EUROPEAN SHIATSU FEDERATION



THE LITTLE BOOK OF

Shiatsu in Europe

THE HISTORY OF THE EUROPEAN SHIATSU FEDERATION

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DEDICATION

To the European Shiatsu Federation, to the associations that made it possible, and to all the people who have tirelessly supported it and brought vitality, cheerfulness and warmth to it.



ESF meeting in Madrid, February 2020

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PREFACE

It was with moderate surprise but enormous pleasure that I learned of my longtime friend and colleague Eduard Tripp's decision to write this slim volume. The surprise was merely due to the enormous workload he already shoulders, the pleasure because no one else could do the job better.

Eduard has been a servant of Shiatsu since the founding of the ÖDS, the Austrian Shiatsu Association in 1993, the year before the European Shiatsu Federation. It is therefore a source of great joy and celebration that both of the organisations Eduard has helped steer are able to celebrate not only 30 years of existence but also a very robust state of health.

The ÖDS recently achieved level 6 within the National Qualifications Framework (NQF) in Austria, this being the exact equivalent of the same level within the European Qualifications Framework in the EU. This achievement did not come easily, but was due to immense dedication, hard work and persistence, very much on the part of Eduard himself and with the full backing of the ÖDS and the ESF.

The ESF for its part is currently riding a wave of expansive development such as it has never previously enjoyed. The Austrian success is naturally a significant part of that, as are the various projects stemming from Shiatsu Without Borders, the name the ESF board gave its revised strategy in 2019 in Athens.

The ESF is currently better placed than ever to support the development of professional Shiatsu in Europe and devotes copious amounts of time and energy to cultivating relations with actors across the entire field, not only in Europe but worldwide. The recently founded Shiatsu Resources Worldwide website and social media drive provide abundant proof of this.

As this book "goes to press", the ESF is planning the first ever pan-European Shiatsu symposium in Brussels. Key players from all over the European Shiatsu community have been invited to attend, share and together plot a course for the coming period of development in the world of Shiatsu.

This Small Book of Shiatsu could not have chosen a more auspicious moment to appear.

Chris McAlister, ESF president

FOREWORD

In this volume, I attempt to describe the history of Shiatsu in Europe, its associations and the efforts to achieve legally recognised professional practice from my personal perspective, without claiming to be exhaustive or scientifically objective. This account is based primarily on the experiences I have gained during my work in the Austrian and European Shiatsu Association. Although I have endeavoured to substantiate my descriptions by exchanging information with other people and documents, my account ultimately remains subjective.

On many occasions, I have only able to observe developments in other countries from a distance or may not have been aware of them at all. Some events have probably been entirely forgotten without much attention being paid to them. Moreover, a copiously detailed account would go beyond the scope and aim of this book, which is to provide a compact overview. In addition, the history of Shiatsu has not been linear, as it has been strongly characterised by changing temporal and social contexts. A simplified presentation that emphasises key developments is therefore unavoidable.

My own Shiatsu journey began in Austria in the 1980s. After opening my practice, I deepened my understanding by teaching and co-founding the Austrian Associaton for Shiatsu in 1993. This role brought me into contact with different Shiatsu styles, inspiring people and a variety of perspectives that had a lasting impact on my view of Shiatsu and my life. In particular, professional policy work in the association required and supported a deep understanding of Shiatsu and its history in order to help shape regulations that protect practitioners, while preserving the diversity of the method.

Meaningful encounters with colleagues from the European Shiatsu Federation (ESF), congresses and exchanges with students and clients have enriched my understanding and relationship with Shiatsu. My sincere thanks go to all those who have generously shared their knowledge with me and accompanied me on this journey.

It is important for me to honour the challenges we have overcome as a Shiatsu community, and at the same time point out that our goal - a regulated and secure Shiatsu profession in our own countries and across Europe - has not yet been fully achieved. This endeavour remains a central task that I hope will soon become fully realised.

BEGINNINGS

In the early days, Shiatsu was almost unknown in Europe, although it had long been established in Japan. Very few people knew about this form of bodywork, and even misunderstandings such as the association with martial arts were still rare at the time. It was only towards the end of the 1960s and increasingly in the 1970s that Shiatsu arrived in Europe, particularly in English-speaking countries, mainly via the USA. It was also at this time that the first pioneers in Europe began offering treatments and lessons.

Professionalisation, i.e. efforts to create a uniform structure for Shiatsu training and to establish Shiatsu as a regulated profession, began in the UK, where the Shiatsu Society UK (SSUK) was founded in 1981 as the first national association in Europe. In the years that followed, further associations were formed, first in Ireland and Switzerland (1989), and later in Belgium, Italy, Germany and Austria.

At that time, Shiatsu faced major challenges: It was barely known, legally unprotected and there existed no binding training standards. Practitioners often found themselves in a legal grey area that usually only allowed them to practise with existing qualifications such as physiotherapy or massage. In some countries, there was even a threat of criminal charges and penalties.

As Shiatsu became more widespread, the development of sustainable quality standards became a central task. Well-founded training and standardised diplomas proved to be essential in order to establish Shiatsu as a serious and professional practice in the eyes of the public and political decision-makers.

Pioneers:
The First National Shiatsu Associations

1981: Shiatsu Society UK (SSUK)
1989: Shiatsu Society Ireland (SSI)
1989: Shiatsu Society Switzerland (SGS)
1990: Belgian Shiatsu Federatie/Federation Belge de Shiatsu (BSF)
1990: Federazione Italiana Shiatsu (FIS)
1992: Shiatsu Society Germany (GSD)
1993: Austrian Shiatsu Association (ÖDS)

The aim was to lay the foundations for the future of Shiatsu and to safeguard future generations of practitioners. These efforts were intended not only to consolidate the profession legally and organisationally, but also to protect the reputation of the method. After all, only high-quality training guaranteed by associations can prevent poorly trained practitioners from damaging the reputation of Shiatsu and the reputation of their colleagues.

Shiatsu teachers attach great importance to opening up career prospects for their students after their training. While some practitioners did not feel the need for official recognition as they could work within alternative communities without any problems, this was far from true for all of them. Some were able to practise Shiatsu because they already had a basic profession such as masseur or physiotherapist that enabled them to do so. Others learnt Shiatsu not primarily out of professional interest, but for personal development or for private use. However, the majority of graduates who had completed a costly and demanding training course aspired to work outside of legal grey areas.

As expected, this development was not without tensions, as the various member groups had different interests and sometimes pursued conflicting goals. For example, the commercially orientated concerns of the schools and trainers occasionally clashed with the needs of those already practising Shiatsu or those in training. Nevertheless, all those involved were united by one overriding goal: to ensure high-quality training and to create a secure professional position for Shiatsu.

To meet these challenges, some associations - such as in Austria - developed into organisations that united schools, practitioners, students and teachers to work together on the future of Shiatsu. The focus rests not only on training and professional safety, but also on promoting a positive awareness and reputation of the method among the public and political decision-makers.

THE QUESTION OF PROFESSIONALISATION

However, the path towards greater professionalisation and regulation of Shiatsu proved not to be entirely uncontroversial. On the one hand, there were those in favour, who thought it made sense to push ahead with regulation in the field of Shiatsu and to shape it themselves as far as possible, or at least to help shape it. On the other hand, there were critical voices who feared that this could jeopardise the free spirit of Shiatsu and who saw the proximity to state institutions as problematic.

Nevertheless, the majority view prevailed that a certain amount of professional and association policy work was useful. It was argued that Shiatsu would sooner or later be subject to state regulation anyway, and it would be better to play an active rather than be passive role in shaping this process. In addition, it was argued that good regulations can also create protected free spaces and thus guarantee optimal conditions for the practice of Shiatsu.

The training curricula are a good example of the balancing act between clear guidelines and requirements on the one hand and freedom for individual teaching on the other. Within the European Shiatsu Federation, a distinction was therefore made in the curriculum between different areas such as general theory, treatment techniques and diagnostic procedures. In each sub-category, there were ‘compulsory’ and ‘free’ subjects, whereby the completion of all areas was necessary to fulfil the curriculum.

Each Shiatsu school had to select a certain number of ‘free’ subjects from the curriculum, whereby the decision as to which subjects were chosen was left to the school in accordance with its content orientation. This allowed each school to set its own priorities and maintain its individual educational profile. The motto was: not equal, but equal value.

HEALTH PROFESSION OR LIBERAL PROFESSION?

In many national associations, the question of the professional categorisation of Shiatsu was a central issue, the answer to which was often complex and ambiguous. Should Shiatsu be recognised as a medical treatment, as in Japan, or would it be better to position this practice outside the regular healthcare system? Both approaches had convincing arguments.

However, the decision depended not only on the objectives of the respective associations but was also significantly influenced by the legal framework of the individual countries. These frameworks vary considerably and determine which treatments may be carried out by which professional groups and which qualifications are required to do so.

Looking back, it is clear that gaining access to the European healthcare system and achieving recognition of Shiatsu as a medical method were both far more difficult than they seemed at the time. Today, this challenge is more clearly recognisable and we understand the connections and obstacles better. At that time, however, we had not yet grasped the full extent of the complexity involved.



ESF Meeting 2022 in Greece

THE EUROPEAN SHIATSU FEDERATION SEES THE LIGHT OF DAY

In 1993, the year the European Union (EU) was founded, there were national Shiatsu associations in seven European countries. At this time, according to Douglas Gattini, who later became the first president of the European Shiatsu Federation, the Italian association suggested the founding of a European association at a meeting in Kiental. This initiative was finally followed on 1 March 1994 by the official founding of the European Shiatsu Federation (ESF) by notarial certification.

The representatives of the associations of Germany (Isi Becker), Great Britain (Karin Melby), Italy (Douglas Gattini), Austria (Bettina Flick) and Switzerland (Ester Mahag) signed the founding document.



(From left: Douglas Gattini (FIS), Karen Melbye (UKSS), Bettina Flick (ÖDS), Esther Maag (SGS) and Isi Becker (GSD); Photo courtesy of Douglas Gattini)

Founding associations of the European Shiatsu Federation, ESF

Shiatsu Society UK (SSUK)
Shiatsu Society Switzerland (SGS)
Federazione Italiana Shiatsu (FIS)
Shiatsu Society Germany (GSD)
Austrian Shiatsu Association (ÖDS)

By the turn of the century, five more national associations had joined the ESF: Ireland and Belgium in 1995, Spain and Sweden in 1996, and France, as an associate member.

The main objectives of the ESF are similar to those of the national associations, but at a higher, European level. Of particular importance is the establishment of a minimum standard for recognised Shiatsu training that is valid throughout Europe. Compliance with this standard is a precondition for membership of a national association, whereby this standard may be exceeded but not fallen short of. The association must also be open to different Shiatsu styles, so long as they fulfil the quality requirements.

