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From the President's desk...



New beginnings 2009 is the year for fulfilling a vision held by the Reflexology Association of Australia—to move into an office for the management of business and membership administration. I am sure there are past members of the Board of Directors who will applaud this event. We take this opportunity to offer our appreciation and gratitude to Jenn Cooper who has been conducting the Membership Administration from her home office since 2002

and is now promoted to the position of Administration Manager for the Association. Jenn Cooper will continue to work with Ashleigh L'Barrow as her assistant and we thank them both for their professionalism during this challenging changeover period! Jenn Cooper will now manage Yellow Pages and Merchandise administration and Ashleigh L'Barrow will handle the MYOB input as support for Sarah Blain, our Treasurer.

New beginnings Judee Hawkins has accepted the position of Secretary and will continue to organise subscriptions and accounts for FootPrints. We welcome Jessica Wagner from NSW who will be Advertising Coordinator for FootPrints commencing with the June 2009 issue. Thank you both for stepping into these positions for the RAOA.

New beginnings The Victorian State Branch will be promoting the position of two Directors following the resignation of Ruairi O'Duil and Patricia Turner. We thank both these Directors for their valuable input to the Association. Victoria is very fortunate to have Life Members who are in the position of being 'mentors' to their branch members. We look forward to welcoming two new Directors to the RAOA Board.

New beginnings A fresh look for the website ... with compliments to James Flaxman our Website Administrator, we now have a 'new look' to the Association's website which is very modern and easy to access.

Members will notice that Educational Articles are being added to the website for the interest of members and the public. We take this opportunity to thank our learned practitioners for their educational contribution. You will also notice in the members' section an article on 'How to Write a Book Review'. This is for the benefit of members who are seeking educational CPT points to write a 'book review' for FootPrints. Jan Cullen as FootPrints Editor is keen to receive your 'book reviews' and any articles of interest.

Promotional benefits Schools and Colleges are invited to list their information on the Association website and for the interest of our advertisers, advertising for FootPrints and inclusion into the CPT Calendar of Events firstly goes to the FootPrints Advertising Coordinator who then advises the CPT Coordinator. Inclusion in the CPT Calendar of Events is a further bonus which advertisers receive! Members can plan ahead for CPT points!

Planning ahead promotion for World Reflexology Day has come in from International Council of Reflexologists (ICR) and is traditionally held in the last week of October.

This is all a good start for 2009.

As always ... *stepping ahead with Reflexology* ...

Libby Stark—President

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!!STOP PRESS!!

BUSHFIRES IN VICTORIA

On behalf of members, directors and staff of the Reflexology Association of Australia, the President extends sincere condolences to victims, their families, friends and all those affected by this monumental tragedy. Our thoughts and prayers are with you.

March 2009

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This issue:

Cover photo: Feet courtesy of Margaret Cliff. Diseased mushrooms courtesy of the Marsh Lawson Mushroom Research Unit, Sydney University.

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

The Reflexology Association of Australia Limited was incorporated in 2002 as a company limited by guarantee (ACN: 101 412 319)

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Association Awards

Life Membership

Outstanding achievement

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SA	♦ Joyce Lockett ♦ Rosemary Urban (deceased)	♦ Suzanne Pfitzner ♦ James Flaxman ♦ Margaret Brown ♦ Susan Ramsey
TAS	♦ Pamela Skeggs ♦ Dianne Yaxley	♦ Gaylene Webb ♦ Vicki Delpero
VIC	♦ Dee Leamon ♦ Carol McBain ♦ Josie Magazzu (deceased) ♦ Marion Bond ♦ Trevor Steele (posthumously) ♦ Emma Gierschick	♦ Natalie Baker ♦ Samantha Landridge ♦ Karen Fothergill ♦ Marion Bond
WA	♦ Keith Solomon ♦ Brigitte Johnson ♦ Lynn Hatswell	♦ Patricia Bell ♦ Flora Toft ♦ Gladys Duncan ♦ Chris Aubrey ♦ Des Bradley ♦ Lis Anderson ♦ Mairead Spooner ♦ Catherine Chandler

State Branches

If there has been a change in the above directory, kindly advise Jan Cullen by email jan.cullen@virginbroadband.com.au or by phone (02)9894 5229

State matters

Please contact Jan Cullen to advise the contact for your State. Jan's email is jan.cullen@virginbroadband.com.au



The power of the Australian bush

by Ian White B.Sc., N.D., D.B.M., Dip Hom.
 Founder of the Australian Bush Flower Essences



The concept of healing that was shared by such great healers as Hippocrates, Huang Di (Yellow Emperor) Paracelsus, Hahneman and Steiner was a simple one. They all believed that good health was the result of emotional, spiritual and mental harmony and found that when they treated their patients' psychological imbalances, their physical diseases disappeared. Consequently physical symptoms were viewed merely as pointers to deeper emotional or spiritual imbalances. This totally embodies the philosophy of the healing modality of Flower Essences.

