



Yangsheng Health literacy

an integrative, inclusive and active approach

The 21th century competences on health from Far Eastern contemporary and traditional learning

Realized within the Project "Learning methods in TCM and Yangsheng: towards excellence in adult education".

A strategic partnership for the exchange of good practices, co-financed by the Erasmus+ Programme n. 2016 -1 -IT 02-KA204-024678

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A handbook to design and disseminate a model of integration
between Yangsheng, Health Promotion and Adult Education
with special focus on Health Literacy

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The 21th century competences on health from Far Eastern
contemporary and traditional learning

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1 Presenting the handbook

1. Introduction

The new salutogenic model of health expects an active role of people in creating health, a crucial role of individuals in bringing about change, and health to arise from interplay between people and their context. This handbook aims at giving a contribution to the support of a virtuous salutogenic process.

People who will read this book will be able to take a different inspiration from it, depending on their viewing angle and on their professional or institutional role: adult educators, health promoters, professionals expert in the disciplines belonging to the philosophy and culture of traditional and classical medical Chinese thinking - but also policy makers and associations representing the interests of professionals and citizens.

1.1 The project idea and its development

The “Learning methods in TCM (Traditional Chinese Medicine) and Yangsheng: towards excellence in adult education” project, born from the joint efforts of four different partners in four different EU countries¹, took its first steps starting from three different bases, which up to now have not been explored together yet and which may seem not visibly connected at a first glance: Chinese Medicine and Yangsheng ancient practices, adult Education, and health literacy.

¹ OTTO – Italy (coordinator), Vestifex – Estonia, Drei – Länder Schule e.V. – Germany, IMNE – Spain

The project team includes professionals in the adult education field, with specific expertise in teaching disciplines such as TCM, Tuina and Qigong, experienced in promoting popular science and health literacy through the health promotion approach of the Classical and Traditional Chinese Medicine. Most of them belong to professional associations of TCM practitioners. Professionals with expertise in competences validation and certification, labour market and professional qualifications are also included in the team.

The project was born from the idea that the traditional contents of Chinese Medicine and the traditional learning methods used through the centuries could provide clues to develop and fine tune methodological instruments aimed at the assessment of non-formal and informal learning in adult education.

In many countries, indeed the teaching of Chinese Medicine is not carried on only through the institutional channels (Universities, private schools...) but it often includes learning paths centered on the teacher-student relationship, on the close observation of how more expert practitioners work, on the personal re-elaboration of what has been taught, on practical internships, on the sharing of practices with colleagues or schoolmates.

As a consequence, the analysis of Chinese Medicine teaching and learning modalities could also enhance the elaboration of adequate methodologies intended to develop transversal competences and strong awareness in adult students, meeting the requirements of modern adult education.

The other part of the equation is composed by Chinese Yangsheng practices, whose purpose through the millennia has never changed: enabling people to preserve, support and empower their health and well-being through simple but powerful practices, including exercise, breathing, meditation, eating, lifestyle, etc.

The aim the partnership had in mind when starting the project was to mainstream the development of the transversal skills typical learning of the classical Chinese philosophical and medical thought into adult education and training, creating instruments for assessing and recognizing competences (including the ones deriving from non-formal and in-formal learning) and for conveying the transversal skills into adult education and training programmes, especially in the fields of well-being and health.

1.2 Professionals who promote healthy competences

The ability to manage and preserve health and to make an appropriate use of health care services is one of the basic competences on which the EU citizens ground their possibility of expressing other professional and social competences during their whole life. On the other side, the study of the teaching, learning and spreading methods of the Chinese practice of Yangsheng can give rise to interesting perspectives to understand how to support this specific skill in adults.

Moreover, many professionals, for several reasons, often choose to engage in non-academic professional training in disciplines connected to Traditional and Complementary Medicines (more than 180.000 practitioners in Europe according to CAMbrella

project, 2012)². This non-curricular approach is often chosen by adult learners in general, generating a strong need for conceptual frames and instruments which could eventually objectively assess their acquired competences.

Professionals operating both in the adult education field and in the health or quality of life filed through disciplines related to classical Chinese philosophical and medical thought can maximize the effects of a virtuous circle, in fields of intervention normally apparently distant and separate, combining knowledge reconstruction and an integrated working method. In fact, the holistic approach of traditional Chinese medical thought is needed (together with health and wellness disciplines) to address the issue of nourishing an integrate approach to knowledge, learning and health, and could promote the practitioners' professional advancement.

We are aware that educators and health promoters constitute a specific professional area, but despite this the action of health promotion has already been entrusted (to begin with the European and global policies by international organizations) to different subjects operating in fields which belong to education, quality of life support, citizens' inclusion and empowerment (especially for those who risk social exclusion).

All of them need to develop new strategic competences or to refine interdisciplinary alliances to face this global challenge.

This awareness gave birth to our project and at the end of it this

² Project CAMbrella funded by the 7th Framework Programme of the European Commission, Jan 1, 2010 – Dec 31, 2012; Coordinator: Wolfgang Weidenhammer, Competence Centre for Complementary Medicine and Naturopathy, Klinikum rechts der Isar, Techn. Univ. Munich, Germany

certainty emerged strongly and clearly.

The knowledge accumulated through the centuries by the traditional disciplines is now available in a contemporary form also from a scientific point of view. If appropriately used by expert professionals, it could speak to the deepest strings of every individual because it is based on a few basic universal principles. A very vast range of instruments and techniques are available and everyone could benefit from them in any life and health condition.

1.3 Professionals and Yangsheng

According to an authoritative definition,³ Yangsheng is “the type of subjective and objective behaviors with which people take care of their life consciously through various means and methods, which is the reappearance or application of their deep understanding of the law of entire life developments. ...It is also a mind-body health activity achieved through material and spiritual unification.”

Readers who are not familiar with the disciplines we refer to may read chapters 8, 9, 11, dedicated to the cultural and philosophical roots of Chinese Medicine and Yangsheng.

We include here a short description of what is Qigong, the contemporary discipline that inherited the culture and practices of “life cultivation” belonging to Yangsheng.

³ Liu ZW, Ma LG, et al. (eds) *Life-Nurturing Science in Traditional Chinese Medicine*. Beijing: People’s Medical Publishing House. 2007

“Qigong is based on Traditional Chinese Medicine because it has its basis on the same laws and holistic interpretative modalities of the individual. Qigong is the art of cultivating Qi (vital energy), increasing it and strengthening it through external and internal techniques, both physical and spiritual: posture and movement, breathing, mind concentration and meditation.

These techniques, characterized by a specific name (Daoyin, Tuna, Anqiao, Tiaoqi, Jingzuo, etc.) have been elaborated and developed since ancient times with the purpose of protecting a person’s condition, to re-balance the body and to cultivate and increase vital energy indeed called Qi.

The whole of the numerous ancient and modern techniques have in common three founding premises. “Tiao shen” (harmonizing body), “Tiao xi” (harmonizing breath), “Tiao xin” (harmonizing heart/mind). In the modern time this has taken the name of Qigong.”⁴.

Based on these epistemological preconditions, a health literacy characterized by *an integrative, inclusive and active approach* is the key action within which professionals operating in the fields of adult education and health promotion should make use of their new competences. For instance, taking advantage (in an unprecedented way) of Yangsheng - Qigong professional teachers, but also of techniques and knowledges of related professions like Tuina, in order to appropriately and safely teach healthy techniques of self-treatment on different body areas.

From these premises, it is immediately clear that the health literacy we speak about is not the ability of reading and applying medical prescriptions and sanitary information. It is a range of development of complex competences of informed, autonomous and aware management of one’s own health.

⁴ From OTTO, Quality and professional standard guidelines, 2018

2. The structure of the handbook

This handbook is the result of the joint work and reflections of the whole group: Sections 1, 3, and 6 in particular are the fruit of common discussion, research, analysis, intuition and integration, for this reason they don't go under the name of a single author.

In the first part of the book, after the introduction, the reader can enter into the different theoretical dimensions on which the project action and its instruments are based. Said instruments are available in the second part both for an immediate use and to further elaboration and development.

The second section is composed by:

[Why health literacy and adult education? Chapter 3](#)

Jelena Lohmatova - This chapter presents our view of the role of adult education and shows the necessity to support the development of adults' health literacy as a part of the adult learning process.

[Society improvement through human well-being Chapter 4](#)

Rosa María Canas - Nowadays a large number of Oriental people still take care of their mind, as well as their body; it is a deal of dignity, of getting old in good conditions...This is what is called Yangsheng, the practices which can reinforce body and soul.

[Yangsheng, Health Literacy and Adult Education Chapter 5](#)

Giulia Boschi - The right output of health literacy in adult education should be to build self-directed and aware individuals that can act on a personal level to build a healthier society. Self-care and social engagement are mutually enforcing themes: benefits

using Yangsheng exercises have been illustrated in over 1100 scientific articles listed in Pub-med.

[An integrated approach to Health literacy Chapter 6](#)

Paola Conti - This chapter presents how Yangsheng is coherent with the principles at the basis of the salutogenesis model: the interaction between people and the structures of society, namely, the human resources and the conditions of the living context.

The third section is composed by:

[Implementing the conceptual model Chapter 7](#)

7.1 A process of professional reflections in the project workgroup
As first thing, it was necessary to “build conceptual bridges” in the workgroup itself: the idea was to build a bridge between Yangsheng and adult education and a bridge between adult education and the professional profiles.

7.2 From a keywords library to professional competences

A dynamic comparison among Yangsheng, Chinese medical teaching and adult education. The aim of the following steps for our work was to verify our idea that the contents of Chinese Medicine and Yangsheng and the way these knowledges and practices are taught could provide useful tools for adult education and for people’s empowerment in the field of health literacy.

7.3 Yangsheng educator© competences library

Following our work on keywords from Chinese medicine & Yangsheng theoretical background, Chinese medicine & Yangsheng teaching and learning and adult education, we moved

on to analyze the new professional profile that emerged from our reflections: the Yangsheng educator©.

7.4 Five Phases as a taxonomic model

The Five Phase Model is the main taxonomic framework in Classical Chinese Medicine's philosophy and Yangsheng thought. This same framework could easily be used as a 'mind map' for potentially every issue: we have adapted the EU EntreComp conceptual model to the Five Phase scheme.

7.5 Yangsheng Health Literacy in practice

The curriculum developed in the project and its parts (see Section 6) were tested several times by the project partners in Italy, Germany, Spain and Estonia.

The fourth section is composed by:

The art of living: Yangsheng roots Chapter 8

Giulia Boschi - The chapter introduces the underlying anthropo-cosmic model of Yangsheng. One of the most prominent concepts in Chinese naturalistic sciences (and philosophy) is the idea of qi, the dynamic relationship encompassing the two opposites - Yin and Yang that are constantly interacting with one another. The dynamic of their cyclically alternating predominance is the basis of the 'Five Phases System'.

Main philosophical concepts behind Yangsheng Chapter 9

Giulia Boschi - According to ancient Yangsheng classics, there is no true physical, mental, spiritual and social well-being possible without pursuing virtue. The chapter introduces the main philosophical concepts and classical sources.

Strategical policies: a conceptual path Chapter 10

Paola Conti - The chapter illustrates an updated and widened version of the global and European strategy for health promotion, following the common thread connecting the different sector-based policies that are a reference supporting the action proposal developed within the project – a proposal that involves both the health system and the educational system and that the present handbook aims at supporting and spreading.

The fifth section is composed by:

TCM and Yangsheng: human well-being as a target Chapter 11

Rosa María Canas - The chapter describes as Traditional Chinese Medicine (TCM) could be defined as an holistic discipline for health treatment based on the empiricism and on the observation of Nature and natural phenomena. TCM and Yangsheng, one of the most important concepts in Traditional Chinese Medicine, are totally focused on this main objective.

Online Distance Learning challenge Chapter 12

Rosa María Canas and Philippe Dath Benit - One of the characteristics of the society in which we live nowadays is rush and lack of time. Online Distance Learning (ODL) is a learning system which brings new educational challenges to learners and teachers. At the same time ODL opens a new and innovative way in the Education field and increases education access possibilities by making it widely available.

The sixth section is the second part of the handbook. It is more operational and it is intended to guide the reader in an informed use of instruments which are, at the same time, simple and complex:

TOOL-CASE: GUIDELINE AND INSTRUMENTS.

This chapter gives indications and advices to use the proposed instruments in the best way.

Yangsheng forAdultEdu©TOOL-CASE⁵

describes the instruments extensively and in details, making them ready to use:

- Yangsheng health literacy© module framework
- Yangsheng educator© competences library
- TCM-Yangsheng practitioner curriculum analysis framework
- Non-formal and Intentional informal learning assessment methods in Yangsheng professions⁶
- Booklet version of the handbook for dissemination

As mentioned above, no instrument is thorough and closed: all of them are flexible; and could be further implemented and adapted to different needs, different countries and different situations. They offer a structure in which it is possible to move with a good level of safety, because they are based on validated sources or

⁵ Open Licence and Intellectual property rights: the products are under Creative Commons registration CC BY-NC

⁶ A best practice from OTTO Association (Italian partner)

tested models. Last but not least, they are the result of a not only interdisciplinary, but truly transdisciplinary research work.

Yangsheng health literacy© module framework

Here we present a framework for the Health Literacy Module and provide its curriculum in a nutshell: a sound structure for an intervention model in the health literacy field based on Yangsheng.

Yangsheng educator© Competences library

In order to design and manage a health literacy intervention based on Yangsheng, we identified the competences areas for the professional who is supposed to carry out the intervention. This professional in every case, needs to have a substantial professional experience and to represent a synthesis of an adult educator and a teacher of Yangsheng disciplines, with a approach focused on health promotion: a library of desired competences has been elaborated.

TCM-Yangsheng practitioner curriculum analysis framework

Due to the fact that the field of TCM and Yangsheng lacks simple but sound models of analysis of professionals' curricula, the project developed a useful instrument not only to analyse the study curriculum of a certain school or a certain country, but also to create the preconditions to compare these analysis – an instrument particularly useful at a European level where the heterogeneity of national legislations makes the understanding of the global picture particularly difficult.

The analysis tool is designed as a database and with a few modifications could also be used to compare briefly the profiles of health promoters or adult educators.

Non-formal and intentional informal learning assessment methods in Yangsheng professions⁷

After an extensive analysis of the available literature, the project has accepted the challenge to assess the competences acquired by non-formal and intentional informal learning by Yangsheng operators.

The model adopted by the Italian partner, the Professionals Association OTTO, has been pointed out as a good practice. In this respect, it makes available within the project the instruments and the modalities used and validated in Italy at a national level in a form which could be adapted to other national context as well.

Booklet version of the handbook for dissemination

Section by section: a path designed to walk easily through the Handbook and through the Project. An instrument to spread the contents of the project to a wider audience of professional users, stimulating the subsequent reading of the handbook.

⁷ A best practice from OTTO Association (Italian partner)

2 Theoretical suggestions

3. Why health literacy and adult education?

Adult education is one of the most significant conditions for the sustainment of society. There are plenty of ways to support adults in their learning: courses, on-the-job training, job shadowing, volunteering, e-learning, etc.

In our opinion, the key to success lies in providing adults with tools for self-directed, independent learning, which would allow people to develop personally and professionally, becoming conscious about their lives and taking into consideration tendencies of the global world.

There are several challenges we all face nowadays: digitalization, youth unemployment, migration processes, climate change, and the ageing of the population. Modern, high-quality adult education can support people in facing them and navigating their way in this environment.

The Manifesto for Adult Learning in the 21st Century (The European Association for the Education of Adults, 2015) says:

Adult education can help change lives and transform societies – it is a human right and common good... There is a growing concern that education systems are focusing too much on the accumulation of academic “cognitive” skills at the expense of the more elusive and hard-to-measure “non-academic” skills and competencies. The accumulation of these skills and competencies, which include skills and competencies in efficient communication with others, innovative thinking, respect for diversity and the environment, conflict resolution, team work, problem solving, and so on, is not only important for students to be adequately prepared for the world of work, but is also paramount in ensuring future generations are equipped to live

meaningful, sustainable, and responsible lives in a rapidly changing and interconnected world.

Health literacy is one of these transversal (or core) competencies which help people to take care of their physical and mental health and well-being and to extend life duration and its quality. Knowing how to manage our health and deal with stress, bad feelings, and pain helps us live longer and more happily.

The policy paper “Adult Education and Health” (The European Association for the Education of Adults, 2015) states that, *“Non-formal adult education plays a key role in equipping people with health competences. Adult education is linked with health prevention, healthy lifestyles, and health literacy.”*

Yangsheng is one of the ways to improve our health literacy. It is translated as “nourishing life,” and this name is significant – practicing various types of Yangsheng gives energy, helps achieve mindfulness, improves empathy and creativity, reduces stress, empowers and supports in leading a sustainable life, and managing time, social communication and your living environment. This kind of learning can bring joy and has a transformative meaning not only for individuals but also for the communities they live in and our society as a whole.

Many people do not continue to learn when they are adults because they have negative school memories and are not ready to come back to school desk. Using Yangsheng as a methodology for a health literacy course provides a totally different learning environment: learning by doing in the outdoors with immediate benefits for your well-being and personalized around the needs of

the student. You can feel successful even if you have a disadvantaged background or special needs, which would not allow you to learn effectively in other courses. You can learn regardless of age, of level of previous education, of gender...

So, let's enjoy learning and nourish life!

4. Society improvement through human well-being

We are living in a society that we could define “unhealthy” meaning that we are running everyday for everything: being the number one at work, having the best house, driving the most powerful car and thousand more ambitions than make us forget about real life, real meaning of live and real human relationship, with ourselves and with our fellow beings.

Most of people have no time for enjoying with friends, talking with partners, playing with children or simply going for a walk. In our modern society we don't live according Nature's rules, in quietness and harmony between mind, body, soul and emotions.

And this is going worse and worse as we get older, because in the accelerated society that it has fallen to us to live, when most of people arrive a certain age they are so squeezed and, why not, so frustrated in certain cases, that they don't feel it for anything, either for doing all those things that they would have liked to do but, for any reason, they could not do before.

Growing old does not mean being buried alive. Growing old does not mean becoming a useless pain in the neck for the society. And growing old does not mean there is no place for you anymore in the world because you think you are an unproductive being.

In Ancient Oriental societies getting old was a sign of wisdom; when a men or a women began to have wrinkles and white hair it was meaning they had a backpack of experiences, skills, common sense, knowledge and an attitude towards life and thinking that

could be learned only through the years, the success and the failure and the empiricism.

Those traditions respected their elders, listened what they had to say and watched what they did, trying to follow their steps; the steps of experience.

Nowadays a large number of Oriental people still take care of their mind, as well as their body; it is a deal of dignity, of getting old in good conditions. That is why they carry out a number of activities that allow themselves to keep in healthy state and sometimes, at the same time, to have a social life in a friendly environment for intellectual, social and physical growth.

It is what is called Yangsheng, it means, all the practices which can reinforce body and soul.

In a world, in which demographic development shows, not only the increase in the number of elderly people but a lower birth rate, the health and the mood of the aged people should be encouraged. They should be helped for finding motivation, orientation for occupying their lives as much as complete, enriching and gratifying way and encouraged for getting involved in new projects.

Those targets are still more important in a society with less and less resources, with a lack of jobs, an increase of unemployment, and where the cost per employee prevails over its experience. Nowadays adult people who, for any reason have lost their jobs, they have to put up with the fact that after the age of 40 they are too old for finding a new employment. They are lucky to face difficulties in getting back into the labour market.

It should be a social duty to empathise with those people, putting ourselves in their shoes and lend them a helping hand to rediscover the path that can fill again their lives.

Older adults may reach to feel they are still useful, with the right of a healthy and plenty life and adult people may be able to find a new way of getting adapted to the changing situation and recycle themselves for finding new kinds of work.

Offering all of them the chance to attend Yangsheng courses, workshops and additional training they could achieve those targets, which will give them a personal development and at the same time future work opportunities.

They will improve their lives as well as the society.

5. Yangsheng, health literacy and adult education

5.1 Expanding the WHO Concept of Health

Yangsheng has advocated, long time ago, the 1948 definition of health by WHO: "a state of complete physical, mental and social well-being". *Yangsheng* means nurturing life, which naturally includes physical, social and mental aspects in an even wider conception:

- The 'outward' action ('social well-being') is not limited to interacting with other humans but with the entire realm of nature, in its visible and non-visible aspects ("tune" with the environment: ecological/vibrational health).
- The 'mental' health is not limited to brain performances or emotional balance, it requires the capacity of going beyond the mind and the rational thought, to reconnect the human spirit with its original 'divine' dimension. In the pattern of Chinese Classical Medicine, emotions and rational thought have the same importance. Both need to be moderate for the sake of health. True psychological health is however not possible if we fear death or remove its ineluctability. Philosophy and religion are useful tools to cope with this problem. To be spiritually sound, we must be able to recognize the role of our personal existence into a wider transpersonal realm. In short, spiritual health should be added to mental, emotional and physical health.
- Even the physical aspects (dietetics and exercise) call for a constant adaptation to times and circumstances, changing dietary and behavioral habits - including exercise- in accordance to the seasons of the year, the time of the day and the age (see 'time factor' below). For example, as one

of the oldest medical canons – *Huangdi Neijing* - states, the proportion between waking and sleeping should be different in winter and summer, nor could we follow the same dietary regimen in different seasons. Food and exercise need moreover to be adapted to the intrinsic constitution of the individual and to be personalized and changed ‘in progress’ according to the development of the personal situation.

- Food must be ‘vital’ no nourish vitality. Freshness is the main quality choice for healthy food. This naturally means to choose seasonal food produced close-by, which implies dietetic variation according to where we live and advantages in terms of ecological impact of human nutrition. Regimen varies according to time, space and individual characteristics but always privileging local and seasonal food.

5.2 Time factor

Since ancient times, time factor has been regarded in China as highly significant in conducting a healthy life-style. Agriculture requires specific actions for specific seasons. Farmers' daily living has necessarily to adapt to seasonal issues both in working activity, diet and work/rest proportion. Drawing from its agricultural roots, Chinese classical culture has extended this concept to assume that the emperor's behavior in 'respecting the seasons' would grant universal harmony. For this reason a number of "prescriptive calendars", which were applied to agriculture, political action and life style, were compiled in early Chinese culture: *you guan* 幼官, *yue ling* 月令, *xiaxiao Zheng* 夏小正 etc.

It might be considered quite strange to adapt political action to the seasons of the year, however it must be remembered that the leader was supposed to rule with his personal example. If he wanted the farmers to act appropriately, respecting the seasonal activities, he was supposed to respect the differences set by natural cycles in his political action as well. The *yue ling* sets the rules for almost every aspect of the emperor's daily life to make it correspond to the different periods of the year. This included dress code (especially in terms of colors) and the kind of music he was supposed to listen to. Without going into such extremes, some important principles of the 'time factor' of Chinese *yangsheng* could be conveniently included into health literacy:

- Diet based on seasonal food
- Sleeping time in accordance with circadian rhythms
- Exercise routine adapted to the season
- Exercise routine adapted to the time of the day
- Exercise daily routine adapted to age
- Chinese *yangsheng* offers a wide set of exercises particularly fit for the elderly population⁸.

Just to give an example, *Taijiquan (Tai chi)* has been recognized as the best self-care practice to address elderly problems of equilibrium, fear of falling and coordination. It is particularly useful for Parkinson's patients⁹. Benefits using these kind of exercises have been illustrated in over 1100 scientific articles listed

8 Zou L., Wang C., Tian Z., Wang H., Shu Y. "Effect of Yang-Style Tai Chi on Gait Parameters and Musculoskeletal Flexibility in Healthy Chinese Older Women". *Sports* , 5/3 (2017)

9 Yang Y., Li XY., Gong L., Zhu YL., Hao YL. Tai Chi for improvement of motor function, balance and gait in Parkinson's disease: a systematic review and meta-analysis (2014)

in Pub-med. Special massage treatments and gender specific exercises for infants can also be administered by parents offering great health benefits.

'Time factor' is not yet sufficiently considered in western preventive medicine. By the way, changing the time twice a year, abruptly and artificially, surely can have a deregulating effect on the "inner clock" of the individuals. There's the need to investigate if the 'daylight saving time' is still a necessary part of "energy saving" policies. In the *Inner Classic*, the twelve 'times' of the day (two hours each) have been adapted to the circulation of the inner energy, each corresponding to an inner organ. This time factor has been considered both in acupuncture (certain points being more active than others according to the time of the day) and *qigong* (*daoyin*) exercise, which can be profitably adapted to individual daily rhythms and also enhanced by considering the circadian organ activation. Recent studies on primates show significant coincidences between physiological arousal of specific organs and the organs circadian clock exposed in early medical classics¹⁰.