Pre-2000 New ESF Members

1995: Shiatsu Society Ireland (SSI)
1995: Belgische Shiatsu Federatie (BSF)
1996: Asociación de Profesionales de Shiatsu de España (APSE)
1996: Riks Organisationen för Shiatsu (ROS)
1996: Fédération Française de Shiatsu Traditionnel (FFST) assoz.



ESF representatives and supporters in the UK, 1995, including Karen Melbye (UKSS), Bettina Flick (ÖDS), Esther Maag (SGS) and Isi Becker (GSD)

The ESF Definition of Shiatsu

Philosophical Background

Shiatsu derives its theoretical and practical roots from the ancient traditions of Far Eastern healing and philosophy. Today it is an autonomous treatment method which originated in Japan, and is influenced by Chinese and Western knowledge.

Aim

The aim of Shiatsu is to promote the processes of self-healing and personal growth through balancing the circulation of the body's energy: Ki or Chi. The wellbeing of a person as a unity of body, mind and spirit depends on the harmonic flow of this energy.

Principle

Shiatsu treatment is a form of communication through touch, based on techniques of energetic evaluation.

Form

The form of shiatsu treatment is the application of sustained pressure with thumbs, hands, elbows, knees and feet to meridians and tsubo and to other energetic and physical structures.
The form also includes rotations and stretches of limbs, joints and meridians. The posture and awareness of the practitioner are grounded in the abdomen or Hara. Shiatsu is usually given on a soft mat on the floor.

Effect

Shiatsu supports and nourishes life-force, enhances sensitivity and self-awareness and releases tension.

Application

Applied by a practitioner with appropriate training, shiatsu promotes general wellbeing and can be used as a preventative health care method.
It can also assist people through crisis, difficult life phases and processes of change. It can treat people presenting with a wide variety of physical conditions.

The primary goal of the ESF to this day is to create a legal framework so that Shiatsu can be legally practised as an independent and recognised profession in all European countries. Already in 1994, a door seemed to open that would allow direct access to the European healthcare system.

The Main Objectives of the ESF

- the Europe-wide legitimisation of Shiatsu as an independent profession in the field of alternative and complementary health professions
- mutual assistance and support in national endeavours to create a separate professional profile for Shiatsu practitioners
- the promotion and co-development of research projects relating to Shiatsu
- standardised training guidelines for Shiatsu practitioners and teachers
- promoting the exchange of experience between the individual European countries, for example in the form of international congresses and workshops
- the development of the European Shiatsu Federation as an international professional organisation

The Internal Structure of the European Shiatsu Federation

The ESF is organised as follows: Each national association sends a representative to represent the association and its interests at the European meetings. Ideally, this person should be a member of the board and involved in the work of the respective association. At the very least, it is assumed that they are informed about current professional policy issues. As the meetings are held in English, a good knowledge of English is also required.

The ESF is financed by the membership fees of the national associations, which are based on the number of members. This principle of solidarity enables larger associations to support smaller organisations with fewer members. These contributions not only finance ESF activities, but also the costs of meetings, including travel, accommodation and meals for delegates from all member associations.

At the ESF meetings, which are usually held three times a year - nowadays mostly online to save time and costs - the representatives of the member associations come together for a weekend. They discuss developments in the member countries, share experiences and coordinate national and Europe-wide strategies to advance the common goals of the Shiatsu community.

ESF representatives have a dual role: they act as ambassadors by bringing the concerns of and information from their national association to the ESF, and vice versa; they provide their association with information from other member countries and planned ESF resolutions, for example on Europe-wide measures. These topics are then discussed in the national association before they are adopted in the European Federation or adapted to national needs.



INTEGRATION INTO THE EUROPEAN HEALTHCARE SYSTEM AS A GOAL

In the 1990s, the European Union intensified its efforts to legally establish complementary and alternative medicine (CAM) alongside conventional medicine. For this reason, in 1994 the Committee on the Environment, Public Health and Consumer Protection commissioned Mr P. Lannoye to draw up a report on the legal status of non-conventional medicine. This opened up a promising opportunity for the European Shiatsu Federation (ESF) to achieve Europe-wide recognition of Shiatsu.

In the report presented on 6 March, Lannoye argued in favour of integrating non-conventional ap-proaches into the existing medical system, provided they are supported by high-quality training. Among the methods he mentioned were chiropractic, homeopathy, anthroposophic medicine, traditional Chinese medicine (including acupuncture), naturopathy, osteopathy and phytotherapy, as well as Shiatsu. This report was a promising first success for the political commitment of the ESF in Brussels and marked an important step towards the recognition of Shiatsu at European level.

However, this positive development for CAM and thus also for Shiatsu was accompanied by a difficult situation connected with Ryke Geerd Hamer and the so-called 'Olivia case'. Hamer, a German doctor whose licence to practise medicine had been revoked in 1986, had been promoting his 'New Germanic Medicine' since around 1981. This theory essentially held that mental conflicts were generally the cause of illnesses.

In the case of six-year-old Olivia, who was seriously ill with a kidney tumour, Hamer advised her parents against conventional medical treatment. In order to avoid being deprived of custody and forced treatment, the parents fled with their daughter to Spain. Olivia only returned to Austria after the Austrian Federal President intervened and she was successfully treated with conventional medicine.

This case, which caused a huge media stir across Europe at the time, led to heated debates in Austria and other countries, particularly on the part of the medical profession. It was argued that such incidents could become more frequent if non-physicians were allowed to treat patients.

This negative sentiment was reportedly the main reason why the Rresolution on the legal status of non-conventional medicine (A4-0075/97) on 29 May 1997 no longer corresponded in many respects to Paul Lannoye's original report. Nevertheless, complementary and alternative treatments - including Shiatsu - were formally recognised for the first time, and research was mandated to prove their effectiveness and safety, which was to serve as the basis for the later envisaged recognition process.

RECOGNITION NEEDS RESEARCH RESULTS

Achieving recognition for Shiatsu as a non-conventional medical treatment method, which had seemed within reach with the Lannoye Report, still seemed achievable through the EU resolution of 1997. The ESF's next step was therefore to facilitate research into the safety, effectiveness, areas of application and the complementary or alternative nature of Shiatsu.

Although the EU had provided financial resources for research into CAM methods as part of the Fifth Framework Programme, these were linked to conditions that the ESF was ultimately unable to fulfil. These included the problem of the 'gold standard' of medicine: the randomised double-blind study, which cannot be applied to Shiatsu research.

With the aim of remaining competitive for recognition as a CAM method and presenting research results that supported potential integration into the European healthcare system, the ESF succeeded in launching a qualitative study under the direction of Professor Andrew Long from the University of Leeds. This was wholly based on its own financial resources, aided by additional grants from national associations.

The Effects of Shiatsu: Findings from a Two-Country Exploratory Study

The pilot study 'The Effects of Shiatsu: Findings from a Two-Country Exploratory Study' was carried out in the UK and Germany from 2001 to 2002 under the direction of Andrew Long and Hannah Mackay. The research questions at the centre of the study were how Shiatsu is applied in practice, what experiences clients and practitioners have and what effects they perceive. A further aim was to develop standardised assessment criteria and a research protocol for the subsequent main study.

A total of 14 Shiatsu practitioners and 15 clients from the UK and Germany took part in the pilot study. The interviews with the clients focused on their experiences of Shiatsu and their perceptions of the positive and negative effects of the treatments. The interviews with practitioners focused on their assessment of treatment outcomes, the factors that helped or hindered successful treatment and their perceptions of negative effects.

The study revealed that some of the clients sought Shiatsu because of existing complaints such as joint and back pain, lack of energy, fatigue, stress or tension. Others sought treatments out of interest, curiosity or the desire to do something for themselves.

The interviews with practitioners and clients revealed a variety of immediate, short- and long-term effects of Shiatsu, which were not limited to treated problems, but also included aspects such as relaxation, sleep quality, posture and bodily awareness. The previously assumed central role of the relationship between client and practitioner was also explicitly confirmed by both.

The Effects and Experience of Shiatsu: A Cross-European Study

The three-country study led by Andrew F. Long, conducted between 2005 and 2006, explored the short and long-term effects of Shiatsu and the individual approaches of practitioners in Austria, Spain and the UK. 948 Shiatsu clients took part and 633 of them remained in the study until the end.

The typical clients in the study were women in their 40s, in good to excellent physical condition, who were already familiar with Shiatsu and sought it out to improve their health, for relaxation or for personal development. The most common reasons for their current Shiatsu sessions were the desire to maintain or improve their health, to do something for themselves and for personal development.

In the short term, Shiatsu led to more relaxation, calmness and vitality, whereas in the long term there were clear improvements in existing health complaints and an increase in general health. Positive effects such as stress reduction, improved bodily and self-awareness and a greater ability to cope with challenges were also reported. Many participants also made changes to their lifestyle, for example by exercising, changing their diet or increasing relaxation in their daily lives.

Although some clients experienced short-term negative reactions, these were found to be temporary. The study thus confirmed the safety and effectiveness of Shiatsu and its potential for health promotion and prevention.

The study was complemented by a survey of the 75 participating Shiatsu practitioners from Austria, Spain and the UK, which painted a picture of Shiatsu practitioners in those years. According to this survey, the typical practitioner was female, in her 40s and academically educated. She had been practising Shiatsu for around nine years and often had additional qualifications in alternative treatment methods. 37 percent of practitioners surveyed at the time practised in a ‘CAM clinic’, 22 percent at home or in their own practice and 16 percent worked in multiple locations.

The most commonly practised style was the Zen/Masunaga tradition, with practitioners in Austria often using this exclusively (55%), while in Spain and the UK different techniques were usually combined. Complementary methods such as moxa and cupping were frequently used, especially in Austria.

Most practitioners worked with a futon on the floor and used soft lighting, plants and other calming elements to create a pleasant atmosphere. A professional and respectful approach and a trusting treatment environment were found to be of central importance in order to make clients feel safe and secure.

Significance and Limitations of the Study

The study was launched with the hope that it would provide a key to accessing the European healthcare system. However, this hope soon gave way to disappointment. Although the study proves that Shiatsu treatments improve existing complaints - to put it more correctly, in strictly scientific terms, the study suggests that such a connection could exist - the results collected are merely subjective statements by Shiatsu recipients.

Objective data, as demanded by science and politics, is therefore not available, as the study only provides indications of a possible effect potential, but no “reliable evidence”, as it is called in research jargon. For example, there are no objective criteria for the health improvements recorded in the study, nor are there any control or comparison groups.

To summarise, the study did not provide sufficient evidence to integrate Shiatsu into the European healthcare system, as there was a lack of robust evidence of its effectiveness and safety. Further research that would have been able to fulfil the necessary criteria for securing evidence failed to materialise, mainly due to the substantial financial difficulties involved.