A Flower Essence is obtained by extracting the healing vibration quality from the highest evolved part of the plant—the flowers. Cultures from all over the world have been doing so since time immemorial. Ancient records show that over three thousand years ago the Egyptians collected the dew from flowers to treat emotional imbalances. The Australian aborigines have also long used flowers to heal emotional imbalances. They would also collect the dew or else eat the whole flower to obtain the vibrational healing aspect of the plant. The early white settlers reported that when the local aborigines fell ill, they would treat themselves by floating Waratahs in water for a number of hours and then drink that water.

Up until the mid 19th century the majority of people in many countries were familiar with the emotional healing qualities of the plants and flowers growing around them. This is evident for example in Europe with the numerous books published in the 18th and 19th century on the subject of Language of Flowers, where the emotions associated with each specific flower was listed. Today we still see the remnants of this system in that people associate roses with love, rosemary with remembrance and grief with white lilies. The Flower Essences were further developed and championed in the 1930s by Dr Edward Bach (1886–1936) and since the 1980s there has been a great resurgence of Flower Essence development around the globe. There have been 7 International Flower Essence Conferences held in different countries since the inaugural gathering in France in 1990. For my part, I have been researching and developing the Australian Bush Flower Essences for the last 20 years.

Today, Flower Essences in general and the Bush Essences specifically have a tremendously important role to play. They are powerful catalysts for helping people heal themselves by bringing a person into emotional, spiritual and mental harmony. This healing is achieved by resolving a vast range of negative emotional states. Flower Essences harmonise negative feelings and belief patterns held in the sub-conscious mind, and are very specific in the issues and emotions that they address. The Essences can assist us to work through and resolve our problems and imbalances. They can also help to give us an understanding of why these difficulties came about in the first place and what needs to be done to clear them, by unleashing the positive qualities inherent in us.

The rationale behind the healing capacity of Flower Essences is based on the timeless wisdom that when emotional balance is restored, true healing occurs. The Essences allow people to develop their intuitive abilities by turning inwards to get in touch with their Higher Self—their own intuitive centre, so as to be able to know and understand their own life plan, purpose and direction. They also give people the courage and confidence to follow that plan.

The more people use the Essences, the more they experience clarity and quality in their lives. Flower Essences have extraordinary healing powers and an extremely important role to play in helping to raise the quality of life and the level of awareness of those living in it.

The Doctrine of Signatures

For the ancient herbalist, an understanding of the healing properties of plants was based on the Doctrine of Signatures, whereby the idiosyncrasies of the plant, such as its shape, growth, colour, scent, or taste, indicated its healing properties. For example, the skullcap flower resembles the shape of the human skull and was used for headaches and insomnia. The bark of the willow eases rheumatism, that becomes worse in damp weather—the tree grows in wet places. Flowers used to treat jaundice, such as dandelion, agrimony and celandine have either yellow flowers or sap.



For many, the Doctrine of Signatures of the plant was seen as God or nature's clue as to the healing qualities of that plant. Mind you, when the Spanish invaded South America they came across an amazing flower growing on vines in the rainforests there. They sent this flower back to the Pope of the day and the Vatican later named it the Passion Flower. For in this flower they could discern the full Passion of Christ—the halo of blood from the crown of thorns, the 5 stamens representing his 5 wounds, the 3 petals symbolising both the trinity and the 3 nails that Christ was crucified onto the cross by, while the plant's 10 sepals corresponded to the disciples who didn't deny or betray Christ. There was even 30 small dots on the flower—the exact same number of silver coins given to Judas. Unfortunately the Spanish Conquistadors saw in this plant both the approval and justification for their brutal attempts to convert the indigenous people of this region to Christianity.

The Doctrine of Signatures, is an incredibly important aspect in the modality of Flower Essences as it gives invaluable understanding and appreciation of the healing qualities of the flower you are working with. In my

Continued on page 4

The power of the Australian bush
Continued from page 3

workshops I present many slides of each of the Bush Essence Flowers to highlight their Doctrine of Signatures. She Oak, an Essence that harmonises a woman's hormonal cycle, has a seed the same shape and size as the ovary whilst its flower resembles a fallopian tube waiting to receive a fertilised egg. Wherever you find it growing you know that there is fresh water nearby. She Oak is an invaluable remedy for dehydration.



The Grey Spider Flower, a remedy used to treat terror has a very discernable 'face' on its flower with two eyes, a nose and a wide open mouth—that resembles Edward Munch's 'The Scream', where a woman on a bridge amongst swirling colour is screaming with great fear.



You won't be surprised to know that Bottlebrush is used to break habits and to help people let go of what they are holding on to—both physically and emotionally. More than one person has said that after taking this Essence it literally felt like a bottlebrush was put up inside them and cleaned them out.



To stroke a Flannel Flower's long, green tipped petals is a sensuous experience. As a Bush Essence it is used for people that have a problem with emotional or physical intimacy—who don't like being touched. The petals resemble fingers reaching out and are very soft, giving a nurturing sense. Quite the opposite is the sharp 2–5 cm long



needle-like leaves of Dagger Hakea that is used to help release resentments. Even its narrow, woody fruit is dagger pointed. This plant is frequently encountered on many of the tracks going through the bush in damp heath-land areas. Often its long springy stems will fling back striking the next unsuspecting walker coming behind, leading to ... irritation and resentment!