5.3 Original nature, purpose and personalization

As we have seen, on one side *yangsheng* practices promote assertiveness, resilience, and the ability to adapt to situations while never giving up on one's goals. On the other side, *yangsheng* philosophy advocates curbing ambitions and desires, avoiding envy,

10 Mure L. S., Hiep D. Le, Benegiamo G., Chang M. W., Rios L., Jillani N., Ngotho M., Kariuki T., Dkhissi-Benyahya O., Cooper H.M., Panda S. "Diurnal Transcriptome Atlas of a Primate across Major Neural and Peripheral Tissues". *Science*: 359, 1232 (2018)

hankering and overwork. Now, how do these two apparently opposite attitudes coexist? The answer is self-awareness.

The idea is that we are born with 'celestial' innate attitudes which constitute our original and personal nature. This original nature (*xing*) it's linked to a certain destiny (*ming*), not to be confused with fate. Destiny, in its proper meaning, means what we're destined to do according to the talents we're endowed with. The two things are strictly related. No efforts are lost if exerted in the right direction, if meant to fulfill our 'destined' mission, following our inner inclinations. Conversely, we can be very easily burned out by pursuing something that is not for us (over ambition) or by overdoing something we initially liked (over work). Self-awareness is the key to direct our efforts in the right way. Without self-awareness, we cannot separate our authentic will from induced needs or from other's expectations. We cannot distinguish self-realization from transitory success. *Yangsheng* good practices to enhance self-awareness could be easily introduced in the adult education to facilitate personalized guidance and self-realization.

5.4 Qigong as an effective primary prevention tool

Besides the advantages already mentioned for elderly people, yangsheng training (today often under the name of Qigong) has proved effective as self-treatment and prevention tool for hypertension¹¹, cardiovascular disease¹² and physio-psychological

¹¹ Xiong X., Wang P., Li X., Zhang Y. "Qigong for hypertension: a systematic review", Medicine (Baltimore), 2015

¹² Hartley L., Lee M.S., Kwong J.S., Flowers N., Todkill D., Ernst E., Rees K. "Qigong for the primary prevention of cardiovascular disease".Cochrane Database Syst Rev., 2015

problems of the elderly population¹³. These are crucial issues considering the ageing population of the European Union to which Qigong could give a very cost-effective answer. A study conducted among community-dwelling older adults (mean age 74,8 years) has registered a dramatic improvement of their physical ability ($p < 0.001$), functional health ($p = 0.001$), balance ($p < 0.001$), functional reach ($p < 0.001$), depression ($p = 0.005$), and spiritual well-being ($p = 0.004$) after an 8 week period in which they practiced qigong for two hours a week. No adverse events were reported¹⁴.

The characteristics that differentiate Qigong from other mild exercises lay mainly in its multidimensional approach. The mind attitude is even more important than the physical movement or the associated breathing technique. To give an example, 'internal qigong' (focused on perception and awareness) has proved to be even more efficacious than 'external qigong' (focused on movement and breathing) for self-treatment of chronic pain¹⁵.

Another aspect which might be taken in consideration is that Qigong is normally learned in groups (and then eventually

¹³ Lin C.Y., Wei T.T., Wang C.C., Chen W.C., Wang Y.M., Tsai S.Y. " Acute Physiological and Psychological Effects of Qigong Exercise in Older Practitioners. Evidence-based Complementary and Alternative Medicine: ECAM, 2018

¹⁴ Chang PS, Knobf MT., Oh B., Funk M. "Physical and psychological effects of Qigong exercise in community-dwelling older adults: An exploratory study". GeriatrNurs., 2018

¹⁵ Bai Z., Guan Z., Fan Y., Liu C., Yang K., Ma B., Wu B."The Effects of Qigong for Adults with Chronic Pain: Systematic Review and Meta-Analysis ". American Journal of Chin. Med., 43/8, 2015

practiced by oneself). The 'community effect' in the practitioner's group is surely part of the therapeutic effects Qigong practice can produce. Loneliness and isolation are being recognized as main determinants for health and longevity and the kind of 'energetic entanglement' of the people practicing this kind of exercises together, surely gives a strong perception of 'belonging' which adds to the therapeutic effect of the exercise itself.

However, once learned, most *Daoyin Qigong* exercises as well as other *yangsheng* tools (for example self-massage, self-administration of moxa, meditation) can be practiced by oneself with no recognized side-effects. They constitute an easy cost-effective stronghold of self-care and primary prevention. Moreover, due to their addressing body, mind and breathing at the same time, *qigong* exercises offer an easy, quick and cost-effective somatic approach to psychic problems such as depression¹⁶ and many other conditions including Cancer care¹⁷.

5.5 A bottom-up process for a healthy society

Selflessness Meditation Both in Xunzi vision of rites as a way to create an 'organic communal body' and in the great importance accorded to intimacy in early medical texts, we find a strong social accent associated to individual's health. As recent studies have

¹⁶ Liu X., Clark J., Siskind D., Williams G.M., Byrne G., Yang J.L., Doi S.A. "A systematic review and meta-analysis of the effects of Qigong and Tai Chi for depressive symptoms". *Complement. Ther. Med.* Aug 23/4 (2015).

¹⁷ Just to give an example, the integrative Medicine Center of the Sloan Kettering Cancer Center (New York) has long ago adopted *yangsheng* principles in its cancer care: the so-called "six pillars of good health" i.e. nutrition, exercise, stress management, sleep and rhythms, relationships, meanings (!).

demonstrated - and as every human being very well knows- health depends on sound and mutually supporting relationships in the first place¹⁸.

The more single individuals are sound, healthy and content, the better they can develop mutual supportive relationships and a healthier society as a result. This depends in turn on their self-cultivation, to which *yangsheng* can add a remarkable value, and on having the right examples and personalized guidance (life-long learning, adult education).

The complete mind cannot stay hidden in the body. Rather, it takes shape and appears on the outside. It can be known from the complexion of the face. When people meet someone whose appearance and mind are full of positive energy, then they will feel happier than if they had met their own brother. On the other hand, when people meet someone with negative energy, they will feel more hurt than if they had been confronted with arms [...]When the complete mind appears on the outside, it shines brighter than the sun, and people recognize such a person easier than their own children. (*Guanzi*- translated by Ishida Hidemi)

The right output of health literacy in adult education should be to build self-directed and aware individuals that can act on a personal level to build a healthier society. This is the bottom-up building of health we should pursue. Self- care and social engagement are mutually enforcing themes.¹⁹

¹⁸ Quoted by over 2600 other articles is the study by Holt-Lunstad], Smith T. B. , Layton J. B. "Social Relationships and Mortality Risk: A Meta-analytic Review".PLoS. Med. Jul 27/7 (2010).

¹⁹ Sørensen C., Van den Broucke S., Fullam J., Doyle G., Pelikan J., Slonska Z., BrandH. and (HLS-EU) Consortium Health Literacy Project European.

6. An integrated approach to health literacy

6.1 The salutogenic approach to health

The WHO Health 2020 policy framework proposes priority areas for policy action, among which: invest in health through a life-course approach and empower citizens, create supportive environments and resilient communities.

Not only the health sector has to cope with these objectives, but also all those who are working with adults.

Almost already 30 years ago, Antonovsky²⁰, an American-Israeli medical sociologist, introduced the salutogenic framework.

“I hope it will become clear in due course that my concern is no mere semantic quibble and that (here), as in all of science, how one poses the question is crucial to the direction one takes in looking for the answers” ... “it seems imperative to focus on developing a fuller understanding of those generalized resistance resources which can be applied to meet all demands.” (Antonovsky, 1979)²¹

According to the original idea, it was more important to focus on peoples’ resources and capacity to create health than classically on risks, ill health, and disease. The main idea is the orientation towards problem solving and the capacity to use the resources

"Health literacy and public health: A systematic review and integration of definitions and models". BMC Public Health (2012).

²⁰ Antonovsky, A., *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass, 1987

²¹ Antonovsky, A., *Health, stress, and coping*. San Francisco: Jossey-Bass. 1979

available: over the years the salutogenesis has become an established concept in public health and health promotion.

Health was seen *as a movement in a continuum* on an axis between total ill health (dis-ease) and total health (ease). The ability to comprehend the whole situation and the capacity to use the resources available was called *sense of coherence*. This capacity was a combination of peoples' ability to assess and understand the situation they were in, to find a meaning to move in a health promoting direction, also having the capacity to do so in a way, that is, *comprehensible, meaningful and manageable*.

It can be intuitively understood how Yangsheng definition is coherent with the principles at the base of the salutogenesis model. Furthermore, it is not only a question of the person but an interaction between people and the structures of society, namely the human resources and the conditions of the living context.

The beauty of the conceptual world of salutogenesis is its dynamic and flexible approach and the persistent focus on ability and capability to manage health and life.

Human health and its development are clearly multidimensional biopsychosocial phenomena happening anywhere from submolecular to global socioecological levels. Only a transdisciplinary conceptualization of health and of health development processes building on the actual, rich human health experience can grasp this complexity. As argued above, a completed salutogenic model can at least cover the positive side of health development. Currently, the single-minded or sometimes even simple-minded focus on sense of coherence as seemingly being the main or only answer to the salutogenic question currently constrains this potential of salutogenesis. ... At this time, it could help to ignore the

sense of coherence for a while to trigger fresh ideas and results around salutogenesis as a complete, socioecological systems theory of health.²²

Therefore, we need to think in a systemic and transdisciplinary way, while the surely wonderful definition of health of the WHO is challenged by the argument that health is more a capability of “adaptation and self-management” than a state of “complete complete physical, mental, and social well-being”. Based on this precondition, health is a process rather than a state.

The point is to create a dynamic state of continuous improvement of well-being through individual and collective actions of health promotion, life-long education, and social justice.

Not only health, but also well-being are more and more considered as “container concepts” of great importance which have therefore to be defined in their connotations. An important vision has been inspired by Amartya Sen’s reflections, who in this respect uses the concept of “functioning” considered as a “state of being and doing”, with good reasons to be chosen and able to qualify well-being. With the expression “capabilities”, Sen means the possibility for the individual to acquire valuable functionings, that means the freedom to choose among a series of possible lives. In this regard, Sen states that to the extent that the functionings constitute the well-being, the capabilities represent the individual freedom to acquire the well-being. (A. Sen 1999)²³

²² Maurice B. Mittelmark, Shifra Sagy Monica Eriksson, Georg F. Bauer Jürgen M. Pelikan, Bengt Lindström, Geir Arild Espnes, The Handbook of Salutogenesis, Springer, 2017

²³ Sen, Amartya, Commodities and Capabilities (2nd ed.). Delhi New York: Oxford University Press, (1999)

According to Sen, as each individual can legitimately pursue many goals and objectives, *capabilities* also are a plurality. Well-being, seen as a practice for quality of life, has therefore an interactive nature in relation with different capabilities belonging to each subject, which derive from individual complexity and from the different multidimensionality that characterizes men and women, who are defined by their actual functionings and by their freedom to compose their lives and their relationships, even if those who have to undergo the new planetary mobility do not have the freedom to move, choose, stop being what he/her is, become what is not yet, according with the Zygmunt Bauman thought.

In our individualized society we are all artists of life whether we know it or not, will it or not and like it or not, by decree of society if not by our own choice. In this society we are all expected, rightly or wrongly, to give our lives purpose and form by using our own skills and resources, even if we lack the tools and materials with which artists studios need to be equipped for the artists work to be conceived and executed. And we are praised or censured for the results for what we have managed or failed to accomplish and for what we have achieved and lost.

In our liquid modern society we are also taught to believe that the purpose of the art of life should be and can be happiness though it is not clear what happiness is, the images of a happy state keep changing and the state of happiness remains most of the time something yet-to-be-reached. (Z. Bauman, 2008)²⁴

²⁴ Zygmunt Bauman, *The art of life*, Cambridge, UK-Malden, MA, Polity Press, 2008.

Based on these premises, it is important to generate a renewed and focused discussion about the definition of health literacy to ensure that the definition actually reflects today's understanding of health literacy as multidimensional.

Health literacy has evolved over the decades: while early authors focused on individual skills (and deficits) others have come to a greater appreciation of the idea that health literacy is multidimensional, including both system demands and complexities as well as the skills and abilities of individuals.

HLS-EU definition of health literacy: Health literacy is based on general literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information to make judgments and take decisions in terms of healthcare, disease prevention and health promotion to maintain and improve quality of life throughout the life course.²⁵

Furthermore, health literacy operates in a wide variety of settings and media, so we believe its definition should include a description of this multidimensionality and should describe the impact of health literacy on empowerment and health decisions²⁶.

We are aware that "feeling well" it is not enough to have these competences, that is to know how to "feel well": health has multiple determinants, starting from the socioeconomic ones that

²⁵Kristine Sørensen, Stephan Van den Broucke, et al., (HLS-EU) Consortium Health Literacy Project European, Health literacy and public health: A systematic review and integration of definitions and models, BMC Public Health. 2012

²⁶ See the project definition of Health literacy Chapter 7.1

consider people in different advantage or disadvantage positions, as underlined above. Resources that enhance quality of life can have a significant influence on population health outcomes: safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and healthy environments.

6.2 Embodied knowledge and adult learning

In adult education, it can be emphasized the importance of learning through all channels and levels of mind-body-spirit knowledge. This leads to the consciously utilizing, in teaching and in individual growth instruments design, all the potential offered by the multiple ancient traditions of teaching and learning as yangsheng, which are now rediscovered and studied through more and more refined scientific research.

There are several terms used somewhat interchangeably in the growing literature in this area — *embodied learning, embodiment, somatic learning, and embodied cognition*. Educators are seeking to discover how individuals gain understanding or awareness of tacit or intuitive knowledge: is possible to define embodied learning as “seeing our body as an instrument for learning.”

The contemporary adult educator’s style and perspective reflect a personal position.

Embodied knowing is at the root of all other ways of knowing including: cognitive, affective and spiritual knowing (Lawrence, 2012).

Intuition is a way of knowing that precedes our conscious awareness. When we do become aware, we often can't explain where the knowledge came from. We just know that we know.

If we trace the path of our awareness backward to its point of origin we can see that we first felt it in our bodies. Crowdes (2000) refers to this awareness as “conscious embodiment”.

Embodied cognition is a broad term used to describe a class of theories within cognitive science, many of which emphasize the importance of sensorimotor experience gained through our bodily interactions with the environment for acquiring and representing conceptual knowledge (Borghini and Cimatti, 2010).

In theories of grounded cognition, mental representations (concepts) share processing mechanisms with systems for perception and action. In this view, mental representations are simulations of embodied experiences. This view is supported by empirical data showing that concepts, linguistic processing, and emotion processing interact with perception and action.

That is, contrary to classical cognitive theories, which deemphasized the importance of the body for cognitive processing and posited that cognition strictly involved the processing of abstract and amodal symbols, embodied cognition theories tend to assume that our actions and bodily experiences are crucial to our cognitive processing.

According to EC theories, direct sensorimotor interactions are essential for gaining knowledge and developing cognitive capabilities (Engel et al., 2013), and higher order and offline

cognitive processing involve re-enactment of the bodily states from previous experience (Foglia and Wilson, 2013).

6.3 Complementary perspectives of health literacy learning

A somatic approach to education – and off course to health literacy - integrates, as an existential whole, the experiential history of individuals with their current experience. It implies an education that trusts individuals to learn from their ability to attend and to listen to the information they are receiving from the interaction of self with the environment. Somatic learning often occurs in experiential learning, where the learner becomes an active participant in the knowledge acquisition process through activities like role plays and discussion.

Somatic or embodied knowing is experiential knowledge that involves senses, perception, and mind-body action and reaction while Western culture has been dominated by the separation of cognitive knowledge from embodied knowledge and the distrust and denigration of bodily knowing (Simon 1998).

Embodied knowledge can emerge through conscious engagement in contemplative physical activity such as Qigong and Taijiquan, through dance, through artwork such as painting or sculpture and through individual and team sports.

This experience must be brought to all educational processes, or rather, it must be cultivated and amplified.

At times these creative and physical activities can be ways to surface hidden knowledge when words may be inadequate or even non-existent.

The act of embodying difficult or painful experiences can sometimes create pathways to discuss what was formerly undiscussable.

Embodied knowledge can also come to us in states such as meditation. Taken seriously, this knowledge can provide clues to valuable information that otherwise might remain beyond our reach.

The act of opening and liberating multiple ways of learning and engaging in the exploration of knowledge through body movement, ventures beyond our limits in the way we chose to learn and the way we chose to act as engaged citizens and adult learners. Somatic learning in adult education provides a cyclical framework for learning and reflection, and it serves as a deep well into learning and knowing in adult education.

The transformative and creative learning process using body movement and vocalization are ways this embodied learning process is transferred into everyday experiences by adult in educational settings and in community building.

These external expressions stimulate an internal interactive complexity within the body that is rooted in our history, experiences, challenges and education that frame our view of the world around us.

Perhaps one of the most important approaches to fostering spiritually-grounded transformative learning is to recognize and become aware of our own emotional and spiritual dimensions.

As Palmer (1998) expresses, *“we teach who we are”*.

Getting in touch with and honoring these dimensions in ourselves, helps us to be more open to paying attention to and making space for these domains of learning within the students class.

3 The conceptual model in practice

7. Implementing the conceptual model

7.1 A professional reflections process within the workgroup

As first thing, it was necessary to “build conceptual bridges” in the workgroup itself: the idea was to build a bridge between Yangsheng and adult education and a bridge between adult education and the professional profiles.

To do so, a self-reflection process was carried out within the group mainly on the following topics, reaching some very important conclusions:

A) Which are the learning methods in the traditional approach to Chinese Medicine

They are based on the initial motivation to learn, being prepared to receive knowledge by letting go of prejudices, having an attitude of respect as well as humbleness towards the received teaching.

“Rather do one exercise a thousand times than thousand exercises for one time.”

This requires a process going through experiencing first, understanding later: listening, copying, experimenting, integrating, carrying on studying, being inspired (like in teaching/learning arts). It also includes the idea of cultivating and permeating the received knowledge through self-awareness to embody, express, transform and newly create a personalized knowledge in order to promote the bio-psycho-social endeavour and personal development.

*“The mysterious key for learning is the treasuring of the teacher by the student, the love for the student by the teacher. Without this, even if knowledge is gained, still the student remains greatly disoriented”.*²⁷

Starting from this peculiar idea of teaching and learning,

B) What could be conveyed into adult education (in particular in the health literacy field)

The richness of this approach lays in the fact that it includes a vast group of peculiar teaching instruments used to pass to learners:

- intellectual knowledge,
- manual/practical knowledge (e.g. Tuina & acupuncture techniques, Qigong practice...)
- something that is between theory and practice: how to locate acupoints, which includes their theoretical location that needs to be memorised by heart and the practical skills of finding the points on different human bodies, of "feeling" them, of palpating, stimulating and obtaining a response; how to establish a connection to patients / clients and how to relate with them, which learned especially watching teachers / other practitioners or masters doing that in practice, with real people.

Modern adult education could also benefit of another characteristic of the way in which Chinese medicine and Yangsheng are traditionally taught: teaching is conveyed mainly through example and emotive, subconscious channels; in Chinese terms, having deep roots give you wings.

C) The aim of developing transversal competences in adult students

The purpose according to the workgroup would be to help the European citizens meet the challenges and survive them, make

²⁷ from Dao De Jing cap. 27 (translated by Giulia Boschi)

them be more self-aware and self-directed and somehow more resilient.

D) The use of Chinese Medicine and Yangsheng for developing transversal competences

Many contents and modalities could help doing that. Self-treatment classes, for example, are very close to the idea of health literacy, enabling people to listen to themselves, to perceive their personal health conditions and to learn simple tools they can use in everyday life to manage their health and well-being and to improve their life quality.

As stated above, we believe a definition of health literacy should include a multidimensional dimension and describes the impact of health literacy on people's empowerment and health decisions.

E) A definition of health literacy in the Chinese Medicine and Yangsheng perspective

The Project definition of Health literacy:

*“Knowledge, awareness and skills aimed at understanding health issues, empowering self-protection and enhancing personal self-development towards a meaningful and self-sufficient existence, benefiting oneself and the people around in an emphatic and eco-friendly modality”.*²⁸

Through the partners meetings, the research of related literature and the ideas exchanges we had over the past two years, though, we felt the goal we set for our project could be expanded to include also other aspects, for example the idea of a new professional called

²⁸ The definition of Health literacy in the Chinese Medicine and Yangsheng perspective, elaborated within the Project

“Yangsheng educator©”, which could gather all the competences and skills which emerged from our joint work. (see chapter 7)

7.2 From a keywords library to professional competences

A dynamic comparison among Yangsheng, Chinese Medical teaching and adult education.

The aim of the following steps for our work was to verify our idea that the contents of Chinese Medicine and Yangsheng and the way these knowledges and practices are taught could provide useful tools for adult education and for people’s empowerment in the field of health literacy.

When we first started discussing this topic, we were immediately struck by the fact that many of the fundamental ideas in which adult education is rooted are identical or very close to the basic concepts of Chinese medicine and Yangsheng and/or to the roots of the way in which Chinese medicine and Yangsheng are traditionally taught in Asia and in Europe.

We subsequently decided to write keywords lists for all of these three areas to see which would have been the matching points: *Yangsheng background* (meaning keywords that describe the theoretical background of both Chinese medicine and Yangsheng), *Yangsheng education* (meaning keywords that describe the characteristics of Chinese medicine and Yangsheng teaching & learning), *Adult education* (meaning keywords that describe the characteristics of modern adult education).

COMPREHENSIVE TABLE OF KEYWORDS FOR TCM / YANGSHENG / ADULT EDUCATION			
A KEY TO INDIVIDUAL BASED HEALTH PROMOTION			
	YANGSHENG BACKGROUND	YANGSHENG EDUCATION	ADULT ADUCATION
Keyword list	KEYWORDS THAT DEFINE THE THINKING AND THE PERSPECTIVE BEHIND CHINESE MEDICINE AND YANGSHENG	KEYWORDS THAT DEFINE THE CHARACTERISTICS OF CHINESE MEDICINE AND YANGSHENG TEACHING / LEARNING	KEYWORDS THAT DEFINE THE CHARACTERISTICS OF ADULT TEACHING / LEARNING

Table 7.1 Keywords list: structure

After confronting the three groups of keywords, we noted that many of the words were actually listed at the same time in all of them and many others were shared between two groups: this not only demonstrated our idea of a possible integration, but also made us think about how to translate what we found out into practice.

**Comprehensive table of keywords
for TCM / Yangsheng and Adult education**

A key to individual based social health promotion

	Yangsheng background	Yangsheng education	Adult education
Keywords list			
Acceptance			
Autobiographic approach			
Awareness			
Competences			
Connections			
Correlation			
Cultivation			
Dedication			
Development			
Dynamisms			
Embodiment			
Empathy			
Empowerment			
Equanimity			
Ethical behaviour			
Evaluation/Assessment			
Experience			
Experimenting			
Facilitation			
Health promotion			
Heritage			
Holistic perspective			
Human agency			
Integration			
Interaction			
Interbeing			
Introjection of rules			
Intuition			
Learner centred approach			
Learning by doing			
Learning outcomes			
Life-long learning			
Life-long progress			
Meaningfulness			
Metacognition			
Methodology			

Motivation			
Non formal /INFORMAL learning			
Personal development			
Personal experience			
Personalization			
Practice			
Reflexion			
Relation			
Resonance			
Respect			
Self analysis			
Self directed learning			
Self-awareness			
Self-improvement			
Self-motivation			
Sensibility			
Systemic thinking			
Teaching by showing /practising			
Tradition			
Validation			
Vitality			

Table 7.2 Complete keywords list

When we tried to represent the results of our work graphically, we found that the image of three different clusters intersecting in the center was the most appropriate.

Significantly, the keywords in the center are all about personal development, which is the aim both of adult education and of Yangsheng, not to speak about health literacy policies.

