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From the President's desk...



June is the change of season ... and change of committees for the Reflexology Association of Australia as we prepare for a new membership year. We thank those committee members who are stepping down and warmly welcome the new committees for the coming membership year. To be a willing volunteer is personally rewarding ... for what we give then we also reap—the reward in personal fulfilment!

Our Association is richer for your contribution! Thank you!

Welcome to Jo Impey from Victoria! We thank you for stepping into the Director role and look forward to working with you. The Victorian State Branch is entitled to appoint two Directors.

James Flaxman will be retiring as Director from SA and will be very much missed by us all. James has served on the Board of Directors since the formation of the Company in 2002. James will remain as Company Secretary and has willingly volunteered to continue to manage the RAOA website. We offer our thanks and appreciation to James who has made an outstanding contribution to the Association.

This has been a wonderful year for the RAOA with the celebration of the National Conference, the opening of the National Administration office, the submission to the Federal Government Primary Care Strategy, update to the website which includes an area for the Directors Forum and Members Forum, Research Committee Newsletter, new FootPrints team and an ever-expanding FootPrints journal. I take this opportunity to thank the editors of the State Branch Newsletters who are producing some very informative editions for members. These newsletters are for all members and can be accessed on the website.

Overseas linking ... It was at the Sydney conference that I met with Zanthé Ashton and Steph Gowan from Reflexology New Zealand who made the initial introduction for *Kumfs Shoes* promotion with whom they had been working successfully and the offer was then made to our Association. Kumfs are presenting their promotion in this edition and we welcome the offer and are confident of their professional foundation to *good quality support footwear*. This is a promotional benefit to members and their clients.

This will be my final letter 'from the Presidents Desk' as I inform members of my decision to stand down from the RAOA Board of Directors. I have held the position of Vice President for two years and President for two years! The CPT program having been my portfolio has now become more understandable to members and from this involvement there is now an Accreditation process for CPT Accreditation.

Being an Executive Director has been a wonderful experience for me as a volunteer but as the Association has continued to expand so too has the management of this position both in personal time and input from a volunteering perspective. Having said that it has been enormously rewarding and I have thoroughly enjoyed my involvement with Directors and members. I have indicated to the Directors that I am more than willing to offer assistance as a continuation of support to the Reflexology Association and to members.

A good practitioner is a healthy practitioner ... Stepping ahead with Reflexology.

Libby Stark—President

Board of Directors 2008–2009

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APOLOGY

In the March issue of FootPrints I mistakenly reminded readers that the World Reflexology Week is traditionally held in the last week of October when in actual fact, World Reflexology Week is traditionally held in the last week of September.

Libby Stark—President

June 2009

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This issue:

Front cover courtesy of Ruairi O'Duill.

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RECEIPT BOOKS

Price reduction

Receipt books are now reduced to \$15.00 each or \$40.00 for three *until sold out*

Contact Jenn Cooper
Administration Manager
membership@reflexology.org.au



PRELIMINARY NOTICE

The Reflexology Association of Australia
Queensland Branch
proudly presents the 2010 Conference

'Reflexology Celebrating Research'
October 15, 16 and 17, 2010
at The Holiday Inn—Brisbane

Mark the dates in your diary.
Visit us in Brisbane for a wonderful
celebration of Reflexology striding ahead in research.

For more information please contact
Kate McKnight: kennmcknight@bigpond.com

The National Board has discussed various submissions and decided on the following description for 'Defining Reflexology'.

'Reflexology is defined as an application of a stimulus or stimuli to a reflex point anywhere on the body. For list of variables refer to the Diploma of Reflexology Health Training Package in National Training Information Services.'

Therapists unite for the Red Cross—Reflexology lends a helping hand in Brisbane

by Kate McKnight Dip Reflex, Reiki Master

The horrific bushfires in Victoria shocked and saddened us all. The floods to the north have been equally devastating.

Those of us doing relatively okay during these unsettling scenes often ask what on earth can we do to help those in crisis? How can we utilise our skills as Reflexologists to help?

National Therapists Unite Day 2009

In asking 'How can I help' an answer did arrive in the form of a charity event aimed to raise funds for the Australian Red Cross Bushfire Appeal. This event was organised by Endeavour College of Natural Health (formerly the Australian College of Natural Medicine—ACNM).

On Friday morning, February 27 2009, centre stage on Queen Street Mall Brisbane, I joined Endeavour in their quest to raise funds by providing 10–15 minute Reflexology treatments to the general public passing by. Those receiving treatments were asked to donate to the Bushfire Appeal. Therapists were asked to give three hours of their time and were given a time allocation so that as many therapists as possible could assist throughout the day.

Making Reflexology happen makes for a happening Reflexologist!

At Therapists Unite Day I was happy to provide Reflexology treatments alongside a wonderfully fun group of massage therapists. I had hoped to see other Reflexologists there too but, surprisingly, I was the only Reflexologist there that morning. Perhaps there were others later in the day? If you were out there please let me know.

The day itself in Brisbane raised over \$3,000 and together with the other participating States over \$12,000 was raised. This amount was matched by the College gathering in \$25,000 for the bushfire appeal. Endeavour expressed the following ... 'Endeavour College would like to thank our valued Alumni members who participated in this unique event and who demonstrated extreme professionalism and enthusiasm throughout the day'. Certificates of appreciation from the college were also issued.



Who am I?

My name is Kate McKnight. I graduated with a Diploma of Reflexology at ACNM (now Endeavour) Brisbane in April 2007.



Prior to this I taught in preschool in Sydney for 12 years, until burn out forced me to address my life's direction.

A little while after that my husband and I moved to Brisbane and that's when Reflexology came looking for me! Reflexology emerged in my life like a shining beacon illuminating the way towards new directions. I eagerly walked towards

the light without hesitation. Reflexology appealed to me on many levels and in particular to my spiritual philosophy and to the immediate way it connected mind and body.

I set up my own Reflexology business in February 2007, continued studies in Reiki and received my first paying client one week after my very last day at college. Now two years on I work from my home clinic, have set up a website, write a monthly newsletter for my clients and try to promote Reflexology at every opportunity.

Experiences from the past—there to guide and teach us

It has not always been roses and light for me. My own journey with health had been difficult since birth. When I was a little girl my poor health at that time contributed to circulation difficulties. My legs and feet would often ache for hours and, sometimes, for days.



The pain would be so intense that I often woke in the night crying. My mother massaged my legs and feet to help ease the discomfort. This relieved the pain within minutes and calmed my stress so I could return to sleep. My sister also massaged my feet occasionally. Many years later when my sister had breast cancer I was able to return the gesture as a Reflexologist.

When looking back on those experiences, it seems little wonder that Reflexology arrived in my life, prompting me to immerse myself within it.

As a child I had little idea about the powerful benefits of Reflexology. My mother's caring foot therapy resulted in instant reduction of pain, instant calm and a good night's sleep!

This is why Reflexology needs to be out there! It needs to be seen as often as possible in the public arena in everyday life because our wonderful modality is still very much unknown, particularly by those who need it.



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Therapists Unite for the Red Cross
Continued from page 3

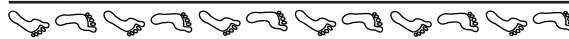
Raising the profile of Reflexology

We, as members of the RAOA often ask: ‘How can we help raise the profile of Reflexology?’ Well, on that gentle Friday morning at Therapists Unite Day, Reflexology was out there for the public to see and feel.

It was an interesting experience observing en mass people’s perceptions of Reflexology and their reactions to it. Some were quite aware and waited in line to receive a treatment. Others were completely perplexed about foot therapy altogether, until they gave it a go. One woman in particular wasn’t too sure about it at all but gave it a try. She was pleasantly surprised at how relaxed and settled

it made her feel in only minutes. What a great way to start your working day! There needs to be more of this in the city or other busy locations doesn’t there?

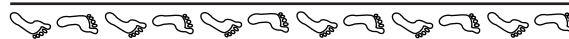
So, do ask the question ‘What can I do to help?’ and when an answer arrives, put it into action. Put yourself out there, meet the public, hear their stories and do Reflexology outside your practice and outside your comfort zone. Volunteer for fundraising events such as United Therapists Day to help others, perhaps those you’ll never even meet! You’ll be delighted with the results in stepping up to the challenge. You will know that your modality has helped someone at that very moment and beyond.🙌



Did you know?

A well-developed contoured arch has long been viewed as a sex attraction. It signifies that its owner is not of the labouring class. The myth of the aristocratic arch still persists in us.

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2009 CPT Education—Calendar of Events

For inclusion in ‘Calendar of Events’ place your advertisement with FootPrints Advertising Coordinator Jessica Wagner—footprintsads@reflexology.org.au who will then advise the CPT Coordinator. Inclusion in the CPT Calendar of Events is a further bonus which advertisers receive!