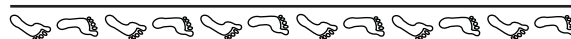
Bush Fuchsia, a fantastic remedy for speech and hearing problems, has tubular shaped flowers, resembling a trumpet, that grow in long sequential rows, a clue to its balancing the left and right hemispheres of the brain. These rows symbolise the logical, rational and sequential function of the left hemisphere. Bush Fuchsia is peerless in treating dyslexia, a condition characterised by an individual's inability to integrate their two hemispheres.

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2009 WORLD-WIDE CONFERENCES

25–26 April	New York State Reflexology Association Biennial State Conference Holiday Inn, 232 Broadway Saratoga Springs NY 12866 mrcucchi@hotmail.com
22–24 May	Reflexology New Zealand Annual Conference Wainui Park and Conference Centre Banks Peninsular (near Christchurch) secretary@reflexology.org.nz
11–13 September	International Council of Reflexologists Spotlight on Reflexology Biennial Conference Los Angeles, USA www.icr-reflexology.org
11-13 October	1st International Conference on Maternity Reflexology Tel Aviv, Israel www.isreflexology.com/en



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Health Funds currently accepting Reflexology

Table updated: July 2008.

Health Fund coverage	Contact	Apply	Prov. No.	Rebate package	Rebate*
AHMG ahm.com.au	134 246	Yes – by phone	RAA No. on official receipt	Lifestyle Extras Supers Extras (from July 07)	Approx \$17–\$24
Aust. Unity Health (also Grand United)	132 939	Yes	Yes	Natural Therapies	\$25
HBA (incl Mutual Community; ANZ; AXA Hlth Insurers) hba.com.au (only accepts PM members prior to 2005 and members with Diploma level after 2005)	03 9937 4141	Yes	Yes	Under Remedial Massage	Gen Extras \$12 Prem Ext. \$20
Credicare Health	07 3365 0022	Yes –by phone	RAA No. on official receipt	Alt Nat Therapies (top extras) Basic Extras	\$27 \$23
Health Partners (SA)	08 8223 7588	Yes	Yes	Naturals Plus	From \$20
Manchester Unity (also Druids Health Benefits Fund) manchesterunity.com.au	13 13 72	Yes	RAA No. on official receipt	Any cover with Nat. Therapies	
MBF	132 623	No	RAA No. on official receipt		\$18–\$21
Commonwealth Bank Friendly Society	1300 654 123	No	RAA No. on official receipt	Mid Extras; Top Extras	\$22; \$30
NSW Teachers Federation	1300 728 188	No	RAA No. on official receipt	Ancillary Cover (Nat. Ther)	\$29
Reserve Bank	02 9551 9037	No	RAA No. on official receipt	Naturopathy	
Transport Friendly (under ARHG)	03 8420 1888	No	RAA No. on official receipt	Natural Therapies	
Medibank Private	1800 188 188	Do not apply	RAA No. on official receipt	Bonus Cover Only	
HBF	133 423	Yes	RAA No. on official receipt	Natural Therapies	\$18 up to \$150 per year

*These figures are approximate only. It is recommended that your clients confirm premiums and rebates with the health fund.

Workshop review: Integration of colour with Reflexology

Joy Rankine and Helen Tilby, Western Australia

Congratulations to N.S.W. for hosting the Australian Conference 'Symphony of Soles'. We had the pleasure of enjoying and learning from many inspiring overseas and local guest speakers. The warmth and friendship shared made this conference unique.

We were fortunate to attend a two day workshop covering the Integration of Colour with Reflexology conducted by Pauline Wills, an International Colour teacher, Practitioner and Reflexologist from the United Kingdom.

In this short period of time we were shown how to incorporate colour through the feet to enhance a reflexology treatment. We also touched on other ways colour can be used:

- ◆ Meditation
- ◆ Visualization
- ◆ Mandalas
- ◆ Strengthening the eyes through colour chart exercise
- ◆ Colour Spine Chart
- ◆ Solarising Placebo Tablets
- ◆ Learning to feel colour

It was important that we understood that the Blue end of the spectrum expands, and the Red end of the spectrum contracts; therefore, use blue in a treatment for asthma to expand the lungs.

John Ott discovered that ultraviolet light has three bands, one of which is unable to penetrate glass and the benefits of 20 minutes a day of sunlight without wearing glasses or contact lens. Ott found it improved bone density and also had many other health benefits. This time can be morning and not necessarily in direct sunlight. Please don't put Grandma out in the midday sun. John Ott published two books: 'Light: Medicine of the future' (Bear & Co., 1991) and 'Take off your glasses and see' (Thorsons, 1995).

The following information was taken from Pauline Wills 'Colour healing manual' (Piatkus 2000).

John Ott was a banker by profession but worked with time-lapse photography as a hobby. This led him to discover the importance of ultraviolet light for the healthy growth of plants. He later carried out controlled experiments with mice and, as with the plants, found that those living in natural daylight lived longer than those living under artificial light which eliminated the ultraviolet ray.