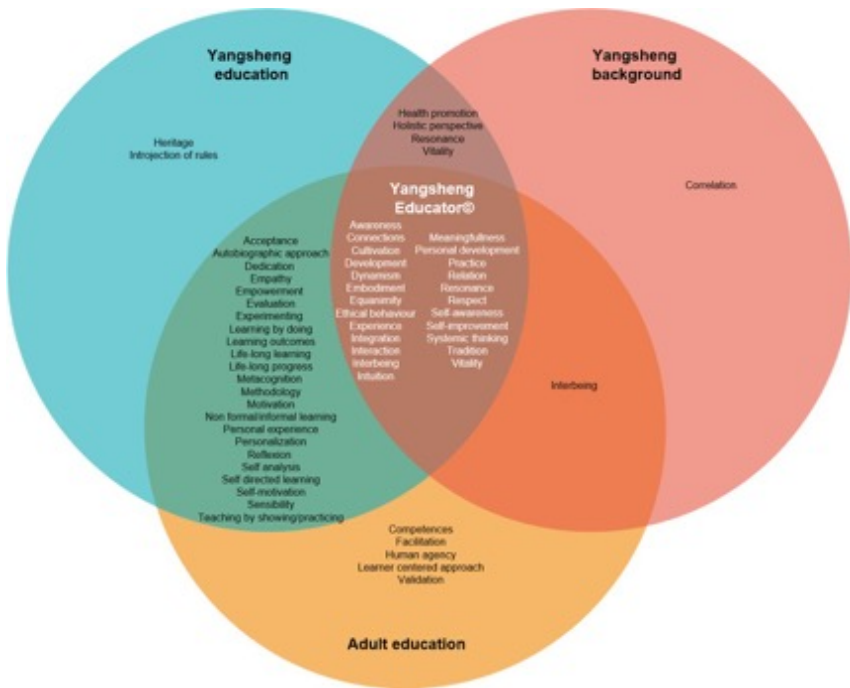


Fig. 7.1 Graphic representation of table 7.2: the birth of the idea of Yangsheng educator©

This can be seen even more in detail by “zooming in” on the intersection areas between the Yangsheng education keywords (Fig. 7.2, blue column) and the adult education keywords (Fig. 7.2, orange column). The common keywords, listed in the grey column, include concepts as awareness, cultivation, connections, empathy, integration, personal development, self-improvement, etc.



Fig. 7.2 A zoom on the intersection between Yangsheng education and Adult education

7.3 Yangsheng educator© competences library

Following our work on keywords from Chinese medicine & Yangsheng theoretical background, Chinese medicine & Yangsheng teaching and learning and adult education, we moved on to analyze the new professional profile that emerged from our reflections: the Yangsheng educator©.

In our idea, the Yangsheng educator© should sum up both the competences of a Yangsheng / Chinese medicine practitioner and of an adult educator: of course, different persons coming from different experiences and learning paths could have slightly different profiles, but we aimed at defining which should be the core competences of this new professional figure.

To do so, we had to undertake a long work of analysis and selection of institutional documents and international indexes that are detailed in chapter 10, among which we selected three sources in particular:

- The ESCO portal: the multilingual classification of European Skills, Competences, Qualifications and Occupations, part of the Europe 2020 strategy
- The EntreComp framework (Entrepreneurship Competence Framework) of the European Commission, which proposes a shared definition of entrepreneurship as a competence
- The UNESCO framework for transversal competencies, which identifies transversal competences and divides them into different areas

To reflect on the Chinese medicine and Yangsheng competences, we took advantage of the Curriculum analysis framework produced

within the project (presented in Section 6). This instrument has been tested during the project by the Partners, who used informations on Chinese medicine and Yangsheng teaching/learning in their own countries: we could use these data to our purposes.

From all of this work, we created a list of competences divided into eleven areas.



Fig. 7.4 Areas of competences

This enabled us to reflect on which competences should be considered as core for the Yangsheng educator©, which ones as specialist competences and which are the transversal competences (with reference to the EntreComp framework mentioned above).

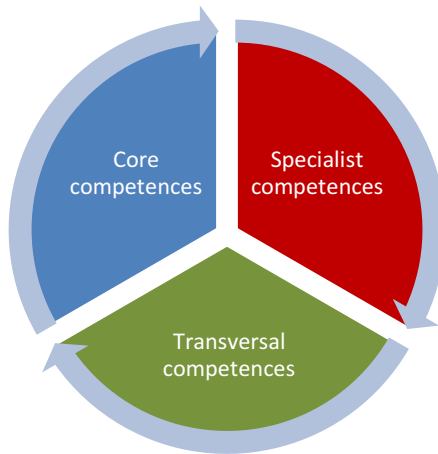


Fig. 7.5 Typologies of competences

Each area of competences occupies a different space within Core, Specialist and Transversal competences.

In the following graph it is possible to appreciate from another point of view the distributions and the cross-relationship among the typologies of competences (Core, Specialist and Transversal) and the areas of competences (fig. 7.4) of the new professional profile.

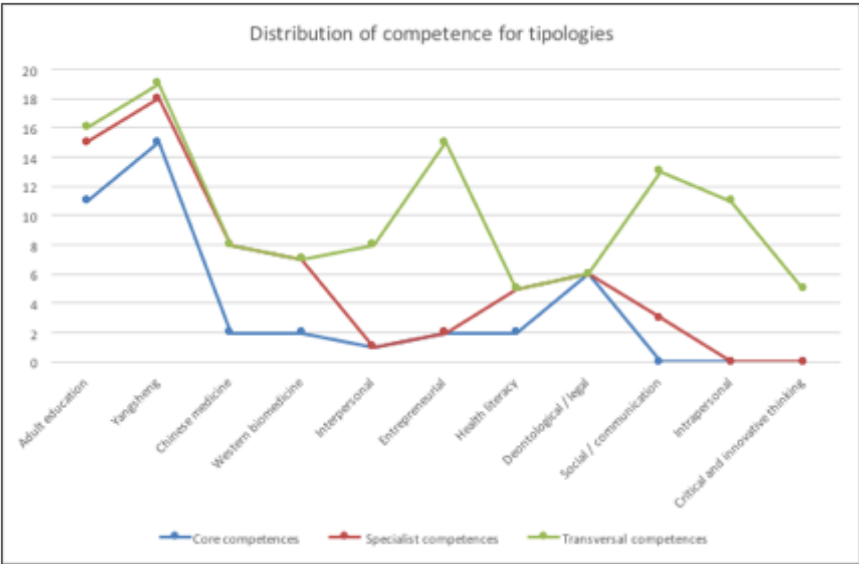


Fig. 7.6 Distribution of competences by typologies

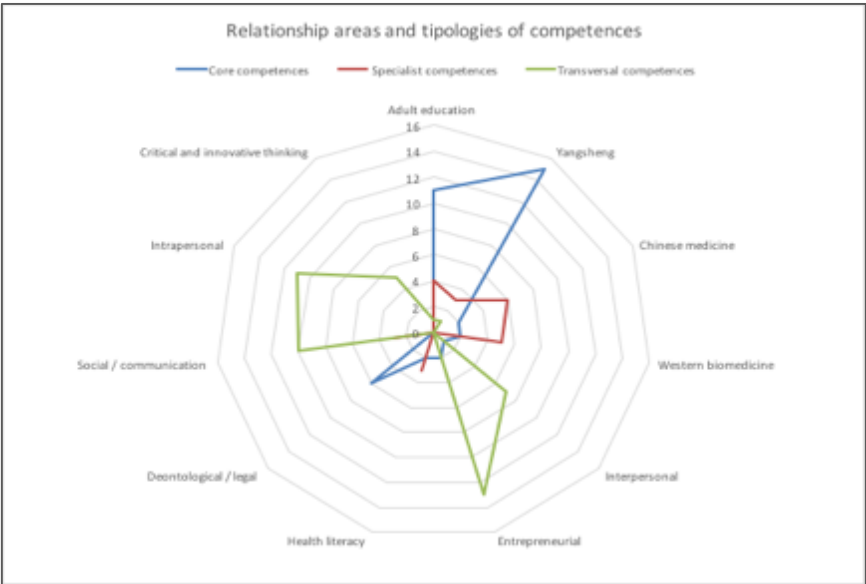


fig. 7.7 Relationship among areas and typologies of competences

The development of the entrepreneurial capacity of European citizens and organisations is one of the key policy objectives for the EU and the Member States. Ten years ago, the European Commission identified sense of initiative and entrepreneurship as one of the 8 key competences necessary for a knowledge-based society.

The EntreComp framework²⁹ presented in this report proposes a shared definition of entrepreneurship as a competence, with the aim to raise consensus among all stakeholders and to establish a bridge between the worlds of education and work. Developed through a mixed-methods approach, the EntreComp framework is set to become a reference de facto for any initiative aiming to foster entrepreneurial capacity of European citizens.

It consists of 3 interrelated and interconnected competence areas: 'Ideas and opportunities', 'Resources' and 'Into action'.

Each of the areas is made up of 5 competences, which, together, constitute the building blocks of entrepreneurship as a competence. The framework develops the 15 competences along an 8-level progression model and proposes a comprehensive list of 442 learning outcomes.

The framework can be used as a basis for the development of curricula and learning activities fostering entrepreneurship as a competence. Also, it can be used for the definition of parameters to assess learners' and citizens' entrepreneurial competences (Bacigalupo et. All. 2016).

²⁹ Bacigalupo, M., Kamylyis, P., Punie, Y., Van den Brande, G. EntreComp: The Entrepreneurship Competence Framework. Luxembourg: Publication Office of the European Union; EN; 2016

7.4 Five Phases as a taxonomic model

The Five Phase Model is the main taxonomic framework in Classical Chinese Medicine's philosophy and *yangsheng* thought. It is widely used in many different contexts: cosmology, policy, nutrition, Material Medica, music, etc.

This same framework could easily be used as a 'mind map' for potentially every issue.

For example, we have adapted the EU EntreComp conceptual model to the Five Phase scheme³⁰:

The Wood element (in green below) is connected to rage and aggressiveness and, if tempered, becomes determination. Gallbladder, the Yang organ which is also related to the wood element, represents courage and initiative. As a midpoint between the latency (water) and the full expression (fire), the wood element is related to gathering resources. It's *hun*-soul³¹ is connected to creative vision and freedom of thought.

Planning and management represents the passage from wood to fire. Planning has a lot to do with having the 'strategic vision' connected to the liver organ (wood element) while the actual *managing* could be linked to the fire element, which represents the full coming into play of the resources prepared in the precedent phase. The fire element is connected to the heart organ, which hosts the spirit. Awareness, self-awareness, and self-efficacy, could be surely attributed to the fire element (in red).

³⁰ see footnote 35 below

³¹ see footnote 36 below

The Earth element (in yellow) relates to social behaviour. It is the central element in the topography of the phases and the third (after wood and fire) in the “generation cycle”. Once the action has been put into play, we need to evaluate its impact on society. We need to consider if it is beneficial to others, and if it is environmentally friendly. We also need to involve other people and to be able to cooperate with them.

The Metal element (in blue) is connected to concreteness, to embodiment, and to the ability to deal with the material aspects of existence (i.e., financial and economic literacy, learning through experience). It is connected to grieving and overcoming the sense of loss, all while learning from mistakes. It's *po*-soul³² is connected to our instincts, insight, and instinctual perception of reality. That is why we have listed “spotting opportunities” under the metal element, even though spotting opportunities could also be a “wood” issue. It will depend on if it is based on implicit knowledge that brings one to an instinctual evaluation (metal), or on a strategic vision and an aware evaluation (wood).

Finally, the Water phase (in black) is connected to “fear” and to the ability to overcome it. Evaluation of a risk could surely be connected to this element. The *zhi*-soul, belonging to water, is our inner strength and has a lot to do with endurance, commitment, and motivation. Moreover, the water element is also connected with intelligence, memory, and acquired knowledge (plus genetic endowment) by which we can evaluate new ideas.

According to Classical Chinese Medicine, each ‘element’ being related to specific inner organs and functions, it is possible on the one hand to enhance a certain ‘competence’ by empowering the

³² see footnote 36 below

related organ (somatic-psycho approach). On the other hand, over exertion of a certain mental setting could impair functions of the related organs (psycho-somatic approach). Shortly said, the condition of a specific organ determines the quality of both its physical and psychological performances. Changing mental attitudes also has a direct impact on physiological functions of the inner organs.

This is what *yangsheng* is all about: taking advantage of the somatic-psycho and psycho-somatic interactions to empower all individuals.



Fig. 7.8 Five phases and the *EntreComp* competences

7.5 Yangsheng Health Literacy© in practice

The curriculum and its parts developed in the project (see the second part of the book) were tested several times by the project partners in Italy, Germany, Spain and Estonia.

7.5.1 Testing Yangsheng Health Literacy© Module

First of all, the practitioners working in the project (Giulia Boschi, Rosa Maria Canas, Paola Conti, Martina Neuper and Michel Vandelli) tested their parts of the module with their adult learners.

There were 72 participants in total, and the age range was 30+. They were adults, teachers, and practitioners of far-East health techniques, people affected by Parkinson's disease, entrepreneurs, women with breast cancer, etc.

Methods used in the test modules were: meditation; Qigong; self-awareness; energetic nutrition; acupressure, theoretical introduction; step-by-step demonstration of the techniques; partner work; support during the massage; Taijiquan practice; learner-centered design; self-directed homework; and group counseling.

The best practices to share with other practitioners and adult-educators include³³:

- “Surely one of the most important features of this pilot course was to consider not only "all of the senses" but also

³³ Taken from the final evaluations of country experiences where the module was tested

"different awareness state" learning. The impact of the suggestions given was amplified by the reception of them while meditating and actively elaborate on them both 'outwardly' and 'inwardly.' Alternating very active and interactive moments with quiet introspective meditative moments has allowed adult learners to keep a high attention level despite the very long length of the course”.

- “It is important to relate abstract concepts such as 'social virtues' to the concreteness of one's body parts, with the 'embodiment' of virtues being one of the main characteristics of Yangsheng teachings”.
- “It was valuable observing the fatigue with the participants as they arrived every day, and the smile and the energy they left with every day”.
- “People, even with experience in massage, said that they never felt so deeply relaxed”.
- “It is necessary to ask if someone has a chronic disease, is handicapped, or is pregnant. The person should ask the educator whether Tuina can be applied”.
- “It is recommended going around when participants massage their partner and supporting them”.
- “The educators should take care that those who massage stand correctly and don't get back pain”.
- Be respectful when participants talk to each other. Personal contact should come first.

- “During Tuina massage the massage tables must be adjusted. People have to come as a couple. They must bring comfortable clothes, a sheet, a blanket”.
- “Practicing Taijiquan with people with serious neurological problems gives great satisfaction and allows them to feel successful”.
- “Participants who at arrival choose the seats with a small green ribbon were shown through the practices during the day to be the most optimistic and happy”.
- “At the end of the day after the course, participants feel relaxed but full of energy and vitality, more optimistic, and healthier. At the same time, they were aware that they have to work for their self-improvement”.
- “This type of course is good for every type of person as long as the teacher is expert in order to modulate the teaching method for the participants: everyone healthy and sick in his own way!”

Name of the educator	GIULIA BOSCHI
Number of participants	18
Description of the group age, special needs, gender, etc.)	4 males and 14 females, age from 37 to 72. Mainly teachers and practitioners of far east health techniques (14 on 18). Three self-employed professionals, one retired professional. The course was open to everybody and originally intended for beginners.
Description of the course	<p>Title: <i>Opening doors and windows to the world: preserve the health of the sensory organs</i></p> <p>Timing: 8 h (one day) – Rome, June 2018</p> <p>Methodology: To the features of adult education good practice (interaction, personalization, group dynamics, all of the senses) some peculiar teaching tools of Yangsheng have been included: 'embodiment' (relate abstract reflections to the concrete bodily correlative) and 'learning in different awareness states' (active participation in group discussion alternated to introspective deep meditation).</p> <p>Description: The core teaching was about qigong exercises for preserving health of the sense organs. The transversal intended teaching outputs were to make people understand the importance of self-reflection/meditation and the crucial role of taking care of their human relationship's network for the sake of their healthy living.</p> <p>Monitoring and evaluation activities: quantitative and qualitative methods</p>

Name of the educator	ROSA MARÍA CANAS ALBIÑANA
Number of participants	15
Description of the group age, special needs, gender, etc.)	Gender: Female: 9 - Male: 6 Age between: 30-70 Liberal professions, Educators and Teachers, Business Entrepreneurs, Pensioners
Description of the course	Title: <i>Health literacy module</i> Timing: 7 h (one day) Barcelona, June 2018 Methodology The goal was putting together different adult people with different concept of life due to their age, status, profession or environment for testing how to integrate Yangsheng in their day by day. Description: Meditation, Qigong, Self-awareness, Acupressure (learning by doing), Energetic Nutrition (concepts). Goals: Awareness of “Here and Now”, Day-to-day life must change: Why and How, Group’s consciousness, Group’s energy power Monitoring and evaluation activities: quantitative and qualitative methods

Name of the educator	PAOLA CONTI
Number of participants	12
Description of the group age, special needs, gender, etc.)	Female, age from 35 to 70. Women with breast cancer – Patients enrolled by the Oncology Unit of the Città di Castello public Hospital– Perugia - Italy
Description of the course	<p>Title: <i>Personal resources empowerment technics</i></p> <p>Timing: 24 h (2 h x 12/weekly) April-June 2018</p> <p>Methodology: learner centered design; self-direct home work. Group counseling, health promotion and health literacy approach.</p> <p>Description: Jing dong Qigong practices (quiet and movement qigong). Individual and group reflection activities. Focused on behaviors and lifestyles, relationships, modulation of social and emotional stress.</p> <p>Monitoring and evaluation activities: quantitative and qualitative methods. Attendance over 90%. Benefits attested by participants in: decreased anxiety and improved mood; side effects therapies (eg. peripheral neuropathies); fatigue; quality of sleep; etc. Strong support by the group and personalized achievement.</p> <p><i>Note: The course is also related to the RIS project - Integrated resources for women's health</i></p>

Name of the educator	MARTINA NEUPER
Number of participants	12
Description of the group (age, special needs, gender, etc.)	Couples and friends: every age, mixed gender and same gender
Description of the course	<p>TITLE: <i>Tuina: staying healthy by massage</i></p> <p>Timing: half a day workshop – Freiburg – Germany - June 2018</p> <p>Methodology: Short theoretical introduction: Tuina history, Tuina and Yangsheng indication and contraindication, Demonstration of the techniques step by step; Partnerwork; Support during the massage.</p> <p>Description: learn a Tuina Massage for neck, back and face and for the whole body. Tuina is the traditional massage in Chinese medicine. It can be used when you are ill to solve stagnation by supporting the flow of Qi. Tuina can also be used keeping healthy and reducing stress level. In this workshop participants learn how the massage could assist to stay stable in times of change.</p> <p>Monitoring and evaluation activities: quantitative and qualitative methods</p>

Name of the educator	MICHEL VANDELLI
Number of participants	15
Description of the group	The activity was proposed to a heterogeneous group of male and female with age between 50 and 80, with Parkinson's disease, in a private hospital- Rome- Italy
Description of the course	<p>Title: <i>Taijiquan for Parkinson's disease</i></p> <p>Timing: the course was held weekly, 24 classes of 1.30 hours each, for 5 months February-June 2018</p> <p>Methodology: was based on Taijiquan teaching that has been conducted in traditional way: through the basic positions and the respiratory practice, the participants could learn the various figures and forms.</p> <p>Monitoring and evaluation: all the participants have been subject to different neurological tests carried out by the medical staff of the structure; first, during, and after the taijiquan course. The results show highly significant improvement of many items by all the participants</p>

On the base of the national experiences where the module has been tested, it is important to take into consideration:

- People’s sensibility
- People’s way of understanding life
- Group dynamics are quite crucial. There's the risk of 'showing off' and disturbing or prevaricate the others.
- The chairs and the ambience should be appropriate to practice meditation (chairs have to allow the correct posture, and the ambience must be silent).
- A pre-selection of the target group or learning about the target group in advance could help to adapt the contents.
- It is important to have comfort food and drinks for the breaks – especially for such an intensive course –, both for the necessary relief and to facilitate group interaction and good mood.
- This course could have possibly been better organized with shorter terms on different days.
- The educator that holds this type of course must be highly qualified with solid bases of anatomy and physiology. He/she should be prepared and authoritative in the field of research and teaching, both from the point of view of the Traditional Chinese Medicine and the biomedical culture.
- It is important to always gather evidence of effectiveness.

- We should have great passion for people and know how to see their best resources, to support them in nurturing them.
- Women are more open to new experiences and to participation in collective activities and events (note: there were more women than men).

7.5.2 Health Literacy Festival

The Health Literacy Festival was held in Narva, Estonia on July, 7th 2018. It was a combination of expertise of all the partners. The main aims were to increase participants' literacy in their health and to provide them with practical tools to help them take care of their health every day. There were in total more than 50 guests with various backgrounds: age differences between less than a year to 72 years old (about 95% are adults over 26); men and women; from Estonia and abroad; retired, massage specialists, teachers, people of other occupations; couples; mothers or fathers and daughters and sons, etc.

The festival was promoted via local social networks.

Here is some feedback from the participants:

- Energy in body, peace in mind.
- Those experiences change your life.
- I have spent a 'particular day' and I have dedicated it to myself. I met a world that I only partly know about and that I want to elaborate on. I go out with an inner sensation of lightness that I would like to experience more often. I advise you to approach it without questions and prejudices.

- I advise you to follow this course because it can help you to reconnect with yourself and better understand yourself and the way you want to go on, adapting to the continuous changes of the society.
- I consider it useful to the path I'm facing and I'm glad to share with an other.

4 Topics in-depth

8. The art of living: *Yangsheng* roots

8.1 Yangsheng: the underlying anthropo-cosmic model

Contraria sunt Complementa (opposites are complementary).

This motto above the Chinese symbol of *Taiji* (☯) adopted by the Physicist Niels Bohr (1885-1962) for his family crest, synthesizes the main concept underlying Chinese medical, cosmological, and philosophical thought.



Fig. 8.1 Niels Bohr coat of arms

Everything depends on an interaction of complementary opposites to exist. From the smallest reality, such as an atom (with its opposite and complementary charges), to the whole universe, existence is depending on relationship. Body and spirit, heaven and earth, male and female, visible and invisible...the accent is always on their mutual co-existence, none can be singularly conceived, existence is the output of their interaction.

One of the most prominent concepts in Chinese naturalistic sciences (and philosophy) is the idea of *qi* (气), the *dynamic* relationship encompassing the two opposites - Yin and Yang. On the one hand, Yin and Yang are constantly interacting with one another. On the other hand, they alternate between night and day; winter and summer; material and immaterial, etc. The dynamic of their cyclically alternating predominance is the basis of the 'Five Phases System'.

Western alchemists described the main law of the universe with the motto “*solve and coagula*”. This is not far from the Chinese understanding of Yin and Yang as agents of the constant transformation of reality. In a cyclic order, the two extreme poles are identified on an axis including either heaven and earth (macrocosm) or water and fire (microcosm). Being the human shape an image of the universe, head and feet are associated to heaven and earth, heart and kidney to fire and water respectively.

In the human body microcosm, the dynamic interaction of opposites furthermore considers an element representing the ‘*solve*’ passage from water to fire -wood - (see figure 1) and an element representing the ‘*coagula*’ midpoint from fire to water (metal) plus the stabilizing central element (also connected with earth).

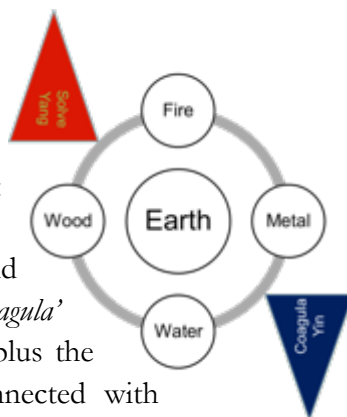


Fig. 8.2 Yin Yang and the five phases cycle ³⁴

This symbolism represents the ground of ‘correlative thinking’ pervading Chinese medical thought. For example, each phase has a corresponding organ system, emotion, sensory organ, colour, sound, season, etc. To illustrate this, on a circadian rhythm wood is associated to dawn; on a yearly cycle, wood is associated to the spring equinox. On the continuum, wood is associated with the

³⁴ Chinese use the south -fire- at the top and the north -water- at the bottom. Wood is then the element of the East while metal represents the West

green colour, the acrid flavour of the unripen green fruits, the directions of the East etc. And the same goes for all the other five phases.