Date 2009	Presenter	Training title	Location
19, 20 June 22, 23 June	Lyndall Mollart	2 x 2 day workshops leading to Certificate in Maternity Reflexology Part 1—19/20 June Part 2—22/23 June	Perth—Contact: Lyndall Mollart lyndall@maternity-reflexology.net www.maternity-reflexology.net
27, 28 June	Sue Ehinger	Auriculartherapy	Sydney—Contact: Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexology.com
25, 26 July	Lyndall Mollart	Maternity Reflexology Part 1	Sydney—Contact: Lyndall Mollart lyndall@maternity-reflexology.net www.maternity-reflexology.net Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexology.com
14,15,16 August	Dr Martine Faure Alderson	Cranio Sacral I Cranio Sacral II	Cairns—Contact: Heather Edwards reflexca@aapt.net.au
19, 20 August	Dr Martine Faure Alderson	Cranio Sacral III	Brisbane—Contact: Heather Edwards reflexca@aapt.net.au
22, 23, 24, 25 August	Dr Martine Faure Alderson	Cranio Sacral I Cranio Sacral II	Sydney—The Earth Institute 1/20 Clarke Street, Crows Nest Contact: Kim Rusten 0431 338 233 krusten@optusnet.com.au
27, 28 August	Dr Martine Faure Alderson	Cranio Sacral	Melbourne—Contact: Lyn Fava 03 9898 1890 info@asrr.com.au
	Dr Martine Faure Alderson	Cranio Sacral	Perth—on expression of interest Contact: Brigitte Johnson 09 9387 1305
11, 12 September	Sue Ehinger	Using TCM with Reflexology	Perth—Contact: Sue Ehinger 02 4976 3881 www.reflexologyaustralia.com
11-13 October	The Israel Forum of Reflexology	First International Conference on Maternity Reflexology	Tel Aviv, Israel www.maternityreflexology.net www.isreflexology.com/en Organised by Israeli Forum of Reflexology

Educating for cancer care—Changing rhythms

Carol Donnelly

International Symposium on Reflexology and Cancer 2008

Kibbutz Shefayim, Israel

Purpose

The purpose of this paper is to explore the continuing educational needs for reflexologists working with people living with cancer and to review how these needs have been developed in Ireland. I will describe reflexology education and outline the functions and benefits of the post graduate reflexology workshops which I facilitate. With increased integration of complementary therapies into orthodox medicine it is hoped that continuing education will lead to further research in the reflexology and cancer field.

Introduction

In order to explore continuing educational needs for reflexologists working with people living with cancer it is first necessary to examine the word 'education'.

The word *education* comes from the Latin *e-ducere* meaning 'to lead out'. Researching a definition of 'education' in *Cassells Concise English Dictionary* I found the following ... *a course of instruction and the result of a systematic course of training and instruction*.

The meanings we as individuals attach to this word 'education' are actually a complexity of beliefs arising from our own values and life experiences. I decided that I prefer the etymological root of the word. More than simply being the *result* of training and instruction, I believe education should lead us out or challenge us not just to follow an example, but to guide us towards our own learning rather than direct us ... 'to **feel** the rhythm of life'.

What is basic education?

Basic reflexology education varies from country to country, from one professional body to another and even from one individual school to another school despite each being accredited by the same professional body. In the early to mid 1980's, reflexology began to be taught in Ireland. A Swiss lady, Ursula Martin arrived to teach the 'Swiss method' to a group of students in Ireland, while around the same time a number of graduates from the Bayly School in England set up a Reflexology Association. Not surprisingly close relationships were formed with a number of reflexology associations in England and by 1989 some courses were accredited by the Association of Reflexologists in England. Not until the early 1990's did a common Irish curriculum emerge which developed along similar lines to that developing in England but with its own

*And the Rhythm of Life is a powerful beat,
Puts a tingle in your fingers and a tingle in your feet,
Rhythm in your bedroom,
Rhythm in the street,
Yes, the Rhythm of Life is a powerful beat,
to feel the Rhythm of Life...*

(1966. 'Sweet Charity')

uniquely Irish approach. There are still schools today which follow courses based on curricula established in, and examined by bodies in, the United Kingdom. The Irish Reflexologists Institute Ltd currently requires a minimum of 135 hours of teacher contact hours. (In Irish reflexology edu-

cation 1 teaching hour equals 60 minutes whereas in other European countries a class accepted as 1 hour is actually 45 minutes in length.) So, 135 hours = 170 MINIMUM hours of reflexology education in Ireland.

With a variety of educational backgrounds not all reflexologists trained in Ireland are eligible to join the professional reflexology bodies that exist within the state. As regulation for complementary therapists has not yet been introduced, anyone can technically call themselves a 'reflexologist'. There has been some progress since a Government Working Group report was issued in 2006 seeking to establish appropriate regulation for complementary therapists in Ireland but we are still waiting. However, as we await regulation there is definitely a need to establish common standards and implement greater consistency in education as advocated by the report, and I hope the road to regulation will be a positive step towards this educational development. The Irish Reflexologists Institute Ltd has implemented many of them but one point that has been implemented by *all* professional reflexology bodies since 2006 is the requirement for Continuous Professional Development.

It was with the understanding of this variety of educational backgrounds that myself and colleague Terry Kenny felt the need to share with others the skills we learned and applied, working in a cancer support centre. As the preamble states: *the rhythm of life IS a powerful beat*. In this presentation I want to look at it another way: If the life *rhythm* is changed and life is *threatened*, if our clients have a life-threatening disease like cancer, what impact does this have on us as reflexologists and how should education be adapted to help us with the changing rhythms?

Method

In 1999 following two years working in ARC Cancer Support Centre and, in order to contribute to continuing professional development of reflexologists who may be working with people with cancer, myself and Terry devised a one day workshop relating to the use of reflexology in cancer care. We included Ursula Courtney,

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Educating for cancer care
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an oncology nurse and nurse educator who is also the Director of Services in ARC Cancer Support Centre, Dublin. Her brief initially, was to provide information on cancer diagnosis and treatment.

We considered it important that reflexologists become aware of the impact of a 1999 report on cancer care in Ireland which recommended that (Laffoy) 'management of a patient's psychological state was an integral part of cancer care; ... health boards should provide multidisciplinary care; ... complementary therapies could be considered an integral part of cancer care; and ... therapists should be registered with a professional body'.

Over the years the three of us have become a cohesive team and have enlarged our presentation first to 2 days, and currently to a 3 day workshop.

Reasons for initially instigating workshop

When people are diagnosed with a life-threatening illness like cancer they move through a maze firstly of various methods of diagnosis before treatment plans and medical interventions are established. This process gives rise to a roller-coaster of emotions for the patient and his/her family. (Shock, disbelief, anger, depression.) Many people who are diagnosed with cancer seek out complementary therapies like reflexology to help them cope with their illness. I sometimes wonder if this has anything to do with helping the individual cope with the spiritual aspect of their illness. Spirituality, the sense of 'who and what I am' becomes important if fear of death threatens and, although spirituality is rarely included in formal medical training, there is an increasing recognition that 'spiritual distress' is a part of the experience of illness (Fr. R. O'Neill, 2006 Conference at ANU, Centre for Cross Cultural Research). Generally in Western medicine there is a greater tendency to separate mind, body and spirit.

Although many reflexologists would have met people who have been on a 'cancer journey' they are not always aware of the true meaning of terms used in diagnosis—terms such as biopsies or MRI's and CT scans; nor would they necessarily be aware of the emotional impact of a cancer diagnosis. We aimed to address these issues in the workshops.

Functions

In designing the workshops we defined three main functions:

- ◆ to enable participants to learn more about the cancer journey and its adverse side effects and psychosocial impact;
- ◆ to learn new techniques to use with cancer patients and their family members; and
- ◆ to encourage networking and support for therapists.

i) Learn more about the cancer journey

- ◆ impact of previous learning

The first thing we introduce in the workshops is 'How do you feel about treating people living with cancer?' Participants, as expressed, come with a variety of educational backgrounds which includes a range of knowledge of anatomy and physiology, listening skills and even different ideas on contraindications to treatments. Inevitably this includes personal beliefs, values, fears and anxieties about cancer and about death and dying. We initially discovered in the late 1990's that when participants were reflexology students nearly all had been taught that reflexology was *NOT* to be used with people who had a cancer diagnosis because of the fear it could spread the disease. Many participants expressed fears that they would do the wrong thing and cause harm to their clients. They had learned that as reflexologists they should not treat specific conditions and cancer definitely fits into this 'condition' category. We even found that some participants would still not treat clients who had had surgery or other forms of treatment for cancer and had been given the 'all clear' over ten years previously. This was shocking and sad, that people should be deprived of the wonderful therapy we provide. There appeared to be confusion here regarding understanding of basic concepts of reflexology. As reflexologists we acknowledge that the treatments that we give can have an effect on a client's physical symptoms perhaps relieving some of them, as well as an effect on their emotional and spiritual parts of themselves. We describe this as treating the person from an holistic viewpoint. We **do not** treat the disease. We acknowledge that through the support of reflexology, clients may address their own issues and therefore experience 'healing' from a rather more abstract viewpoint. Again, I reiterate **healing** here, refers to a greater understanding about themselves or coming to terms with their illness and finding inner peace. **It does NOT refer to physical healing.** The ability to find peace within is such a huge benefit when fear overwhelms you.

- ◆ use of terms

Holistic therapies often acknowledge that healing can come from within; that by using various techniques we can enhance our well-being, our quality of life, and feel better about ourselves and how we cope with illness. This healing implies acknowledging more than simply the physical. We are more than the sum of our parts. The use of the word 'healing' can be confusing to many who only see it in its medical context of healing. There is therefore a need for the reflexologist to exercise great caution and provide further explanation if using this word in treating people living with cancer.

Many reflexologists use the term 'stimulate' when referring to the working of reflex points. Mackereth (*Clinical Reflexology*) refers to this as 'achieving a therapeutic response' (which is a much better way of describing it). It was perhaps from this 'stimulation' point of view that the fear of spreading cancer arose. Yet again, without adequate understanding of this term, confusion may

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result and both the reflexologist and medical people may be fearful of reflexology. This confusion led us to agree with Mackereth's conclusion that clarity and standardisation of language and terminology was needed not only in our workshops but perhaps generally in reflexology education. If the therapist has confused ideas, where does this leave the poor patient!