Nevertheless, the study was able to emphasise the commitment and ‘seriousness’ of the Shiatsu sector and did provide the ESF with the basic prerequisite for a seat on the advisory board of CAMBrella, the EU research platform for complementary medicine.

YEARS OF DESTINY

The first few years of the new millennium marked a significant turning point for the development of Shiatsu in Europe. Particularly influential for the ESF was the withdrawal of the member-strong associations from France, Germany, Italy and Switzerland and their subsequent founding of the International Shiatsu Network (ISN) in 2003. However, alongside this negative event, the same year also saw great things: in Austria, Shiatsu was established as a recognised and legally regulated profession.

France, Germany, Italy and Switzerland Go Their Own Way

The secession of the associations from France, Germany, Italy and Switzerland from the ESF was the result of a series of conflicts, both overt and subliminal. A central point of contention was the Shiatsu research project, in particular its concept, funding and implementation.

In addition, the ESF leadership's strategy of promoting the professional recognition of Shiatsu at European level and aligning it with the EU healthcare system was critically scrutinised. These endeavours required a considerable amount of time and substantial financial resources, most of which were provided by the larger associations.

The split-off associations took the view that the recognition of healthcare professions would continue to be regulated at national level in the near future. They therefore saw it as a priority to strengthen national efforts for recognition and support.

Furthermore, the focus on regulating Shiatsu as a complementary therapy practice within the health professions was criticised in some countries.

In addition to the differences in content, the separate associations also criticised the management style and communication culture within the ESF. In particular, the dominance of native English speakers was perceived as problematic, as this inequality was reflected both in the dissemination of information and in decision-making processes.

The International Shiatsu Network (ISN)

Founded in 2003 by the associations of France (FFST), Germany (GSD) Italy (FIS) and Switzerland (SGS), the main aim of the International Shiatsu Network is to serve as a platform for the exchange of information and cooperation between the member associations and to organise joint projects on a voluntary basis.

The ISN is less formally structured than the ESF and does not have Europe-wide political objectives that would require financial resources. As a result, there are no membership fees and any costs incurred (travelling expenses for delegates, meeting expenses, accommodation, etc.) are borne by the respective national associations.

The Main Objectives of the ISN

- to spread Shiatsu and to organise and represent it internationally
- to exchange cultural, historical, political and didactic experiences with Shiatsu
- to support each other with information, documents and addresses
- to discuss and pursue common interests

Shiatsu Becomes a State-Recognised Profession in Austria

The years around the turn of the millennium were of decisive importance not only for the ESF, but also for the Austrian Shiatsu Association (ÖDS) and all Austrian Shiatsu practitioners. After a phase of uncertainty and concern about the future, developments eventually took a positive turn: In 2003, Shiatsu became a legally recognised profession in Austria, the first European country to establish a trade licence and a clearly defined training and job description.

However, this development started with an unpleasant development. Until 1992, Shiatsu in Austria was considered a free profession that could be practised without any special requirements or training - a situation that the ÖDS wanted to influence. At the end of 1998, however, an unwelcome external decision was made: The Ministry of Trade and Industry classified Shiatsu as a commercial massage activity and offered Shiatsu practitioners (exclusively) a trade licence limited to Shiatsu, i.e. the right to practise Shiatsu.

Although this meant that Shiatsu could no longer be practised without any prerequisites, it could be practised by all commercial massage therapists not working in the healthcare sector - regardless of whether they had completed Shiatsu training or not.

The fact that the ÖDS was deprived of control over training, the curriculum and the qualification was particularly problematic. Instead, the Chamber of Commerce, specifically the Massage Specialist Group (Innung), became the legally responsible institution for Shiatsu.

This regulation still applies today: the voice of the ÖDS can be heard but does not have to be taken into account.

Through discussions with the Ministry of Trade and Industry, in which representatives of the ÖDS put forward their concerns, Shiatsu was gradually removed from the comprehensive control of the Chamber of Commerce over the years. At the same time, the position of the ÖDS as a specialised body was strengthened, even though its role is not formally enshrined in law.

A decisive milestone was reached in 2003: in the so-called Massage Ordinance (Massage-Verordnung) of the Ministry of Trade and Industry, Shiatsu was removed from the scope of the full massage trade and recognised as an independent method (‘holistic, self-contained system’).

This led to a legally defined, mandatory training programme based on the ÖDS curriculum and a clearly defined professional profile. In addition, the completion of the training was recognised by the trade authorities for the granting of a trade licence following a successful examination at the ÖDS.

This professional anchoring of Shiatsu in Austria was certainly made possible by the professional structures of the ÖDS but was also favoured by fortunate circumstances. Above all, the head of the section in the Ministry of Trade and Industry, who was responsible for the massage industry, played a decisive role.

He approached the association's concerns openly and impartially, recognised its potential and seriousness and ultimately supported its concerns.

In this context, the European anchoring of Shiatsu within the ESF and the recognition of Shiatsu as a CAM method in the Lannoye Report were of considerable importance.



INTEGRATION INTO THE EUROPEAN HEALTHCARE SYSTEM

While the French, German, Italian and Swiss associations who had left the ESF renounced Europe-wide political goals, the ESF remained true to its European orientation and stuck to its ambition of integrating Shiatsu into the European healthcare system in the long term.

In order to better understand the steps that follow, it is important to know more about the organisations involved. It is also important to understand that the ESF came to recognise that the integration of Shiatsu into the European healthcare system could only be realised through cooperation with other methods and professional interest groups, and that individual alternative methods alone would not have the necessary lobbying power at European level. Rather, the key to possible success lay in combining forces pursuing the same goal.

For this reason, the ESF, together with other associations representing CAM methods, including the European Central Council of Homeopaths (ECCH) and the European Herbal & Traditional Medicine Practitioners Association (EHTPA), founded the European Federation for Complementary and Alternative Medicine (EFCAM).

This forum was to specifically lobby in support of CAM methods, including Shiatsu. At the same time, attempts were made to distance the concept of complementary and alternative medicine from the purely medical context and to include preventive healthcare in a broader sense.

In the early 2000's, the ESF became aware of the European Public Health Alliance (EPHA), a non-governmental organisation (NGO) based in Brussels. EPHA brought together a wide range of stakeholders with different viewpoints on health policy and practice-related issues in the field of public health. The ESF joined EPHA to integrate complementary and alternative medicine (CAM) into European public healthcare, since EPHA was seen to provide access to European institutions and a wide contact network.

Thanks to the involvement of numerous CAM representatives, EPHA was able to deepen the understanding of CAM methods within the EU, weakening and occasionallyeven silencing critical voices against CAM.

It was not until 2023, when the political possibilities of EPHA were no longer considered necessary for the current direction of the ESF, that the ESF terminated its membership.

In 2010, the European Commission initiated the CAMbrella project, with the aim of producing a comprehensive analysis of CAM status in Europe.

The project analysed the legal framework, attitudes and needs of EU citizens and the possible development of a research network. The project ran until the end of 2012 and was intended to create a basis for future political decisions. The ESF, represented by Seamus Connolly, was involved in the project.

Relevant EU organisations

EFCAM (European Federation for Complementary and Alternative Medicine)
CAMDOC (CamDoc Alliance)
EUROCAM
EPHA (European Public Health Alliance)
EUHPF (European Health Forum)
CAMbrella (European Research Network for Complementary and Alternative Medicine)



ESF Meeting 2022 in Greece

European Institutions in the Health Sector

EFCAM (European Federation for Complementary and Alternative Medicine)

EFCAM was founded in 2004 to serve as an umbrella organisation for CAM and preventive healthcare. The aim of EFCAM is to represent the common interests of therapists, patients and users of complementary and alternative health methods within the European Union. The ESF was one of its founding members.

CAMDOC (CamDoc Alliance)

While EFCAM represents both medical and non-medical practitioners of CAM, CAMDOC currently represents 120 European associations, comprising solely doctors who practise complementary medicine.

CAMDOC strives for the integration of proven and recognised CAM methods into European health policy, while opposing the practice of CAM by non-physicians.

Aims of EFCAM

- Ensuring freedom of choice in healthcare for the European population
- Improving access and availability of CAM services for the European public
- Promoting the recognition of CAM practices
- Ensuring the legal right to practice for appropriately trained and regulated CAM practitioners in Europe
- Integration of CAM into EU health policies and strategies
- Advising on regulatory structures and processes that are appropriate for CAM disciplines
- Ensuring the participation of CAM experts in EU research projects in the field of CAM

EPHA (European Public Health Alliance)

EPHA, the European Public Health Alliance, is a coalition of organisations working to improve public health in Europe. Its aim is to promote access to quality healthcare for all people in Europe, reduce health inequalities and achieve greater integration of health considerations into EU policies. EPHA works with policy makers, non-governmental organisations and other stakeholders to drive health policy reform at the European level.

EPHA brings together diverse interests in a large European organisation and aligns them towards a common goal: the promotion of practices, policies and strategies to improve public health and the well-being of European citizens. EPHA's diversity of approaches and flexibility, as well as its ability to constructively bring together different positions, has earned it a high reputation in the European Parliament and the European Commission.

EUROCAM

EUROCAM is a European organisation that represents the interests of patients and practitioners of complementary and alternative medicine (CAM) therapies. Originally, it combined CAMDOC and EFCAM to represent the interests of both medical and non-medical practitioners in CAM therapies. Today, however, EUROCAM focuses on organisations with roots in the healthcare sector, in particular doctors, veterinarians and alternative practitioners who promote one or more CAM therapies that are recognised and widely practised in several countries. These include acupuncture, Ayurveda, homeopathy and traditional Chinese medicine.

EUHPF (European Health Policy Forum)

The European Health Policy Forum (EUHPF) was founded in 2001 and served as an important platform for experts and political decision-makers. It acted as an advisory forum to the European Commission's Directorate-General for Health and Food Safety (DG SANCO, now DG SANTE) and thus had a direct influence on European health policy. Its main objectives were to promote exchange and co-operation between public health professionals and health institutions. Membership of the EUHPF also enabled participation in EU consultations and programmes, such as the AHAIP (Active and Healthy Aging Innovation Partnership), where EFCAM represented the interests of CAM methods.

