near-death experiences; one that provides a catalyst for change in belief systems.

4. Conclusion

Since Type A characteristics as seen in Japanese people may have been one factor in the phenomenal economic growth that Japan saw in the 1960s and 70s, it may be problematic to simplistically position it as something to be avoided. However, at least when considering an individual's physical health and quality of life, dominant Type A tendencies are not beneficial. This is particularly significant knowledge when considering the decrease on the aggressive/hostility subscale as seen in this study and the relation to the degree of response in coronary disease as well as the autonomic nervous system.

Modern society has indeed brought about material wealth, but we would be hard pressed to say whether it is a society which provides a high whole-person quality of life which includes fulfillment or spiritual aspects such as faith ²¹⁾. This reality can be considered to have triggered the explosion of the above-mentioned *kokoro no yamai* which affect NEET and *hikikomori* (reclusive youth), as well as increasing suicides. Not only SK, but the effects of the many other “body work” methods have not been particularly well understood by the public in general. However, if there is any potential in these or other efforts as ways to raise the individual's whole-person quality of life, it may be worthwhile to consider the proactive utilization of them as tools in society.

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* Entries followed by (J) are written in Japanese

Abstract

In this study, the effects of *Qi* therapy on Type A behavior pattern were investigated. There were 101 participants; 41 males average age 46.7 (± 11.5) and 60 females average age 48.0 (± 11.5). *Qi* therapy was performed by *Qi* therapist Tadashi SATO of Sato Kiko Center. "KG's Daily Life Questionnaire" was implemented to investigate Type A tendencies, including the three subfactors aggression/hostility (AH), hard-drivenness/time-urgency (HT), and speed/power (SP). The mean total score of both Type A behavior overall and its subfactors decreased following *Qi* treatment (with the exception of SP). These changes in score were all statistically significant, and suggest that *Qi* therapy has an effect on Type A behavior. The relation among *Qi* therapy, Type A, and certain spiritual aspects are discussed.

(Translator's note: While the concept of *Qi* [pronounced as "chee"] and basic practice of *Qi-gong* originated from China, its practice has been widespread throughout East Asia for centuries; known as *Kiko* [or *Kikou*] in Japan, *Gigong* in Korea, *Khí công* in Vietnam, etc. With its relatively recent spread outside of Asia from different sources it may be known by different names/spellings to different communities. This translation makes use of the relatively standard Chinese alliteration, except when referring specifically to the Sato Kiko method)