My introduction referred to a ... *tingle in your fingers and tingle in your feet* that many associate with reflexology. That tactile experience of tingling gives rise to even further need for clarity in use of terms. Many reflexologists link the term 'energy' with this tingle. The concept that disease can arise from imbalances in the vital energy field is historically one of the theories behind reflexology but one that many medical people take issue with. Peculiarly, tingling in hands and feet is one of the side effects of chemotherapy drugs. It's also a reason why we ask clients about 'tingling' BEFORE starting a treatment.

◆ confidence

Another issue expressed by participants ten years ago and even in recent workshops was a lack of confidence in their abilities when working with people undergoing cancer treatments. Clients, perhaps already lacking confidence themselves, have the right to expect the therapist to be both competent and confident. As facilitators we wondered about the source of this therapists' lack of confidence. Did it arise from participants' lack of practise? If so, it reinforced our beliefs that a therapist needed to be more experienced and have practised for a number of years to become confident with their techniques before working in this specialised field of cancer care. (A hesitant frightened therapist is NOT what a vulnerable client needs.) Or, was the therapist's lack of confidence perhaps an expression of their lack of knowledge regarding active cancer treatments? It reinforced for us as facilitators, the need to inform reflexologists of diagnostic and treatment methods undertaken in cancer care. If a client tells the reflexologist that they have a Portacath or PICC line or are going to be marked up for radiotherapy it's rather useful for the reflexologist to have some idea what this means as it is a consideration when giving the reflexology treatment. Most people assume that all persons receiving chemotherapy will lose their hair. This is a misconception. Only a certain number of chemotherapy drugs lead to hair loss. Yet again, this is a useful point for the reflexologist to appreciate. On that point, you may need to offer the client a mirror after a treatment or even suggest they may be more comfortable without their wig during the treatment.

We found that those reflexologists who worked in the health care field had a greater knowledge of the diagnosis and treatment of cancer but that this did not necessarily have an impact on their confidence when treating clients as reflexologists. You really are as powerful/confident as you think you are.

◆ psychological issues

D.H. Lawrence the English author in his poem entitled 'Healing' said that ... *'it is not because the mechanism is working wrongly that I am ill. I am ill because of wounds to the soul, to the deep emotional self.'* This implies to me that our spiritual ill-health is in as much need of 'healing' as is the physiological, the psychological, or the emotional.

People and families of those with a cancer diagnosis have many emotional issues to deal with. We discuss how issues can relate not only to the progress of the disease itself but how the illness can impact on a client's roles in the family or work and on their body image and self esteem and clients may bring this up during their treatments. The development of the therapeutic relationship within the reflexology setting gives the client the opportunity to be listened to and thus permits the client to express their emotions. Many people cry during and after reflexology and this in itself is healing. There is thus a need to emphasise to our participants the value of this therapeutic relationship in a cancer care setting.

However, there are two people involved in a reflexology treatment and therefore in a therapeutic relationship. Both of them, the therapist and the client have physical, psychological and social as well as spiritual needs. The client who is living with cancer is very vulnerable from all these points of view. Often people are drawn to caring professions like reflexology because they have a need to give or even a need to receive. Childhood memories and other possibly upsetting life experiences contribute to who we are and have an impact on our relationships which may be totally beyond our conscious awareness. As facilitators we emphasise the necessity for awareness of our own issues and therefore awareness of boundaries when working with vulnerable people. It is inevitable that at some stage a therapist will encounter a client with life situations similar to their own. In this instance we need to remember that the client comes first. Clients DON'T need a therapist who's looking for support.

Identification of the impact of a therapist's personal issues highlights the necessity to review educational needs around listening and counselling skills to ensure there is understanding of their differences. There may only be a small number of reflexologists in any group who possess basic counselling skills but anyone can learn to actively listen. It may be time to consider introducing a module on psychology in reflexology education.

With an understanding of the emotional impact of cancer on the person we talk about the concept of Psychoneuroimmunology. In a definition from Wikipedia we find (*the study of the interaction between psychological processes and the nervous and immune systems of the human body*). In 1985 an American neuropharmacist, Candace Pert, undertook research in which she identified neuropeptides and neurotransmitters in the immune

*Educating for cancer care
Continued from page 7*

system which she linked with emotions. This was a new link with the nervous system and with emotions, and in turn, impacting on our immune system. In our workshops we introduce various techniques like visualisation, meditation, the use of laughter and several other techniques which are offered in ARC Cancer Support Centre itself. We convey that these are techniques both therapists and clients can use to calm themselves and reduce their stress levels. This allows individuals to develop their own personal psychoneuroimmunology therapy. We believe that any stress reduction techniques can be of value.

- ii) The second function of the workshops was for participants to *learn new techniques* to use with cancer patients and their family members

A part of each workshop day is devoted to discussing and demonstrating how we adapt reflexology for clients undergoing cancer treatments. These new techniques vary from how to talk to the client from the moment you first meet them, what sort of questions you ask them (do you mention the 'C' word?), to what other considerations the reflexologist might have regarding foot observations (which we make as we commence each reflexology session). We also introduce and practise a variety of light-handed reflexology techniques to use when treating clients at their most vulnerable stages. Inevitably any group will contain reflexologists who may potentially be treating clients at any stage of their cancer journey. Some clients may be awaiting diagnosis, some newly diagnosed, some undergoing treatment, some recovering following treatment and others living as long as they are able with their diminishing energies and abilities. Many reflexologists are shocked by the light pressure we use as it does not fit into their learned techniques. From a reflexology viewpoint there are adaptations to be made for any stage of this journey. This is a requirement when treating every client, so it is just a matter of learning HOW to adapt for these particular clients who are living with cancer.

Passing on an understanding of what orthodox treatment methods are used (like chemotherapy and radiotherapy) leads to a greater understanding of the application of reflexology treatments. When a client tells you that this week their 'bloods were low, especially their platelets' and they couldn't have their chemotherapy treatment, it reinforces your understanding of **why** you should use light pressure. Clients know so much about their illness so we need to **listen** to them. We may then need to review the functions of the various formed elements in blood and review that since platelets enable clotting to take place heavy pressure could cause bleeding under the skin, thus bruising.

When learning new techniques the participant is taking in new knowledge and increased understanding and making sense of it so it can be applied to their basic reflexology concepts and techniques. New learning may also rely on recall of anatomy and physiology knowledge. For example, some cancer treatments can put a person at risk of developing lymphoedema. Most reflexologists understand

the term oedema but may not appreciate that surgery or radiation can actually impair the flow of lymph from the tissues leading to lymphoedema. It helps therefore to understand anatomy and functioning of the lymphatic system when a client is burdened with lymphoedema. This knowledge can then be applied when learning new reflexology techniques to help with lymphoedema. *The basic reflexology concept which was developed here was adapting pressure and the client's position for greater comfort during the treatment.* With a greater understanding of the lymphatic and immune system perhaps the reflexologist now also has a greater understanding of why they may make the decision to postpone treatment of a client undergoing chemotherapy if they have a cold. Remember, the client is vulnerable.

The wide ranges of participants' knowledge derived from a variety of educational backgrounds has led us to include questions on our application form which enable us to assess in advance what basic knowledge participants may have before they attend a workshop.

- iii) The third function of our workshops is to encourage reflexologists working in solo practices to *network and experience support* for themselves.

In Ireland the majority of reflexologists work as sole traders in solo practices. They may not meet other therapists frequently unless they have kept in contact with colleagues from their days as students. They may feel very much alone and out on their own and may not often be contacted by a client who has a cancer diagnosis. In such a situation as this, the reflexologist reverts to their own understanding and the training they received (Hope Spencer) which may still be 'do not treat if a client has cancer'. Sometimes reflexologists feel they would like to treat the clients but are not confident in making this decision to do so. Seeing my name as part of an advertisement for workshops on the use of reflexology in cancer care, many reflexologists from around Ireland have telephoned me out of the blue seeking advice in treating clients. This emphasises to me the feeling of isolation that must exist for such therapists when newly diagnosed clients contact them seeking reflexology treatment. Once, for example, an unknown therapist rang me looking to know what she could do to just be with and care for her mother in her final days. She was afraid to harm her. After a 15 minute chat the therapist felt reassured that gentle holds and stroking were suitable. Some months later I received a lovely note from her expressing how much it had meant to her to be able to make her mother's final days more bearable.

The original function of our workshops was to provide knowledge to allow those seeking help to receive such help but it soon became apparent that there was a vital need for them to feel supported. In THIS situation it's the reflexologist's rhythm of life that's working to a new beat.

The third day of our workshop focuses on reflection in one's work. This day cannot be attended until the reflexologist has been working for a minimum of one year

Continued on page 9

with clients living with cancer and has utilised some of the techniques learned and is prepared to share their own experiences and learning with others in order to learn from them. We learn by listening to and reflecting on our experiences and our clients' stories. Many other professional people working in ARC or in other cancer support centres already receive supervision for their work, so why not reflexologists? I believe this is vital in our work and allows for self-growth. It also helps us to feel renewed and perhaps to become more compassionate and communicate better which in turn improves our skills in our work as reflexologists. We DO 'feel the rhythm of life'. Without support how do we deal with the death of a client we have supported through the end of their illness?