Ott himself suffered from arthritis. One day he broke his glasses, which necessitated him working outdoors without them. Over a period of one week, he found that his arthritis improved, allowing him to walk without his cane. From this and other experiments that he carried out, he deduced that only approximately 2 per cent of ultraviolet light passes through glass. As his own health had dramatically improved without his glasses, he realised that full-spectrum light, absorbed through the eyes, is essential for human health. (See his book 'Health and light', Ariel Press, 1993.)

The main part of the Workshop included balancing the Chakras through the feet, and combination Reflexology and Colour to remove energy block and restore harmony and balance to the reflexes of the body via the feet. Also to know the different treatment colours to use.

Using general colour: The colour for the reflex/organ naturally vibrates to, when no illness has been diagnosed.

Treatment colour: The colour for the reflex/organ when a disease or illness has been diagnosed.

Overall colour: The colour the whole body resonates to, to restore balance and bring to the attention the cause of the imbalance. We were shown how to use a twelve colour wheel with dowsing and holding the foot of the person receiving the treatment.

Complementary colour: The importance of using the complementary colour is to stabilize the colour used in the treatment.



Attendees at the Workshop were Joan Harwood, Cherel Waters, Christine Goodman, Una Segal, Maria Armstrong, Helen Tilby, Joy Rankine, Judee Hawkins, Aida Jenkins, Sharon Stathis, Sara Devitt, Graeme Murray, Ann Deacon, Doris Gordon.

Pauline Wills from the U.K. was the presenter—second from the right on the back row.

Continued on page 7

Reflexology Association of Australia

Workshop review
Continued from page 6

The duration you use colour differs on each individual depending on their sensitivity and constitution. We were advised to use between 30 seconds and 1 minute and only to be used through the feet reflexes unless you have a Diploma in Colour.

We were all able experience the power of colour via hands on 'feet' as giver and receiver. To experience this and to be shown first hand by such a knowledgeable teacher, who could answer any question we asked, was amazing. Thank you Pauline for your knowledge you imparted.

As there were no handouts given, this is our interpretation of the workshop.

Many thanks to Graeme Murray for arranging the Colour Charts for all of us and a special thanks to Joan Harwood for her train travel instruction to get us there.

Also to all the lovely people we met at the Conference and bonded with at the workshop.

Joy and Helen, Western Australia.

Recommended reading

Healing with colour, Theo Gimble, Simon & Schuster (1994)
ISBN 0-7318-0382-5

The colour therapy workbook, Theo Gimble, Element (1993)
ISBN 1-85230-388-3

The Reflexology & colour therapy workbook, Pauline Wills, Element (1992) ISBN 1-85230-347-6

The cosmic rainbow, Margaret Noelle Leven, Printed in Perth by Frank Daniels Pty Ltd ISBN 0-616-38842-8

Let there be light, Darius Dinshah, 4th Edition 1997,
ISBN 0-933917-17-1

Healing and Regeneration Through Colour

Healing and regeneration through music, Corinne Heline, DeVorss, 1983 ISBN 0-87516-512-5

Colour your life, Howard & Dorothy Sun, Piatkus, 1992
ISBN 0-7499-1149

Colour meditations, S.G.J. Ouseley, 1949 fifteenth edition, 1986
ISBN 0-85243-062-0

Colour medicine, Charles Klotsche, Light Technology Publishing,
ISBN 0-929385-27-6

Vibration—Healing through colour, homoeopathy and radionics, Virginia MacIvor and Sandra LaForest, Samuel Weiser, 1979
ISBN 0-87728-393-1



Cranio-sacral Reflexology with Dr Martine Faure-Alderson AUGUST 2009



This may be your last chance to study cranio-sacral reflexology with the founder of the technique here in Australia. Martine has been to Australia several times since 2003 and due to the distance, 2009 could be her last visit.

There are three levels of the cranio-sacral training, each level being a 2-day course:

- ◆ *Level 1*: Basic—where you learn the standard protocol
- ◆ *Level 2*: Advanced—where you learn the applications to the stress response, balancing the parasympathetic and sympathetic nervous systems, new hip/shoulder; elbow/knee concepts; and look into somato-emotional release.
- ◆ *Level 3*: where you learn cardio-vascular and lymphatic protocols which are applicable to heart disease and cancer.

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Queensland contact: Heather Edwards 0424 678 450 reflexca@aapt.net.au	Cairns Fri–Sun 14–16 August— Revision, Level 2	Brisbane Thurs/Fri 20/21 August— Level 3
New South Wales contact: Kim Rusten 0431 338 233 krusten@optusnet.com.au	Sydney Sat/Sun 22/23 August Level 1 Mon/Tues 24/25 August Level 2	The Earth Institute 1/20 Clarke Street Crows Nest 9.00–4.30
Victoria contact: Lyn Fava 03 9898 1890 info@asrr.com.au	Melbourne Thurs/Fri 27/28 August	
Western Australia contact: Brigitte Johnson 08 9387 1305	Perth On expression of interest	

Reflexology in cancer care

by Carol Donnelly

(Based on a paper delivered at the 2006 RiEN Conference, Limerick, Ireland)

Introduction

I am sure there isn't a single person whose life **hasn't** been touched in some way by an association with cancer. It may be that a close family member, a friend, a neighbour, a vaguely-known individual or even YOU have received this diagnosis. As a reflexologist how many have felt an urge to work in this field yet have experienced a lack of confidence or an old fear of 'not doing the right thing' or even the fear of 'doing harm'?