Approximately around the second century B.C., everything was reordered according to this framework. Initially developed as a model of natural cycles, this asset became the mainframe of human psycho-physiology as well. To use the above example: the acrid taste, the green colour, the spring time will all have a specific influence on the organs associated to wood (liver and gallbladder). The same goes for the emotions related to wood.

The ratio derived from the observation of cyclic changes in the natural world, as in the Hippocratic model of ancient Greece, provides the basic scheme to understand how micro and macrocosm interrelate.

There are however differences between the four elements of the ancient Greek Medicine and the five phases of Chinese Classical Medicine. The first difference lies in the underlying *dynamics* of yin-yang transformation, by which the phases transform one into another in time (generation cycle or mother-son cycle). In addition, the dynamic encompasses mutual control. The control cycle is also called grandparent-grandchild cycle because each phase restrains the 'second generation' element.

The second difference is the presence of a mediating element (the central fifth element) that keeps the opposites together. This is true both in the *qi* theory (*qi* as expression of the relationship between Yin and Yang) and in the five phases theory: earth as central element among the four 'cardinal' elements (East-spring-wood; South-summer-fire; West-autumn-metal; North-winter-water).

Despite certain discrepancies about these five phases taxonomy in earliest texts, the post-Han medical literature would have agreed on the following associations (presented in abbreviated form in the table below):

Phases (elements)	Balanced emotions	Unbalanced emotions	Yin organs ³⁵	Souls	Yang organs
Wood	Courage, Assertiveness, Flexibility	Anger, Resentment, Envy	Liver	Hun-Soul ³⁶	Gallbladder
Fire	Cheerfulness, Joy	Lust, Excitement	Heart	Shen (Spirit)	Small Intestine
Earth	Rationality	Over-Thinking Obsessive Thinking	Spleen	Yi - Conscious Will	Stomach
Metal	Empathy, Purity, Detachment - Effective Mourning	Sadness, Anxiety, Melancholy	Lung	Po-Soul ³⁷	Large Intestine
Water	Prudence, Risk Evaluation,	Fears	Kidney	Zhi -Deep and Basic Will, Commitment	Bladder

Table 8.1: the systematic correspondences of the five phases

³⁵ Main inner organs are divided into Zang-organs (heart, lungs, liver, kidney and spleen), Yin in nature and Fu-organs, Yang in nature (small and large intestines, stomach, gallbladder, bladder and the so called "triple heater" *sanjiao*).

³⁶ The *Hun* soul hosted by the liver shares the same "upward and expanding" nature of the liver Qi; it tends towards the spirit hosted by the heart and has wood qualities in its creativity, vision and courage.

³⁷ The *Po* soul hosted by the lungs share the same "descending" dynamic of the lung Qi going towards the kidney. It then tends to the structured body, especially structures connected with the kidney (skeleton and seminal fluids). It is related to bring things into practice and survival instinct.

8.2 Definition of the term Yangsheng

Yangsheng 养生, often translated as ‘*nurturing life*’ (enhancing vitality) is an important concept associated with Chinese Medicine and Chinese Health Preservation which dates back prior to the fourth century B.C.

Etymology:

YANG 养 means to nourish. The original logograph has 'food' in the lower part and the phonetic element 'Yang' (goat or sheep) on the upper part.

The archetype of the sheep is connected to beauty and good nature (it appears in the word 'beauty' -*mei* 美- 'good' -*shan* 善- 'justice' -*yi* 义-).

YANG does not only mean to 'nourish' in a physical (*ying* 营) or energetic (*bu* 补) way; it implies a *process* of sustaining, raising and growing towards one's best possible condition.

SHENG 生 is a logograph that can be used verbally: 'to give birth', to cause to happen, to start (a fire). It can be used as an adjective or substantive verb (to be existent, alive, living) or as a noun: life, existence.

The logograph 生 *sheng* represents a sprout coming out of the earth and extending its leaves.

Sheng is a very powerful symbol; in order to grow the plant needs to be rooted, nourished by earth and water, inspired by the light to find its right direction, emerge and flourish according to its nature. The same principles apply to human education.

In modern Chinese language *yangsheng* 养生 ‘*nurturing life*’ is often interpreted as a synonym of *baojian* 保健 "preserving health", intended as preventive health care, mainly based on dietetics and exercise. *Baojian*, with its accent on physical health, is however only one part of *yangsheng*. In classical times, the *baojian*

‘preserving health’ part would have been called *yangxing* 养形 (*nourishing the physical shape*).

To be honest, a single definition of *yangsheng* is quite elusive: besides the above mentioned *yangxing* 养形 (*nourishing the physical shape*), this term is used in different ways by different authors ranging from 'healthy ageing' (*yanglao* 养老), to 'longevity' (*yanming* 延命), pursuit of immortality (also called *yangsheng* 养生 or *yanming* 延命 or even *shenxian* 神仙 ‘spiritual asceticism’) and nourishing the 'self' (*yangxing* 养性), which means nourishing our original - personal and transcendental - nature.

There's also the aspect of *yangqing* 养情 'nourish the emotions' which Xunzi (荀子 313-238 B.C.) associates mainly with a ‘ritual attitude’.

In the words of Ori Tavor:

Xunzi opted to repackage and redefine ritual as a superior technology of the body that would enable humans to transform their bodies and minds and obtain physical and spiritual bounties while at the same time enhancing sociopolitical stability and harmony by creating an organic communal body³⁸.

This use of the symbolic aspect of the rites to promote mind-body transformations for the benefit of the whole community, could be conceived as the *literati* answer to the incredible success of *yangsheng* techniques in pre-Han China³⁹. The socio-political impact of *yangsheng* promotion is one of the subjects highlighted in the present project.

³⁸ Ori Tavor. "Xunzi's Theory of Ritual Revisited: Reading Ritual as a Corporal Technology", *Dao*, 12 (2013): 313-330

³⁹ Cfr. P. Deadman Live well, live long: teachings from the Chinese Nourishment of Life tradition, Hove 2016

8.3 *Yangsheng* in the Earliest Medical Treatises

In the earliest Chinese medical classics (around 3rd century B.C.), unearthed at the Mawangdui tombs in the mid 1970's⁴⁰, the practice of *yangsheng* included:

- “Tuning with the environment”: the ability of absorbing the six healthy seasonal energies (six *Qi*) and avoiding the five harmful ones.
- Dietetics, essentially using “food as medicine” and including a sort of extreme nutraceutical therapy: literally abstaining from eating ordinary food and consuming special herbs - notably Pyrrosia- instead.
- *Daoyin (Qigong)* exercises and 'breath' cultivation
- Sexual cultivation
- Meditation
- Life style advice (sleeping, working, resting, following the seasons)

In a more general sense, the four pillars of Chinese traditional "nourishing life" (nourishment, life rhythms, management of spiritual and emotional distress and adopting healthy sexual habits) are very similar to the concept of *diata* introduced by Hippocrates in his *On Regimen*⁴¹.

⁴⁰ Cfr. Harper D. *Early Chinese Medical Literature*, Columbia: University Press, 1988.

⁴¹ Bottaccioli F. *Filosofia per la medicina e medicina per la filosofia: Grecia e Cina a confronto [Philosophy for medicine and medicine for philosophy: Greece and China confronted]*, Milano: Tecniche Nuove, 2010.

The need for intimacy and "nutritive" intercourse is also considered an important issue for health, especially in these early classics. Among the four subsections of the texts listed under the section 'Medicine' in the Han Dynasty Library, a whole section was devoted to the "Arts of the Chamber" (房中 *fang zhong*)⁴². As in the tantric traditions of India, ritualized practice of sexual intercourse was conceived as a transcendental way to reach spiritual dimensions and participate in spiritual intelligence (神明 *shenming*).

Instructions for this kind of *yangsheng* practices were intended for men. Unlike later texts that promoted a sort of "sexual vampirism" (men absorbing the energy of female orgasm with no affective involvement nor ejaculation) in the Mawangdui texts - even if female orgasm remains the 'must' of the "arts of the chamber" - we find the expression "*nurturing the woman's essence with my essence*"⁴³, and above all, a strong accent on the need for female affection and intimacy.

The essential task in the pleasures of play is to be slow and prolonged, the woman then is greatly pleased. She treats him with the closeness she feels for her brothers and loves him like her father and mother." (*Tianxia Zhidao Tan* translated by D. Harper⁴⁴)

⁴² Boschi G. *La radice e i fiori: corso di sinologia per medici ed appassionati*, Milano: Casa Editrice Ambrosiana, 2003.

⁴³ Deadman P. *Live well live long: Teachings from the Chinese Nourishment of Life Tradition*, Howe, 2016.

⁴⁴ Harper D. *Early Chinese Medical Literature*, Columbia: University Press, 1988.

"Merging the Qi" (合气 *he qi*) means benefiting from the union and harmonization of the opposites. It is another name to define ritualized sexual intercourse and for those meditation techniques that aim to unite heavenly and earthly energies in the center of one's body. The Mawangdui texts also noted that the imbalances could be regulated mainly with the use of moxibustion, herbs, cupping, exorcism, and charms.

Life of all human beings: heaven gives essence (精 *jing*), earth gives shape (形 *xing*); their combination (合 *he*) then results in human being. If they harmonize (和 *he*) there's life, if they don't there's no life. (*Guanzi-Neiyue*)

Another characteristic feature of ancient cultures - and Chinese in particular - is its constant consideration for the "invisible world" interacting with human existence both in a positive or negative way. Exorcism and the use of charms have been included as well among the possible therapies (together with acupuncture, herbal medicine etc.) even in later Chinese Medical Classics such as the *QianjinYaofang* of the 'king of medicine' Sun Simiao (581-682).

Yangsheng realm. *Yangxing* 养形 (*nourishing the physical shape*) with food, sleep, breathing techniques, exercise and healthy life style (overlapping with today's *baojian* "preserve health").

yanglao 养老 ('healthy ageing') and *yanming* 延命 ('longevity'): preserve the energies, do the right kind of exercises, use herbs and special foods to balance the body, cherish good thoughts and avoid envy, fear and resentment. Accept death serenely and use philosophy to understand the meaning of life. Sometimes *yanming* 延命 ('longevity') overlaps with the search for 'immortality' in the anchorite's style.

Yangxing 养性 Nourish one's true personal and original nature. Express the talents we have been endowed with, fulfill our destiny.

8.4 *Yangsheng* in the Early Philosophical Classics

The famous philosopher Zhuangzi (370-287 B.C.), lists the techniques that his contemporaries were using in order to gain longevity "according to the way of ancestor Peng" (a sort of Chinese Methuselah), notably 'expelling the old and getting the new' (吐纳 *tuna* breathing technique); 'guiding and pulling' (导引 *daoyin*, prototype of modern *qigong* exercises), exercising by imitating the movements of certain animals. However, in the third chapter of his book, entitled "*yangsheng zhu*" (*Principals on yangsheng*), Zhuangzi does so in order to differentiate this path from the 'authentic person' *zhenren* 真人 or accomplished practitioner's path. According to Zhuangzi, a *zhenren* knows that the physical body is going towards decay, sooner or later, so he doesn't put an excessive effort in prolonging life. He he would rather focus on *living*, accepting life as it is, seeking balance and moderation, caring about his parents and *also* keeping the body healthy to live a full natural life span.

The myth of the immortals (*xian* 仙) and the pursuit of immortality *of the physical body*, by ingestion of special elixirs (normally very toxic), accompanied by the progressive avoidance of food, was already starting at Zhuangzi's times and have killed several powerful men seeking immortality. The attempt of building an immortal body to substitute our vulnerable one was also called *yangsheng* at this time, even if rather different from the 'Chinese *regimen*'. Later, during the

medieval period, it developed into *waidan* 外丹 and *neidan* 内丹 (outer and inner alchemy).

The early *yangsheng* concept portrayed in the *Zhuangzi*, which survived through the ages to our days, is based on wisdom, acceptance, ethics, spontaneity, understanding and respect of nature instead. According to this father of Taoism, life must be lived in the best possible way and not wasted in the attempt of indefinitely prolonging it beyond its natural limits.

As we have seen, *Yangsheng* is a rather broader concept than prevention; surely it includes health preservation techniques connected to dietetics, exercise, hygiene, sexuality and emotional balance which are still very useful for our present day society. But *yangsheng* is not intended 'merely' to have a long healthy life; it explicitly aims at making it *meaningful*.

In the actual conception, *yangsheng* has a lot to do with *awareness* and *purpose*.

Health is not a goal but a mean. The goal is to become aware of the meaning of life, our freedom, and our duties. The aim is to fulfill the destiny endowed in our constitution which manifests through our inclinations and talents.

Tian sheng (天生 literally 'born in the heavens') is the Chinese word for innate aspects of our personality. Significantly, besides the meanings already explored in the box above, *sheng* 生 is also used a suffix to indicate a scholar (*xuesheng* 学生) or a physician (*yisheng* 医生), as if these two professions were particularly dependent on some innate qualities. In other words, we need to be healthy to

fulfill our existential duties and opportunities, not for the sake of health *per sé*.

Zhuangzi is one of the great philosophers who took part in the activities of the Jixia Academy of the State of Qi, in present Shandong: China's major cultural melting pot around the fourth-third century B.C. A major source for early *yangsheng* techniques is a compilation elaborated at Jixia: the *Guanzi*. Collated in the period around IV sec. B.C. until the II sec. B.C. The *Guanzi* ("Master Guan") was inspired by the thoughts of Guan Zhong 管仲 (720–645 B.C.) a former great advisor of duke Huan 桓 of Qi.

Guanzi is considered to be a text belonging to the Huang-Lao 黄老 philosophy (from the names of the Yellow Emperor – Huangdi - and the taoist master Laozi). It includes the earliest treatise about self-cultivation entitled *Neiye* (内业) "Inner Work". *Neiye* is the first Chinese text to establish the relationship between the 'essence' (*jing* 精 subtle substances) and the 'spirit' (神 *shen*), mediated by the interrelating energy of *qi* (气). From now on, cherishing the 'three treasures' of *jing*, *qi*, *shen* will be the basis of every *yangsheng* practice.

A second cardinal concept found in *Neiye*, that influenced Chinese thought for the following centuries, is the role of virtue (*de* 德), the process of hypostatization of the cosmic *shen* into a human shape. The religious idea that divine spirits could manifest into their *simulacra* during official rites is then expanded, at a subjective and personal level, by the idea that *human virtue* has the power to draw spirit down into the human body, constantly enlivening it. Quietude and lack of personal passions and desires are the

prerequisites to activate this process, by which the 'spiritual intelligence' (*shenming*) actualizes into a human shape.

Cultivating virtues and connecting them to the heavens through stillness and meditation became then the basic requirements for a wise and 'illuminated' leadership; a 'must' for every leader. In other words, cultivating detachment from the world and the self was the precondition for effectively *engaging* in the world. Heavenly and earthly instances must be harmonized into one's heart to accomplish one's destiny.

Impartiality [平 ping- an earthly virtue] and righteousness [正 zheng- a heavenly virtue] get hold of the breast, sink and agree in the heart; this is what allows long life" (*Guanzi-Neiye*)

Moreover, as even the Confucianist Mencius (380 - 289 B.C.) points out, reestablishing a connection between the inner virtues and the cosmic spirit through quietude, means empowering our natural endowment by making it resonate with the physical, psychical and spiritual environment we belong to. Practicing virtues *causes an increased vitality and a better health*.

According to Mencius, we are born with some innate virtues - we just need to cultivate them until they reach the point in which they grow by themselves, naturally resonating with the natural order of the universe. In the perfected sage, the practice of virtues becomes spontaneous and requires no effort or restraint.

In short, we need to be healthy to live "according to the way" and we need to live "according to the way" to become healthy in the broad meaning, which includes being beneficial for society and

neighbors. Merging ethics and physiology will remain a constant of many later works rooted in Huang-Lao thought.

Virtue	Translations	Connected organ
Ren 仁	Being benevolent, human, impartial, emphatic	liver
Yi 儀	Sense of justice, awareness of duties connected to the role, conformity, righteousness.	lung
Li 禮	Rites, education, manners, appropriateness	heart
Zhi 智	Wisdom (enlightened knowledge)	kidney
Xin 信	To be trustworthy, sincere, reliable, integrity	spleen

Table 8.2: the five organs and the five virtues

The heavenly virtues.

The five 'virtues' are embodied singularly in the five principal organs (see table 8.2). Prejudice of one of these virtues impairs the connected organ the same way the excess or hyper inhibition of the related emotion could. *Yangsheng* requires in the first place the embodiment of ethics and emotional balance.

Besides the five main virtues associated with the five phases theory, many other virtues are quoted in Taoist, Confucian and Buddhist sources. The two virtues privileged by Confucius, according to his disciples, are not among those five: they are *zhong* 忠 (be good hearted and reliable) and *shu* 恕 (do to the others what you would like to be done to you, try to always understand other's people point of view).

It must be mentioned that - in early Chinese medical literature - music, poetry and art in general also played a role in preserving health in the broader sense of the meaning: "pay attention in placing yourself in harmony with the five notes and cultivate the

twelve bells so that they may become the pitch-pipes for people's emotions" (*Guanzi*).

8.5 The Han Dynasty synthesis

The Alchemist Emperor Wudi and the Patron Prince of Huainan. During the Han Dynasty, the proto-science of the *Fangshi* 方士 ('methods' gentlemen) become part of the *yangsheng* techniques intended as methods to reach immortality. Alchemists, diviners, astronomers, pharmacists, geomancer and magicians, these 'methods gentlemen' at the Han court, tried to unravel the secrets of nature to use them for the profit of elevated men (first of all for the emperor himself). Their studies constituted the basis for a very early development of Chemistry and Pharmacy in China.

The reign of Wudi (141-87 B.C.) is particularly significant from this point of view.

On the one hand, to legitimate his power in the eyes of the people, he was constructing an imperial ideology founded on a very schematic and easy to understand cosmology, based on the 'five phases' of wood, fire, earth, metal and water. The philosopher Dong Zhongshu (179-104 B.C.) was the court ideologist in charge of this kind of "cosmological propaganda" to empower his regime. On the other hand, inside his court he was patronizing a much more refined and esoteric knowledge: alchemy, numerology, astrology, divination and magic were used for the quest of immortality and to increase efficacy in exercising power. His long life and the incredible territorial expansion during his realm proved this strategy to be rather successful.

However, those ideas of ancient medicine and cosmology that we still use today as a basis for *yangsheng*, came from the court of another great patron of the time: Liu An, the prince of Huainan, who was forced into suicide by Wudi (122 B.C.). The miscellaneous treatise that bears his name (the *Huainanzi*) and the *Inner Classic of the Yellow Emperor (Huangdi Neijing)* - a major classic of Chinese Medicine which was most probably also initially compiled at his court - offer a more rational and naturalistic approach to physiology and cosmology, which is still permeating Chinese *yangsheng* thought up to our times.

One of the major themes in the *Inner Classic* approach is the 'time factor'. Both in pathogenesis and life style, time plays a major role. In pathogenesis, the *Inner Classic* introduces the idea of 'progression' of the illness from one stage to another (an idea further elaborated in the medical classic *Shanghanlun*, dedicated to febrile diseases). For what concerns life style, a great emphasis is given to 'following the seasons'. For example, winter healthy habits could become deregulating if applied in summer and vice versa. This is true for food, exercise and daily activities in general. Obviously, this applies to the different ages of human life as well. The main themes of this classic (and fundamentals of *yangsheng*) are also the importance of emotional balance, the detailed description of specific harms caused by lack or by excess of single emotions, the importance of the 'basic will' (*zhi* 志) connected with natural inclinations and motivation to live, the importance of 'rooting the spirit' into our basic 'life drive' to be inspired and aware.

8.6 *Yangsheng* as the highest form of *Ars Medica*

Preventive medicine has a very long history in China, it is said that up to Han Dynasty, doctors were paid as long as their patient remained healthy. Even if this assumption might belong more to legend than to history, it reflects what a crucial role prevention has in Chinese medical thought. A legend about one of the first famous physicians mentioned in early sources, Bian Que, well illustrates this concept:

Bian Que was the third of three brothers, all of them physicians. When asked who among them was the best one.

His answer was that the elder brother was the best doctor but, since his ability was to make people avoid illness, he was only known within the family.

The second brother came next. Since he was able to treat illness at its very first signs, he was known around the village.

Bian Que considered himself to be the less skilled physician, because he treated serious and manifested illnesses and *that was the reason why he was so famous in the whole world.*

Nobody will manifest his gratitude to a healer for a non-contracted disease. It's surely much easier to get access to research grants if your project is about therapies for lethal diseases than if you're investigating on how to live a healthy and meaningful life. But focusing on what *keeps* you healthy remains the highest form of medicine. Nourishing life includes preserving health but markedly also means nourishing the reasons why you want to stay alive. It is not possible to cultivate life without seeking motivation, direction and inspiration. This is a major adult's education theme.

9. Main philosophical concepts behind *Yangsheng*

9.1 Yangsheng and ethics

As mentioned above, according to ancient *yangsheng* classics, there is no true physical, mental, spiritual and social well-being possible without pursuing virtue. ‘Virtue’ (*de* 德) is the strength resulting from the ‘resonance’ with Dao. To enable this resonance, it is necessary to find time for selfless meditation (*zuowang* “sitting in forgetfulness” 坐忘, a form of deep meditation which implies forgetting the ego dimension). Embodiment of virtues becomes necessary to renew one's own vitality by connecting to the source of life. In classical Chinese thought, a healthy society starts from the example of an enlightened ruler who inspires people to cultivate themselves in the same way. A good ruler does not need laws because the people, following his charismatic example, spontaneously act as they should; remaining in tune with the spontaneous order of the Universe.

According to the most famous medieval physician, Sun Simiao, the five main obstacles to succeed in *yangsheng* practice are: failure to abandon the desire of fame and profit, failure to regulate emotions, failure to abandon the pursuit of physical pleasures ("music and sex"), indulging in rich and delicious food and being overly anxious, thereby scattering the spirit⁴⁵. These are all interesting behavioural issues, not usually covered by 'preventive medicine'.

⁴⁵ Sun Simiao. *QianjinYaofang*, ch. 27.

9.2 Saint inside and king outside (assertive outside and quiet inside)

Progress in health is progress in knowledge. A knowledge which needs to be rooted (embodied) and inspired. Wisdom is enlightened knowledge.

The logogram for ‘wisdom’ (zhi 智) adds the key bai 白 (‘white’) to the logogram for ‘knowledge’ or ‘knowing’ (zhi 知). Bai 白 means ‘white’, ‘light’ and also ‘purposeless’. To have a ‘white’ heart/mind (heart and mind are the same word in Chinese) means to be detached from external conditions, having the ability to be cheerful even in adverse circumstances. St. Francis of Assisi, would have probably agreed: “*Where there’s stillness and meditation, there’s no room either for worries nor for uneasiness*” (St. Francis of Assisi)

The mind should be ‘blank’ to nourish the spirit in a private introspective dimension. It does not mean that somebody is supposed to retire from the world in order to be healthy. Quite the opposite. Most of Jixia Academy early philosophers (around the IV sec. B.C.) believed that the strength acquired through self-cultivation should be used for the benefit of society. The necessity of spiritual cultivation is particularly crucial for the ruler and the people with political responsibilities. Cultivating virtues through selfless introspection was the prerequisite for leaders to empower their charisma. The corresponding ancient motto was “saint inside and king outside” (*nei sheng wai wang* 内圣外王).

9.3 Embodiment of virtue, empowerment of vitality, resilience

To understand how the cultivation of virtue is not detached from physical health, it is enough to read what Mencius, one of the most prominent Jixia Academy members, wrote. Original nature is heavenly nature. It does not depend on circumstances and it is enhanced by and revealed through virtues. As mentioned above, the embodiment of virtues manifests as empowered vitality:

“The noble’s nature isn’t amplified by mighty deeds nor impoverished by humble dwellings since it has been permanently bestowed (to him). His nature is characterized by benevolence and sense of justice, appropriateness and discernment which are rooted in his heart. His complexion is then fresh, eyes sparkling in his face, it [virtue] flows in his back and acts in his limbs.” (Mencius chapter 7/a)

In adverse circumstances, embodiment of virtue provides resilience; as Confucius noted: “Coarse rice to eat, water to drink, my bended arm for a pillow - therein is happiness. Wealth and rank attained through immoral means are nothing but drifting clouds”.