Every group we facilitate is given an evaluation form to assess the benefits of each day. One of the questions enquires if participants have recorded for their future use, the names and contact numbers of 2 people they have met on the day. The benefit of this is the establishment of support groups which may encourage participants to network and, looking forward, to perhaps engage in future research. We always plant this research seed anticipating that with the eventual arrival of regulation and implementation of new health strategies which incorporate 'multi-disciplinary' approaches there will be an increased need for evidence based practice. I believe research will help complementary therapists become more acceptable to orthodox medicine. To me this implies therapists need to start thinking NOW about their readiness to engage in research. Educationally it highlights for us the need to introduce not only the term 'research' into Irish reflexology education but also its practice.

Results

To date 20 workshops have been completed with over 20 reflexologists from all areas of Ireland (north and south) participating in each group. In addition, in the West of Ireland Martina Barrett has also been working in this field. She has facilitated 10 workshops with about 12 per workshop. We initially began with 30 participants per group but have reduced this to 20 over the last 3 years to allow for greater accessibility between facilitators and participants. Participants learned new techniques at each session, felt increased confidence through greater understanding of cancer diagnosis and treatments and therefore more comfortable about working with people living with cancer. A support network also was established in every group to ensure that no reflexologist was working in isolation. In addition many realised that they did have some fears about working with those diagnosed with cancer but that this fear was addressed to the satisfaction of all participants in the workshops and they knew where they could go to help resolve this.

As any group will reflect society as a whole we have had a number of participants who themselves have been diagnosed and treated for cancer. One reason

we reduced numbers was to allow the facilitators to be sensitive to their specific needs to talk, should it arise, and of course it has. Using 3 facilitators means there is always at least one facilitator available to talk 1:1 to a participant.

What implications for the education of Irish reflexologists have emerged from these workshops?

- ◆ Acknowledging that treating clients living with cancer should be a module in advanced rather than basic reflexology education.
- ◆ The variety of education available in Ireland and the experience of individual therapists has led us to state strongly that participants should not undertake this post graduate education unless they have been practising reflexology for at least 1 year. (Since many therapists in Ireland only practise on a part time basis we are considering perhaps this should be 2 years.)
- ◆ Recognition nationally: The course we facilitate has become a requirement for reflexologists working in most cancer support centres all over the country.
- ◆ Although we include a certain input on palliative care, there is a need to develop this for increased knowledge and understanding of this specialised area.
- ◆ There is a need to provide education to orthodox medical people about the value of integrating complementary therapies further into the healthcare system.
- ◆ With the introduction of regulation and the requirement for Continuing Professional Development for renewal of professional membership, greater numbers of reflexologists may investigate further education in this specific field.
- ◆ With improved upgraded education there is a need to introduce research into reflexology to develop and validate the profession.

Conclusion

Many people with cancer are availing themselves of complementary services throughout the country. There is a great need for education and support for reflexologists working with people with cancer. This paper has identified basic reflexology education in Ireland and how it has given rise to the requirement for further education when treating clients who are living with cancer. The integration of reflexology into orthodox healthcare will open opportunities for research and hopefully enhance the attitude of orthodox healthcare providers towards the profession. The registration of reflexologists as a professional body has implications for the need of continuing professional development and attendance at cancer education workshops ensures that reflexologists remain up to date in their treatment of people with cancer.

In reviewing the benefits of reflexology in cancer care further education is paramount. In order to inspire hope, to LIVE until we die, our clients deserve a well educated reflexologist.

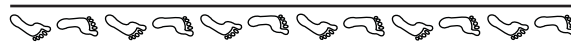
Reflexology in cancer care
Continued from page 9

Postscript

Have our reasons for facilitating this workshop changed? No, but our manner of conducting them, our actions and reactions, our rhythms of presentation have changed over the years.

The lines from the song 'The Rhythm of Life' from the musical comedy 'Sweet Charity' sum up my understanding of what it is like living with cancer and how the applications of reflexology can impact on those who are living this life and help them deal with their situation.....

*And The Rhythm Of Life is a powerful beat,
Puts a tingle in your fingers and a tingle in your feet
Rhythm in your bedroom,
Rhythm in the street,
Yes, The Rhythm Of Life is a powerful beat.*



FootMarks in the Perth Hills

by Jenny Jones, W.A. Professional Member

Western Australia Branch—March Study Day

On a beautiful fine day in March, W.A Branch members headed up into the Perth Hills for our 'In House' Study day. The Venue—'Mundaring Sharing', is a beautiful old house set amongst the trees with a long history that includes use as a nursing home, and is now used as an adult community learning centre.

Our chairperson of the day was the very able Julia Boag, assisted by Patricia Bell (our Education and CPT Co-ordinator) and Judy Doyle. They had put together a great day for all of us—including a lunch cooked by Hilda and her team out on the balconies overlooking the garden. On arrival and after registration we were all given an animal sticker and told to find our 'other half' or Buddy! Over the day we then introduced this person to the rest of the members present—a great way to network and get to know one another.

Then it was down to business. We were to discover over the day just how talented our local reflexology members are—and the other modalities that we encompass in our practices. Carol-Anne gave us news from Nursing Homes



Our Chair for the day with helpers

and up to date advice on the importance of contracts and record keeping. Des, our treasurer is a talented and



Happy RAoA members

knowledgeable Bowen and Fascial Kenetic Practitioner, and Nicola works in a Women's Refuge. Patricia told us of clients that she had been especially moved by in her practice.

Josephine gave us a personal insight into her experience with Cancer and the use of Reflexology within her journey, also of businesses within the community assisting Cancer patients. Gemma followed this up with a talk on Volunteering and working at Solaris Care Cancer Support Care here in Perth. Anne gave us an insight into how she works with her Relaxation Therapy and Val explained how she assists her pregnancy clients.



Members at lunch

After afternoon tea we had Davinna, who was inspirational in her quest to make a living out of Reflexology—and gave us many tips on how she has succeeded to do just that! Finally Wyn had our five senses on alert with her outside talk on The Consciousness of Colour and how it affects our physical, emotional and spiritual journeys.

It was a very enjoyable and relaxed study day, and many thanks must go to Julia, Patricia and Judy for all their hard work to make it such a success. The venue was wonderful too and it is hoped that we can experience the ambience of 'Mundaring Sharing' at another study day.



Wyn giving her talk

Summary from March 2009 Board meeting

Anne Young, Vice President

The Board welcomed Jo Impey from Victoria. Jo has been a past board member and we are all looking forward to working with her again.

The board has developed a definition of Reflexology. The new definition is all encompassing and non exclusive. The definition is: Reflexology is defined as the application of a stimulus or stimuli to a reflex anywhere on the body. For a list of variables refer to the Diploma of Reflexology in the Health Training Package.

This means that as the health training package comes under review, we can add variables if we think it necessary. This definition does away with the need to register separate reflexology styles with your insurer.

It has been suggested that the RAOA discontinues the sponsoring of individual listings for members in Yellow Pages, but instead only list the Company contact details. This would save an enormous amount of effort and frustration on the part of the Yellow Pages organiser. There is to be a survey on the website to seek member views on this. Please take time to fill in this survey as we would like to have your opinions on this action.

As announced at the 2008 National Conference in NSW, the next National Conference will be held in Queensland mid October 2010. The Queensland committee have already started the planning of this event on our behalf.

The board reminds individuals and branches that all official Company business representing the Reflexology Association of Australia Ltd must be cleared by the

board. Branches are entrusted with the conducting of local affairs on behalf of their members. This reminder is so that members do not remove themselves from the protection of the RAOA Ltd company insurance protection. If a member or state chooses to act independently of the board of the company we cannot guarantee that insurance protection.

New office: The Reflexology Association of Australia Ltd now has an official office. This move was made at the beginning of the year. All contact details for the office and Administration Manager remain the same as before. Any member is welcome to visit Jenn and Ashleigh during their hours of work to view this exciting development. The move was very timely as RAOA Ltd has undergone a number of audits to do with new Government regulations recently. All the auditors have been very impressed with our professionalism. Our heart felt thanks to the many people who over the years have worked to bring this about, right from the first initiators of the national body. Because of their work we are in a very enviable position as regards single modality complementary therapies.

Due to the increasing costs of running RAOA in a manner acceptable to the government, health funds and the increasingly higher expectations of members, the board has reviewed membership fees. There is to be a rise \$20 on PM & IM and \$15 on AM including GST. The joining fee is set to increase \$5 to become \$55 including GST. The board has also reiterated the importance of FootPrints to the RAOA and will continue to subsidise its publication.



This issue came together due to the number of articles I received over the past 6 weeks about cancer. Two of the stories are full of courage and inspiration.

One of the articles is written by my very dear friend and work colleague, Lauri Colubriale. Her diagnosis of breast cancer and secondaries in the spine in 2006 shocked everyone who knew her. During this time, Lauri was (and continues to be) an inspiration and someone with great wisdom. She has recently been approached by the Cancer Council to be an ambassador.

It is only a matter of weeks since I lost my sister due to cancer. She had fought bravely for 5 years—it was only towards the end of this time that she discovered

reflexology. She loved it. I learned a lot of valuable lessons on her last day on this earth—how those who are preparing to pass into spirit need the comfort of touch; how they need to hear the words of their spiritual beliefs; how they need to hear words of love—it is important for us to open our hearts to their needs. It is so little for us to give to them.

This issue of FootPrints is not about the tragedy that is cancer but rather the joy of living and being able to help and support those who are on their own personal journey.

Jan Cullen

Treating autism with Reflexology

Jennifer Norton.