In this article I plan to trace

- ◆ how I came to reflexology in cancer care;
- ◆ my arrival in ARC Cancer Support Centre;
- ◆ the development and benefits of reflexology in ARC House;
- ◆ research undertaken;
- ◆ the way the work developed up to the sharing of our skills.

Alpha and Omega for the purposes of this article relates to the beginning and end of a cancer Journey.

Alpha—The beginning

In the early to mid 1990's I became drawn towards treating people living with cancer. In one of my reflexology classes I had a student whom I shall refer to as 'S' who was diagnosed with cancer. Ultimately our roles ended up the opposite way and she became my biggest teacher. I had referred S to a few other therapists but with each therapist she would attend for a few sessions and then return to me saying, 'They are too afraid to work with me. They are afraid the cancer will spread'. Eventually she asked me if I would be her reflexologist and thus began my journey down a road I felt drawn to follow. It's **not** a coincidence that we are drawn towards situations from which we will inevitably learn and which will change our lives.

Soon after I began treating S I was asked to treat several **other** people who were living the cancer journey. I agreed to treat them but felt I could have done with some assistance in planning exactly how to go about it. Shortly thereafter a colleague tried to convince me to work for a time as a reflexologist in ARC Cancer Support Centre, at the time a relatively new centre in Dublin where they were trying to commence offering complementary therapies to people living with cancer. Eventually I agreed but not before I had roped in a friend, fellow reflexologist and tutor, Terry Kenny. For the last nearly 9 years now we have worked in ARC House and learned to adapt and then share our skills for the treatment of those living with cancer. As ARC has played a pivotal role in this journey I would first like to give some background information on it.

ARC Cancer Support Centre

ARC House was established as the first professionally led Cancer Support Centre in Ireland in 1994. It is a support centre, as it says, for those affected by AND those supporting people living with cancer. It is set in a beautifully restored Georgian house in Dublin near the city centre and has a peaceful organic garden in the back. The letters A-R-C stand for Aftercare, Research and Counselling, the three main areas of focus in ARC. It is open to all and during working hours there is always a Volunteer present to open the door, listen to a story and point a client in the direction of further help. The Model of Care established in the ARC Cancer Support Centre has been adopted by the current government as the blueprint for further supportive care.

A diagnosis of cancer is in itself a HIGH stress situation and ARC was established to help patients who were experiencing psychosocial distress and anxiety. In 1999 a Department of Health document 'Cancer Support Services in Ireland—Priorities for Action' recommended that '*the management of a patient's psychosocial state should be an integral part of cancer care*' and the same paper also recommended that support services '*... provide multidisciplinary psycho-oncology services to manage distress in patients with cancer*'.

Reflexology in ARC House

How it all started

This is where we came in! *Psychosocial (for which we read 'holistic')*.

As the first reflexologists working in ARC, Terry and I met with the Director of Services, Ursula Courtney, an oncology nurse who was creating protocols and guidelines that would be acceptable not only to her but also acceptable to the oncologists who may refer patients. No ARC clients had yet been treated with reflexology although a few oncology nurses and other multidisciplinary people had received massage. Terry and I helped establish a list of contra indications to reflexology. For example:

Avoid reflexology—

- ◆ when a deep venous thrombosis exists;
- ◆ with undiagnosed pain or inflammation;
- ◆ with pyrexia (fever);
- ◆ if YOU are unwell.

Also as a caution—

- ◆ take care when client has low platelet counts.

Although many of these are basic contra indications, it was necessary to establish guidelines relevant to the needs of patients receiving cancer treatments. The work was just beginning.

Continued on page 9

Alternative and complementary distinctions

It was important to distinguish between the two words: complementary and alternative, and we clarified that the reflexology treatments would **complement** the primary medical treatment. Since reflexology is an holistic therapy we both agreed that the support we offered through our treatments would be holistic. Our understanding of this term created a link with the government's acknowledgment of the importance of psychosocial aspects of cancer care.

Each client we treat in ARC is first assessed by an oncology nurse and this establishes their individual needs and priorities. Consent is then sought from the client to contact their medical team to ensure reflexology is appropriate for the client. In all the years we have worked in ARC there has only been one occasion where an oncologist refused permission for reflexology and this was due to a specific health concern.