9.4 Yangsheng and art (use things; don’t be used by things)

A peculiar aspect of the Chinese *yangsheng* thought is that pursuit of virtues should not necessarily be disconnected from enjoying life. Conversely, an important part of 'nurturing life' is doing things that bring us deep joy and express our personal talents, skills and preferences. Art (especially poetry and music) is a crucial tool for harmonizing emotions:

The life of human beings is necessarily depending on balance and righteousness; if they lose them it must be because of lust and rage, worries and sufferings. For these reasons, to stop anger nothing is better than poetry, to get rid of worries nothing is better than music, to temperate lust nothing is better than rites, to preserve rites, nothing is better than respect; to preserve respect, nothing is better than quietude. Quietude inside and respect outside can make you return to your original nature and strongly stabilize it (*Neijie*)⁴⁶.

Two aspects of this quotation need to be unfolded. The first is the importance of art and creativity as assertion of one's own identity. Creativity is an important part of life. And the life that we're asked to cultivate is not just 'life' in general (even if being 'lively' is normally *yangsheng's* training outcome). We're asked to nurture and practice our own personal, original, unique and not replicable talents.

The second is the importance of *the rites*. Rites are conceived as a powerful tool to regulate not only the individual but also, through their collective and hierarchical features, collectivity at large. *Li*, the virtue translated as 'rites', also means demeanor and manners. Show respect to elderly and superiors. Being polite to everyone "costs nothing and means everything". How could a civil society not be based on civility? How much would the quality of life of every citizen improve if everybody would behave politely?

There are other more 'ascetic' oriented or 'hedonistic/aesthetic' oriented schools of *yangsheng*, ranging from the anchorites (*xian* 仙)

⁴⁶ 凡人之生也，必以平正；所以失之，必以喜怒憂患，是故止怒莫若詩，去憂莫若樂，節樂莫若禮，守禮莫若敬，守敬莫若靜，內靜外敬，能反其性，性將大定

to the wine excesses of the “seven sages of the bamboo forest”. These seven sages of the third century, poets, alchemists, musicians and litterateurs, are recognized as *yangsheng* masters. They were seeking a way to escape the troublesome historical times by keeping in contact with nature. Female beauty was one of their poetical dissertations favorite subjects. Freedom and the unconventionality necessary for the artistic expression in “perfect spontaneity according to the Dao” were favored by the generous use of alcoholic drinks.

However, *yangsheng* early classics would have generally agreed with the Christian aphorism: “Be in the world but not of it” or, as the Taoist Yang Zhu (440–360) would have said “Don’t become entangled by things”.

9.5 Practical skills “learn by doing” “teach by showing”

Chinese proverbs are full of examples exalting practical experience. Among the most common ones: “Seeing once is better than hearing a hundred times” (百闻不如一见); “Better walk ten thousand miles than read ten thousand books” (读万卷书不如行万里路)

There’s no distinction in ancient classics between ‘art’ and ‘skill’. Every skill brought to its highest expression is a form of art. Zhuangzi describes the admiration of lord Wen-Hui for the practical skills of a cook who has transformed dissecting an ox into a form of art.

A good cook changes his knife once a year — because he cuts. A mediocre cook changes his knife once a month — because he hacks. I've had this knife of mine for nineteen years and I've cut up thousands of oxen with it, and yet the blade is as good as though it had just come from the grindstone. [...] That's why after nineteen years the blade of my knife is still as good as when it first came from the grindstone. However, whenever I come to a complicated place, I size up the difficulties, tell myself to watch out and be careful, keep my eyes on what I'm doing, work very slowly, and move the knife with the greatest subtlety, until — flop! The whole thing comes apart like a clod of earth crumbling to the ground. I stand there holding the knife and look all around me, completely satisfied and reluctant to move on, and then I wipe off the knife and put it away.”

“Excellent!” said Lord Wen-Hui. “I have heard the words of Cook Ting and learned how to care for life!” (*Zhuangzi* chapter 2, translated by Burton Watson 1964)

Full of admiration for his skills acquired through experience, the duke recognizes in the cook a master of *yangsheng*. Today Chinese people would have described this butcher as doing his job with great “*gongfu*”. The true meaning of *gongfu* is ‘embodiment of knowledge through repeated experience’. Its application to martial arts is just the most common way of showing it. No matter how high or low one's status may be, excellence can always be reached in doing one's job with dedication. As this little anecdote explains, *gongfu* requires reaching a state in which the maximum result can be produced with the minimal effort; which also means respecting reality as it is, and not pretending circumstances to adapt to our own expectations or models.

Appreciate what you already have, develop your skills and take pleasure in what you do. You will then bring it to excellence and

feel proud and satisfied. This is another important key to nourishing life and the true meaning of what a 'vocational training' should be.

“Nowadays men aren't living in the same way [as ancient sages]. Anxiety and sadness exhaust their interior while excessive work wears out their exterior...”.

This quotation from *Inner Classic* (*Suwen* Ch.13) could be easily applied to our present society. It seems that there are some very ancient lessons we still need to learn from the sages of the past. The *Inner Classic* explains that hankering and envy, overwork and excessive ambitions are the true inner enemies both of personal health and society at large; *Neiye* recommends: “If your emotions [rage and lust] go beyond the limit, you should set a plan about this. Moderate the five desires, expel the two fiendish⁴⁷.” (*Guanzi-Neiye*)

9.6 Resilience (adapt but don't compromise)

Being ‘vital’ means to be flexible – means to be able to adapt to any situation without ever losing sight of one’s purpose. Chinese medicine tells us that vision and strategy are linked to liver and gallbladder, the two organs characterized by the wood element. The young fragile sprout is able to pierce the hard earth because it can always find its way, turning around obstacles and adapting its push to the least resistant spot. Above all, never giving up the right direction to come to the light.

⁴⁷ The two fiendish are the most dangerous negative emotions: lust (喜 often translated as ‘joy’) and anger (怒).

Adapting to the situation has nothing to do with compromising. Even if it constantly adapts to overcome obstacles, the young sprout never loses contact with its purpose. A very famous Chinese proverb says: "failure is the mother of success"⁴⁸."

9.7 Yangsheng and Qigong multi-level training

Harmonization of 'Body', 'Breath', 'Heart-Mind': the common characteristic to all form of *yangsheng* training is to address 'body' (身 *shen*), 'breath' (息 *xi*) and 'heart-mind' (心 *Xin*) at the same time. The classical use of these terms presents some slightly different meaning by comparison to their western equivalents.

- 'body' *shen* 身 is one of the two logograms used in modern language for 'body' (身体 *shenti*). They originally specified two complementary aspects: the physical structure in general (*ti*, where in the full-form logogram 體, now written 体 we see pictographs for 'bones' and 'sacrificial vessel') and the 'person': the peculiar individual constitution (*shen* 身 pictograph of a small embryo in a woman's body).
- 'breath' (*xi* 息) is also not to be confused with 'respiration' (呼吸 *huxi*: literally 'exhalation-inhalation'). The *xi* of 'breath' (息) is not the same *xi* (吸) of 'inhalation'. It shows the 'heart-mind' (心) on the bottom with the sign for 'self' (自) at its top. In modern Chinese *xi* is used for 'information'. To harmonize the breath means to harmonize our individual existence with the wider eco-system and with the legacy we belong to⁴⁹.

⁴⁸" 失败是成功之母"

⁴⁹ The Qi which is formed starting from the first breath is called *Zongqi* 宗气 (ancestral Qi). The Shangqing school of taoism believes that with this first inhalation we assume our 'clan identity': our role in the genealogy of our family.

Both the classic concepts for 'body' and 'breath' point to the 'fine tuning' of *individual* characteristics. *Xin* (心) is a character used both for the heart and the mind - one of the most debased concepts in Chinese classical thought. It is the meeting point of celestial and earthly energies. Only if *xin* is abiding, empty and full of acceptance can the two energies properly fuse inside it. As even a modern Chinese *yangsheng* teacher would say, 心平气和 *xin ping qi he* "If the heart/mind is abiding the Qi can harmonize". A third meaning of *xin* is 'center'. The way of the sage and the basis for nurturing life requires being 'centered' between earthly and heavenly demands, requires coping with spiritual instances and earthly instincts and duties at the same time.

Melting heavenly and earthly energies in a perfectly quiet heart is the way to accomplish one's original 'destiny' (命 *ming*) and fulfill one's 'original nature' (性 *xing*)⁵⁰. *Ming* means 'destiny' but also 'life'. It also alludes to the physical and psychological means we are endowed with, in order to fulfil our 'mandate' (another meaning of *ming*). *Xing* is our true spiritual unconditioned nature often associated with our personal Charisma. Shortly said, *yangsheng* is a teleological issue.

⁵⁰ In Chinese Classical thinking we are supposed to be born with what we might approximate to the idea of 'mission' and 'charisma'. *yangsheng* enforces this deep purpose.

10. Strategic policies: a conceptual path

The present chapter aims at being a guide for the reader following the common thread that connects the main key concepts and the main strategies of the public policies at a European and a global level on education and teaching during the course of life and on active and equitable health promotion.

The chapter aims at demonstrating, if it is still needed, the importance of a wise integration between adult education and health promotion.

We indeed will see that in both fields health literacy becomes a strategic action.

We will also see how traditional and complementary medicines, or at least the approach and the instruments deriving from them, can be powerful resources at the service of professionals, population and the entire health system.

10.1 Towards 2030: a new vision for education

UNESCO together with UNICEF, the World Bank, UNFPA, UNDP, UN Women and UNHCR organized the *World Education Forum 2015* in Incheon, Republic of Korea. Over 1,600 participants from 160 countries, including over 120 Ministers, heads and members of delegations, heads of agencies and officials of multilateral and bilateral organizations, and representatives of civil society, the teaching profession, youth and the private sector,

adopted the *Incheon Declaration for Education 2030*⁵¹, which sets out a new vision for education for the next fifteen years.

The vision spread in Incheon declaration is based on the willingness to transform lives through education, recognizing the important role of education as a main driver of development and in achieving the other proposed SDGs. It commits with a sense of urgency to a single, renewed education agenda that is *holistic, ambitious and aspirational, leaving no one behind*.

This new vision is fully captured by the proposed SDG 4 '*Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*' and its corresponding targets. It is transformative and universal, it attends to the “unfinished business” of the EFA agenda and the education-related MDGs, and it addresses global and national education challenges.

It is inspired by a humanistic vision of education and development based on human rights and dignity; social justice; inclusion; protection; cultural, linguistic and ethnic diversity; and shared responsibility and accountability. The declaration reaffirms that *education is a public good, a fundamental human right and a basis for guaranteeing the realization of other rights*. It is essential for peace, tolerance, human fulfilment and sustainable development. It recognizes education as key to achieving full employment and poverty eradication. It will focus our efforts on access, equity and inclusion, quality and learning outcomes, within a lifelong learning approach.

⁵¹ World Bank. 2015. Incheon declaration : education 2030 - towards inclusive and equitable quality education and lifelong learning for all (English). Washington, D.C. : World Bank Group, 2015

Life skills are also strongly connected with transversal competencies consisting of four broad domains of skills, competencies, values and/or attributes.

These are (ERI-Net survey, 2013⁵²): (i) *critical and innovative thinking*; (ii) *inter-personal skills*; (iii) *intra-personal skills*; and *global citizenship*. There are significant variations in the definition and interpretation of *transversal competencies* among countries and economies and different education systems adopt different approaches: (a) the analytical approach and (b) *the holistic approach*.

10.2 UNESCO framework for transversal competencies

The Asia-Pacific UNESCO ERI-net panel⁵³ proposed as additional competences: media and Information Literacy (MIL); *physical and psychological health*; *self-awareness (which requires self-reflection and self-understanding/insight)*; *ethical understanding*; *responsibility (towards self, others, and the community and world at large, including awareness of reciprocal rights)*; *flexibility and adaptability*; *a sense of belonging* (which was reflected in terms such as togetherness, sense of community, solidarity and inclusiveness); *ethical understanding*; and the ability to learn independently.

In recent years, the development of lifelong learning policies in all EU and many UNESCO Member States has shown that there is a

⁵² Transversal competencies in education policy& practice, 2013 Asia-Pacific Education Research Institutes Network (ERI-Net) Published in 2015 by the United Nations Educational, Scientific and Cultural Organization and UNESCO Bangkok Office

⁵³ Assessment of Transversal Competencies: Policy and Practice in the Asia-Pacific Region, Bangkok: UNESCO Bangkok, 2016

growing demand by adults and young people for the knowledge, skills and competences acquired in the course of their life experiences to be made visible, evaluated and accredited within different contexts (work, education, family life, community and society).

Besides some already-established systems of recognising formal learning, Member States have developed mechanisms to *recognise and validate non-formal and informal learning*, and many more are in the process of doing so. This acknowledges that alternative and complementary non-formal and informal learning pathways are prerequisites for successful learning and personal development. It is expected that the recognition and accreditation of all forms of learning will improve people's ability to cope with current and future challenges and integrate broader sections of the population into the learning process, thus promoting lifelong learning for all.

Formal learning occurs as a result of experiences in an education or training institution, with structured learning objectives, learning time and support, leading to certification. Formal learning is intentional from the learner's perspective.

Non-formal learning is not provided by an education or training institution and typically does not lead to certification. It is, however, structured (in terms of learning objectives, learning time or learning support). Non-formal learning is intentional from the learner's perspective.

Informal learning results from daily life activities related to work, family or leisure. It is not structured (in terms of learning objectives, learning time or learning support) and typically does not lead to certification. Informal learning may be intentional but in most cases it is non-intentional (or "incidental"/random).

Recognition, validation and accreditation (RVA) refers to the establishment of arrangements to make visible and value all learning outcomes (including knowledge, skills and competences) against clearly defined and quality-assured standards. RVA covers the whole process, including

identification, documentation, assessment and accreditation of learning outcomes from different settings.

In a lifelong learning system, learning opportunities must be made available through all channels: formal, non-formal and informal. As lifelong learning values all kinds of learning experiences, learning outcomes should be recognised and validated independently of how, where and by whom they are acquired. All EU and UNESCO Member States require an approach to education and training that accepts that learning is a continuum ranging from formal to non-formal and informal learning and encompassing all people at all stages of life. This acceptance is a prerequisite for developing a RVA system for non-formal and informal learning. In other words, an inbuilt mechanism for the recognition, validation and accreditation of all kinds of formal, non-formal and informal education must be part and parcel of lifelong learning.

10.3 Health promotion milestones

Health was defined in the WHO constitution of 1948 as: *A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.*

This is a well-known definition, maybe outdated, but still with a lot of suggestions for us.

Within the context of health promotion, health has been considered less as an abstract state and more as a mean to a goal which can be expressed in functional terms as a resource that allows people to lead an individually, socially and economically productive life.

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986).

In keeping with the concept of health as a fundamental human right, the Ottawa Charter emphasises certain pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health.

These links provide the key to an holistic understanding of health which is central to the definition of health promotion.

The spiritual dimension of health is increasingly recognised. Health is regarded by WHO as a fundamental human right, and correspondingly, all people should have access to basic resources for health.

A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being.

Health promotion is the process of enabling people to increase control over, and to improve their health. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986)

Health promotion represents a comprehensive social and political process, it embraces not only actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing

social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action. (WHO, 1998)⁵⁴

The *Jakarta Declaration on Leading Health Promotion into the 21st Century* from July 1997 confirmed that these strategies and action areas are relevant for all countries. Furthermore, there is clear evidence that comprehensive approaches to health development are the most effective. Settings for health offer practical opportunities for the implementation of comprehensive strategies, participation is essential to sustain efforts.

People have to be at the center of health promotion action to be effective: health literacy/health learning fosters participation. Access to education and information is essential to achieving effective participation, empowerment of people and communities. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

⁵⁴ Health Promotion Glossary, World Health Organization 1998 was prepared on behalf of WHO by Don Nutbeam, WHO Collaborating Centre for Health Promotion, Department of Public Health and Community Medicine, University of Sydney, Australia. A pre-publication of the glossary was prepared as a resource document for the Fourth International Conference on Health Promotion, *New Players for a New Era: Leading Health Promotion into the 21st Century*, Jakarta, Indonesia, 1997. It was revised to account for the outcomes from that Conference, specifically the Jakarta Declaration on Leading Health Promotion into the 21st Century.

Empowerment for health may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. Health promotion not only encompasses actions directed at strengthening the basic life skills and capacities of individuals, but also at influencing underlying social and economic conditions and physical environments which impact upon health. In this sense health promotion is directed at creating the conditions which offer a better chance of there being a relationship between the efforts of individuals and groups, and subsequent health outcomes.

The emphasis in the definition on empowerment through partnership, and on the mobilization of resources draws attention to the important role of health workers and other health activists acting as a catalyst for health promotion action, for example by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public policies affecting health.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviors, and use of the health care system. Thus, health education may involve the communication of information, and development of skills which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health.

Communicating health information to different audiences, from policy-makers to the wider community, vulnerable subgroups and other actors within the health system, requires different approaches and strategies.

The factors which influence health are multiple and interactive. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviors and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health. Achieving change in these lifestyles and living conditions, which determine health status, are considered to be intermediate health outcomes.

Health literacy, then, implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information, and their capacity to use it effectively, health literacy is critical to empowerment. Health literacy is itself dependent upon more general levels of literacy. Poor literacy can affect people's health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy.

Life skills consist of personal, inter-personal, cognitive and physical skills which enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment. Examples of individual life skills include decision making and problem solving, creative thinking and critical thinking, self-awareness and empathy, communication skills and interpersonal relationship skills, coping with emotions and managing stress. (WHO, 1998)⁵⁵

⁵⁵ Health Promotion Glossary, World Health Organization 1998

10.4 Health as major societal resource and asset

Our vision is for an European Union where all people are enabled and supported in achieving their full health potential and well-being and in which all of us, individually and jointly, work towards reducing inequities in health in the Region and beyond: the 53 member States in the WHO European Region have agreed by 2012 on a common policy framework – Health 2020⁵⁶. Their shared goals are to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”.

Health 2020 reaches out to many different people, within and outside of government, to provide inspiration and direction on how better to address the complex health challenges of the 21st century. The framework confirms the values of Health for All policies to guide both member States and the WHO Regional Office for Europe.

Good health benefits all sectors and the whole of society – making it a valuable resource. Good health is essential for economic and social development and a vital concern to the lives of every single person, all families and communities. Poor health wastes potential, causes despair and drains resources across all sectors. Enabling people to have control over their health and its determinants

⁵⁶ Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020.-a-european-policy-frameworkand-strategy-for-the-21st-century-2013>, accessed 22 March 2017).

*strengthens communities and improves lives. Without people's active involvement, many opportunities to promote and protect their health and increase their well-being are lost: The 2030 Agenda*⁵⁷ and its 17 Sustainable Development Goals are fully aligned with Health 2020, providing the health sector with a unique opportunity to engage with other sectors and stakeholders in building on Health 2020 and other existing regional and national commitments to health and well-being.

Improving health and reducing health inequity is vital for achieving the 2030 Agenda for Sustainable Development and ensuring that no one is left behind. The SDGs are grounded in the Universal Declaration of Human Rights and are intended to be applied universally. *The United Nations Development Programme's Regional human development report 2016* states that addressing the social determinants of health and health inequities through action supporting all SDGs will improve health and well-being for all and reduce health inequities within and between countries⁵⁸.

The 66th session of the WHO Regional Committee for Europe's resolution, towards a roadmap to implement the *2030 Agenda for Sustainable Development in the WHO European Region*⁵⁹, reinforces the

⁵⁷ Resolution adopted by the UN General Assembly on 25 September 2015 Transforming our world: the 2030 Agenda for Sustainable Development

⁵⁸ Transforming our world: the 2030 agenda for sustainable development. New York: United Nations; 2015; Human Rights Council resolution A/HRC/35/23 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development. Geneva: Office of the United Nations High Commissioner for Human Rights; 2017

⁵⁹ WHO Regional Office for Europe resolution EUR/RC66/R4 towards a roadmap to implement the 2030 Agenda for Sustainable Development in the

mandate of Health 2020 to implement the 2030 Agenda through integrated, multisectoral, health-centred approaches. Health and well-being are recognized as “indispensable requirements for sustainable development” and a means for achieving many other SDGs and their targets.

The social, economic and environmental conditions in which we are born, grow up, live and work are major determinants of health and well-being across the life-course. These conditions are often unequally distributed between individuals and societal groups, leading to unequal health outcomes. Such differences that are systematically produced by social factors (and are, therefore, preventable) are considered unfair and referred to interchangeably as social inequities in health, health inequities or health inequalities.

Health promotion, as defined in the Ottawa Charter for Health Promotion is at the core of these declarations and strategies. They all encourage governments to develop intersectoral national strategies with goals and targets on key challenges related to non-communicable diseases.

Non-communicable diseases are the leading causes of death across the WHO European Region. More than 75% of all deaths are caused by one of four chronic diseases: cancer, heart disease, diabetes and respiratory disease. Non-communicable diseases frequently result in chronic conditions, and health literacy plays a crucial role in enabling people to manage chronic diseases

themselves.

Non-communicable diseases, such as cancer, heart disease and diabetes, are associated with multiple modifiable risk factors, mainly behavioural determinants: lack of physical activity, poor dietary habits, smoking and alcohol use.

Health literacy is associated with these types of health behaviour. Limited health literacy is often linked with other socio-economical determinants of non-communicable diseases. For example, lower health literacy is more prevalent in older population groups, low-income population groups and among cultures in transition, which are also more prone to developing non-communicable diseases.

We will now analyze some fundamental passages undertaken at a global level to move forward a new idea of health and new ways to ensure a fair health for everybody.

Promoting intersectoral action for health has long been one of WHO's strategic objectives, as manifested in:

- the *Declaration of Alma-Ata* (1978);
- the *health-for-all* movement, which started in the 1980s;
- *The Ottawa Charter of Health Promotion* (1986), which pointed to the necessity of working with other sectors to promote health;
- *Health 21: the health-for-all policy framework for the European Region* (1998), which highlighted both equity and intersectoral action.
- The final report of the WHO Commission on *Social Determinants of Health* (CSDH), published in 2008, included recommendations that reach beyond the health sector, suggesting that reducing health inequities necessitated “improving daily living conditions” and “tackling the inequitable distribution of power, money and resources”.
- In 2011, intersectoral action was a factor in WHO recommendations on implementing sustainable policies to promote health, and, in the same year, the *Rio Political Declaration*

called for action to tackle social determinants of health (SDH), involving all sectors of society.

- Another approach recommended in implementing intersectoral action for health is the *health-in-all-policies (HiAP)* approach, which originated under the Finnish Presidency of the Council of the European Union in 2006. This was reinforced through *The Helsinki Statement on Health in All Policies* made at the 8th Global Conference on Health Promotion in Helsinki, Finland, in 2013.
- In 2014, World Health Assembly resolution WHA67.11 on contributing to social and economic development: sustainable action across sectors to improve health and health equity, adopted by the 67th World Health Assembly, reiterated the need to strengthen intersectoral action across the globe.
- Most pertinent for the European Region, however, was the adoption in 2012 of *Health 2020: a European policy framework and strategy for the 21st century*, which included governance for health and improved health equity as twin strategic objectives, and marked an invigorated approach to further strengthening intersectoral action in the Region.
- Subsequently, the WHO Regional Committee for Europe, at its 65th session in 2015, reaffirmed the key role of intersectoral action in the implementation of Health 2020 through the adoption of Decision EU/RC65 on promoting intersectoral action for *health and well-being in the WHO European Region*. This decision provided WHO with the current mandate to pursue intersectoral action as a means of addressing the complex public health and equity challenges that the European Region is facing today.

10.5 Health literacy as a strategic policy

The United Nations ECOSOC Ministerial Declaration of 2009 provided a clear mandate for action: “We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard, call for the development of appropriate action plans to promote health literacy.”

Indeed, knowledge and understanding remain powerful tools in health promotion.⁶⁰

*Health literacy refers, broadly, to the ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health” for themselves, their families and their communities.*⁶¹

While different definitions are used and health literacy is an evolving concept, there is agreement that health literacy means more than simply being able to "read pamphlets", "make appointments", "understand food labels" or "comply with prescribed actions" from a doctor.

Health literacy is also not just a personal resource; higher levels of health literacy within populations brings social benefits by mobilizing communities to address the social, economic and environmental determinants of health.