Objectives of the European Health Policy Forum

- Provide a channel of communication between policy makers and stakeholders on EU health policy issues
- Enable stakeholders to contribute to EU health policy by identifying emerging health issues, proposing policy options or shaping and providing feedback on policy proposals and implementation measures
- Support the implementation of the EU Health Strategy through health advocacy and other appropriate means and tools at EU, national, regional and local levels
- Enable health actors at national and local level to define EU-wide work that supports their agenda
- Define European work packages relevant to a broader range of health actors, e.g. youth, lifestyle, workplace, health promotion or hygiene and infection prevention

CAMbrella
(European Research Network for Complementary and Alternative Medicine)

CAMbrella was an EU-funded project with the aim of developing a research road map for future EU-funded research into CAM methods, regarding the extent to which complementary and alternative methods are relevant to the health needs of European citizens. Besides Seamus Connolly (ESF), however, only two other members, Stephen Gordon (ECCH) and Michael McIntyre (EHTPA) supported the inclusion of non-physician CAM methods.

Research for CAM

The final CAMbrella report, written by George Lewith, a professor of health research at the University of Southampton and a member of CAMbrella, appeared in the Guardian Professional in November 2012. It pointed out that the US, China, Australia and India had clear, government-funded and strategic approaches to CAM research, whereas the European Union did not, even though many people in Europe use CAM as a method of self-care. Future research should therefore focus on the most widely used CAM treatments and their contribution to tackling the most common, disabling, chronic and costly conditions.

Regarding the results of CAMbrella, it should be noted that the 'gold standard' of medicine, the randomised double-blind trial (RCT), was originally developed for testing pharmacological agents. In this specific context, the approach makes sense, as it tests the efficacy of an active ingredient without the influence of placebo effects and also records possible side effects.

However, when it comes to evaluating the effectiveness of treatment methods, this approach has been critically questioned by some researchers, including Professor Andrew Long, who led the ESF study.

For example, how 'effectiveness' is defined is crucial: as 'efficacy' (effectiveness under controlled conditions) or 'effectiveness' (actual benefit in everyday life). In complementary and alternative methods, 'context and meaning' research often plays an essential role, in which the focus is on understanding phenomena in a social and cultural context, as is common in the humanities and social sciences. This stands in sharp contrast to purely quantitative methods or isolated data collection.

The broader perspective on effectiveness would have represented a significant advance in CAM research, but ultimately remained out of reach 'in the reality of CAMbrella'.

Efficacy studies are generally used to investigate the effect of a specific treatment method. The test group is compared with at least one control group with an alternative treatment, a placebo treatment or no treatment. The prerequisite is that the participants in the study have a specific disease. People with multiple conditions are usually excluded. The therapists receive precise instructions on how to carry out the treatment and are monitored during the study. The patients themselves usually only receive a small number of treatments. While the therapists and patients know which treatment is being used, the diagnosticians conducting the tests remain unaware of which group the patients are assigned to. Efficacy studies are often very time-consuming and costly.

In contrast, effectiveness studies investigate the extent to which 'normal' patients benefit from a 'real' therapy. In these studies, people who have already started or completed therapy are interviewed and analysed. The researchers have no influence on the therapy itself and cannot select patients or assign therapists according to certain criteria. There are therefore no control or placebo groups for comparison. Patients with multiple complaints can also take part in these studies. As the patients are already undergoing treatment before they become part of the study, neither the patients nor the therapists know at the start of therapy that they will be taking part in a study.

Effectiveness studies are less time-consuming and cost-intensive and can therefore be conducted more easily with a large number of participants. They do, however, have the disadvantage that patients are generally only examined and interviewed retrospectively, which can also lead to erroneous results through clouded memories.

Efficacy refers to the extent to which a drug/treatment can achieve its intended effect under ideal circumstances, e.g. in a randomised clinical trial .

Effectiveness refers to the extent to which a drug achieves its intended effect in the usual clinical setting (everyday conditions).

JOINT LOBBYING

According to CAMbrella's final report from 2012, there were around 328,000 registered CAM providers in Europe. These consisted of around 178,000 non-medical practitioners and 150,000 doctors. However, other estimates indicate an even higher number of non-medical CAM practitioners.

EFCAM, which mainly represents non-medical practitioners, had around 170,000 members in Europe in the same year, giving it significantly more political clout than the European Shiatsu Association alone. According to the ESF, legal recognition of Shiatsu could therefore only realistically be achieved through an association with other, comparable methods, as individual methods such as Shiatsu alone had little chance of being recognised by European institutions.

What does lobbying mean?

Lobbying refers to the targeted exertion of influence on political decision-makers in order to represent and enforce certain interests, concerns or demands.

Although lobbying often has a negative reputation, it also offers the opportunity to realise one's own goals. Those who are not actively involved have no opportunity to help shape the future.

As the saying goes:
Those who take it get what's going.
Those who don't get what's left.

The Practice of CAM

The legal situation for the professional practice of CAM was - and essentially still is - extremely inconsistent in Europe and varies greatly from country to country. To put it bluntly, there were as many regulations as there were EU member states. In some countries, the use of CAM was reserved exclusively for doctors, often regardless of whether or not they were specifically trained in the method in question.

In most other countries, non-physician CAM practitioners were tolerated, but without formal recognition or legal regulation, which meant that they often worked in a legal grey area. Furthermore, training in CAM methods was not standardised for either doctors or non-doctors. .

While some methods had established voluntary training standards across Europe, these were usually organised by private institutions. University programmes for CAM were rare, and the quality of training varied greatly depending on the method and provider.

A key objective was to create comparable framework conditions for high-quality training and to ensure the safe application of the methods for patients and consumers. It was clear that different methods also entail different requirements.

This goal was later paralleled in the European Qualifications Framework (EQF), which only gained significance for the European Shiatsu Federation (ESF) several years later.

Arguments in favour of regulating CAM

- CAM is used by at least 328,000 doctors and non-doctors (source: CAMbrella; the actual figure is probably much higher)
- Up to 86 per cent of EU citizens use CAM, depending on the publication
- The majority of CAM treatments are provided privately, i.e. outside the official healthcare system
- It is mainly better-off/wealthier people who can afford CAM to promote and maintain their health
- Many EU citizens do not have access to relevant information about CAM and are therefore unable to make informed decisions about their health
- Research data suggests that people who use CAM value the practitioner-client relationship with its holistic and person-centred approach and view CAM as safe
- CAM can be used independently of conventional medicine or alongside it
- The role of CAM is broader than that of conventional medicine and ranges from support and education for general wellbeing, health literacy, health maintenance, disease prevention (especially chronic disease), treatment of a wide range of conditions, palliative care and supportive end of life care
- There is evidence that the use of CAM is cost-effective

Conclusion

The reliance on private providers, the lack of independent sources with reliable information, the lack of binding and qualitative training guidelines, as well as the lack of reliable data on the safety of CAM applications create barriers to access, reliable information and safe, trustworthy treatments.

CAM conference and Shiatsu Presentation in the European Parliament

The highlight of the political activities of this period for complementary and alternative treatment methods was the first and to date only CAM conference in the European Parliament. It was held on 9 October 2012 under the motto 'Complementary and Alternative Medicine - Innovation and Added Value for European Healthcare'. In order to make the conference possible, MEPs had to be recruited as hosts, in this case one each from Romania, Finland and Slovenia.

The event was organised by EFCAM, while the European Commission covered the costs. This was the first time that a project in the field of CAM was directly supported by the EU. The conference was accompanied by a three-day exhibition in which Shiatsu was represented by the European Shiatsu Federation (ESF).

Against the background that at least 25 per cent of the population across Europe make use of complementary and alternative treatment methods - mostly at their own expense - it was emphasised that all CAM methods have a holistic approach to people's health and well-being in common. The focus was on supporting the self-regulating health and healing powers of the individual.

Medical and non-medical CAM

In the European Union, there are two main interest groups in the field of CAM: on the one hand, organisations that are in favour of 'medical' or 'integrated' CAM, which may only be practised by doctors, and on the other, those that support non-physicians also being able to practise CAM and focus on health maintenance and prevention.

The differences between the two groups lie not in the CAM-specific training involved but rather in the medical background of the doctors, which gives them a fundamental right to use their methods. A few countries provide exceptions, such as Germany, where alternative practitioners (Heilpraktiker) enjoy a special status. However, both interest groups are united by the desire to have their treatment methods recognised and integrated into the European healthcare system.

The founding of EFCAM was characterised by a common goal that united the interests of medical and non-medical CAM users. This community spirit lasted for many years. However, after the successful CAM conference in the European Parliament, tensions arose: Several associations left EFCAM and joined EUROCAM - an initiative originally founded jointly by EFCAM and medical CAM organisations. However, EUROCAM increasingly came to be dominated by CAM doctors, which effectively relegated EFCAM to the sidelines. The situation was exacerbated by the fact that EFCAM lost two more members shortly afterwards due to financial matters.

HEALTH PROMOTION INSTEAD OF TREATMENT

The non-physician organisations increasingly realised that it was almost impossible for non-physician CAM modalities to be integrated into the European healthcare system. One of the main reasons for this was the uni-lateral curtailing of cooperation with the medical associations, which had previously made joint strategy possible.

The medical organisations now increasingly pursued the goal of having CAM methods recognised exclusively as part of their medical practice. In doing so, they deliberately marginalised non-physician therapists and made it considerably more difficult for them to gain access to possible integration into the healthcare system.

In order to circumvent the 'medical opposition' and still achieve de facto recognition, EFCAM focused on the contribution of CAM to health promotion and maintenance.

Complementary and alternative methods offer a wide range of support: they not only promote prevention and well-being, but also strengthen health literacy and make valuable contributions in areas such as chronic disease management, palliative care and end-of-life support. Unlike conventional medicine, which is primarily aimed at treating illness, CAM approaches focus on maintaining health and general wellbeing.

In the early years, efforts focused on highlighting the added value of CAM for holistic health promotion. However, this approach ultimately had to be abandoned, because while this perspective met with approval at lower political levels in Brussels, it met with resistance at higher levels.

There was an increasing insistence on scientific evidence for the effectiveness and safety of CAM methods. This evidence-based foundation was seen as an essential prerequisite for informed policy decisions.

In addition, there was a lack of political interest and the necessary pressure to implement the comprehensive regulation of CAM originally envisaged in the 1997 resolution. The initial plan was to have this in place by 2005, but without this crucial support, the chances of integrating CAM into the European healthcare system were virtually non-existent.

This change of focus was in line with the health objectives and concepts of the European Union, which had established the principle of 'Health in All Policies' as a guideline in 2006. This concept is based on the realisation that only 10 to 40 percent of health status and life expectancy are directly attributable to medical care.

This was clearly stated by the German Council of Experts on Concerted Action in Health Care, which maintained that an effective health policy requires close cooperation with other policy areas, since living and working conditions have a significant influence on the health of the population. Health policy should be designed in an integrative manner, for example by aligning social, educational, environmental, labour market, transport and economic policies to promote health.

This recognises that the key factors influencing health often lie outside the traditional healthcare system. Decisions in these areas can have considerable positive and negative effects on the health of the population.

