



# Why patients receive biofield therapy? Qualitative study among Japanese chronic disease patients

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## Introduction and purpose

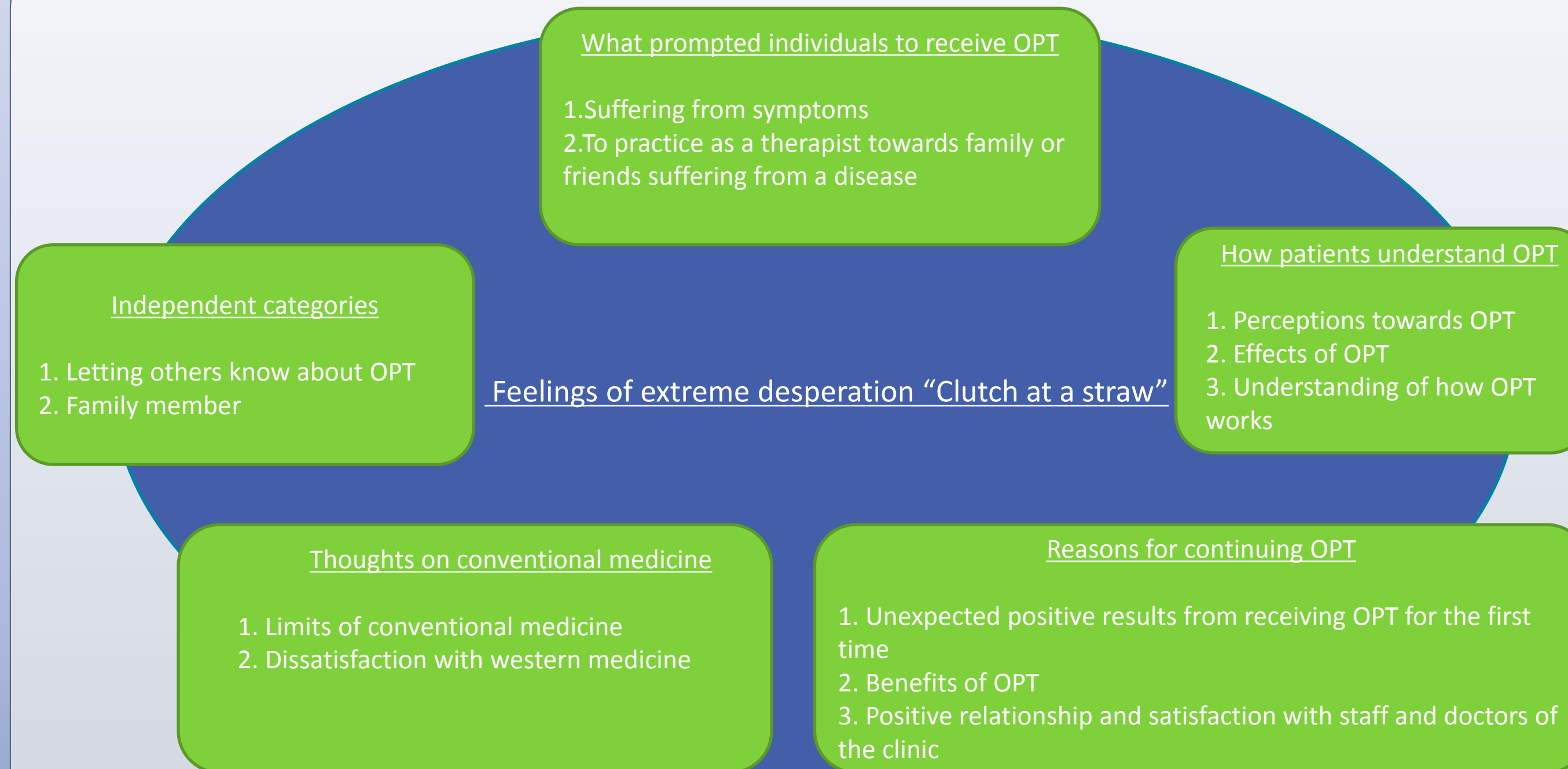
- Purpose of this study was to determine why people choose to receive biofield therapy
- It is the first qualitative study to document the reasons why patients receive biofield therapy
- Biofield therapy use in the US was 5 % in 2002, 2007, and 2012
- Study focused on Okada Purification Therapy (OPT) a healing method created by Mokichi Okada during the 1930s in Japan
- In a RCT, OPT was effective in increasing alpha waves in the frontal and central cortex, which has associations with a decrease in discomfort and pain and reduction in stress



## Methods

- One on one interviews were conducted with 25 patients diagnosed with chronic illness at an integrative medicine clinic in Tokyo
- Questions were asked to probe why patients decided to receive OPT
- Three phases of coding were used for analysis: open coding, axial coding, and selective coding
- To collect accurate and reliable data researcher was fully immersed within the clinic
- Member checking was conducted to determine accuracy of the descriptions of analyses
- Research was approved by the IRB at Florida International University

## Results



- 19 were female and six were male, and the average age of the participants were 62.4 years old
- *Feelings of extreme desperation "clutch at a straw."* was the main theme
- Participants were receiving OPT due to desperation and willingness to try anything to relieve the symptoms and recover from disease
- Cluster: *Reasons for continuing OPT*
- Category of *Unexpected positive results from receiving OPT for the first time*, was formed from common descriptions of feeling warmth and the body feeling loosened after therapy
- Category of *Benefits of OPT* was formed from descriptions of the benefits participants experienced through the practice of OPT
- Category of *Positive relationship and satisfaction with staff and doctors of the clinic* was formed from codes such as "dialogue between the doctor and patient addressed concerns," "doctor at the clinic listens to patients," and "patients continue to receive treatment because of staff's compassionate service"
- Cluster: *Thoughts on conventional medicine.*
- *Limits of conventional medicine*, formed from descriptions of how participants felt that there was a limit to what conventional medicine could do for their conditions, for example one participant described his experience of suffering from a dermatological condition in which he felt the limits of conventional medicine from going through years of repeated symptoms and treatments that were ineffective

Type of Disease	Frequency (n)
Malignant neoplasm (MN)	1
MN after surgery	4
Benign Neoplasm (BN)	2
BN after surgery	1
Diabetes mellitus	4
Psychiatric disease	2
Cranial nerve disease	2
Allergic disease	3
Heart disease	2
Hypertension	3
Cerebrovascular disease	1
Respiratory disease	2
Liver or pancreatic disease	1
Rheumatic/connective tissue disease	1

## Discussion

- Dissatisfaction with conventional medicine and limits of conventional medicine were also reported in studies conducted in the U.S.
- Patients in the present study and patients in the U.S. seem to be turning to CAM for the same reasons, despite difference in the type of CAM used
- The compassion and care given by the therapy practitioners described by participants also reportedly elicited feelings of mental relaxation and wanting to do something for others

## Conclusions

- Patients described doubts about the effect of OPT when they first heard about the practice; however, most of the patients seemed to be benefitting from the practice of OPT because participants were able to control the symptoms of their disease

## Contacts

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