This understanding, in part, fuels the growing calls to ensure that health literacy not be framed as the sole responsibility of individuals, but that equal attention be given to ensure that

⁶⁰ 9th Global Conference on Health Promotion, Shanghai 2016

⁶¹ Sørensen, Kristine, et al.. “Health literacy and public health: A systematic review and integration of definitions and models.” BMC Public Health, 2012

governments and health systems present clear, accurate, appropriate and accessible information for diverse audiences.

Health literacy has a footing in the medical, health and educational sector and draws extensively from each. The medical perspective is mainly clinical; the health promotion perspective, mainly community based and the educational perspective is mainly education-based. The medical approach to health literacy is largely focused on patient literacy, disease understanding, medication compliance and other biomedical aspects.

The health promotion orientation tends to consider health literacy in the context of community development and policy design, although there is a strong emphasis on health education and individual behaviour change.

From an educational point of view, health literacy tends to follow the integration of health matters into the school / adult education curriculum.

Low socio-economic status is a recognized risk factor for a low level of health literacy.⁶²

There is a growing interest in the EU on the impact of low levels of health literacy on health and wellbeing and the relationship with inequities in health outcomes. One of the five targets of the Europe 2020 strategy headline indicators is to reduce poverty by lifting at least 20 million people out of the risk of poverty or social exclusion by 2020.

⁶² Van der Heide I, Rademakers J, Schipper M, et al. Health literacy of Dutch adults: a cross sectional survey. BMC Public Health. 2013; Sørensen et al., 2015

According to the Health Literacy S-EU survey,⁶³ roughly 50% of the population does not have enough health literacy in Europe. Based on this result, health literacy becomes a political matter, which cannot be neglected and EU decision-makers are starting to pay increasing attention to it.

It is vital that the EC as well as EU MSs take the necessary steps to increase health literacy at individual, organizational, community, regional and national levels. There is a need to provide people with the possibility of making ‘healthy’ choices so as to have an active role in the protection of their health.

People need to be aware of means to attain the necessary skills to manage their health.

To accomplish these tasks, there is a need for systematic and sustainable integration of health literacy in healthcare services, outcomes and management. Strengthening the competence of people to manage their health, as well as improving health-literacy friendliness.

Apart from the EC, the World Health Organisation (WHO), Regional Office for Europe, has recently paid attention to the health literacy challenge. A document published in 2012 stated that health promotion programmes based on principles of engagement and empowerment, including improved health literacy, can offer real benefits to the European population. It also emphasized the involvement of youth organizations and school-based health

⁶³ Sørensen, Kristine, et al., Eur J Public Health. 2015 Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU)

literacy programmes (WHO, 2012)⁶⁴.

An other publication, *Health literacy: the solid facts*, presents strong evidence for why policy action to address health literacy is needed and highlights a wide range of promising interventions to strengthen health literacy in Europe (Kickbusch et al., 2013)⁶⁵.

The more common nowadays definition is: *Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.*

Health literacy, than, is used to be defined as *the knowledge, motivation and competence to access, understand, appraise and apply information and to make decisions in terms of healthcare, disease prevention and health promotion.*

Health literacy is a European public health challenge that has to be taken seriously by policy- makers. It constitutes an emerging field for policy, research and practice. However, recent research has shown that health literacy advancement is still at its infancy in Europe, as reflected in the scarce scientific health literacy literature published by European authors.

Previously, the concept of health literacy was primarily used in the

⁶⁴ World Health Organisation Regional Office for Europe. Health 2020. A European Policy Framework Supporting Action Across Government and Society for Health and Well-Being. Copenhagen: World Health Organisation Regional Office for Europe; 2012.

⁶⁵ Kickbusch I, Pelikan J, Apfel F, Agis T, editors. *Health Literacy: The Solid Facts*. 1st edn. Copenhagen: World Health Organisation Regional Office for Europe; 2013

context of healthcare. However, it is now being recognized as a policy priority by EU decision-makers and mentioned in public health and policy documents.

Lower levels of education are a recognized risk factor for a low level of health literacy. The Europe 2020 strategy sets out a target of reducing school drop-out rates to <10% and increasing the share of the population aged 30–34 having completed tertiary or equivalent education to at least 40% by 2020 (European Commission, 2014).

Health literacy in the context of relevant EU Initiatives

Health is a major determinant of the EU 2020 strategy and its emphasis on promoting smart, sustainable and inclusive growth in particular. Furthermore, the European Health Strategy identified "promotion of health literacy programmes for different age groups" as one of the action points.² In our view, health literacy in particular can contribute to these 2020 priorities in the following way:

Smart growth: innovation also has a vital role to play in healthcare. However, such innovation can only lead to better health if health consumers are able to make use of these innovations. As such, by informing health consumers about the proper use of innovation, higher health literacy results in better health. As health is a precondition for productivity and growth, better health can also result in better innovation;

Sustainable growth: our health systems require more and more resources. As health literacy helps users to navigate the health system, it contributes to a more efficient use of healthcare resources;

Inclusive growth: Member States do not only differ in economic power but also in the health status of citizens. In order to improve growth across the continent, there must also be standard improvements in health. Furthermore, increasing health literacy helps to overcome unequal access to healthcare and therefore fosters social and territorial cohesion.

However, the results of the recent European Health Literacy Survey have shown that there is a long road ahead before an adequate level of health literacy across Europe is achieved.

This is why we find it disappointing that although health literacy has been recognized as an action point in the health strategy, it is no longer mentioned in the new health program.

Given the important role of patients and citizens as co-producers of health, it is vital to sustainable health systems that they are empowered to take informed health-related decisions. Improved health literacy throughout the EU can greatly help policymakers achieve this objective.

Policy Recommendations

In view of

- the contribution of health literacy to growth and productivity;
- the importance of health literacy in overcoming health inequalities, within but also across Member States;
- the role of citizens and patients in health,
we propose the following policy recommendations
- Define concrete objectives and ways to empower citizens and increase health literacy. Health literacy should therefore become a priority in the European Commission's new programme, and concrete cross-sector, multi-stakeholder collaboration should be promoted;
- Provide funds to support initiatives that improve health literacy, in particular amongst the most vulnerable population;
- Go beyond the current Directive on Information to Patients and develop a more comprehensive health information strategy;
- Ensure that health literacy, as a social determinant of health, is included in relevant international discussions on health promotion systems, reducing health disparities, and promoting sustainable development and awareness of non-communicable diseases;
- Include health literacy in the education and evaluation of health practitioners;
- Integrate health literacy into school curricula;
- Promote the use of best practice when developing new health literacy measures and the development of a web of evidence on their validity across settings;

- To promote health literacy interventions and ways they can be developed and applied;
- To promote further research on how health literacy can be used to optimize disease prevention and health promotion;
- To strengthen the knowledge and evidence base for measuring and assessing health literacy.

Providing people with information in a way they can understand can help them make informed health choices and take informed actions. This does not mean, however, that people will always act in ways that clinicians prescribe—that is the concept of adherence. At the same time, possessing knowledge but not using knowledge is a form of disempowerment and can sometimes lead to poor health.

The definitions of health literacy need to consider the relationship of informed decisions to actions taken.

Competence can be understood as “the ability to do something successfully or efficiently” or as “the scope of a person’s or group’s knowledge or ability”, thus it can also mean “skill or ability”.

Skill means “the ability to do something well; expertise” and has its origin in late Old English *scele*, knowledge.

Ability means “the capacity to do something” and “talent that enables someone to achieve a great deal”.

Capacity means “the ability or power to do, experience, or understand something”.

Knowledge means “facts, information and skills acquired by a person through experience and education; the theoretical or practical understanding of a subject as well as awareness or familiarity gained by experience of a fact or a situation”.

Awareness refers to “having knowledge or perception of a situation or a fact”.

The 2030 Agenda for Sustainable Development, the world’s ambitious and universal “plan of action for people, planet and prosperity”, includes 17 Goals, 169 targets and 231 initial indicators. The Agenda offers a new opportunity to involve multiple stakeholders to ensure that all people can fulfil their potential – to live in health and with dignity and equality. With this in mind, the theme of the 9th Global Conference on Health Promotion (Shanghai, 2016), “*Health Promotion in the Sustainable Development Goals*” is both timely and necessary to ensure policy coherence and alignment of agendas for action.

The slogan: “*Health for All and All for Health*” captures the commitment to leave no one behind and to involve all actors in a new global partnership to achieve this transformative Agenda.

While there is no specific target on health literacy within the Sustainable Development Goals (SDGs), efforts to raise health literacy will be crucial in whether the social, economic and environmental ambitions of the 2030 Agenda for Sustainable Development are fully realized. Increased health literacy gained through health education and various forms of communication, as well as actions taken through health systems and other policies, have the potential to support achievement of targets related to SDG 3 on health while advancing a wide range of other SDGs.

10.6 WHO traditional medicine strategy: 2014-2023

Health systems around the world are experiencing increased levels of chronic illness and escalating health care costs. Patients and health care providers alike are demanding that health care services

be revitalized, with a stronger emphasis on *individualized, person-centred care*.

This includes expanding access to T&CM⁶⁶ (Traditional and Complementary Medicine) products, practices and practitioners.

Over 100 million Europeans are currently T&CM users, with one fifth regularly using T&CM and the same number preferring health care which includes T&CM. There are many more T&CM users in Africa, Asia, Australia and North America.

Across the world, traditional medicine (TM) is either the mainstay of health care delivery or serves as a complement to it. In some countries, traditional medicine or non-conventional medicine may be termed complementary medicine (CM).

The WHO Traditional Medicine Strategy 2014-2023⁶⁷ wish to help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy, also promoting universal health coverage by integrating T&CM services and self-health care into national health systems.

TM has a long history of use in health maintenance and in disease prevention and treatment, particularly for *chronic disease*.

T&CM is an important and often underestimated part of health care. T&CM is found in almost every country in the world and the demand for its services is increasing. TM, of proven quality, safety, and efficacy, contributes to the goal of ensuring that all people have access to care.

⁶⁶ “T&CM obviously include Traditional Chinese Medicine and Yangsheng, that are the focus of this project”.

⁶⁷ WHO traditional medicine strategy: 2014-2023. World Health Organization, 2013

Many countries now recognize the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access T&CM in a safe, respectful, cost-efficient and effective manner. A global strategy to foster its appropriate integration, regulation and supervision will be useful to countries wishing to develop a proactive policy towards this important part of health care.

Traditional medicine (TM): Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Complementary medicine (CM): The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.

Traditional and complementary medicine (T&CM): T&CM merges the terms TM and CM, encompassing products, practices and practitioners.⁶⁸

⁶⁸ <http://www.who.int/medicines/areas/traditional/definitions/en/>

5 Tips for educators

Traditional Chinese Medicine and Online Distance Learning

Putting together the past and the future

The challenge of defying distance for practical training. TCM is a very old medicine, it is an age-old ancestral tradition, a millenarian source of ancient Chinese doctors' wisdom which should be promoted and disseminated.

By another hand, ODL is a new way of teaching and learning, adapted at the present moment: a fast-living society characterized for a lack of time.

ODL is a new system which is called to be in a short term the most practical and easy way to study, mainly for adult people who decided to do so for pleasure, not for need.

That is why using young sciences, like internet and information technology, for teaching ancient knowledge is like connecting at the present two very different worlds: one from "yesterday" and one from "tomorrow"; that means, the past and the future.

The use of new technology with modern purposes and in modern fields can look like normal and nowadays would not surprise anybody, mainly if the target is especially children and young people. They are born in the digital era in a way that they know how to deal with this. But to think about ODL we need to have a wider vision; it is a teaching/learning system valid for everybody and for all sort of disciplines dissemination.

It is true that it becomes more difficult when the science that people choose to learn needs some time of training, like it happens with TCM, based on an empirical observation and knowledge. In

that case schools offering ODL have to be aware of these facts and to be responsible for finding solutions which will ensure most practical training sessions.

Once that handicap is solved, and at the present the matter has been settled, TCM can be studied by ODL, a system which makes the education widely available through the adaptation to learners' particular and individual conditions.

Human functioning is a real sticker of the Universe's activity...Strengthening body, mind, soul and spirit for a meaningful life.

11. TCM, Yangsheng and well-being

11.1 Human being, between Heaven and Earth

Traditional Chinese Medicine (TCM) could be defined as an holistic discipline of health treatment based on the empiricism and in the observation of Nature and natural phenomena.

Looking at Heaven's power and Earth's magnificence old traditional Eastern doctors understood that the mixture of those strong forces could “*only*” give a product called to be a mirror of them, a reflection of what is up and what is down. This is named “*human being*”, who is located in the center, between Heaven and Earth. What creates and sustains “*the ten thousand beings*”, as classical TCM texts refers to earthly life, is the result of those two energies.

TCM is closely linked to Taoism, a Chinese way of seeing life which initially had a more philosophic component and subsequently also gave origin to a religious system, born in China and based among

others on the writings attributed to a Sage named Laozi (VI century B.C.).

According Taoism, Dao-(that in Western languages has also been transliterated as Tao) is the natural order of the Universe, Universe's vital energy, which generates and give shape to every existing thing.

In other words, Dao is the first origin, which cannot be expressed or understood in language, the way for all beings and the mother of everything.⁶⁹

Dao or Tao is in constant movement and in perpetual change and transformation, an absolute unity with two different manifestations in the physical and material world: Yin and Yang.



The very oldest existing meaning of Tao says “Yi Yin, Yi Yang, Zhe Wei Dao”, which means: “one Yin aspect, one Yang aspect, that is Dao”.⁷⁰

Fig. 11.1 Taijitu, the representation of Yin and Yang interaction

11.2 Continuous cyclic transformation TCM fundamental pillar

Traditional Chinese Medicine is based on the premise that human beings are a microcosm within a macrocosm and that is why they respond to Heaven and to Earth (Huangdi Neijing).⁷¹

⁶⁹ Extract from Rosa María Canas, “Alzheimer, cuando se pierden las ideas” (“Alzheimer, when the ideas get lost”) Chapter 22. Ed. Dilema 2017.

⁷⁰ Yijing (Book of Changes).

⁷¹ Ancient Chinese medical text known as “The Inner Canon of the Yellow Emperor”.

For the same reason they have to be in accordance with Dao's principle, or what is the same, the Yin-Yang balance, because human functioning is a real sticker of the Universe's activity (R.M. Canas, 2017).

Those two elements, Yin and Yang, are complementary and at first sight opposite, but the fact is that they can never be separated and they alternate mutually transforming each other.

The expression of a continuous cyclic transformation of Yin and Yang is called Qi, a prominent idea and one of the fundamental pillars of Classical Chinese Medicine and Philosophy.

As already said, TCM has an holistic view about human beings, what means that for assessing their health condition so many aspects have to be observed and evaluated.

A person is not only some organic and physical structures; a person is the result of those anatomical parts and the normal/physiological function of cells plus his/her emotions and psyche.

In addition, social relationships and Nature's developments have also their part of influence in human health and wellness.

The concept of "Qi" could be translated (approximately) as "Energy", breath of life, and is one of the "Three Treasures", (San Bao) together with Jing (Essence) and Shen (Spirit).⁷²

⁷² Rosa María Canas, 2017, cited, Chapter 18.

YIN	YANG
Moon	Sun
Night	Day
Female	Male
Right	Left
North	South
Passive	Active
Calm	Movement
Darkness	Brightness
Concentration	Expansion
Winter	Summer
Cool	Hot
Black	White
Down	Up
Water	Fire
Wet	Dry
Inside	Outside

Tab. 11.1 Yin Yang as opposites classification

In Traditional Chinese Medicine nothing is isolated, everything has to do with everything else. As a copy of the Universe human beings are a complete entity, a complete energy which has to be considered as an union of body, mind, soul, spirit and emotions, indivisible from their social and natural environment.

In the same way they cannot be considered separately from Nature's phenomena, like seasons or atmosphere changes, for instance.

Therefore, the main causes of imbalance include inner, outer and neither inner nor outer causes.



Fig. 11.2 The different aspects of health and wellness

Inner causes is referred to emotional problems, anxiety disorders, distress...but also feelings like rage, fear or obsession, among other ones. Outer causes correspond to natural phenomena, weather changes... while neither inner nor outer causes include what could be defined as a “*bad habits*” in all aspects of life.

The concept of illness or disease TCM has can be defined with only one word: “*block*”, block of energy. Illness occurs when the circulation of energy (Qi) and blood (Xue) is blocked (Qi-Xue stasis)

The normal flow of Qi-Xue can be disrupted by any cause that disturbs one or more of the above mentioned areas.

11.3 Nature Five Phases or Energies mirror of the human body

The main concept of dinamism and transformation of the Universe, therefore of everything and every being, is constantly present in Chinese Medicine and Chinese phylosophy.

The Wu Xing, also known as the Five Phases, Five Movements or Five Elements, is a way to explain and classify natural phenomena and their interactions. The five transformation phases symbolized by the five elements are in fact five different types of Qi, five

energies prevailing at different times. This system is applied from the whole Cosmos to the one-celled microorganism on the Earth.

According Wu Xing theory the structure of the Cosmos, therefore of the Universe, mirrors the five phases. That is why there is a relationship between the Five Elements and the human body – internal organs as well as emotions (balanced and unbalanced), sensory organs and senses, tastes, souls, colours, seasons, climes, cardinal points, planets and every single thing in the Universe.

Even if the model in the table below is very inclusive, it is an illustration of a small part of it, as an example of the Five Movements relationship.

<i>Elements</i>	Organs Yin	Organs Yang	Physiological Emotions	Phatological Emotions
<i>Wood</i>	Liver	Gall Bladder	Creativity Courage	Anger Rage/Fury
<i>Fire</i>	Heart	Small Intestine	Happyness Joy	Hate
<i>Earth</i>	Spleen Pancreas	Stomach	Ability to think Mental clarity	Obsession Compulsive thinking
<i>Metal</i>	Lungs	Large Intestine	Sensibility Empathy	Sadness Melancholy
<i>Water</i>	Kidneys	Urinary Bladder	Willingness Determination	Fear Terror

<i>Elements</i>	Sensory Organs	Senses	Souls	Tastes
<i>Wood</i>	Eyes	Sight	Hun	Sour
<i>Fire</i>	Tongue	Touch	Shen	Bitter
<i>Earth</i>	Mouth	Taste	Yi	Sweet
<i>Metal</i>	Nose	Smell	Po	Spicy
<i>Water</i>	Ear	Hearing	Zhi	Salty

<i>Elements</i>	Colours	Seasons	Climes	Cardinal Points	Planets
<i>Wood</i>	Green	Spring	Wind	East	Jupiter
<i>Fire</i>	Red	Summer	Hot	South	Mars
<i>Earth</i>	Yellow Orange	5 ^a Season	Dampness	Center	Saturn
<i>Metal</i>	White	Autumn	Dryness	West	Venus
<i>Water</i>	Black	Winter	Cold	North	Mercury

Fig. 11.3 Five Phases model classification

These tables clearly show Wu Xing fundamental basis: process, movement, evolution and change. That is why it is important not to confuse Five Movements or Five Elements theory with other classifications of the material world.

Since the beginning of time different cultures and even individual philosophers had developed theories to explain Nature phenomena and its complexity. Ancient cultures, like Greece, Hellenistic Egypt, Tibet, India, Japan or Babylonia talked centuries ago about the Elements that make up the Universe.

Most of them are based on Empedocles's theory, Greek pre-Socratic philosopher, who established the cosmogenic theory of the Four Elements, called by him "Four Roots": Fire, Air, Water and Earth are the structures that produce everything in the world.

Wu Xing should not be considered an analogy of this classical theory which has become a standard dogma for centuries. Wu Xing system describes the Five Elements as energies, movement and transition rather than as types of material and substances defined by the ancient Greek system.

Emphasising the fact that TCM has an holistic view about human beings, which are the result of body, psyche and emotions, it is obvious that their health condition depends on those three spheres' perfect balance. It is like a puzzle: all pieces are constantly changing but they always have to be fitted together.

11.4 Yangsheng, embodying a life style for everybody at any time

TCM and Yangsheng practises address to that, they are totally focused on this main objective. Their target is keeping people's wellness through a sensible balance between good physical health, happiness and emotional satisfaction.

Yangsheng for many people can be an unknown term but the fact is that it is a very old word full of meaning. Yangsheng dates back to ancient times; among the most well-known texts, it can be traced back to Mencius, as far as the fourth century B.C. In the text received under the name of this philosopher, it is explained how to strengthen one's vital energy (Qi) with breathing techniques.

Later on, but still between IV and I century B.C., it was said that spirit enlightenment can be achieved through the harmony of three elements: vital energy, soul and soul's highest state. Traditional Chinese Medicine development enlarged the concept of Yangsheng in the II century A.D. with new techniques and health disciplines.

But, what do we understand by Yangsheng?

Yangsheng could be defined as a life style for everybody at any time. The term "Yangsheng" comes from two words: "*Yang*" which meaning is "*cultivating/ nourishing/ nurturing*" and "*Sheng*" that is to say "*life*".

Based on that, Yangsheng, one of the most important concepts in TCM, looks for promoting health by nurturing and enriching life; it seeks to achieve a state of well-being, living in harmony with universal laws and rhythms of nature. Still a step further, Yangsheng is a practice for health prevention as well.

According that concept, Yangsheng, a doctrine strongly related to different forms of Taoist thought, covers all practices aimed to strengthen body, mind, soul and spirit. Those include, for instance, Meditation, Qigong, Mindfulness, Tuina, Breathing Techniques, Dietary habits..., called to be in constant adaptation to times, circumstances, personal growing process and own environment.

As explained above, according to TCM it is imperative to understand the energy flow and how one's own body works for keeping a long and healthy life. Yangsheng is the tool for this target: embodying a life style for everybody at any time.

Yangsheng is a way to improve our own lives, what will irretrievably improve the health of the society we are living in.

12. The Online Distance Learning challenge

ODL increases education access possibilities by making it widely available. ODL is called to be the modern learning method adapted to modern times, especially for adults.

12.1 Amortize time: key aspect in Adult Education

The age we are actually living in could be defined by two terms: technological and speedy.

Nowadays technology advances are constant in our lives; one of the remarkable profits they offer us is to allow to put in touch people miles away one from each other, in an instantaneous way. In another hand, individuals are living in a sort of lack of time: they have to or they want to do a lot of things but time seems to be shorter and shorter.

Those two facts, technology and speed, in appearance do not have very much to do with one another but as everybody knows “*appearances are deceptive*”. In a rushed society everything that can help us to save time, and even better, to amortize it, can help.

This reality, important per se, is becoming a key part of the current education system, much more in Adult Education field.

Adults eager to learn need a system enabling them to continue with their daily duties and responsibilities: mainly work and family. They are people who have already their lives established and they wish to study for learning new skills or simply for personal enrichment. On this principle, Online Distance Learning (ODL from now on) is appearing as the most appropriated way for those people who

want to fit new knowledge in their ordinary schedule. This supposes one of the biggest advantages for them because it means they can adjust time to study at their own convenience. In this sense, ODL increases education access possibilities by making it widely available.

12.2 ODL: the challenge for learners as well as for teachers

ODL opens a new field in the way of learning and teaching as well. It could be said that ODL is called to be the modern learning method adapted to our society today, especially for adults, who are non-traditional students.

Although widely spread, ODL is a relatively recent learning system, with its pros and cons, which brings new challenges to both: learners and teachers.

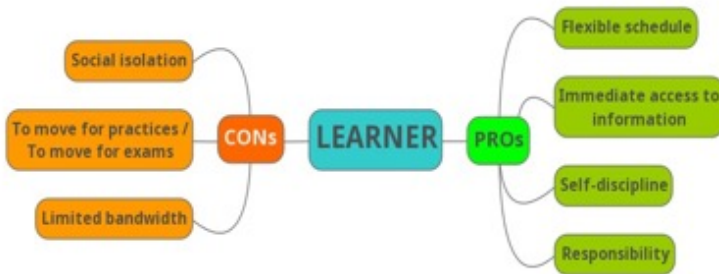


Fig. 12.1 Pros and Cons of ODL for Learners

As ODL's main general advantage is the schedule flexibility, the biggest inconvenience by now seems to be the still limited bandwidth (reception and speed) and slow modems. As it is true

that technology and digital systems develop very fast it is likewise so that internet does not yet arrive everywhere in the world.

Besides this problem, that hopefully will be fixed in a short-term, ODL offers learners immediate access to information (class recordings, didactic material as power point, illustrations, articles, webinars, digital campus...) that they can study at the time and in the conditions most comfortable for them. The risk of this advantage is learners can fall in social isolation; it means, quite often they are not involved in working groups on line either in discussion boards.