The implementation of such a holistic approach should lead to an improved quality of life and a higher level of health in the long term.

European health policy pursued several central objectives: improving the general health of citizens and preventing chronic, often lifestyle-related diseases, the so-called 'diseases of civilisation'. Other objectives were to lower healthcare costs, reduce sickness-related absences from work and minimise the associated productivity losses.

The EU also aimed to reduce social inequalities, extend the lifespan of its citizens in good health by at least two years and in doing so, promote economic growth.

EFCAM and the ESF thus increasingly shifted their focus from integration into the healthcare system to a stronger emphasis on the contribution of CAM to maintaining and promoting health. The strategy shifted to a public health approach that prioritised wellbeing, prevention and health promotion and emphasised complementary and alternative sustainable health care rather than just treating illness.

It was believed this approach would enable CAM to gain acceptance through political and economic partnerships. The representatives of complementary and alternative medicine believed that the demonstrable benefits of CAM methods would make an important contribution to the recognition and regulation of CAM.

The aim was to establish CAM as an integral part of a more comprehensive, prevention-orientated healthcare strategy.

AUTHORISATION TO PRACTISE

However, efforts to establish CAM as a preventive approach in the field of public health also met with little approval and increasingly failed due to the question of evidence, i.e. the lack of scientific proof of effectiveness and safety.

Therefore, the strategic focus now turned to the 'right to work' to enable CAM providers to offer cross-border services within Europe without additional work permits, if national labour laws were complied with. Another feature of the strategy was the 'cross-border right', which is intended to promote both the use and provision of cross-border services under standardised regulations.

Lobbying for the recognition of CAM therefore shifted to labour law issues and the general right to practise a profession. According to estimates, around half a million people practised CAM in Europe in 2015, many of whom were not officially recorded in statistics.

In a meeting with the Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW), Seamus Connolly, then political representative of the ESF and President of EFCAM, emphasised that the economic importance of CAM is considerable: with a rough estimate of 500,000 CAM providers and ten clients per week per provider, the potential turnover volume of all medical and non-medical CAM providers amounts to over 8 billion euros per year.

It would have been easy if the EU regulations had been designed in such a way that a profession recognised in one EU country could be practised in other member states without further ado. In this case, the recognition of Shiatsu in Austria would have meant a breakthrough for the whole of Europe. However, this is not the case, as the individual EU countries each have their own recognition procedures for professions.

Furthermore, even though there is no official regulation that explicitly states this, ESF representatives have been given the signal that a profession is only recognised throughout Europe if it is approved in at least three EU member states.

By 2018, the European Shiatsu Federation had begun to realise that Europe-wide recognition and authorisation to practise Shiatsu could not be achieved through direct lobbying in Brussels. In addition, both financial concerns and the resignation of Seamus Connolly, who had previously been largely responsible for lobbying, made it practically impossible to continue the previous strategy. The association therefore changed its approach to the current strategy, in which the European Qualifications Framework (EQF) plays a central role.

THE DYNAMICS OF EUROPEAN AND NATIONAL ASSOCIATIONS

So far, this 'journey through time' has focused primarily on the European political activities of the ESF. The aim is now to provide deeper insight into the history of the associations at both pan-European and national levels.

Naturally, developments have not always been linear, and not all national organisations are members of one of the major pan-European federations.

Members of the European Shiatsu Federation (ESF)

At the beginning of the new millennium, as already mentioned, the ESF was considerably weakened by the withdrawal of the four national associations with large memberships - France, Germany, Italy and Switzerland. Despite this serious break, the federation has managed to continuously gain new members over the years, with the result that it now represents ten national associations

National Shiatsu Associations

Developments in the ESF often reflect the specific circumstances and dynamics in the individual countries. For example, the Italian association FIS (now FISieo) left the ESF back in 2002, whereupon the Italian association Federshiatsu joined in 2009. In 2016, Federshiatsu merged with COS (Coordinamento Operatori Shiatsu), an association that was founded in 2001. Today, COS represents Italy in the ESF.

There was a different development in the UK, where the British association SSUK left the ESF in 2017 due to internal problems, but rejoined in 2022.

In many countries, however, the development of national associations has been quite 'straightforward'. Austria, Greece and Switzerland, for example, each have an association that belongs to one of the pan-European associations (ESF or ISN). In Portugal and the Netherlands, on the other hand, there are associations and umbrella organisations that have no connection to the ESF.

ESF members 2024

Austria: Österreichischer Dachverband Shiatsu (ÖDS)
Belgium: Belgische Shiatsu Federatie (BSF)
Czech Republic: Česká Asociace Shiatsu (CAS)
Greece: Ελληνική Εταιρεία Σιάτσου (HSS)
Hungary: Magyar Shiatsu Egyesület (MASHITE)
Ireland: Shiatsu Society Ireland (SSI)
Italy: Coordinamento Operatori Shiatsu (COS)
Spain: Associacion de Profesionales de Shiatsu de España (APSE)
Sweden: Kroppsterapeuternas Yrkesförbund (KrY)
United Kingdom: Shiatsu Society UK (SSUK)

A closer look reveals that the Shiatsu landscape in some countries is more complex than a first glance might suggest. One example of this is **Germany**: in addition to the Gesellschaft für Shiatsu in Deutschland (GSD), which was a founding member of both the ESF and later the ISN, there is also the ShenDo Shiatsu Association. This association is only open to graduates of the ShenDo Shiatsu method and represents a specific undercurrent within the German Shiatsu movement.

The landscape in **Italy** is comparatively more complex. The Federazione Italiana Shiatsu (FIS, FISeo from 2012), a founding member of the European Shiatsu Federation (ESF), was founded in 1990. Nine years later, a group split off and founded the alternative organisation, APOS. In 2001, the Collegio Operatori Shiatsu (COS, from 2012: Coordinamento Operatori Shiatsu) was founded. In 2002, FIS left the ESF and, together with the FFST, GSD and SGS, founded the International Shiatsu Network (ISN) in 2003.

A further split from the FIS followed in 2005 with the founding of FederShiatsu, which was a member of the ESF from 2009 until the end of 2015, before its merger with COS, and co-operated with APOS. COS has been a member of the ESF since this merger.

Developments and adjustments in the membership status of the ESF after 2000

2003: Ελληνική Εταιρεία Σιάτσου, HSS (Griechenland)
2004: Česká Asociace Shiatsu, ČAS (Tschechien)
2005: Riks Organisationen för Shiatsu, ROS, becomes Swedish Shiatsu Federation, SSF
2009: Federshiatsu (Italien)
2010: Swedish Shiatsu Federation, SSF, merges with Kroppsterapeuternas Yrkesförbund, KrY
2016: Federshiatsu merges with Coordinamento Operatori Shiatsu, COS (Italien)
2017: Austritt Shiatsu Society UK, UKSS (Großbritannien)
2020: Magyar Shiatsu Társaságot, MASHITA (Ungarn)
2022: Wiedereintritt Shiatsu Society UK, UKSS (Großbritannien)
2022: Magyar Shiatsu Társaságot merges with Országos Shiatsu Egyesület zu Magyar Shiatsu Egyesület,MAHITE

Most recently, in January 2023, COS, FISieo and APOS initiated the ‘Professione Shiatsu’ project, which aims to strengthen cooperation between these organisations on several levels.

The **French Shiatsu landscape** is also characterised by remarkable diversity. In addition to the Fédération Française de Shiatsu Traditionnel (FFST), which was an associate member of the ESF from 1996 to 2003 and later a founding member of the ISN, the Syndicat Professionnel de Shiatsu (SPS) has been in collegial contact with the ESF for some time. Through the SPS, which is organised as a trade union, Shiatsu practitioners can obtain the state-recognised professional title 'Spécialiste en Shiatsu', which is listed in the National Register of Professional Certifications (Registre National des Certifications Professionnelles, RNCP).

There are also a number of other associations that represent different approaches and specialisations but also reflect methodological and content-related orientations. These include the Fédération France-Shiatsu, the Francophone Union of Therapeutic Shiatsu Professionals, the Société Française du Shiatsu, the Syndicat National de Shiatsu Professionnel and the Fédération Française de Shiatsu Masunaga.

ESF and ISN working in partnership

In the first few years after the International Shiatsu Network (ISN) split from the European Shiatsu Federation (ESF), there was a phase of 'tense silence' and mutual ignorance between the two organisations. A first meeting finally took place in autumn 2004 at the European Shiatsu Congress initiated by Wilfried Rappenecker in Kiental in the Bernese Oberland of Switzerland. Here, both the ESF and the ISN presented themselves to the participants, which laid the foundation for a gradual rapprochement and potential future co-operation.

Cooperation between Shiatsu representatives from Austria, Germany and Switzerland, as suggested by Eduard Tripp, seemed reasonable and necessary, as these countries had different professional policy positions for Shiatsu: in Austria, Shiatsu was clearly legally anchored as a profession outside the healthcare system. Switzerland, on the other hand, was attempting to establish Shiatsu as a health profession through the framework of complementary therapy. In Germany, on the other hand, Shiatsu was seen as versatile, both within and outside the healthcare

system, depending on the field of application, required qualifications, additional qualifications and objectives.

The intended three-way talks ultimately led to Eduard Tripp, the professional representative of the ÖDS, and Astrid Polletin, the ESF representative, taking part in several ISN meetings from 2005 onwards, where they exchanged ideas with representatives from France, Germany, Italy and Switzerland.

Against the backdrop of these informal meetings, the first official dialogue between ISN representatives and ESF representatives David Home and Frans Copers, as well as Eduard Tripp, took place in spring 2009 at the ISN meeting during the FIS Rome Congress, at the invitation of the ISN.

Political demands of the ISN

- National Shiatsu associations should be accepted as partners in negotiations on the national regulation of Shiatsu.
- It should be accepted that the definition of Shiatsu, the professional profile, the professional training, the code of ethics and other instruments of quality development and control are the actual task of the national Shiatsu associations.
- The ISN should be recognised as the international representative of its national Shiatsu associations.
- Shiatsu should be recognised as an independent, natural, holistic method and discipline for the promotion of health, practised without risk to the recipient.
- It should be recognised that Shiatsu is practised as a profession with the aim of promoting health, even if it is applied to people with health disorders or illnesses.
- To recognise that the professional practice of Shiatsu requires qualifications that meet the standards of ISN members, even when practised in the context of other professions.

This meeting marked a turning point in the relationship between the two organisations and it was decided to work together at the European level.

This cooperation was initially aimed at developing a common definition of Shiatsu and a standardised curriculum. The tenor of the agreement was that there are two European associations with a slightly different self-image and different strategies working together on the recognition of Shiatsu in Europe and developing joint projects in working groups.

The second meeting took place in Prague in October 2010, where the ESF raised the question for the first time of whether the ISN, which had not previously pursued any clear European policy objectives, would also like to take on an active role in EU lobbying in the future.