Multidisciplinary teams

Many health professionals still doubt the value of complementary therapies. We feel that this initial written contact with the medical team illustrates we **can** play a part in the multidisciplinary team. It also illustrates that we consider what we do to **be complementary** to primary health care. As a member of a multidisciplinary team, there is first a need to understand exactly what being part of a team involves. In a reflexology clinic situation we would not be used to working as part of a team. As a complementary therapist in a cancer support setting there is now a need to understand a team approach. Who else is involved in the team? What is the role of the reflexologist in the team situation? To whom is he/she responsible? Who keeps the notes? What about client confidentiality? These are all important issues that we had to discuss when we first began working in ARC. Unless the reflexologist feels the support of others in the team and that they play a useful part in the client's care, she/he may feel isolated and could get discouraged. It is important not only to SAY you are a part of a team but to feel and act as part of the team. Having said that we form part of a team does NOT mean that the reflexology treatment strategies we create for our clients are governed by someone else. They are not. As reflexologists we plan our own reflexology strategy but realise that we have others to fall back on when the client needs additional support. Knowing that team support exists means we can discuss our concerns about a client's health with someone else but we also need to respect our responsibility of confidentiality towards our clients.

Support

Hearing a client's story can be very moving and as a therapist in cancer care you too need to have someone with whom you can share your emotions. It's useful to reflect on your practice not only in order to improve what you do but also to better understand your own feelings and responses and thus become a better therapist.

In our work in ARC, Terry and I, as well as the other three reflexologists Cora, Pat and Niamh, do feel supported and valued. We have each treated several of the other staff and volunteers who work there and with the best intentions they are often delighted when either a client misses an appointment or a space appears in their diaries during their working day to allow them to slot in with OUR diaries. As I stated earlier, support is vital. Like everyone else present, my life has been jolted when family and friends have been diagnosed with cancer. My personal trials have certainly been made easier by the support received from my colleagues and friends in ARC.

Registration

Another point recommended in the 'Cancer Support Services in Ireland-Priorities for Action' 1999 document stated that '*all therapists providing complementary therapies should be registered and accredited by a professional organisation*'. Again this point affirms the necessity for well trained professionals. All therapists working in ARC are fully qualified and accredited by a national governing body. If we consider ourselves to be *professional* reflexologists then there are implications relating to our responsibilities. The public (those receiving our treatment) needs to be protected against unsafe practitioners. To maintain standards there is, therefore, a need to keep up to date with our skills.

This is currently an issue in the field of Irish complementary therapies as a report has recently been issued (May 2006) by a National Working Group seeking to establish appropriate regulation for complementary therapists. Points highlighted in the report include the need for individual therapies to establish standards of practice, standards in education and the requirement for Continuing Professional Development. The report also referred to the necessity for creating registers listing qualified members. To maintain an acceptable role in cancer support services, these are all vital considerations.

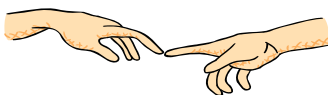
Research

Quality of life

For a long time complementary care has been accepted in the palliative setting. In our work we mainly deal with clients going through the **treatment** stages of cancer. Our experience has shown that effects of treatments relate to many quality of life issues. In other words it relates to an individual's overall sense of well-being. Clients may comment on the effect reflexology has had on their pain levels, treatment side-effects, mood, energy levels, interactions within their family, or even on their abilities to perform or NOT to perform different daily activities.

The study

In 2000 Terry and I undertook a study to assess how reflexology treatments had impacted on the quality of life of a selection of our clients. Initially we intended to use it as a teaching tool for the workshops we run in ARC for other reflexologists who want to develop further skills working in cancer care. However, it developed a



Reflexology in cancer care
Continued from page 9

momentum of its own and was eventually written up and published in *The Journal of Complementary Therapies in Nursing and Midwifery*.

In our study we reviewed 50 clients. We eliminated 3 who were carers (ARC includes carers and support people as part of their brief) and this left a total study group of 47. We then recorded and assessed the responses this group had with their reflexology treatments. The majority of clients in ARC are female and this was reflected in our study. Almost 60% of the group had an original diagnosis of breast cancer.

The findings

After review the benefits fell into three main categories:

1. psychological functions;
2. physical functions;
3. subjective complaints.

Included in the first category were things like:

- ◆ relaxation;
- ◆ an enhanced sense of self (very important when you are going through cancer treatment);
- ◆ decreased tension.

Some of the physical benefits included:

- ◆ improved appetite;
- ◆ improved sleep;
- ◆ increased energy.

Individuals also expressed some of the following

- ◆ pain relief;
- ◆ diminished lymphoedema.

We ranked all these effects as quality of life issues and the Department of Health's 1999 Report (mentioned previously) suggested '*complementary care may affect quality of life*'. This study reinforced **our** beliefs in the benefits of what we did. It seemed our study also reflected results of several other studies carried out elsewhere in relation to quality of life issues. Research was carried out by Lacey and published in *The Clinical Journal of Oncology Nursing* 2002, entitled 'The Effects of Foot Massage and Reflexology on Decreasing Pain and Nausea in Patients with Cancer'. Also research by Milligan *et al* was published in the *International Journal of Palliative Nursing*, 2002, 'Reflexology audit: patient satisfaction, impact on quality of life and availability in Scottish hospices'. The third reference to quality of life is to a paper presented at the last RiEN Conference in Riccione, Italy in 2003 by G. Fabbroni, *et al*. The paper was entitled 'Foot Reflexology as adjuvant therapy in the treatment of oncologic patient'.