Trying to avoid this attitude through motivation and engagement will be one of teacher's big challenges. Teachers may have still more communication abilities than in an in-person class as well as good writing skills in a way that their explanations and texts will keep learner's attention.

In addition to that challenge, teachers should be able to monitor and guide learner's learning process without any visual cues. They cannot see learner's faces either observe their nonverbal communication while class time. So, teachers have no way to know if their lessons are interesting or not for learners, if they get bored or simply if they understand well the lessons contents and concepts.

12.3 Long distance, close and personalised contact

The only way for having that feedback is through a frequent contact, which means teachers may be more in touch with learners. This fact drives to a paradox: although the physical distance, ODL learners will have more personalized contact with teachers than learners' in-person class, even if in this case the relationship will be more direct. Although it is a virtual contact it will be an individual

one, while in an in-person class it will be generalized with the rest of learners.

On that principle, teachers have to be available for ODL learners because communication is essential for ODL effectiveness and student support. How can support learners the best in their virtual learning is one of the challenges ODL teachers face.

On their side, ODL learners face an important and remarkable challenge as well. This way of studying involves a big self-discipline as well as a big responsibility based on a high motivation.





Fig. 12.2 Teachers and Learners Challenges

ODL learners have not obligation to attend school. This advantage, schedule regarding, could become a disadvantage. As mainly they are adult people they usually have daily duties to attend. Therefore, self-discipline and responsibility are needed not to fall into inertia or laziness. To avoid delay they should fix themselves strict time

limits for studying, submit works, answer teachers' requirements and mails and doing self-evaluation tests.

Anyway, to have a positive and responsible attitude is rarely a problem for ODL learners because, as it was said, they use to be adult people that choose to go back to school for personal development. It is their choice, so they assume it.

The main problem of the ODL system is how learners can practice, in case training is need, and how their knowledge can be finally evaluated.

ODL learners usually are far away from the school where they learn, even as far away as another country. This is a major problem for them as they may have to travel long distances (sometimes hundreds of kilometres) in order to access practices and regular examinations.

This handicap can be solved by a dual approach.

On the one hand, limiting learner's displacements to the country where the school is located by gathering in an intensive week-long training and examinations. Teachers can consider as well the eventuality of travelling to main learner's countries, in which case a local host (school or centre) is needed.

That intensive period entails a close contact between learners and-teachers.

On the other hand, schools offering ODL may have the possibility of opening new delegations in different countries. Either they can open their own centre or they can have an agreement with a local school to organize exams and practices in their behalf.

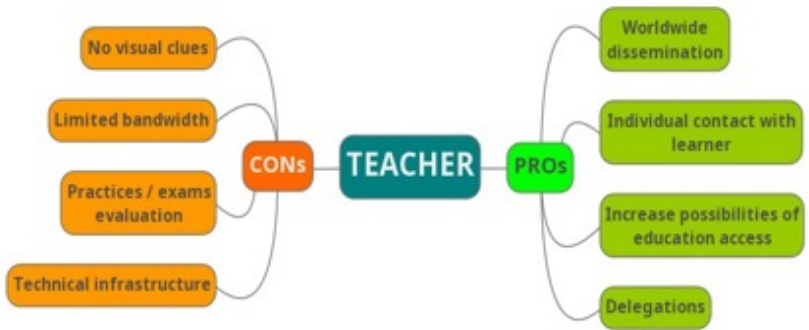


Fig. 12.3 Pros and Cons of ODL for Teachers

6 Tool Case

guidelines and instruments

13 Yangsheng for AdultEdu© Tool case

This tool case represents a collection of flexible instruments, which can be implemented by different stakeholders based on their institutional role, on the users' needs and on the socio-cultural and legal context in which they operate:

Professionals in the field of adult education
Professionals in the field of health education and health promotion
Professionals of Traditional Chinese Medicine and Yangsheng (Qigong, Tuina)
Agencies who train professionals
Institutions of adult training and education
Institutions in the health system
Institutions in the education and training system
Associations of professionals
Associations of citizens

The tool case

Yangsheng Health literacy© module framework	
Who can use it	Purposes
Healthcare system; Education system; professionals involved in health literacy actions	To carry on health literacy actions based on Yangsheng
Yangsheng educator© competences library	
Who can use it	Purposes
Public and private bodies promoting health and/or the development of professional profiles in the fields of health and quality of life	To guide the training, the assessment, the recognition of course credits, etc. for people who have the requisites to become a Yangsheng educator
TCM-Yangsheng Studies curriculum analysis framework	
Who can use it	Purposes
Professional associations; umbrella associations of professional associations; training institutions; public bodies	To analyze a certain study curriculum to make it comparable with others based on homogeneous analysis levels
Non-formal and Intentional Informal learning assessment framework	
Who can use it	Purposes
Professional associations; public and private bodies with an institutional role in learnings and competences assessment	To verify and validate competences and learning outcomes (also informal ones)
Booklet version of the handbook for dissemination	
Who can use it	Purposes
All the partners and stakeholders	To spread the contents of the project stimulating the subsequent reading of the handbook

13.1 Yangsheng Health literacy© module framework

Working with an international team on the project, we have prepared a “*Health Literacy Curriculum,*” which is based on *Yangsheng practices*. The curriculum is flexible, and it can be updated according to the group’s learning needs, educator’s qualification, resources (including finances), etc. All the parts of the module were tested by the project partners.

The curriculum is built with the focus on learning outcomes and a learner-oriented approach. The target group is any adult with any level of education, age, nationality or gender.

The present model has been developed starting from the awareness that it is still common to consider health literacy as the ability to gather and manage information. Starting from the health literacy definition coined within the project, the project team believed that the *capability to actively manage one’s health* is the *key capability* that re-encompasses all the others. The framework we propose therefore is referred to this dimension.

Hereby we present the framework of the curriculum.

Following it, the main learning outcomes of health promotion in general are presented, in order to further appreciate and to refine the learning outcomes of the health literacy module we propose.

Title of the tool	Yangsheng Health literacy© module framework
Health literacy dimension	Actively managing health
Summary	<p>This Health literacy module, based on the principles and tools of Yang sheng, is addressed to support the participants, in exploring and finding personalized ways to be competent and active in managing their own health:</p> <ul style="list-style-type: none"> – recognize their life style’s habits, – transforming the dysfunctional ones, – reflecting on their conditions, – giving attention to the feelings and emotions, – managing stress
n° of hours:	16h of ‘45: 2 full days or 8 classes of 2h/week
target groups:	<p>(M/F) general population, with special focus on:</p> <ul style="list-style-type: none"> – elderly people; unemployed/at risk of exclusion people; in /at risk of chronic conditions – student
n° participants:	12 (M/F) (minimum 8-maximum 20)
Settings:	adult education; health care sector; vocational training

Learning goals:

- a. Empower the learners to trust in their feeling about their health
- b. Facilitate the habits adjustment according to the newly learned concepts
- c. Support the participants in recognition of addictive/dysfunctional patterns
- d. Provide the learner with practical tools of Yang sheng
- e. Facilitate a more self-direct approach in health management
- f. Enable the learner to recognize and use the practices that benefit his/her health

Learning outcomes:

The learner is able to

- a) understand, describe and express his/her condition and feelings
- b) be aware of his/her lifestyle (nutrition, rhythm of the day, vitality/physical activity, stress and emotion management, quality and sustainability of personal, social, environmental relations)

	<ul style="list-style-type: none"> c) recognize addictive and dysfunctional behavior/pattern d) use basic tools / resources of Yang sheng practices e) be more autonomous and active in managing his/her own health f) recognize and use the practices that benefit his/her health
<p>Contents:</p>	<p>The contents are related to the field of Health literacy, focused on the <i>Actively managing health</i> dimension; are based on the principles and tools of <i>Yangsheng</i> (Chinese traditional nurturing life practices).</p> <p>The module supports the participants, in personalized way, to be competent and active in managing their own health, exploring and deepening: Healthy life style (nutrition, physical activity, mental, emotional and relational habits, sleep / wake, fatigue and recovery, etc.); Stress system and stress management; risk factors and resources for the management of chronic health conditions.</p>
<p>Methodology</p>	<p>The didactic methodology is based on the participants' learning needs; it is interactive and focused on individual and autobiographical reflexivity, somatic learning and metacognition.</p>

	Each work session takes into account the motivations and needs of the participants to provide information and practical experiences on which to base the learning. Each topic is treated from a practical and informative point of view according to the principles of health nourishment of Yangsheng and of biomedical scientific research. Participants are offered practical experiences to be used independently - in a personalized form - at the end of the course, in everyday life.
Materials and tools:	Computer, projector, flip chart, sheets of paper, pens, colors, sound boxes, cushions, mats, chairs
Evaluations	i.e. Health Literacy questionnaire; qualitative evaluation tools; follow-up
Post course support	Repetition, continuing training, individual counseling
Teacher competences profile	Brief Yangsheng Educator© profile Yangsheng/TCM senior practitioner Yangsheng senior teacher (Qigong; Tuina for self-massage; Acupressure; nutrition/etc.) Recommended competences/integrative or additional training requested: Adult education Health education and promotion

LO #1: Participants will comprehend concepts related to health promotion. The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviours. This standard includes essential concepts that are based on established health behaviour theories and models.

LO #2: Participants will analyse the influence of family, peers, culture, media, technology and other factors on health behaviours. Health is impacted by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviours including personal values, beliefs and perceived norms.

LO #3: Participants will demonstrate the ability to access valid information and products and services to enhance health. Accessing valid health information and health promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Applying the skills of analysis, comparison and evaluation of health resources empowers participants to achieve health literacy.

LO #4: Participants will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. Responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

LO #5: Participants will demonstrate the ability to use decision-making skills to enhance health. This standard includes the essential steps needed to make healthy decisions, important for establishing and maintaining a healthy lifestyle. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve quality of life.

LO #6: Participants will demonstrate the ability to use goal-setting skills to enhance health. This standard includes the critical steps needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

LO #7: Participants will demonstrate the ability to practice health-enhancing behaviours and avoid or reduce health risks. Many diseases and injuries can be prevented by avoiding or reducing harmful and risk taking behaviours. This standard promotes accepting personal responsibility for health and encourages the practice of healthy behaviours.

LO #8: Participants will demonstrate the ability to advocate for personal, family and community health. Advocacy skills help participants adopt and promote healthy norms and healthy behaviours. This standard helps participants develop important skills to target their health enhancing messages and to encourage others to adopt healthy behaviours.

13.2 Yangsheng educator© competences library

In order to design and manage a health literacy intervention based on Yangsheng, we identified the competences areas for the professional who, is supposed to carry out the intervention. This professional in every case, needs to have a substantial professional experience and to represent a synthesis of an adult educator and a teacher of Yangsheng disciplines, with a focused approach to health promotion.

A library of desired competences has been elaborated in the mainframe of the project starting from competences included in three indexes validated at an international level – with the idea of getting to the definition of a professional profile of the Yangsheng educator’s competences in the places appropriate for this process.

- a) *ESCO is the multilingual classification of European Skills, Competences, Qualifications and Occupations.* ESCO is part of the Europe 2020 strategy. The ESCO classification identifies and categorises skills, competences, qualifications and occupations relevant for the EU labour market and education and training. It systematically shows the relationships between the different concepts. The skills profiles of the adult educator and the disciple expert associated with Traditional Chinese and Complementary Medicine were here analyzed.
- b) The *EntreComp framework* proposes a shared definition of entrepreneurship as a competence, to establish a bridge between the worlds of education and work. The European Commission identified sense of initiative and entrepreneurship as one of the 8 key competences necessary for a knowledge-based society.

- c) UNESCO framework for transversal competencies Definition of transversal competencies⁷³: As a foundation to the ERI-Net research on transversal competencies in education, the ERI-Net Secretariat drafted a tentative framework for the definition of transversal competencies consisting of four broad domains of skills, competencies, values and/or attributes.

In recognising that there are significant variations in the definition and interpretation of transversal competencies among countries and economies, participants of the ERINet expert meeting in March 2013 agreed that each domain would remain generic.



⁷³ 2013 Asia-Pacific Education Research Institutes Network (ERI-Net) Regional Study on Regional Synthesis Report. *Transversal competencies in education policy & practice* (phase i), Published in 2015 by the United Nations Educational, Scientific and Cultural Organization and UNESCO Bangkok Office © UNESCO 2015

Fig. 13.1 Yangsheng educator© competences areas

The competences identified in the three inventories have been screened and classified for typology and area, together with others autonomously identified by the research group:

Areas of competences	Core competences	Specialist competences	Transversal competences
Health literacy competences			
Adult education competences			
Yangsheng competences			
Chinese medicine competences			
Western biomedicine competences			
Social / communication competences			
Interpersonal competences			
Intrapersonal competences			
Critical and innovative thinking competences			
Entrepreneurial competences			
Deontological / legal competences			

Fig. 13.2 Areas of competences that intersect the competences typologies

The library is presented in tables where the single competences (divided in areas) intersect the classification based on typology (core, specialist, transversal).

COMPETENCES LIBRARY

Classification by areas of competences

Competences list	Core competences	Specialist competences	Transversal competences
Ability to make the tacit incorporation of the acquired knowledge explicit			Adult education
Acknowledge of participants entrance level knowledge	Adult education		
Apply an autobiographic approach for the learner		Adult education	
Apply learners centred approach	Adult education		
Be a self-directed learner and facilitate self-directed learning (human agency)	Adult education		
Be able to apply andragogy (adult education) principles	Adult education		
Be able to work in non-formal learning contexts	Adult education		
Continue to learn (lifelong learning) and learn from experience (reflective learning)	Adult education		
Empower learner's motivation	Adult education		
Facilitate learner's self awareness	Adult education		
Facilitation / counseling / supervision		Adult education	
Identify specific needs the learners (as elderly people)	Adult education		
Monitor learner's progress	Adult education		
Pedagogic /andragogic competences		Adult education	
Personalise advise and information	Adult education		
Supervision of educators / practitioners		Adult education	
Supporting personal development of learners	Adult education		

Competences list	Core competences	Specialist competences	Transversal competences
Ability to reach a selfless/mindfulness state in practicing	Yangsheng		
Be able to teach acupressure (for health promotion)	Yangsheng		
Be able to teach basic Chinese Yangsheng history	Yangsheng		
Be able to practice and teach qigong (Liangong, Neidan, Daoyin, Wushu, Taijiquan, Neijiaquan, Waijiaquan...) and/or others specific technics related to TCM as Tuina/Acupressure, etc.	Yangsheng		
Be able to teach self massage / self treatment (for health promotion)	Yangsheng		
Be able to teach techniques of Chinese Yangsheng	Yangsheng		
Be able to teach the theory of Chinese Yangsheng	Yangsheng		
Be able to use and teach breathing techniques	Yangsheng		
Bring across the holistic approach of Yangsheng	Yangsheng		
Cultivate mindful attitude			Yangsheng
Enable learners to create and update individual Yangsheng schedule based on individual needs	Yangsheng		
Inform and recommend about healthy lifestyle (Asian and local perspective)	Yangsheng		
Plan and conduct individual / group Yangsheng scheduled sessions (both in presence and home)	Yangsheng		
Professional application of complementary traditional treatments		Yangsheng	
Promote balance between rest and activity	Yangsheng		
Promote healthy lifestyle	Yangsheng		
Promote psycho-physical health	Yangsheng		
Promote the idea of supporting health before pregnancy and/or childbirth		Yangsheng	
Promote the vision of integrative medicine (integration between biomedicine and complementary medicine)		Yangsheng	

Competences list	Core competences	Specialist competences	Transversal competences
Be able to teach basic Chinese nutrition*	Chinese medicine		
Be able to use basic Chinese Medicine knowledge in on's work	Chinese medicine		
Professional application of acupuncture*		Chinese medicine	
Professional application of Anmo-Tuina*		Chinese medicine	
Professional application of aromatherapy*		Chinese medicine	
Professional application of Chinese herbal medicine*		Chinese medicine	
Professional application of microsystems reflexology *		Chinese medicine	
Professional use of Chinese Medicine complementary techniques (moxibustion, cupping, guasha...)*		Chinese medicine	
Be able to use basic anatomy knowledge in one's work	Western biomedicine		
Be able to use basic physiology knowledge in one's work	Western biomedicine		
First aid delivery*		Western biomedicine	
Make use of medical competences*		Western biomedicine	
Make use of knowledge in the field of pathology*		Western biomedicine	
Professional application of Western dietetics*		Western biomedicine	
Professional application of Western herbal medicine*		Western biomedicine	

*** Based on different countries rules and on the relevant certifications needed**

Competences list	Core competences	Specialist competences	Transversal competences
Ability to collect and understand information in English		Social / communication	
Ability to cope with and resolve conflicts			Social / communication
Communicate appropriately			Social / communication
Communicate professionally with colleagues in other fields			Social / communication
Communication in foreign languages		Social / communication	
Ethical understanding			Social / communication
Ethical use of knowledge, media and ICT (information and communication technology)			Social / communication
Intercultural understanding			Social / communication
Openness			Social / communication
Respect for diversity			Social / communication
Responsibility			Social / communication
Tolerance			Social / communication
Work in a multicultural environment		Social / communication	
Ability to learn independently			Intrapersonal
Flexibility and adaptability			Intrapersonal
Integrity			Intrapersonal
Perseverance			Intrapersonal
Self-acceptance and self-respect			Intrapersonal
Self-analysis			Intrapersonal
Self-awareness			Intrapersonal
Self-compassion			Intrapersonal
Self-discipline			Intrapersonal
Self-motivation			Intrapersonal
Self-reflective attitude			Intrapersonal
Collaboration			Interpersonal
Collegiality (being able to do teamwork, respect and cooperate with colleagues)			Interpersonal
Communication skills			Interpersonal
Compassion			Interpersonal
Empathy (all over and with learners especially)			Interpersonal
“Lively” share and transfer knowledge	Interpersonal		
Organizational skills			Interpersonal
Sociability			Interpersonal
Competences list	Core competences	Specialist competences	Transversal competences

Application skills			Critical and innovative thinking
Entrepreneurship			Critical and innovative thinking
Reasoned decision-making			Critical and innovative thinking
Reflective thinking			Critical and innovative thinking
Resourcefulness			Critical and innovative thinking
Cope with uncertainty, ambiguity and risk			Entrepreneurial
Creativity			Entrepreneurial
Ethical and sustainable thinking			Entrepreneurial
Financial and economic literacy	Entrepreneurial		
Learn through experience			Entrepreneurial
Mobilize others			Entrepreneurial
Mobilize resources			Entrepreneurial
Motivation and perseverance			Entrepreneurial
Planning and management	Entrepreneurial		
Self-awareness and self-efficacy			Entrepreneurial
Spot opportunities			Entrepreneurial
Take the initiative			Entrepreneurial
Valuing ideas			Entrepreneurial
Vision			Entrepreneurial
Work with others			Entrepreneurial
Comply with national and international professional legislation	Deontological / legal		
Confidentially manage users' data and information	Deontological / legal		
Demonstrate professional attitude to learners	Deontological / legal		
Develop appropriate methodological approaches	Deontological / legal		
Follow ethical principles (deontological awareness)	Deontological / legal		
Show respect for spiritual values	Deontological / legal		

Competences list	Core competences	Specialist competences	Transversal competences
Comply with the international health literacy strategies		Health literacy	
Promote inclusion / integration in local or national health practices		Health literacy	
Provide health education		Health literacy	
Provide healthy and safe working environment	Health literacy		
Work in multidisciplinary health care/adult education teams	Health literacy		

Classification by typologies of competences

Competences list	Core competences
Acknowledge of participants entrance level knowledge	Adult education
Apply learners centred approach	Adult education
Be a self- directed learner and facilitate self- directed learning (human agency)	Adult education
Be able to apply andragogy (adult education) principles	Adult education
Be able to work in non-formal learning contexts	Adult education
Continue to learn (lifelong learning) and learn from experience (reflective learning)	Adult education
Empower learner's motivation	Adult education
Facilitate learner's self awareness	Adult education
Identify specific needs the learners (as elderly people)	Adult education
Monitor learner's progress	Adult education
Personalise advise and information	Adult education
Supporting personal development of learners	Adult education
Ability to reach a selfless/mindfulness state in practicing	Yangsheng
Be able to teach acupressure (for health promotion)	Yangsheng
Be able to teach basic Chinese Yangsheng history	Yangsheng
Be able to practice and teach qigong (Liangong, Neidan, Daoyin, Wushu, Taijiquan, Neijiaquan, Waijiaquan...) and/or others specific tecnic related to TCM as Tuina/Acupressure, etc.	Yangsheng
Be able to teach self massage / self treatment (for health promotion)	Yangsheng
Be able to teach techniques of Chinese Yangsheng	Yangsheng
Be able to teach the theory of Chinese Yangsheng	Yangsheng
Be able to use and teach breathing techniques	Yangsheng
Bring across the holistic approach of Yangsheng	Yangsheng
Enable learners to create and update individual yangsheng schedule based on individual needs	Yangsheng
Inform and recommend about healthy lifestyle (Asian and local perspective)	Yangsheng
Plan and conduct individual / group yangsheng scheduled sessions (both in presence and home)	Yangsheng
Promote balance between rest and activity	Yangsheng
Promote healthy lifestyle	Yangsheng
Promote psicho-physical health	Yangsheng
Be able to teach basic Chinese nutrition	Chinese medicine
Be able to use basic Chinese Medicine knowledge in on's work	Chinese medicine

Be able to use basic anatomy knowledge in one's work	Western biomedicine
Be able to use basic physiology knowledge in one's work	Western biomedicine
Provide healthy and safe working environment	Health literacy
Work in multidisciplinary health care/adult education teams	Health literacy
“Lively” share and transfer knowledge	Interpersonal
Financial and economic literacy	Entrepreneurial
Planning and management	Entrepreneurial
Comply with national and international professional legislation	Deontological / legal
Confidentially manage users' data and information	Deontological / legal
Demonstrate professional attitude to learners	Deontological / legal
Develop appropriate methodological approaches	Deontological / legal
Follow ethical principles (deontological awareness)	Deontological / legal
Show respect for spiritual values	Deontological / legal

Competences list	Specialist competences
Apply an autobiographic approach for the learner	Adult education
Facilitation / counseling / supervision	Adult education
Pedagogic /andragogic competences	Adult education
Supervision of educators / practitioners	Adult education
Professional application of complementary traditional treatments	Yangsheng
Promote the idea of supporting health before pregnancy and/or childbirth	Yangsheng
Promote the vision of integrative medicine (integration between biomedicine and complementary medicine)	Yangsheng
Professional application of acupuncture*	Chinese medicine
Professional application of Anmo-Tuina*	Chinese medicine
Professional application of aromatherapy*	Chinese medicine
Professional application of Chinese herbal medicine*	Chinese medicine
Professional application of microsystems reflexology *	Chinese medicine
Professional use of Chinese Medicine complementary techniques (moxibustion, cupping, guasha...)*	Chinese medicine
First aid delivery*	Western biomedicine
Make use of medical competences*	Western biomedicine
Make use of knowledge in the field of pathology*	Western biomedicine
Professional application of Western dietetics*	Western biomedicine
Professional application of Western herbal medicine*	Western biomedicine
Comply with the international health literacy strategies	Health literacy
Promote inclusion / integration in local or national health practices	Health literacy
Provide health education	Health literacy
Ability to collect and understand information in English	Social / communication
Communication in foreign languages	Social / communication
Work in a multicultural environment	Social / communication
* Based on different countries rules and on the relevant certifications needed	

Competences list	Transversal competences
Ability to make the tacit incorporation of the acquired knowledge explicit	Adult education
Cultivate mindful attitude	Yangsheng
Ability to cope with and resolve conflicts	Social / communication
Communicate appropriately	Social / communication
Communicate professionally with colleagues in other fields	Social / communication
Ethical understanding	Social / communication
Ethical use of knowledge, media and ICT (information and communication technology)	Social / communication
Intercultural understanding	Social / communication
Openness	Social / communication
Respect for diversity	Social / communication
Responsibility	Social / communication
Tolerance	Social / communication
Ability to learn independently	Intrapersonal
Flexibility and adaptability	Intrapersonal
Integrity	Intrapersonal
Perseverance	Intrapersonal
Self-acceptance and self-respect	Intrapersonal
Self-analysis	Intrapersonal
Self-awareness	Intrapersonal
Self-compassion	Intrapersonal
Self-discipline	Intrapersonal
Self-motivation	Intrapersonal
Self-reflective attitude	Intrapersonal
Collaboration	Interpersonal
Collegiality (being able to do teamwork, respect and cooperate with colleagues)	Interpersonal
Communication skills	Interpersonal
Compassion	Interpersonal
Empathy (all over and with learners especially)	Interpersonal
Organizational skills	Interpersonal
Sociability	Interpersonal

Application skills	Critical and innovative thinking
Entrepreneurship	Critical and innovative thinking
Reasoned decision-making	Critical and innovative thinking
Reflective thinking	Critical and innovative thinking
Resourcefulness	Critical and innovative thinking
Cope with uncertainty, ambiguity and risk	Entrepreneurial
Creativity	Entrepreneurial
Ethical and sustainable thinking	Entrepreneurial
Learn through experience	Entrepreneurial
Mobilize others	Entrepreneurial
Mobilize resources	Entrepreneurial
Motivation and perseverance	Entrepreneurial
Self-awareness and self-efficacy	Entrepreneurial
Spot opportunities	Entrepreneurial
Take the initiative	Entrepreneurial
Valuing ideas	Entrepreneurial
Vision	Entrepreneurial
Work with others	Entrepreneurial

13.3 TCM-Yangsheng curriculum analysis framework

This instrument⁷⁴ aims at accompanying all the stakeholders interested in mapping the state-of-the-art of health education/adult education/TCM-Yangsheng professional profiles and studies curricula⁷⁵ based on an analysis model that allows a comparison among the curricula themselves and among curricula from different European countries.