Following the drafting of a mutual commitment paper and a 'presidential meeting' between Frank Seemann and Frans Copers in July 2011, the joint work results were finally presented at the 2011 Kiental Congress.

For the ISN, the main focus was on developing a common Shiatsu definition and a standardised curriculum. In contrast, the ISN considered targeted lobbying at EU level to be less relevant. In the opinion of its members, the national differences were too great for this, so that they considered Europe-wide recognition of Shiatsu to be more of a 'bottom-up' process.

The ISN's lack of enthusiasm for lobbying for the recognition of Shiatsu as part of CAM at EU level and probably also the associated expectation of the ESF that the ISN would provide financial resources for this process, as well as continuing reservations about individual personalities, meant that the joint project soon ran out of steam and faded back into obscurity.

The Shiatsu Manifesto of the ISN, which was published in 2013 and includes a common definition of Shiatsu, was the result of a long and intensive coordination process in order to do justice to all member associations.

Complementary therapy (KomplementärTherapie) in Switzerland

Despite its central location in Europe, the professional recognition of Shiatsu in Switzerland developed independently and was strongly influenced by the special Swiss insurance system. This is based on privately organised health insurance funds that are subject to strict state control. Each health insurance fund offers statutory basic insurance that is available to all citizens.

There is competition between the individual health insurance funds, but the standardised catalogue of benefits is prescribed by the state. In addition, there are private supplementary insurances for services that go beyond basic care.

With the introduction of the Vocational Training Act (BBG) in 2004, the Shiatsu Society of Switzerland (SGS) received the legal basis to pursue the recognition of Shiatsu as a profession. The responsible Federal Office for Professional Education and Technology (BBT) promoted independent solutions by the professional organisations.

However, it was emphasised that individual methods should not be recognised in isolation but instead embedded in a common professional profile. This led to the establishment of the professional field of 'complementary therapist', which combines methods such as Shiatsu, Ayurveda, yoga, structural integration and Feldenkrais.

As early as 1996, around 30 professional organisations formed the interest group 'Natural Methods in Healthcare' (IGMG). This gave rise to the umbrella organisation Xund in 2000, which developed a modular training programme in the field of complementary therapy. This initiative was later merged into the 'Organisation of the Working World of Complementary Therapy' (OdA KT), which has since pooled the interests of its members.

The SGS worked on specific professional profiles for Shiatsu therapists and the umbrella organisation Xund on an overarching profile for complementary therapists, while the Swiss Red Cross formulated the general health principles for the profession, known as 'Tronc Commun'. These form the basis for the federal recognition of health professions at a tertiary level which requires a higher professional qualification, such as physiotherapy or occupational therapy.

Complementary and alternative medicine (CAM) was divided into two professional profiles in 2005: 'ComplementaryTherapy' (KomplementärTherapie) and 'Alternative-Medicine' (AlternativMedizin). While complementary therapy is process-and method-led, alternative medicine encompasses medical systems such as homeopathy or traditional Chinese medicine (TCM) and can include invasive methods and prescriptions.

With the popular initiative 'Yes to complementary medicine' ('Ja zur Komplementärmedizin) in 2005, the vocational training project was initially paused. Following the withdrawal of the initiative and a successful counter-proposal 'Future with complementary medicine' ('Zukunft mit Komplementärmedizin') in 2009 - which was accepted with 67% approval - the vocational training project was resumed. This led to the official introduction of the federal diploma for complementary therapists in 2015, which gave the profession a high level of recognition and a stable legal basis.

'KomplementärTherapie'

- Complementary therapy refers to a range of therapeutic methods that holistically promote the recovery of people with complaints or illnesses, impaired health or performance. Complementary therapists work on and with the body and use touch, movement, breathing and energy work - always in conjunction with guidance and dialogue.
- The aims of complementary therapy treatment are to strengthen physical and psychological self-regulation, promote self-awareness and recovery skills. The client and therapist work together towards these goals in a holistic, actively developing process.
- As a healthcare professional, the complementary therapist aligns the treatment with the unique overall picture of their client. They take the body, its form and expression as well as the client's experience and feelings as the starting point for their approach. Her method is based on the principles of complementary therapy. The therapeutic, verbal and non-verbal dialogue is at the heart of the joint process.

FOCUS ON RESEARCH

The importance of research for integration into the European healthcare system first became clear with the EU resolution in 1997, and in the following years it increasingly came to be recognised that professional recognition in the medical and preventive field is clearly linked to the proof of robust evidence. Although the study by Andrew Long commissioned by the ESF is a step in the right direction, it does not yet meet the required scientific standards.

An analysis of the scientific study situation on Shiatsu, commissioned by the Shiatsu Society UK and published in 2006, revealed that only five studies existed, but their significance was to be categorised as low due to low case numbers, problematic selection criteria, lack of control groups and lack of 'blinding'. Overall, there was a considerable lack of reliable data on Shiatsu. The subsequent investigation in 2011 also found that the study situation with a total of nine studies - including one controlled-randomised, three controlled-non-randomised and three uncontrolled studies - was still sparse and of insufficient quality.

However, interest in scientific evidence for Shiatsu comes not only from within its own ranks, but also from healthcare providers and researchers who evaluate alternative medicine methods for their scientific validity, such as on the 'Natural Standard' platform (now known as 'Natural Medicines'). Shiatsu, acupressure and tuina were jointly evaluated there, as research in 2013 showed, with the analysis confirming that these methods have a demonstrably positive effect, particularly for the treatment of nausea.

The effectiveness in this area was primarily attributed to studies on the treatment of acupressure point P6. However, positive results were also observed in the treatment of anxiety and general pain. For complaints such as asthma, COPD, dysmenorrhoea, headaches, shoulder pain and hypertension (among others), the evidence was unclear. However, no efficacy was found for use to support weight loss/obesity.

In a later search in 2018, Shiatsu was cited as an independent therapy method that is considered 'probably safe' and 'possibly also safe' to use during pregnancy and breastfeeding. According to 'Natural Medicines', although no conclusive statements can be made about its effectiveness based on the current data, some studies show indications of positive effects in four areas of application: Relief of back pain, support during labour, recovery after abdominal surgery and improvement in quality of life.

An analysis of the scientific study situation on Shiatsu, commissioned by the Shiatsu Society UK and published in 2006, revealed that only five studies existed, but their significance was to be categorised as low due to low case numbers, problematic selection criteria, lack of control groups and lack of 'blinding'. Overall, there was a considerable lack of reliable data on Shiatsu. The subsequent investigation in 2011 also found that the study situation with a total of nine studies - including one controlled-randomised, three controlled-non-randomised and three uncontrolled studies - was still sparse and of insufficient quality.

However, interest in scientific evidence for Shiatsu comes not only from within its own ranks, but also from healthcare providers and researchers who evaluate alternative medicine methods for their scientific validity, such as on the 'Natural Standard' platform (now known as 'Natural Medicines'). Shiatsu, acupressure and tuina were jointly evaluated there, as research in 2013 showed, with the analysis confirming that these methods have a demonstrably positive effect, particularly for the treatment of nausea.

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Within the Shiatsu community, the topic of research has become increasingly important, particularly since the 2017 European Shiatsu Congress in Vienna, and has led to the founding of the Shiatsu Research Network.

This platform is intended to promote the development and support of scientific research projects and at the same time strengthen the exchange of knowledge and expertise within the Shiatsu world. The network also lists Shiatsu studies and provides a comprehensive overview of the research situation up to and including 2021.

The Austrian Shiatsu association (ÖDS) also dedicated its focus during 2019 to the topic of research and the question of what kind of research would be necessary for a well-founded recognition of Shiatsu. In an international panel discussion, experts such as Fernando Cabo (GB), Achim Schrievers (G), Karin Koers (G), Patrizia Stefanini (IT), Dr Kristina Pfeifer (A) and Eduard Tripp (A) discussed whether Shiatsu actually needs research and if so, which scientific approaches would be useful.

The spectrum of possibilities discussed ranged from 'classic' medical research approaches through basic research to new methods of research and documentation better suited to Shiatsu. Case studies (case reports) were mentioned as a cost-effective and easy-to-implement option for scientifically documenting the positive effects of Shiatsu. However, their scientific significance remains limited since they are not included in meta-analyses.

The 'N-of-1' study approach, in which effects can be analysed specifically on individuals, has not yet been seriously addressed. One example of this approach is the study published in 2019 by Stergios Tsiormpatzis on the effect of Shiatsu on the quality of life of a person with secondary progressive multiple sclerosis. The 'N-of-1' method is particularly suitable when a 'classic' randomised, placebo-controlled clinical trial is not feasible, for example to determine whether specific small groups of people or individuals who deviate from the average could benefit from treatment.

Encouragingly, the results of a recently published systematic review led by Brazilian researcher Janaína M. Cardim in 2023 emphasise the holistic approach of Shiatsu, which addresses physical, emotional and mental aspects. Based on the proven effects of Shiatsu treatments, such as stress reduction, relief of muscle tension, promotion of emotional well-being, reduction of fatigue and anxiety, the researchers attest to Shiatsu's potentially important role in health promotion, as it can make a significant contribution to well-being and quality of life.

THE CURRENT EQF AND GRASSROOTS STRATEGY

During 2018 and 2019, the ESF board gradually came to terms with the realisation that Europe-wide professional recognition of Shiatsu was de facto unattainable through lobbying in Brussels - both as an independent method and in combination with other methods from the CAM field, neither as a health profession nor as a profession in general.

However, at that time a new approach opened up via the recognition of Shiatsu training. Since then, the European Shiatsu Association has pursued a dual strategy: on the one hand, a grassroots strategy with targeted public relations work and, on the other, the EQF strategy, in which the ÖDS has played a key role.

The Grassroots Strategy

A key aspect of the grassroots strategy is the global networking of Shiatsu practitioners across national and association borders: Shiatsu Without Borders aims to connect Shiatsu practitioners worldwide and publicise the diversity of Shiatsu and its international spread.

This is promoted in particular through Shiatsu Month, which continues the (ESF) tradition of International Shiatsu Day that began in the 1990s. In addition, the project offers promotional materials that all Shiatsu practitioners can use, provides information on how to use social media and promotes online Shiatsu events such as the 'Quintalogue' or the 'Global Meditation'.

A central idea of the grassroots strategy is to bring Shiatsu closer to a broad public by making important Shiatsu projects visible within the framework of Shiatsu Resources Worldwide (SRW). It does not matter in which country the projects are realised nor whether those responsible belong to an association, and there is already a considerable collection of successful and inspiring projects on the SRW website.