Special thanks to Shevaun Rafferty

In October of 2007 I was approached by a friend who requested reflexology treatments for her autistic boy Oisin, aged eleven and in full-time residential care. She wanted to try reflexology as a means of calming him down as reports from the residential home and school were negative. Oisin can be a threat to his younger siblings and can display aggression as in hitting, kicking and throwing objects. With a good deal of trepidation I agreed to commence weekly treatments. I was fearful because of my lack of knowledge and inexperience in this area but was excited at the possibility that I might make a difference to this beautiful boy locked in his own isolated world. I set about researching the topic online, googling relevant links and posting requests on various websites and IRI for anyone with experience to advise me.

I discovered that Autism is a complex neurodevelopmental disorder based on the presence of three core symptoms:

1. a reduced ability to interpret the emotions and intentions of others,
2. a reduced capacity for social interaction and communication; and
3. a preoccupation with a single subject or activity.

This diagnosis does not describe in any way the complexity of sensory issues that can be a feature of this disorder as in hypersensitivity or hyposensitivity to sounds, smells, colours or touch. Who could imagine how a bird singing could sound like a kango hammer, a fly on the wall might induce all consuming terror, a piece of fabric against the skin could feel like sandpaper and one might only ever eat yellow food. This is but a tiny glimpse into the fearful world of an autistic child. Hand flapping and curled toes are a feature as are balance issues like co-ordination and gait. As I grappled with the complexity of this condition and pondered over the impact reflexology might make, I received an email. This was no ordinary email, this was a generously shared insight from the mother of an autistic boy who was also a reflexologist and to whom I am indebted. She contacted me having spotted my request for advice and gave me her case study notes on her son and one other child she treated for autism. I have permission from Shevaun Rafferty to share her observations and knowledge of autism and reflexology as follows.

'What are the important reflexes to treat for a person with autism? All of them', she wrote enthusiastically. She describes autism as a domino rally where one block goes down and the rest follows. Every block needs help to stand up again and every one helps others to regain balance.



'Almost all persons with autism have inflammatory problems in their intestines, even when there has been no obvious constipation or diarrhoea and they have not complained of pain. So working on the reflexes of the intestines is a priority. The immune system is responsible for inflammatory responses so the spleen, lymphatics and ileocecal reflexes are very important too. A not-so-well-known fact is that persons with autism often have problems with water balance, such as frequent urination, obsessions with drinking or not drinking, bed wetting, sweating etc. So the kidney reflex will be a crucial one of the "dominoes" too.

'The pituitary gland controls water balance through production of ADH and Vasopressin so that's another "domino". It is also the master gland of the endocrine system, and it is likely that a reflexologist will find energy blockages throughout the system, including the thyroid and especially the adrenals. I have found that the one symptom that is present in every individual with autism is extreme forms of fear—this is what makes social contact so difficult for them. Over arousal of the nervous system is common in children with autism, and can also be seen in the sensory sensitivities and mood swings that they suffer. Working the brain and the whole spine thoroughly is beneficial for this, and my own son was also able to overcome problems with posture, gait, and coordination as a result of his treatments. Every part of a reflexology treatment works on the autonomic nervous system bringing calm and healing to the mind and body, but of course the Solar Plexus is the reflex therapists all use to increase relaxation.

'A reflexology treatment is especially important for the connection between the therapist and child through "presence" and touch. For a person with autism this is probably the first time their needs for low arousal and non judgement have been met sufficiently to enable them to make a safe connection with another human being.'

I commenced my treatments on Oisin on November 3 2007. Initially he was very wriggly and squeamish and seemed both embarrassed and curious. I used strong pressure as I was informed that he does not like any feathery touching or tickling. For the first few weeks about ten minutes was the maximum time that he could lie still. His toes curled downwards which was very self protecting. His second and fourth toes veered sideways which from Avi Grinberg's book *'Foot analysis—The foot path to self-discovery'* book is indicative of a learning disability (page 69) which Oisin also has. He has a deep groove on the border between the earth and water elements on both feet which could indicate lower back pain (page 85).

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Reflexology Association of Australia

Treating autism with Reflexology
Continued from page 12

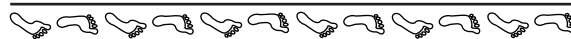
(I have noticed that Oisín is not comfortable on his back for long and wants to move onto his side frequently.) The pituitary point is always tender with Oisín on right foot and there is an area of hard and sore skin on this point. Oisín has had tests for pituitary hormone imbalance in the past.

The treatments continued on a weekly basis and each week saw a new development in terms of our interactive relationship, his trust in me as a therapist, my trust in him regarding his potential for adverse reaction. We are almost coming to our first anniversary and in almost a year I have only ever had a good and positive experience with Oisín. Sometimes we connect and have a conversation, other times he becomes a BBC TV presenter with perfect mimicry worthy of a Queen's English award! Once he asked me to treat his 'very special and comforting' toy dalmation dog called 'Lucky' which almost reduced me to tears of joy. It signalled his trust in me. He adores the treatments and generally lies still for 30 to 45 minutes. I follow Shevaun's pointers in as much as I can in a short

time-span. Towards the end of the treatment he sees me reaching for the rose massage oil and his face lights up with a grin he can no longer suppress, he knows that I am going to give him his favourite foot massage using my hands and arms and we both end up grinning like a pair of Cheshire cats.

Oisín has changed in the past year. His school teacher noted that he 'had turned a corner' and his family have noticed improved behaviour, self regulation and improved responsiveness to verbal instruction. He has also started to communicate certain fears to his parents. He is still prone to tantrums and aggression and his remote world of autism remains. I don't know for sure if the improvements can be solely attributed to reflexology but I do know that Oisín enjoys a peaceful 30 to 45 minutes of deep relaxation with a loving touch almost every week which in turn touches me very deeply.

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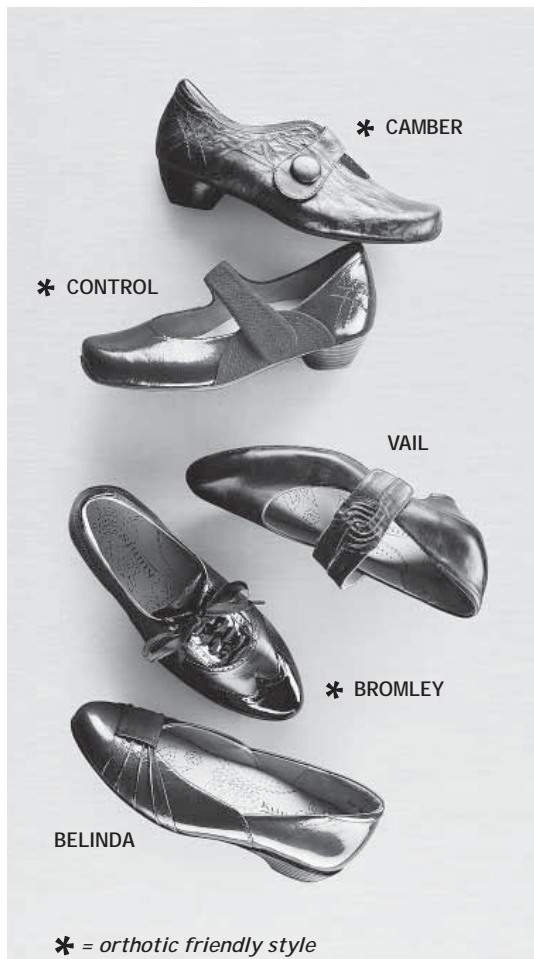
How Footwear Affects Wellbeing

As a Reflexologist you may be aware of how footwear affects wellbeing. How does proper footwear align with the benefits provided through reflexology? According to Auckland University of Technology's (NZ) Head of Podiatry School, Dr Daniel Poratt, foot pain is often linked to poor posture. "Ill-fitting shoes cause people to alter their gait, or the way they walk, and place undue stress on feet," he says. "This throws your body out of alignment. A shoe that is too loose, for example, will cause your foot to roll in. This in turn loads your ankles and your knees, putting extra stress on them. Therefore, it is vital to wear comfortable shoes that are correctly fitted."

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Cancer and Reflexology

by Josephine Jolly

The year two thousand and six was a turning point in my life. I had decided to change career path after 14 years of teaching and became a public servant again. Teaching had been what I had always wanted to do. I enjoyed it and contributed many extra hours and put a great deal of effort into my work. After a number of years and after a very stressful teaching practicum as a mature age student, I didn't enjoy teaching as much anymore and felt some resentment that after all my efforts, I did not feel acknowledged and appreciated by the system.

So began a new career path with the public service and just when I thought I was in a good place and with a job I was satisfied with, I felt an irregularity in my breast and with that came the diagnosis of breast cancer. Surprisingly it did not come as a shock in one aspect of my awareness of it because I had a sense that I was going to go through a difficult part of my life. The tests showed I had two types of breast cancer. With this diagnosis I underwent a lumpectomy, then a mastectomy, chemotherapy, radiation therapy and then several stages of breast reconstruction. The whole process took over two years. I decided early on that I could not continue working in the public service office and went on to focus heavily on another new and totally different path to improve my physical, emotional and spiritual health. I went through and continue to go through a fascinating time full of growth and self understanding, a new awareness of various facets of life, ways and options on how to approach life and how to think and look at things in a different way.