Curricula should be based on succinct learning objectives, or standards, and include a variety of curriculum embedded performance assessment strategies that are linked to those objectives or standards.

Practitioners qualification curricula in the fields of health education, adult education and in TCM-Yangsheng describe what a professional should know (knowledge) and be able to do (skills) as a result of the learning experienced. This is valid for learning in a formal, in a non-formal and in an informal context.

See the example below for TCM-Yangsheng professions, fig.13.3.

⁷⁴ Discussed and tested within the workgroup

⁷⁵ The experimentation within the project concerned the professional profiles of the professionals working in the field of the disciplines connected to TCM-Yangsheng.

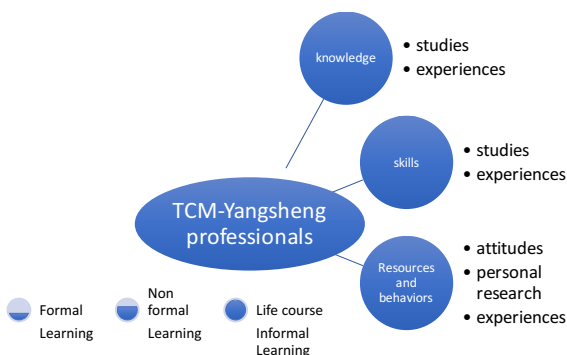


Fig. 13.3 Learning sources for Yangsheng professionals

Measuring student proficiency in meeting the educational standards is best accomplished by assessing student/practitioner performance.

For professionals working in the field of TCM-Yangsheng disciplines (as Qigong and Tuina), a first reference is represented by the education standard defined by ECTMA (European Traditional Chinese Medicine Association).⁷⁶

In accordance with the legislation in force, the partnership of the project wants to take inspiration from high standards in order to ensure a qualitative growth of practitioners in every country and to contribute to the possibility of professionals' mobility among EU countries.

In short, the rules that can be deduced by ETCMA parameters and that can be applied concern both the relationship between non-formal and informal learning and the contents of the learning:

⁷⁶ <https://www.etcma.org/files/minimum-educational-criteria-for-membership-of-the-etcma-2013.pdf>

- the ratio between non-formal and informal learning should be 1:2
- study in presence, that is theoretical-practical teaching in a non-formal learning context (e.g. schools or courses) equal to 1
- individual study, without the presence of the teacher or outside the teaching context intended in a strict way equal to 2. This includes studying, personal practice, exchange with colleagues, etc.

At a European and international level (WHO) the professionals are recommended to undertake a comparative study of TCM and the bases of the Western medical / health culture.

The ratio proposed by ETCMA among TCM, Western health culture and practice (of teaching or treating) is 4 : 2 : 3 (TMC = 4; Western medical culture = 2; practice = 3).

Learning: Non formal/ Informal 1:2	MTC and MTC Disciplines =4	Wester medicine and Disciplines =2	Practical/ teaching =3	Total
Study hours in presence	178	88	134	400
Individual Study hours	356	176	268	800
Total	534	264	402	1200

Fig. 13.4 Using ETCMA framework as an example

Now, let's give a brief look at the instrument's structure, where all the records / pieces of information are classified according to the analysis framework we designed and tested.

The conceptual structure intended to serve as a support or guide for the building of a simple Database that expands the structure into an useful Knowledge management System.



Fig. 13.5 Database structure: knowledge management system

Notes

* if the situation of the single country allows it, it would be useful to collect information based on a hierarchy of sources, giving priority to common or formalized elements for every single country (e.g. different regional regulations or no regulations). However, the database could be implemented at the most useful level for the user, down to a single training institution.

If the purpose is to compare situations “in different countries”, it will be obviously important to define a homogeneous analysis level.

** if the curriculum for the professional profile cannot be found in the ESCO index and in the corresponding National Indexes of Qualification.

The database to collect the information according with the framework has been released in excel format and its operational version can be requested to the project’s coordinator⁷⁷.

⁷⁷ info.ottoitalia@gmail.com

13.4 Non-formal and intentional informal learning assessment Framework

In order to provide a validated assessment method which could be used to assess *non-formal and intentional informal learning outcomes*, our group would like to present the method elaborated and used by one of the partners, the Italian Association OTTO. The assessment process has been identified as best practice, validated by a national scientific committee in Italy. (CIS: CoLAP – ADICONSUM)

OTTO – Association of Tuina and Qigong professionals has been recognized as a self-regulation body for the associated professions, according to Italian Law no. 4/13.

The framework can be used and adapted to their specific situation by subjects whose institutional purposes include indentifying, assessing and possibly validating the competences of (non sanitary) professionals working in the field of health and well-being. In particular in the filed of the disciplines connected to TCM and Yangsheng (e.g. Tuina and Qigong):

- professional associations
- public or private bodies accredited for the assessment of competences

It's important to note that when talking about informal learning, assessments are not meant to be an evaluative tool but another method of engagement to reinforce the learning that's taking place.

These knowledge assessment are of highest value to the individual, not his/her manager or business, because the best learning and growth is driven by individual initiative.

Findings from the assessments will allow the learner to verify and give value to the possession of the requisites requested for the profession to which the assessment is directed. They will also provide the learner with specific opportunities to increase their skill sets, and improved insights into the learning process and the identifiable skill gaps.

Informal learning by definition demands informal assessment that's nothing like formal tests for certification. Rather, informal learning assessment means short, highly-targeted knowledge checks that are used first and foremost to engage people then quickly check their knowledge of these topics.

Some useful definition to better understand the Assessment Framework are presented below:

Informal learning Forms of learning that are intentional or deliberate but are not institutionalized. They are less organized and structured than either formal or non-formal education. Informal learning may include learning activities that occur in the family, in the work place, in the local community, and in daily life, on a self-directed, family-directed or socially-directed basis. (UNESCO 2011)

Validation of informal/non-formal learning An assessment process that assesses the individual's non-formal and informal learning to determine the extent to which that individual has achieved the required learning or competency outcomes. May also be referred to as: Accreditation of prior learning; Recognition of prior learning. (UNEVOC/NCVER 2009, Global)

Fundamental principles in identifying and validating non-formal and informal learning

- Validation must be voluntary.
- The privacy of individuals should be respected.
- Equal access and fair treatment should be guaranteed.
- Stakeholders should be involved in establishing systems for validation.
- Systems should contain mechanisms for guidance and counselling of individuals.
- Systems should be underpinned by quality assurance.
- The process, procedures and criteria for validation must be fair, transparent and underpinned by quality assurance.
- Systems should respect the legitimate interests of stakeholders and seek balanced participation.
- The process of validation must be impartial and avoid conflicts of interest.
- The professional competences of those who carry out assessments must be assured.⁷⁸ (CEDEFOP 2009)

Informal learning, therefore, is any activity involving the pursuit of understanding, knowledge or skill which occurs without the presence of externally imposed curricular criteria. Informal learning may occur in any context outside the pre-established curricula of educative institutions. The basic terms of informal learning are determined by the individuals and groups that choose to engage in it.

Informal education or training is distinguished from such self-directed informal learning only by the presence of some form of institutionally-recognized instructor. Unless otherwise specified,

⁷⁸ CEDEFOP, European guidelines for validating non- formal and informal learning Luxembourg: Office for Official Publications of the European Communities, 2009

the term “informal learning” will refer to both self-directed/collective informal learning and informal education/training.

In the case of Yangsheng professionals, in addition to *tacit informal learning* they also develop a large amount of their study based on *intentional informal learning* and *informal learning*, first of all studying with “masters” or also in peer-to-peer learning and individual practice, to develop the expertise and the mastery necessary to professional practice and teaching.

Conceptions of both self-directed informal learning and informal education to date have been quite insensitive to distinctions between intentional and more diffuse forms of learning. *Intentional informal learning and intentional informal training* can be distinguished from everyday perceptions, general socialization and more tacit informal learning or training by peoples' own conscious identification of the activity as significant learning or training. The important criteria that distinguish intentional informal learning and training are the retrospective recognition of both (1) a new significant form of knowledge, understanding or skill acquired outside a prescribed curricular setting and (2) the process of acquisition, either on your own initiative in the case of self-directed informal learning, or with aid of a mentor in the case of informal training, respectively. This is the guideline for distinguishing between intentional informal learning and training and all of the other tacit forms of learning and other everyday activities that we go through.⁷⁹ (Livingstone, 2001)

General principles for the process of assessment and verification of the professional requisites to be taken in consideration for the

⁷⁹ D.W. Livingstone, Adults' informal learning: definitions, findings, gaps and future research, Centre for the Study of Education and Work Department of Sociology and Equity Studies in Education, Ontario Institute for Studies in Education of the University of Toronto, 2001

implementation of the Non-formal and Intentional Informal learning assessment Framework:

- The acknowledgement of professional experiences is to be considered an essential part of the educational, learning and professional process of the person. The performance level should be verified by a recognised body, based on criteria of professionalism and independence.
- The individuation and verification process of non-formal and informal learnings acquired by the person are carried out upon the person's request when he/she wants to obtain the certificate of quality based on the professional standards defined by the Professional association which the professional is part of.
- The aim of the services leading to the identification and the assessment of non-formal and informal learnings is to give value to the cultural and professional patrimony of the person.
- The identification and the assessment of non-formal and informal learnings have to take place based on demonstrations and proofs.
- The validation procedures for non-formal and informal learning should be inspired by simplicity, transparency, quality guarantee and equity.

The verification, assessment and self-assessment process is called "inter-vision", to underline the dimension of peer-evaluation where expert colleagues compare with the person who undertakes the assessment process.

A graphic representation of the process is presented below:

Preliminary actions

Appointment of a body called *Tuina and Qigong Committee for the verification of the professional quality and qualification standards*. (in short *Tuina and Qigong Committee*) The members must have the requested requisites.

The members have to take part in a course on culture and ethics of competences evaluation.

All the professionals are invited to take part in the course to deepen their knowledge of the self-assessment theme.

Preparatory phase

CV and professional portfolio assessment by the *Tuina and Qigong Committee*

Career guidance service, by an independent expert, to reconstruct the training history and professional experience, focusing on the competences and the development areas. Documentation of all the declared experiences - Creation or update of the portfolio.

Interview with the Deontological Committee on the knowledge of the Behaviour code.

Interview

a session of verification, assessment and self-assessment

Interview to the practitioner according with the level of experience and qualification in which the participant could theoretically fit (based on the standard required for the different professional categories)

The practitioner carries on a Tuina treatment on a person (o a Qigong class), discussing techniques / exercises, goals, different approaches, etc. with the Committee. The Committee should also assess the relational skills of the practitioner, not only his/her practice.

Discussion on the practitioner's dissertation on his/her professional experience (to be sent to the Committee in advance by email

Self-assessment of the participant for the required competences profile.

Evaluation of the Committee is shared with the practitioner.

Both parties sign the interview minutes.

Competences profile as guidelines / benchmarks
for the Tuina and Qigong Committee
and the practitioner's self-assessment

The practitioner should describe his/her mastery level for each area of competences, underlining his/her strengths and the points which can be improved.

- **Knowledge theory of Traditional Chinese Medicine** (e.g. yin-yang dynamics, channels / meridians network, zang-fu system, etc.)
- **Technical skills for the practitioner's profession** (e.g. choosing and using appropriate techniques/practices of Tuina and/or Qigong, developing treatment/teaching plans based on the single person's situation, on his/her needs and potentialities, etc.)
- **Communication skills** (e.g. communicating effectively with customers, colleagues, other professionals, regulating bodies and the general public, applying the appropriate terminology, etc.)
- **Skills connected to responsibility and sustainability** (e.g. informing customers on Tuina and/or Qigong as a form of one's well-being and quality of life promotion, working within the mainframe of laws and regulations, ethical and deontological norms, safety regulations, etc.)
- **Management skills in the field of research and information** (e.g. describing methodological problems connected to scientific research on Tuina and/or Qigong, being informed on the progress of Tuina and /or Qigong knowledge, etc.)

13.5 Booklet version of the handbook for dissemination⁸⁰



⁸⁰ The booklet can be requested to the project's coordinator: email info.ottoitalia@gmail.com

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Project partners

OTTO - Associazione operatori Tuina Qigong e Tecniche Orientali – Italy – Project Coordinator

The Association of Practitioners of Tuina-Qigong and Oriental Techniques, entitled "OTTO", based in Rome, was founded in 2003.

OTTO is a professional association, regulated by the Italian Law 4/2013 "Provisions on non-organized professions".

It is member of several umbrella associations as: CO.L.A.P. (Italian Coordination of free professional associations) and ETCMA (European Traditional Chinese Medicine Association). It operates nationally and internationally for the enhancement of the represented professions and for the protection of citizens' interests, promoting an integrative approach on health and disseminating the TCM culture. <https://www.ottoitalia.org/>

The DLS e.V. (Drei-Länder-Schule e.V.) – Germany - was founded in 2001 in the southwest of Germany, located in Steinen, near Lörrach (Baden-Württemberg) and next to the Swiss border nearby Basel. Starting from then the school was accredited by AGTCM e.V. (Association for Classic Acupuncture and Traditional Chinese Medicine) and worked in cooperation with 5 schools in Germany, also accepted by AGTCM e. V. Starting from 2011 the school became a member of one of the biggest Swiss Organisations of Chinese Medicine (TCM FVS, former SBO-TCM). From that time on all basic and further training courses were also accepted in Switzerland. The school offered 3 years basic training in Chinese Medicine with the emphasis on Acupuncture, 2 years training in Chinese herbal Medicine and 1,5 years training in Anmo- Tuina. In all trainings a hands-on experience in the school's own clinic was included. Additionally advanced training courses with popular and renowned lecturers were offered. <http://drei-laender-schule.de/>

IMNE – Spain- Created in 1991, by Rosa María Canas and Philippe Dath, IMNE central school is in Barcelona (Spain). IMNE (Institut of Natural and Energetic Medicine) is an institution working for the diffusion of Tradicional Chinese Medicine, natural and complementary therapies, as Naturopathy, and Yangsheng activities, like Qigong and Meditation.

Currently has delegations in Argentina, Chile, Venezuela and Nicaragua, and it is in project to open shortly new ones in Latin America. (IMNE INTERNATIONAL). IMNE offers two kind of instruction: 3 year Acupuncture-TCM studies, modalities on line, classroom-cours and semi-virtual, postgraduate studies and short training courses (IMNE ACADEMIC), in which participate masters and professionals from different european countries. IMNE is also present in TCM congresses, like TCM Kongress Rothenburg (Germany). Likewise IMNE has a branch dedicated to therapy center (IMNE THERAPIES) <http://imne.es/>

Vestifex Adult Learning Centre - Estonia - supports the development of adult learning by means of in-service courses, international mobilities and strategic cooperation, internships in various companies in Estonia and abroad, and individual learning paths for people from all over the world. Our clients and partners are formal and non-formal educational establishments who are eager to provide more effective learning solutions for their teachers and students. We also work directly with various professionals who would like to improve their qualifications and/or develop themselves personally. <http://vestifex.com/en/>

Project team & authors



Giulia Boschi is presently Adjunct professor of Chinese Medical Terminology at UNINT Rome's University of International Studies (last year of the master's course) and of Chinese Culture at the Bachelor's course of the same University.

She's been teaching for almost 30 years in TCM masters in different Italian Universities. She wrote a textbook of classical Chinese Medicine (now at its third edition)

and translated other books from English and Chinese. She works as TCM Practitioner and Physiotherapist in Rome.

She's founder and Honorary President of O.T.T.O. (Italian professional association of Tuina-Qigong practitioners).

Member of the executive Committee of ETCMA (European Traditional Medicine Association) and of the Executive Committee of WFAS (World Federation of Acupuncture Societies).



Rosa María Canas Albiñana, graduated in Acupuncture and Naturopathy, Homeopath, Massage Therapist, TCM teacher and clinical professor for 20 years, has her own private practice and school in Barcelona (Spain). Director and head of studies of IMNE (Natural and Energetic

Medicine Institut), TCM school and therapy center, founded in 2011 by her and Philippe Dath, her husband and administrator of the institution. Dr. Tran Viet Dzung's collaborator for almost 15 years. Dr. Tran Viet is the successor of the renowned TCM master, Dr. Nguyen Van Nghi. Author of "Alzheimer, cuando se pierden las ideas" ("Alzheimer, when the ideas get lost") Ed. Dilema 2017, an approach to Alzheimer disease from Naturopathy and TCM view.

Bachelor's in Information Sciences by the University Autónoma of Barcelona worked as a journalist for more than 25 years and was correspondent in UK and Eastern Europe as well as one of the first women war correspondent, covering the Balkan war.



Francesca Cassini Graduated in Chinese language and culture and with a living and working experience in China, Francesca Cassini is an Italian Tuina massage practitioner and teacher (in two Italian Chinese Medicine schools), member of the Italian professional association O.T.T.O. (Tuina – Qigong and Oriental Techniques Practitioners Association).

Experienced in teaching self-massage based on Chinese Medicine to small groups of people and acupuncture for labour and delivery to future dads and mums, she runs a blog in Italian on Chinese Medicine for women's health (www.benesseredonne.it) and is a contributor to other blogs and websites on Chinese medicine and women's health.

She also is a translator and interpreter working in the field of Chinese medicine (seminars, teaching materials and books).



Paola Conti – Sociologist of health, she collaborates as senior consultant and independent expert with public bodies, companies, universities and research centers.

She is in the transmission lineage of the Hu Family Yangsheng and Qigong method, recognized by Master Hu Lijuan - spiritual heir of Grand Master Hu Yaozhen.

She is specialized in Integrative

Medicine and is a researcher in Traditional Medicines field. She is TCM – Qigong and Shiatsu practitioner and teacher, working in private and public centers and hospitals since 2012 to teach therapeutic Qigong for chronic conditions (eg. cardiovascular, neurological and oncological). She takes part in several international networks and projects. She leads social and health promotion initiatives, deals with social communication and popular science: is author of several books, articles, web-magazine. She is IHUPE global registered health education and promotion practitioner.

President of O.T.T.O. (Tuina – Qigong and Oriental Techniques Practitioners) Professional Association since 2015, is the project coordinator.



Philippe Dath born in Belgium is graduated in Sound Engineering from the Institute des Arts de Diffusion, University of Louvain La Neuve, Belgium. He developed his professional career mainly in the audiovisual world: as a sound

technician of his own productions and for foreign correspondents, of news reports and entertainment programs on television networks. He collaborated for years with the Belgian production company Key News dedicated to political, economic and social news reports for different correspondents in Brussels (EU Council, PE, NATO, OUA...), at that time was also a sound technician with war correspondents until the dissolution of COMECON.

He moves to Barcelona, Spain, where he works 20 years as responsible for the sound of musical and entertainment programs at the production company Gest Music Endemol. Founder with his wife Rosa María Canas of IMNE (Institute of Natural and Energetic Medicine), of which he is currently the administrator and responsible for the online dissemination of training courses and seminars.



Jelena Lohmatova: adult educator (level VI according to the Estonian national qualification system); member of the board of the Estonian Association of Adult Educators (ANDRAS); EPALE ambassador in Estonia; member of the board of Estonian House in Narva (The Intergration Foundation of Estonia); and recipient of the award for the Best Estonian Adult Educator in 2014. Jelena has a Master's Degree in Andragogy (graduated from Tallinn University).



Jekaterina Loide lives and works in Estonia and before finding her way to Pilates, she worked actively in different fields of fitness. Her journey started with teaching aerobics and creating her own sport club, where she taught. The club has since undergone a big

transformation and has become Holistika Stúdio- an education place for adults with a focus on rehabilitation and development. In Holistika Stúdio Jekaterina, also known as Katja, teaches Pilates. In 2018, she completed Corpus Pilates Studio Comprehensive studies. Jekaterina is an andragogue, a CARE (Comprehensive Approach of Rehabilitation) specialist, Inspiraktiva HB breathing therapist and a creator of the Hingamise vägi (Power of breathing) project. She is a member of Andras and PMA. She also works in Toila SPA Hotel, where she is a movement therapy instructor and creates training and rehabilitation programs. Katja is an advocate of a healthy and a happy way of life and helps others achieve the same. She has extensive experience with health-oriented companies, creating and participating in projects in Estonia and internationally.



Martina Neuper is Heilpraktikerin since 1989 and specialized in Chinese Medicine. She studied Acupuncture and Western Herbs from 1990 to 1992 at a self directed School in Berlin. Later, 1998 – 2000, she learned Chinese Herbs. 2010 to 2011 she expanded her knowledge in Chinese Medicine by being trained

in Tuina. In 2014 she began practicing Qigong.

Martina started her own clinic in Freiburg in 1995. In 2001 she was Co-Founder of the Drei – Länder Schule e.V. and was teaching Chinese Medicine there from 2001 – 2018. Being a social worker (Diploma 1983) and having a qualification in adult education supported her by teaching adult learners.

She is a member of the AGTCM since 1995 and fulfills the general criteria of the AGTCM in advanced training.



Rolf Rothe is Heilpraktiker (non-medical practitioner) since 1995 and specialized in Chinese Medicine. 1984 – 1986 he was trained as a remedial Massagetherapist and Balneotherapist, followed 1987 by an advanced training as a Sportsphysiotherapist.

1991 and 1992 he participated in a basic training for Anmo-Tuina followed 1993 – 1996 by a 3 years training in Chinese Medicine with the emphasis on Acupuncture.

But since 1991 up until today he mainly works with Anmo-Tuina. He started lecturing about Anmo-Tuina in 1995 later followed by leading complete Anmo-Tuina courses for 1,5 years.

Up until today he´s also lecturing about Anmo-Tuina in Germany, Austria and Switzerland. Since 2016 he´s head of Drei-Länder-Schule e.V., presently the german partner of the present project.



Michel Vandelli works in Italy in the health field as Herbalist, Tuina practitioner and teacher of Eastern disciplines. Graduated in Pharmaceutical Sciences, he obtained a certificate of Tuina practitioner at the Xin Shu center in Rome.

He is a member of the Board of OTTO Professional Association and the referee for Tuina and Qigong schools in OTTO. He has been studying martial arts with Chinese, European and American masters since 1990. Founder and President of Sanjiao Association (where he teaches Qigong, Taijiquan, Kungfu, Yoga, Meditation and Tuina), he has been working with medical doctors in private and public hospitals since 2014 to teach therapeutic Qigong e Taijiquan for oncological conditions and neurological diseases like Parkinson. He has a degree in Photography and Video making, he taught Photography in a high school (graphic specialisation). He worked for 11 years as professional video maker and director of photography for Italian TVs and in different film productions between Rome and Milan. He published two photo features and two books with art reprints for the Superintendence of Cultural Heritage and for CEI (Episcopal Conference of Italy).

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Designing and disseminating a model of
integration between Yangsheng,
Health Promotion and Adult Education
with special focus on Health Literacy

Contact details

To obtain the full version of the Handbook and to have further information
on the project and the instruments, please contact the coordinator :

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