To the 'Shiatsu Stories' mentioned above, the SRW approach also includes the 'Shiatsu Library', a compilation of important books on Shiatsu in common languages, and 'Shiatsu Treasures', which presents fundamental works from the early days

of the development of Shiatsu in Japan and thus shed light on its historical roots. Examples include the 'Ishinpo' (984 AD) and the 'Anma Tebiki' (1835 AD), an illustrated manual on the art of Anma.



A selection of published projects

- Shiatsu for Mental Health" (La Ramee Hospital, Belgium)
- Support of Cancer Patients, France (Cancer League, France)
- Shiatsu in Hospitals" (various hospitals, Switzerland)
- Shiatsu and Dementia" (Caritas Socialis, Austria)
- Shiatsu for People Emerging from Coma" (medical facilities in residential areas, Italy)
- Shiatsu at Schneider Children's Hospital, Israel" (Schneider Children's Hospital, Israel)
- Shiatsu for Mothers of Premature Babies (Hospital de la Mujer, Uruguay)

The EQF Strategy

The ESF's current professional policy strategy for the Europe-wide legalisation of Shiatsu is based on the European Qualifications Framework (EQF), which aims to make professional training in Europe comparable and transparent. In addition, specific political developments in Austria have had decisive importance, and placed the Austrian Shiatsu association (ÖDS) in a pioneering position.

The European Qualifications Framework (EQF)

The EQF or European Qualifications Framework is a measure initiated by the European Union in 2008 that serves as a 'translation aid' for vocational qualifications and competences in Europe. The aim of the EQF is to make qualifications comparable, transparent and easier to understand between EU member states. This is similar to the Bologna Process of 1999, which standardised study programmes and degrees.

To this end, national qualifications frameworks (NQFs) were created, which are based on the EQF and systematically map the respective professional qualifications of an individual country. Qualifications that are recorded in a specific country's NQF are thus also taken into account at the European level and facilitate recognition abroad.

What does the EQF evaluate?

The EQF is based on a learning outcomes approach in which learning outcomes describe the knowledge, skills and competences acquired at the end of a training programme: 'Learning outcomes are statements of what a learner knows, understands and is able to do after completing a learning process.' It is not the training itself with its content and number of hours that is assessed, but the competences acquired.

This means that all practical and theoretical skills demonstrated in the final examination, as well as supplementary tasks such as specialised work and case reports, are at the centre of the assessment. The basis of the assessment is the ability to apply knowledge and skills in practice. For example, knowledge of yin and yang or the five phases of change corresponds to a lower EQF level. However, the ability to apply these principles for an energetic assessment (diagnosis) and to develop a treatment strategy is assigned to a higher level.

Knowledge, skills and competences

- **Knowledge** in this context refers to theoretical knowledge or factual knowledge, such as knowledge of yin and yang, the five phases of change, meridians, tsubos, etc.
- **Skills** can include cognitive (e.g. problem-solving ability, creative thinking) or practical aspects, such as the targeted use of instruments and materials. They describe the ability to apply acquired knowledge in practice to fulfil tasks or solve problems, such as using certain techniques to treat the lung meridian or strengthen the spleen.
- **Competences** relate to the two aspects of 'responsibility' and 'independence'. Here, competences are interdisciplinary and relate exclusively to the ability to assume responsibility and work independently in everyday professional practice.

The eight levels of the EQF

The EQF defines eight levels of education, which are classified on the basis of learning outcomes and each describe different requirements in terms of knowledge, skills and competences. These levels are set out in so-called descriptors and reflect the level of qualification achieved through the training. The levels range from the fulfillment of basic requirements in a clearly structured, stable work or learning area (level 1) to the highest requirements with complex, often unpredictable problems and a high degree of personal responsibility (level 8). With each level, the training requirements increase, with the higher levels demanding more complex tasks and greater independence and responsibility.

The Austrian path to the NQF

In contrast to other EU countries, the Austrian government is actively pursuing the goal of raising the low status of skilled crafts professions with high-quality training in the education system to achieve parity with academic qualifications. As early as 2019, master craftsman examinations in craft and technical fields were classified at level 6 of the National Qualifications Framework (NQF), which corresponds to their recognition as a high-quality qualification, comparable to a bachelor's degree.

The eight levels of the EQF

- In the education sector, level 4 in the EQF corresponds, for example, to a general secondary school leaving certificate (AHS-Matura), level 5 to a vocational secondary school leaving certificate (BHS-Matura). The higher education qualifications Bachelor's, Master's and PhD (doctorate) are assigned to levels 6, 7 and 8.
- However, in accordance with EU requirements, the higher levels are not reserved exclusively for academic qualifications. Non-academic, particularly demanding vocational qualifications such as the master craftsman's examination in Austria can also be assigned to these levels.
- The NQF is based on the principle of equivalence and not the similarity of qualifications. Therefore, a qualification at level 6 with a master craftsman qualification does not automatically entitle the holder to admission to a Master's degree programme at a university.

Another important step towards the recognition of Shiatsu as a high-level qualification was the opening of the NQF to non-formal applications and the establishment of service centres in 2020 to support applicants with the recognition of their qualifications.

In 2023, the so-called qualifying examinations were also recognised, which, in contrast to master craftsman examinations, are broader in scope and mandatory for certain commercial professions. These professions do not necessarily have to be of a craft nature and can include activities in trade or counselling. The assignment of the qualification examination for commercial massage to EQF level 6 was particularly significant for the ÖDS and, from a wider perspective, for the ESF and its members.

NQF levels 5 and 6

The differences between NQF levels 5 and 6 are mainly due to the increasing complexity of the tasks, the greater variation in requirements and the associated higher level of personal responsibility, which also involves reflecting on the task at hand.

EQF level 5 describes competences that are required for the independent planning and processing of comprehensive technical tasks in a complex, specialised, changing learning area or professional field of activity.

(Differences between NQF levels 5 and 6)

EQF level 6 is characterised by broad specialist knowledge including current developments and knowledge at interfaces to other areas. The skills include solving complex problems and developing and evaluating new solutions, even under changing conditions. In the field of autonomy, level 6 includes reflection and control as well as the ability to plan work objectives independently.

The ÖDS aimed for level 6 in the NQF

Context: in Austria, Shiatsu has been legally recognised as a commercial activity within the massage trade since 2003. In contrast to commercial massage, however, only the training hours, the total duration and the practical hours are regulated by law, while a final examination is not provided for by law (even if the responsible Ministry of Trade and Industry is in favour of the ÖDS final examination). While commercial massage received NQF level 6 for its training in the categorisation of the qualification examinations, Shiatsu was not taken into account in the official categorisation of the legally regulated commercial training courses due to the lack of a formal (i.e. state) examination.

The ÖDS decided in 2019 that this gap should be closed by the ÖDS training programme, which goes beyond the statutory requirements and, according to the experts consulted, fulfilled the criteria of NQF level 6. The Ministry of Trade and Industry also considered the ÖDS training programme to be equivalent to the qualifying examinations.

The main reason for the ÖDS to submit the application for categorisation at level 6 was primarily to achieve equality with commercial massage, for which level 6 was already expected when the Shiatsu application was first submitted. This was also intended to promote recognition in the eyes of the public as well as the authorities and institutions. In addition, there was the safeguarding of the job description in the event of legal changes, the definition of a binding quality standard for ÖDS training and - in cooperation with the ESF - the creation of a basis for establishing Shiatsu at a high level throughout Europe.

All in all, achieving NQF level 6 took around 6 years of periodically intensive work until the application was finally included in the Austrian NQF on 10 April, 2024.

Formal and non-formal qualifications

- Formal qualifications are qualifications that are acquired by attending and graduating from (state) recognised educational institutions such as schools, universities and vocational schools. These qualifications are regulated by the state and are often defined by examinations and set learning content and standards (e.g. school-leaving certificate, bachelor's degree, master craftsman's examination).
- Non-formal qualifications refer to qualifications that are acquired outside the regular education system, for example through further vocational training, certificate programmes or specialised training courses. The value of these qualifications can also be determined through accreditation or recognition in the NQF.

What does the Shiatsu level 6 classification mean for other European countries?

The ESF recognised early on the potential that could be opened up by the EQF/NQF and the activities of the Austrian government. Initial considerations in this direction were initiated as early as 2016 in a meeting between Eduard Tripp, Chris McAlister and Philippe Vandenabeele, further developed in 2018 and finally officially presented at an ESF meeting in Bergamo, Italy in 2019. Since then, this approach has been pursued as part of the official ESF strategy.

The inclusion in Austria in NQF level 6, corresponding exactly to the EQF, makes the 'Qualified Shiatsu Practitioner' qualification visible and demonstrates the high standard and quality of Shiatsu to authorities and institutions as well as consumers, not only in Austria but throughout Europe.

Milestones in the submission process

June 2019: Decision by the General Assembly to aim for NQF level 6
October 2020: 1st submission
March 2021: Rejection of the first submission
June 2021: 2nd submission (revised application)
November 2021: Rejection of the second submission
February 2024: 3rd submission (revised application)
April 2024: Inclusion of the ÖDS training programme in the NQF
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The ESF attaches great importance to this partial success, as it has created a 'reference value' for the recognition of Shiatsu in other countries. Shiatsu associations that can demonstrate comparable training with a corresponding scope, comparable

learning outcomes and a reliable final examination can refer to the Austrian classification at level 6. This also applies in countries where non-academic qualifications are traditionally categorised at a lower level, as has been confirmed to Shiatsu representatives on several occasions. In view of this European reference value, a rejection of categorisation at level 6 could hardly be justified.

However, the problem currently remains that the possibility of submitting non-formal qualifications does not yet exist in all EU member states (as of 2024).

Although the recognition of both formal and non-formal qualifications is provided for in accordance with EU requirements, this has only been implemented in certain countries.

Requirements for the submission

The basic prerequisite for the application is the implementation of a curriculum that already essentially exists. Particularly important are:

- a competence-orientated curriculum
- an approximate number of (at least) 1,000 hours of training, including specialised work and supervised practice
- a description of the learning outcomes that can be acquired during the training and demonstrated in the examination
- an examination system that verifies the attainment of the required competences as objectively as possible.

THE WAY FORWARD ON THE ROAD TO A EUROPEAN PROFESSION

The allocation of the Austrian Shiatsu training programme to level 6 in the NQF is an important first step towards European recognition and acts as a proverbial ‘foot in the door’. The next steps now need to be planned and implemented. These measures must primarily be pursued by the national associations, as has been the

case in Austria in recent years. The European Shiatsu Federation (ESF) supports this process in many ways, in particular by representing the European dimension to national authorities and making its extensive expertise available.

The ESF is pursuing the vision of establishing qualifications at NQF level 6 in other countries in order to create a uniform European standard for Shiatsu training in the long term. This should lay the foundations for the recognition of Shiatsu as a Europe-wide profession.