Going through the most difficult time, I met so many wonderful, loving people. There is just so much love around. Through one of these people, I discovered SolarisCare at Sir Charles Gairdner Hospital in Perth and tried some of the complementary therapies that were and still are offered there for people going through treatment for cancer. The therapies help patients with symptoms of their illness and side effects of their treatments and with their quality of life. The therapy that struck me the most and benefited me the most was Reflexology. I could not get over how I could feel this sense of calm and peace that lasted for hours after a session. It took me a while to work out what had caused this feeling, whether it was the effects of some medication I was taking or a special unexplained sensation that had mysteriously come into my body while driving home from a session. It was euphoric. I decided I wanted to find out more about reflexology. I did some research on the internet and asked one of the ladies who did reflexology at SolarisCare, where I could do a beginners course and so I began the adventure. I completed that course and followed it with the intermediate and finally the Practitioners course. Throughout the courses I kept seeing result after positive result and confirmation that there really is something to it. I met more wonderful

people during my courses and discovered that this was the path I am supposed to be on at the moment, not the public service.

Although I have just recently become a practitioner I enjoy seeing the results of my work on the many clients I have had the pleasure to work on. It is so very satisfying doing work where I am very much appreciated and where I can see such positive beneficial results. I love to see a client giving a big stretch after completing a session and awakening from a wonderful dream state and smiling and saying how wonderful that was. I still make sure that I do not miss out myself on a session and do regular swaps with other colleagues after we enjoy a delicious meal and a glass of wine together.

I have learnt that not only is reflexology a relaxing therapy but it definitely assists with lessening ailments that clients may have. While first experiencing it myself at SolarisCare, I was fortunate not to suffer a great deal with my treatments anyway. How reflexology helped me at that extremely difficult time, was how it gave me a peacefulness and calm which was, as I reflect on it now, what I truly needed at the time. The most difficult thing for me while going through cancer, was the emotional aspect. With counselling, speaking to people in similar situations, exercising and that amazing thing called reflexology, I was able to get to a stage where I was more peaceful with the situation.



At that time I also joined a special club called the Chemo Club run at the Aspire gym in Claremont where volunteers assist people going through treatment for cancer. The members are shown by volunteers how to use the gym equipment and do exercises to help keep up their physical wellness in order to cope better while going through treatment. There was also emotional support given because members, as well as having caring, fantastic volunteers to talk to them and encourage them, also got to talk to each other and share their experiences and feelings. All very healing stuff.

I then became a volunteer after being a member and while doing my practitioner's course I also tried a little reflexology. The club members loved it. However, while doing some sessions I felt sadness and anxiety. After speaking to some friends from the club, they suggested that I must make sure I look after myself and wait before doing more sessions as it was still close in time since my treatment. The emotions were still there and an extremely important part of keeping healthy is keeping emotionally very healthy and having a positive attitude, so I decided to not continue doing reflexology on members of the

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Cancer and reflexology
Continued from page 15

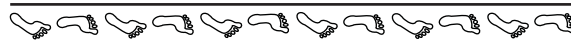
club, but I still went along and assisted with showing new members how to carefully use the gym equipment and talk to them.

Research undertaken at The University of Western Australia involving members of the Chemo Club, has shown that exercise significantly reduces fatigue levels in patients who participate in exercise during their chemotherapy. This in turn can assist in improving the quality of life of these patients (Stevens, E., 2007). Research at SolarisCare, undertaken by SolarisCare, is also showing

that complementary therapies also assist cancer patients with their quality of life. I look forward to seeing even more research to prove the extraordinary benefits reflexology can give and I know already through my experience that it is so.

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New Administration Office Open!

At last The Reflexology Association of Australia has its own office! The Board made the decision to move out of Jenn Cooper's home and into a commercial building when Jenn and her partner decided to move. The timing of this decision has been immaculate. The Association has gone through the process of Audit criteria on behalf of national health funds and it is timely and beneficial to have this audit conducted within this professional environment. The formation of the National Association has always been working towards strengthening a professional Association for its members with operating from a commercial National Administration Office. Congratulations! to RAoA!



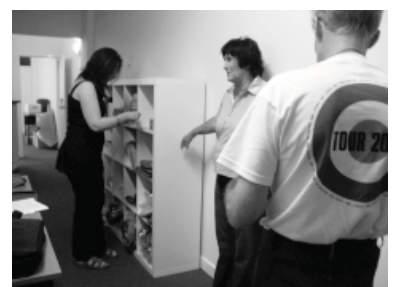
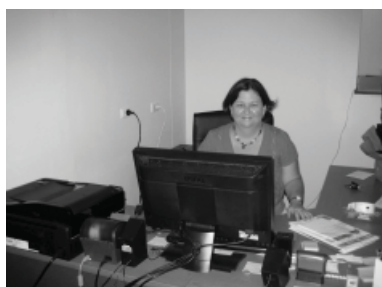
SARAH BLAIN, Treasurer, LIBBY STARK, President, JO IMPEY (new Victorian Director with the role of Promotions), JUDEE HAWKINS, Secretary and JENN COOPER, Membership.

Missing are JAMES FLAXMAN, Webmaster, IAN GILBERT, Research and ANNE YOUNG, Vice President, who took the photo.

The Board took time at the end of a day's work during our recent Board meeting to view the office as most of us had not seen it. I must congratulate Jenn on presenting a lovely warm looking office in a great location. There is plenty of room to store all our paperwork and we no longer need to hire a storage shed for the items that did not fit in Jenn's house. This will obviously save a lot of travel time.

All the contact details for Membership Administration remain the same. The new office is for administrative purposes and it is not anticipated that members will visit (other than to view our 'baby').

Anne Young





Breast cancer treatment: Western medicine, natural therapies, or both?



by Lauri Colubriale

In February 2006 I was diagnosed with breast cancer. In April of the same year I was diagnosed with secondaries in the spine.

The treatment: Chemotherapy every 3 weeks for 8 infusions, radiation every day for 25 days. Having heard and read about the disturbing side effects of chemotherapy and radiation I knew that in order to get through this treatment, I had to combine it with some sort of natural therapies. Whilst chemotherapy fights the cancer, it is also an immunosuppressant. The last thing I needed was to be a permanent fixture beside the toilet after each toxic cocktail and I knew the benefit of Chinese medicine, having previously used it to assist my skin condition of eczema when western medicine had not been of any assistance. I hoped I could rely on Chinese medicine again to support me through the chemical cocktails that I had to endure. The important component in all of this was to maintain as normal a lifestyle as I could, not only for me but for my family. I was recommended to a Chinese doctor who specialised in Chinese medicine and cancer patients so combining both genres was the way to go.

The doctor devised a programme of Chinese medicine around my Western treatment. I advised my oncologist about this and the only thing she requested was that I not take the Chinese medicine the day of and the day after treatment which I adhered to. For the rest of that year I would make weekly visits to have acupuncture sessions and obtain the Chinese medicine which consisted of 3 different herbs concentrated into tiny pellets taken 3 times daily which equated to about 48 pellets per day 7 days per week. Initially after the first chemotherapy treatment I was incredibly tired, but as the days and weeks progressed my energy levels never waned although some side effects of the chemotherapy i.e. loss of hair, loss of appetite and loss of smell and taste did kick in. However, I was never physically ill and I was never confined to bed and only at one point were my iron levels very low to which my oncologist suggested a blood transfusion (which I refused)—I counteracted that with iron tablets and eating more vegetables high in iron.

My diet changed during my treatment mostly through choice. I rarely ate red meat, partook occasionally of white meat and consumed mostly fish, vegetables and fruit. Unfortunately, chemotherapy tends to suppress the desire to eat but I knew I had to keep up my strength so whether I wanted to or not, I ate. As a weekly reward every Saturday night I allowed myself a Thai dish of pork and vegetables cooked in a hot green curry paste, the only thing that gave my tastebuds any zing, plus a couple of glasses of red wine for that all important antioxidant hit.

One week into radiation I experienced another hiccup. My sacrum area spasmed and mobility was severely limited which forced me to give up work for a month. Fortunately I was able to get the physiotherapist working on that area quickly after x-rays showed no fractures. The physio set to work to alleviate the condition which consisted of weekly treatments for 1 month.

With radiation I had been warned that I may have side effects, i.e. extreme tiredness and possibly blistering on the radiated area similar to severe sunburn. I asked a work colleague who was a qualified Aromatherapist if she would make me a remedy that I could apply to my skin as opposed to using sorbolene cream which I disliked. She made up a mix of French Lavender and white (body and skin) clay which was applied as a dry dusting powder. This significantly assisted my skin and, apart from the obligatory redness, I did not suffer any blistering or discomfort.

I also had the desire to undertake yoga to support my spiritual and physical wellbeing and also to help ease any discomfort I may experience because of the cancer in the spine and to aid in the recuperation of my arm due to the two operations. The first operation was a lumpectomy and the second was to remove further lymph nodes; all of which had the effect of limiting my arm movement to shoulder height coupled with severe numbness underneath the upper arm plus loss of strength. Over time yoga has enabled me to regain full mobility plus an increase in strength and the gradual return of part sensation in my left arm.

Before my diagnosis I had regular fortnightly treatments of reflexology to maintain wellbeing and keep my eczema under control but during my treatment I opted to forgo reflexology and instead concentrate on the aforementioned combination until I had completely finished chemotherapy and radiation. However, it was during my reflex treatments which I had had over a number of years (pre-diagnosis) that my reflexologist often mentioned that my lymphatics were sluggish. She would (and still does) use moxabustion when needed. In hindsight, I believe this was the precursor to my eventual diagnosis of breast cancer. Even if I had visited my G.P. and had said that my lymphatics need checking, what reason would I have given? I'm sure I would have been given a very strange look and how would the G.P. know what tests to send me for?