The work develops

Training others

i) *Fear*

Our work with those living with cancer has led us to want to pass on the knowledge we have gained through our experiences and as such we run regular training workshops in ARC House for reflexologists wishing to

learn more about this area. We feel the once common fear of spreading cancer through reflexology has diminished. After attending the 2 day course we facilitate in ARC, therapists usually comment that this fear has gone. They also state that they feel much more confident and prepared for the work. However, having made this statement I am sure there are still those who feel reflexology is contraindicated for those living with cancer.

Our important word is ADAPT. Allow the treatment to suit the individual. Isn't that what we **should** do as reflexologists? Accept each person as an individual and treat accordingly. As individuals we each have the right to make choices. Making a choice to receive reflexology is POSITIVE and empowering if you are undergoing treatment for cancer and don't have a lot of choice. Reflexology is a touch therapy offering 1:1 non-invasive safe touch, and touch is a sense which is vital for our well-being. It is also something that may become a source of fear for the unknowing. Can you 'catch' cancer if you touch someone with cancer? There are many lonely people who don't receive touch and the cancer journey can be a very lonely one.

Once qualified as a reflexologist it is important to gain experience in your practice before going out to work in a specialty area because oncology would be a specialty field. Being confident in what you do helps you feel secure and, therefore, diminishes the fear of working in oncology.

ii) *Listening skills*

In treating clients living with cancer you must be able to **listen**, not just hear, so you will find it is imperative to have good listening skills. This is absolutely vital. If you are not skilled in listening techniques then go out and learn before you start to work in this field. Good listening skills help you to take in more fully your client's story, concerns, hopes, and expectations. This is the basis of what is required when planning treatment strategy with your client. You are aware of listening not only to the words but to the feeling content. It is important to show sincere interest when the client is talking. Being able to really listen to a client will impact on their responses to you. It will allow them to feel cared about and emotionally connected. Patricia McNamara, a psychologist who was a Director in ARC in its early days, suggested in a study published in 1994 that it was the impact of the therapeutic relationship which made a client feel comfortable, calm and relaxed. Listening skills are fundamental skills required in forming therapeutic relationships.

Scott Miller, an American psychologist has a website called 'Talkingcure.com'. He states that research has shown that no matter what form of therapy is used to bring about a change in behaviour that it is the relationship itself which contributes 30% towards that change. So the therapeutic relationships that we form with our clients DO count.

iii) *Emotions*

Working with cancer clients evokes a plethora of emotions which therapists should be prepared for. I've been moved in many ways: I've laughed, cried and

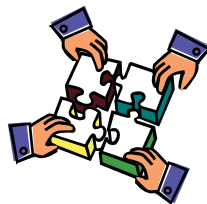
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felt totally helpless as well as having felt great joy after hearing of a client's good news and progress. There is nothing wrong with being human. The important bit is to know your boundaries. It's not YOUR journey. Your role is still that of the reflexologist. In ARC if we discern a client needs more emotional care it is vital to go back to the team, with the client's permission, so the client may be referred to another individual who possesses psychological or counselling qualifications. Many people experience extremes of emotions such as bereavement and loss reactions and depression when living with cancer. This article does not touch on these areas.

When reviewing and interpreting your findings after a reflexology treatment it's important to remember the effects of stress so knowing and understanding how stress impacts on the body is certainly useful.

iv) *Jigsaw*

One of my catch phrases is that treating a new client is like doing a jigsaw. Each part of the treatment process allows you to fill in a part of the picture. I start with the corners, the consultation, then move on to the foot observations and then the treatment itself. Through each part of the process more of the full picture will develop. From the minute the client walks in the door, begin to assess how to approach this particular client. You first need to get to know the client and hear his or her story, show an interest in the client and as already stated, use your listening skills. Over time the bigger picture emerges or may not. In ARC we schedule 6 sessions of reflexology per client. Whereas this is not a large number of treatment sessions, we have to take into consideration that ARC is a charity and open to all, whoever they may be and we try to spread our skills over as wide a group of people as possible. There isn't a charge for any of the services on offer but it is suggested people make a donation. Even with just 6 sessions reflexology has an impact on the lives of people who walk through the door and they feel comfortable enough and welcome enough to return for other therapies or to individual support groups available. After the 6 sessions therapists can also suggest clients look for a therapist closer to them. We can give them guidance in that area if they request it.



v) *Observing*

Every foot tells a story. Making comprehensive foot observations is vital in planning treatment for each client. As well as the usual observations of temperature, texture, hard skin and so on, there may be numerous other things to observe.

vi) *Location and positioning*

In ARC we currently have 5–6 reflexologists. Usually there is just one therapist on any one day but on some days there are 2. Occasionally we cross the road to the Mater Private Hospital to treat clients who are in-patients on the oncology ward. When giving treatments in ARC House itself we have the option of using either a couch or

a Lafuma chair which is a multi-positional relaxer chair. We constantly adapt and assess the client's state of wellness from the minute they walk through the door. If clients are too ill or too tired to climb the stairs it is usually possible to find a ground floor area to work in when the need arises.