In this context, the ESF is organising a European conference in Brussels at the beginning of 2025. In addition to the representatives of the national member associations of the ESF, representatives of all other national Shiatsu associations are invited. The aim is to jointly develop a roadmap for the development of a professional profile recognised throughout Europe, regardless of association affiliation.



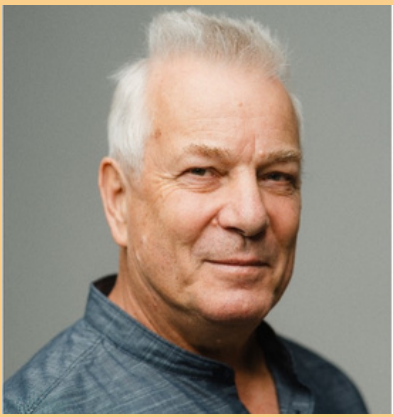




Signing of the memoranda of mutual recognition.
From left to right:
Greece (HSS) and Italy (COS);
Spain (APSE) and Italy (COS);
GREECE (HSS) and the United Kingdom (UKSS)

APPENDIX

AUTHOR



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- Training and further education in Shiatsu, Eastern and Western body-orientated treatment methods and traditional Chinese medicine (acupuncture and herbal therapy)
- Work with psychotherapy, supervision and Shiatsu in own practice in Vienna
- Teaching and lecturing in the field of Shiatsu and psychotherapy
- Founding member of the Austrian Shiatsu Association (ÖDS), professional and European representation

Translation from German: Chris McAlister, Eduard Tripp

SOURCES AND FURTHER LINKS

- Cardim, Janaína M., Brenda P. Braga, Diana M. Santos, Elisangela C. Quaresma, Ivyla Thais N. Pantoja, Kerina Do Socorro V. Da Silva, Leandro Franklim S. Da Silva, Paulo Dias R. Junio, Regina Dos S. Silva, Renata Dos S. Silvia, Diego Rodrigues da Silva, Richer Praxedes Maia, Daniele Salgado and Vitor Hugo Auzier Lima (2023): The Benefits of Shiatsu for a Holistic Approach to Health: A Systematic Review. Journal of Advances in Medicine and Medical Research 35(23):238-257. DOI:10.9734/jammr/2023/v35i235298.
- Fischer, Thomas & Eva Hummers-Pradier: „N-of-1"-Studie – Ein mögliches Studienkonzept für die Allgemeinmedizin? Z Allg Med 2005; 81: 180 – 182. DOI 10.1055/s-2005-836353; https://www.researchgate.net/publication/242731442
- ISN (2013): Shiatsu Manifesto http://shiatsunetwork.org/de/wp-content/uploads/sites/3/2015/06/ShiatsuManifestoISN_2013_11.07.pdf
- Kurier (05.07.2017): "Wunderheiler" Hamer ist tot - Durch "Fall Olivia" bekannt https://kurier.at/chronik/weltchronik/wunderheiler-hamer-ist-tot-durch-fall-olivia-bekannt/273.427.459
- Lewith, George (2012): Why we need to research the use of complementary medicine. https://www.theguardian.com/healthcare-network/2012/nov/29/complementary-alternative-medicine-research-regulation
- Long, Andrew F. & Mackay, Hannah C. (2003): The Effects of Shiatsu: Findings from a Two-Country Exploratory Study. Journal of Alternative and Complementary Medicine, Volume 9, Number 4, 2003, Seiten 539-547. Doi: 10.1089/107555303322284839. https://pubmed.ncbi.nlm.nih.gov/14499030/.
- Long, Andrew F. (2008): The effectiveness of shiatsu: findings from a cross-European, prospective observational study. Journal of Alternative and Complementary Medicine, Volume 14, Number 8, 2008, Seiten 921-930. Doi: 10.1089/acm.2008.0085, https://pubmed.ncbi.nlm.nih.gov/18990043/. Download: https://www.researchgate.net/publication/228537043_The_Effects_and_Experience_of_Shiatsu_A_Cross-European_Study
- Presse, Die (17.01.2010): Opfer und Medienstar: Der Fall Olivia Pilhar https://www.diepresse.com/533340/opfer-und-medienstar-der-fall-olivia-pilhar
- Report on the status of non-conventional medicine / Vollständiger Bericht zur Rechtsstellung der nicht-konventionellen Medizinrichtungen (6.3.1997): https://www.europarl.europa.eu/doceo/document/A-4-1997-0075_EN.html

- Resolution on the status of non-conventional medicine, A4-0075/97 (16.6.1997) https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A51997IP0075
- Robinson, Nicola, Julie Donaldson, Ava Lorenc (2006): Shiatsu. A review of the evidence. Centre for Complementary Healthcare & Integrated Medicine CCHIM, Faculty of Health and Human Sciences, Thames Valley University. www.shiatsusociety.org/public/downloads_public/Shiatsu%20Systematic%20Evidence%20Review%20Short.pdf
- Robinson, Nicola, Ava Lorenc, Xing Liao: The evidence for Shiatsu: a systematic review of Shiatsu and acupressure BMC Complementary and Alternative Medicine 2011, 11:88 www.biomedcentral.com/1472-6882/11/88/abstract
- Tripp, Eduard (2008): Die Studie „The Effects and Experience of Shiatsu“ aus berufspolitischer Sicht. https://www.shiatsu-austria.at/die-studie-the-effects-and-experience-of-shiatsu-aus-berufspolitischer-sicht-eduard-tripp/
- Tripp Eduard (2008): Ergebnisse der Praktiker*innenbefragung des Forschungsprojektes der European Shiatsu Federation – Phase 2. https://www.shiatsu-austria.at/ergebnisse-der-praktikerinnenbefragung-des-forschungsprojektes-der-european-shiatsu-federation-phase-2/
- Tripp, Eduard (2003): Zusammenfassung des Forschungsprojektes der European Shiatsu Federation – Phase 1. https://www.shiatsu-austria.at/zusammenfassung-des-forschungsprojektes-der-european-shiatsu-federation-phase-1/
- Tripp, Eduard (2008): Ergebnisse der Klient*innenbefragung des Forschungsprojektes der European Shiatsu Federation – Phase 2. https://www.shiatsu-austria.at/ergebnisse-der-klientinnenbefragung-des-forschungsprojektes-der-european-shiatsu-federation-phase-2/
- Tsiormpatzis, Stergios: Effects of shiatsu on the health-related quality of life of a person with secondary progressive multiple sclerosis: A mixed methods N-of-1 trial within a whole systems research case

Organisations, institutions and initiatives

- CAMDOC: http://camdoc.eu/
- Curriculum ESF: https://www.europeanshiatsufederation.eu/wp-content/uploads/2020/06/esf-baseline-curriculum.pdf
- EUHPF: https://ec.europa.eu/health/ph_overview/health_forum/docs/EUHPF_priorities_en.pdf, https://ec.europa.eu/health/archive/ph_overview/health_forum/docs/euhpf_mandate_en.pdf
- EPHA: https://epha.org/

- EUROCAM: https://cam-europe.eu/
- EFCAM, European Federation for Complementary and Alternative Medicine: http://www.efcam.eu
- Sachverständigenrat für die konzentrierte Aktion im Gesundheitswesen: http://www.svr-gesundheit.de
- SRW, Shiatsu Resources Worldwide: https://www.shiatsuresources.net
- Shiatsu Research Network SRN https://shiatsu-research-network.org/j39/index.php
- Shiatsu Without Borders: https://www.facebook.com/events/brussels/shiatsu-without-borders/698811457708199

European & International Shiatsu Federations

- European Shiatsu Federation (ESF): https://www.europeanshiatsufederation.eu
- International Shiatsu Network (ISN): www.shiatsunetwork.com
- Shiatsu Therapy Association of Australia (STAA): http://www.staa.org.au
- American Organisation for Bodywork Therapies of Asia (AOBTA): http://www.aobta.org

National Shiatsu Associations

- Austria: Österreichischer Dachverband für Shiatsu (ÖDS): www.oeds.at
- Belgium: Belgische Shiatsu Federatie /Fédération Belge de Shiatsu (BSF): www.shiatsu.be
- Czech Republic: Czech Shiatsu Association (CAS): www.shiatsuasociace.cz
- Estonia: Estonian Ki-Shiatsu Association: www.shiatsu.ee
- Finland: Shiatsu Finland ry: www.shiatsufinland.fi
- France: French Federation of Traditional Shiatsu (FFST): shiatsu@ffst.fr
- France: The Francophone Union of Therapeutic Shiatsu Professionals (UFPST): http://www.ufpst.org
- France: Syndicat Professionel de Shiatsu (SPS): sg@syndicat-shiatsu.fr
- France: Fédération France-Shiatsu: www.france-shiatsu.fr
- France: Fédération française de Shiatsu Masunaga: www.ffsmasunaga.fr
- France: Société Française du Shiatsu: www.shiatsu-france.com
- France: Syndicat National de Shiatsu Professionnel: www.syndicatshiatsu.fr
- Germany: Gesellschaft für Shiatsu in Deutschland (GSD): http://www.shiatsu-gsd.de
- Germany: Shendo Shiatsu Verband: www.shendo-shiatsu-verband.de

- Great Britain: Shiatsu Society UK (SSUK): www.shiatsusociety.org
- Greece: Hellenic Shiatsu Society (HSS): www.shiatsugr.gr
- Hungary: Magyar Shiatsu Egyesület (MASHITE): http://shiatsu-egyesulet.hu
- Ireland: Shiatsu Society of Ireland (SSI): shiatsusocietyireland.org
- Italy: Coordinamento Operatori Shiatsu (COS): www.shiatsucos.com
- Italy: Federazione Italiana Shiatsu insegnanti e Operatori (FISieo): http://www.fisieo.it
- Italy: Associazione Professionale degli Operatori e Insegnanti Shiatsu (APOS): www.shiatsuapos.com
- Italy: Professione Shiatsu: www.facebook.com/professioneshiatsu
- Luxemburg: Fédération Luxembourgeoise de Shiatsu et de pratiques asiatiques: www.shiatsu.lu
- Netherlands: Shiatsu Vereniging Nederland (SVN): www.shiatsuvereniging.nl
- Portugal: Associação de Shiatsu de Portugal: www.ashiatsuportugal.blogspot.pt
- Spain: Asociación de Profesionales de Shiatsu en España (APSE): www.shiatsu-apse.es
- Sweden: Kroppsterapeuternas Yrkesförbund (KrY): www.kroppsterapeuterna.se
- Switzerland: Shiatsu Gesellschaft Schweiz (SGS): https://shiatsuverband.ch



www.europeanshiatsufederation.eu

Shiatsu Without Borders

Shiatsu Resources Worldwide