Natural therapies in combination with Western medicine is still in its infancy. Fortunately some medical practitioners are beginning to 'see the light' about the benefits

Continued on page 18

*Breast cancer treatment
Continued from page 17*

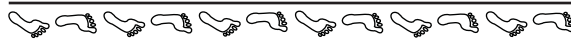
of natural therapies regarding early diagnosis and prevention but there is still a long way to go before it is fully accepted. Perhaps if I had gone to my G.P. regarding my lymphatics, my diagnosis and treatment may have been different. I believe that more case studies need to be undertaken regarding the combination of natural therapies with western medicine. I remain confident that, in time, western medicine will work in conjunction with therapists and natural therapies, the result being that patients will ultimately derive the benefits of less traumatic or invasive outcomes.

At present I've resumed regular reflexology sessions and with my history my reflexologist takes note of any

changes that she is aware of. I also have the occasional acupuncture session and I have continued with yoga—all beneficial.

Life as I knew it, irrevocably changed for me that day in February 2006—the direction changed and I've accepted that. Life is an education. Whilst I'm still unsure as to what the outcome may be, I am doing my best to learn and enjoy life.

There is an ancient saying in India: *'We are not human beings having a spiritual experience. We are spiritual beings having a human experience.'*¹



First International Symposium on Reflexology and Cancer

contributed by: Simone Fitzgerald, Libby Stark, Fran Birtwistle and Glenys Petrie

It is probably safe to generalise that most reflexologists have treated (or are treating) clients that are living with cancer. This may be at any or all stages of the disease trajectory, at diagnosis, during treatment, at remission or during the palliative phase.

I would also feel confident to state that as professional reflexologists there is a strong belief and antidotal evidence (case studies), in our individual practices that reflexology offers significant benefits to this client population.

In October 2008 the First World Symposium was held in Israel. This came to fruition through the dedicated and tireless work of Moshe Kruchnik. You may remember him from the ICR Conference in Cairns 2007. Moshe is the president of the Israeli Forum of Reflexology, a Reflexologist, Doula, Anti-natal educator and International Speaker on Reflexology. He was supported in his vision by world leaders in Reflexology such as Beryl Crane, Lyn Booth, Leila Eriksen, Dr Martine Faure Alderson, Susan Berenson, Edwina Hodkinson, Dr Babinia Carrasco and Carol Donnelly (amongst many).

This was an opportunity to have a conference solely focused on cancer and reflexology. Three days to be immersed and learn of the emerging research (what projects have been completed and those planned). How integrative medicine is being practiced in other countries, with fledgling partnerships being formed between complementary therapy and the western trained medical profession.

Australian Reflexologists were represented by four intrepid travelers, our president Libby Stark, Fran Birtwistle, Glenys Petrie from Qld and Simone Fitzgerald from SA.

The opening lecture was a moving and heart felt testimonial by Nava Ridi. Nava, from Israel, spoke of her cancer journey and survival. How she did this was by utilising not only western medicine but complementary therapies such as Reflexology as well, in addition to her spiritual search for meaning and peace.

Speaker after speaker from diverse backgrounds around the world presented their findings and experiences. All affirmed the benefits of Reflexology for people living with cancer.

Susan Berenson from USA was very impressive with her passion and great empathy, working at a Comprehensive Cancer Centre with cancer patients. She spoke of how she works within the framework of the hospital environment, combining the use of the best mainstream medicine together with complementary therapies, and about the benefits of Reflexology, contraindications, clinical trials and case studies.

Consistently reported was the reduction of stress, tension and anxiety. The flow on from this being a reduction in depression, the perception of pain, nausea and vomiting and overall an improvement in a persons quality of life.

Continued on page 19

Reflexology Association of Australia

First International Symposium on Reflexology and Cancer
Continued from page 18

The positive impact of reflexology for children and adolescents living with cancer was presented. Not to forget the benefits for their families and loved ones also profoundly affected in the cancer journey. We were made aware that reflexology programs are available in a variety of settings including in-patient wards, stand alone integrative (or complementary therapy) centers, out patients and day oncology centers.

Dr Biabiana Carrasco (surgeon and reflexologist) from Spain, spoke of her work with children and cancer and the

difficulty of reflexology being accepted within the hospital framework.

Carol Donnelly from Ireland presented 'Educating for Cancer', and advised to use light touch techniques to avoid 'possible bruising' when patients have low platelets counts. It highlights the need for reflexologists to take a thorough history and be aware of the cancer disease process, treatments and side effects.

Dr. Shari Lev Ari from Israel works within an integrative medical model. He presented information on accepted medical treatments being combined with complementary therapies for self healing, creating a relationship through the mind body connection and visualization to the malignant cells for healing.

Dr Opher Caspi, Director of Integrative Medicine at Schneider Hospital in Israel raised the challenges that face reflexology and the need for a national approach with benchmarks for training and education.

Challenges were also raised by Edwina Hodgkinson who is the co-coordinator of Complementary Therapies in Bristol Hospital around the contraindication of not working with clients who have had recent surgery. She is frequently called into the Intensive Care Unit to deliver reflexology



From left: Glenys Petrie, Libby Stark, Simone Fitzgerald, Martine Faure-Alderson, Fran Birtwistle

to patients who have had major surgery (within 24 hours). Interestingly she indicated that the staff in the unit have consistently noted that these patients oxygen saturations improve during and after the reflexology and the patients have suffered no adverse side effects.

Specific workshops were offered by Lyn Booth in VRT, Beryl Crane in Auricular therapy, Dr Martine Faure Alderson in Cranio Sacral technique,

Zacchary Brinkerhoff and Moshe Kruchik.

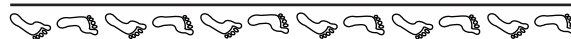
The Conference was held at one of the largest Kibbutz's, Shefayim in Israel (closest major city being Tel Aviv).

The experience of another culture was as rewarding as the conference itself. The land, the food, the hospitality, the dancing and singing will be imprinted in our memories forever.

Overall the emerging evidence from around the world and from people living with cancer is that reflexology places itself as being one of the most ideal, beneficial and supportive therapies available. Without doubt, this position will be strengthened as research tools and funding continue to move forward.

Each State Branch will receive a copy of the first book produced on Reflexology for Cancer Patients for their branch library as agreed by the RAOA Board of Directors.

At the conclusion of the conference, Moshe Kruchnik spoke passionately on the future of reflexology and being able to work in harmony. His message is not to compete with the medical practitioner and the cancer patient but to empower the patient with the 'power of freedom'. We must join together in our efforts to respect each other and contribute to the healing process of human beings. 🙏



Did you know?

To have cold feet nowadays means to be cowardly. A suggested Foot Folk Wisdom behind the saying is that during the 1st World war the British infantry were expected to go 'over the top'. Those who did not were considered cowardly. But in the trenches the wet, mud and chill got into the soldier's boots and many times their feet were so cold that they could not walk let along go 'over the top'. Hence the saying cold feet meaning cowardly.

Reprinted with kind permission of Susanne Enzer

Reflexology and the pregnant client

Lyndall Mollart
RN, RM, M.Mid, Dip. Reflex

Pregnancy, especially the first time, is a fantastic experience. Astounding changes happen to women during pregnancy. Every body system is involved—so are the emotions and feelings. Usually pregnant women adapt well to the changes in body and mind and make the most of the experience.¹

Reflexologist's who have been working in this field know that reflexology increases health and well-being and gives an excellent environment for both mother and the Incoming Soul. Reflexology can be used to ease or relieve the many 'minor' discomforts of pregnancy. Reflexology can also reduce stress and anxiety, which can cause conditions in pregnancy, labour and in the postnatal period.

I have briefly discussed considerations and cautions when providing reflexology with your pregnant clients.

CONSIDERATIONS at start and during a session with a pregnant client

◆ History taking and documentation

It is always important at the beginning of the first session with a pregnant client to gain a comprehensive and accurate history including previous health concerns: medical, surgical or gynaecology/obstetric problems.

- ◆ Legible, dated and accurate record taking is important. It is also suggested that records be kept for 21 years (for the baby's sake). If you have the information on computer, you can burn documentation onto CD and store away. Otherwise, keep records somewhere safe.

◆ Positioning client

For both massage table and Chair: From approximately 30 weeks gestation—use small pillow or rolled-up towel under the right hip. This will prevent the growing uterus compressing the abdominal inferior vena cava, thereby restricting the blood supply to the baby and the client. If the woman is pregnant with twins, and had an enlarged uterus at an earlier gestation, you may need to consider positioning earlier.

◆ Length of session

In the last 12 weeks, due to the size of the uterus and pressure on the bladder, the sessions may need to be of shorter but more frequent duration.

CAUTIONS

- ◆ Occasionally minor ailments develop into complications, disorders and major obstetric problems that must have expert medical attention. All problems during pregnancy **MUST** have expert medical attention.



- ◆ It is wise that whilst learning reflexology, students are recommended to NOT work with pregnant clients during the 1st trimester (first 12 weeks).

Rationale: there is so much to learn during reflexology training, extra knowledge is needed for working with pregnant clients. 1

- ◆ Some women are not aware they are pregnant in the first few weeks and the reflexologist may also be unaware and work the uterine/pelvic reflex zones.

Remember: Reflexology can not and will not cause a viable fetus to be miscarried nor delivered early.

- ◆ Fear that Reflexology may cause miscarriage: Reflexology can not and will not cause a viable fetus to be miscarried nor delivered early. Many reflexologists and midwives who have tried to 'induce labour' are aware that if the mother and baby are not ready, nothing will happen!
- ◆ An unexplained sense of no-to-do-it-ness: If the reflexologist has an inner feeling 'not today' or, 'don't', then don't! Go with the gut feeling, there is a reason why.

At the end of session

◆ Be aware of postural hypotension

As the woman has been lying or sitting for a length of time, suggest that she stands slowly to prevent postural hypertension and the possibility of her fainting!

CONTRAINDICATION

There are some occasions where reflexology is contraindicated:

- ◆ Acupressure points
- ◆ Deep venous thrombosis

Acupressure points

There are 3 acupressure points that are traditionally forbidden to use during pregnancy as they may cause an interruption of pregnancy. They are located within the foot reflexology area: Spleen 6, Bladder 60 and Bladder 67. Also for hand reflexology: LI 4.

Spleen 6: 3–4 finger widths above malleolus ankle bone inner aspect

Bladder 60: Behind ankle—outer aspect

Bladder 67: Little toe—outer, lower aspect of nail
--

Continued on page 21

DEEP VEIN THROMBOSIS (DVT)

DVT is a blood clot that forms inside a vein. It may partially or completely block the blood flow. There is a risk that blood fragments may detach and travel to another part of the body causing an embolus, e.g. pulmonary embolus. The thrombosis can occur in any deep vein: the vein most often affected is the deep vein in the calf—DEEP SAPHENOUS.

Pregnant women are more prone to have DVT than any other group of people. During pregnancy the high levels of oestrogens are associated with DVT. As reflexology increases the vitality of the vascular system there is a possibility that the thrombosis may move with dire consequences.¹

Maternity reflexology is wonderful work. Enjoy the experience.

Reference

1. Enzer S. 2004. Maternity Reflexology Manual. 📖



Baby Reflex Perth, Australia

by Karen Bishop and Michelle Caplen

Michelle and Karen attended a Baby Reflex course in March 2008 at Fremantle, with Jenny Lee, a Chartered Physiotherapist and member of the Association of Reflexologists (AoR) and founder of baby reflex.

You may ask, 'What is Baby Reflex?' It is a special calming treatment of Reflexology that only qualified Reflexologists can teach parents to give to their own babies. The techniques are easy to learn and enable parents to learn in small groups with their babies. These techniques were created to help alleviate normal baby discomforts and support the natural bonding between mother and baby. It is especially helpful for inexperienced mothers such as teenage mums.

Michelle and Karen have now been working with Baby Reflex for just over a year, since they completed their course with Jenny Lee. They have now been appointed distributors for Perth, Australia.

Baby Reflex has been promoted both North and South of the river in Perth, through information sessions at libraries, a prison, family centres, teenage mums' groups and a women's health centre. We have contacted these different groups through previous personal work contacts and talking to various personnel at different libraries. Some of these groups have given funding through their budgets, allowing the classes to be run at a reduced cost to the parents. This has enabled us to gain a greater experience of baby discomforts whilst working with many new mums, a few of these being pregnant mums.

Marketing does take time and we have found it is often better to talk to people face to face rather than use technology!

Karen has also run home visits on individual Baby Reflex courses on Saturday mornings, which allows both parents to be present. This has been successful as both parents can learn the techniques in a home environment plus the baby may be happier in this situation.

Baby Reflex has many benefits to both the parents and babies. Generally parents have found that their babies are much calmer. The hyper baby is also a fantastic technique and parents are amazed to see the baby's facial expression

change to almost a trance as they zone out! There have also been great results with the constipation technique, with parents commenting that the babies opened their bowels within thirty minutes of the treatment.

Michelle has also found that parents who used the calming with the teething technique had good results.

We would like to thank Baby Reflex, UK for giving us the opportunity to use Baby Reflex in our businesses. We feel that there are still many new mums out there who would benefit from this new technique especially the teenage mums. We hope as time progresses Baby Reflex will be more widely used and will be of greater benefit to the community as a whole. We look forward to introducing the new toddler group course in the future. 📖



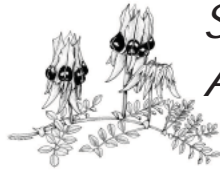
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STATE MATTERS



SOUTH AUSTRALIA

As we move into 2009, workshops have been organized. The first was held in March and was well attended. The presenter was Dung Nguyen. The subject was Mindfulness strategies and acceptance and Commitment Therapy to help free one's self of emotional pain and live a rich and meaningful life.

In May there is a one day workshop; subject Emotional Freedom Techniques with Maggie Adkins, EFT Master. EFT the fastest growing meridian therapy in the world.

August will be hands on Reflexology—a two day workshop. It will be on Using TCM with Reflexology, the instructor is Sue Ehinger, principal ASR in N.S.W.

The fundraiser in April was the film, The Boat That Rocked. Included in the ticket price was home prepared food donated by the members. A good way to enjoy a social evening. Thank you Pauline for organizing the evening.

James encourages us to use the website to its full potential. Why not—we are all skilled in the therapy of Reflexology so put it out there.

The state of South Australia has at long last had good rains, so a green tinge is showing in the paddocks. After a long hot summer, we are now enjoying sitting in front of cosy fires and enjoying warming soups. I do enjoy the four seasons; it is a natural way to recharge our bodies.

Happy Days

Jannette Kendall



NEW SOUTH WALES

The New South Wales Branch first meeting for 2009 was a General Meeting held on Tuesday 17th February. Our Guest Speaker for the evening was Kim Rusten, a teacher from Nature Care College in St Leonards as well as our State Board Representative along with Judee Hawkins. Kim gave an excellent talk/lesson/refresher on her alternative integrated approach to Hand Reflexology. We hope there will be more nights with Kim throughout the year.

April was a busy month for New South Wales Branch. There was the Health and Fitness Expo at Darling Harbour and the Cancer and Reflexology Workshop and yes, they both happened to coincide. Thanks to great support staff and willing volunteers, both the Expo and the

workshop were managed very well and both were a great success. Give yourselves a 'pat on the back' NSW Branch!!!

There will be other times during the year for volunteering at expos—it's a great way to meet and share with other Reflexologists, gain CPT points and just enjoy the moment, so make sure you have your correct mailing and/or email details so that you will receive all correspondence and also not miss out on these opportunities.

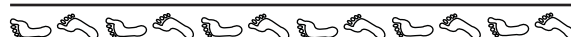
At the branch meeting on April 21st our guest speaker was Lyn Kennedy. Lyn is a Feldenkrais practitioner. Feldenkrais techniques teaches that practising gentle movements and directing attention to the movement will improve the range of the movement plus enhance human

functioning, e.g. flexibility and coordination. Feldenkrais has been found to be helpful in dealing with people suffering conditions of the central nervous system e.g. multiple sclerosis, cerebral palsy and stroke. Feldenkrais differs from massage in that it works with the individual's ability to regulate and co-ordinate a movement, whereas massage works directly with the muscles. Lyn was a very enthusiastic speaker and I'm sure we all gained a little something for our 'toolboxes'.

Finally, a thought for your day with thanks to Stephanie Dowrick:

Treasure what you have already learned. You may not need to learn it twice.

Gwen Dean



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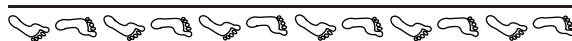
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11-13 October	1st International Conference on Maternity Reflexology Auditorium Hotel Kibbutz Shefayim Tel Aviv, Israel www.maternityreflexology.net/
15–16–17 October 2010	Reflexology Association of Australia National Conference Brisbane, Queensland

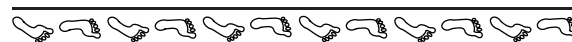


FootPrints Team

Late last year the FootPrints team (Judee Hawkins, Margaret Cliff and Jan Cullen, pictured) were the winners of a Father's Day promotion run by Gary Mair of Snap Printing, Blacktown, the company which produces FootPrints for the RAoA. The prize was a \$150 meal voucher at Nirello's Restaurant, Blacktown.



During the Christmas/New Year period, Judee, Jan and Margaret took the opportunity to meet, chat and relax on a face to face basis over a very enjoyable lunch. As the team usually interacts by email only, the surprise meal was a very worthwhile experience to help the team get to know each other a little better. Our heartfelt thanks go to Gary and Snap Printing for the opportunity.



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2. Articles that have not been booked by the Editor for a specific issue will appear in an issue decided by the Editor, as space and topic allow. To appear in a specific issue an article must be submitted for consideration up to 3 months in advance of the issue date.
3. Articles may be sent by email in Microsoft Word format to the Editor (jan.cullen@virginbroadband.com.au) using standard Times Roman or Arial fonts. Faxed, pdf and scanned articles are not acceptable.
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Advertising Billing and Subscription Officer

Judee Hawkins

105B Newport Road
Dora Creek NSW 2264
Mobile: 0412 187 238

Email: footprints@reflexology.org.au

Desktop Publisher

Margaret Clift

PO Box 236

Ermington NSW 1700
Phone: (02) 9858 2620

Email: margclift@gmail.com

Advertising policy

- ◆ As only a limited number of advertisements and inserts can be accepted it is advisable to book early.
- ◆ All advertisements including inserts must be booked in advance and copy provided to the Advertising Coordinator, Jessica Wagner.
Email: footprintsads@reflexology.org.au
Mobile: 0432 295 568
- ◆ Firm arrangements for payment must be made at the time of booking.
- ◆ Display advertisements must be submitted by the copy deadline (see below).
- ◆ FootPrints is distributed at the end of the month of issue, i.e. March, June, September and December.

Copy deadlines

March issue:	February 1
June issue:	May 1
September Issue:	August 1
December issue:	November 1