Once the client reaches the chosen space then the way in which they are positioned is the next consideration. Due to perhaps the type of cancer, site of surgery, discomfort from surgery, new health issues and many other factors, the client may need a lot of time spent on simply helping them find the most comfortable position for treatment. You may not be able to work in your usual 'client's feet comfortably placed at chest level' position. You may need to be more creative and yet again ADAPT. For example, clients may be experiencing lymphoedema in their arms or legs and may require extra support for these limbs. Comfort in positioning is then a first consideration. It may be necessary to treat clients on their sides and I have even treated one client who lay on his abdomen.

vii) *Treatment: The individual is important*

Each treatment is geared towards the individual. In the early days I had to learn how chemotherapy affected my first clients. I was often ready and waiting with a bowl in case they felt the need to vomit. One client sometimes came directly after chemotherapy sessions and she even had to stop to use her own bucket which she carried in the car just for such situations. These days there is definitely much better control of post chemotherapy nausea and vomiting.

S, my first client, always felt that her reflexology sessions were times of 'normality and time out' in a life filled with huge challenges. We learned a lot together. I realised the importance of grounding myself before starting work. How could I focus on this new challenge if my mind was elsewhere? I began to do relaxation and visualisation exercises at the beginning of each session. I learned to use lighter pressure than I already used. I acknowledged that I did NOT wish to provoke any healing crises when life was already challenging, but aimed to be more supportive. I took great care when holding certain parts of S's feet especially those related to her illness. She taught me the importance of drinking copious amounts of water after chemotherapy. After the treatments we spent time evaluating together and so we both benefited from this discussion.

S always experienced huge fatigue following both the chemotherapy and the reflexology sessions. It was something I took forward once I began to work in ARC. Even now I find that a very short first reflexology treatment with a client can leave the client really exhausted. It taught me how important it is to take time to explain to clients reactions they may experience following reflexology.

Continued on page 12

We concluded that the quality of any treatment is the most important thing rather than the quantity. A five to ten minute session can be just as valuable as a 40 minute treatment. It all really depends on how the client is when they arrive.

Terry and I also consider that suggestions we can give people to encourage their own involvement (what we call home care advice) forms an important part of all treatments. This can empower a client and allow them to take a more active part in their own care. Sometimes we demonstrate a few hand reflex points which clients can then employ when needed for issues like constipation or lymphoedema. We make sure to clarify how many and how often when giving such advice. Just learning these two reflexes has changed the quality of life for so many of our clients.

Underpinning all that we do is a need to understand, first of all, what orthodox treatments people receive when diagnosed and how these orthodox treatments impact on the emotional, physical mental and spiritual aspects of the patient who is both an oncology **patient** and also a reflexology **client**. This is something we emphasise to those who attend our workshops. It enables the therapist to plan the best possible strategies for each client and, therefore, give the client the best possible care. It offers the therapist a greater understanding of the effects of their treatment and an opportunity to plan more comprehensive home care.

And finally...

This article has related my experiences in treating clients living with cancer. I don't know how many people I have treated over the last 9 years. This unknown number of people has included people ranging in age from their early twenties to their late seventies. By far the majority have been women. Perhaps that's because the centre is only opened during the day, Mondays to Fridays. (There is also a relaxation group on a Thursday night.) I have heard lots of stories but each one has been unique. Each client has touched me through the unfolding of their story, their personal struggles, their courage, wisdom and humour. Each one of these clients has also been my teacher. From each client I always learn something, no matter how small. It's very humbling to be permitted to share part of someone else's journey towards health or towards death because some of our clients do die. Sometimes when people die we only see the sad part but we shouldn't forget the joy we may have had through knowing them, the laughs we shared with them and how they have enriched our lives.

Omega / Conclusion

So many people seek out complementary therapies when they are going along their individual cancer journeys. Our experiences have led us to believe that the main value of these treatments relates to improved quality of life and should not be underrated. I firmly believe that further research projects are needed to validate the effectiveness of reflexology in cancer treatment and palliative care. There is an increasing demand for evidence-based practice and healthcare providers will be more accepting of reflexology and other complementary therapies when further research is undertaken.

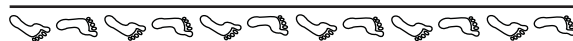
I hope that our experiences in ARC House will contribute towards the reduction of fear of treating people living with cancer. It is important that therapists are trained in the knowledge of cancer diagnosis and treatment. This knowledge allows clients to benefit from more informed therapists when seeking complementary treatments. I would also hope it illustrates the need to understand that reflexologists working in this area need not only proper basic reflexology training and qualifications but as this IS a specialised area of care, working in cancer care also requires specialised skills and points to the need for further training.



The Omega part of S's journey is a happy one. It's over 11 years since we first met. She's well and knows through experience how to keep herself that way. I can never thank her enough for all that she taught me and introduced me to. It has changed my life.

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The hidden elements of Reflexology

by Christine Isse

(Paper delivered at the 11th ICR Conference, Cairns, QLD, Australia, 16 September 2007)

Introduction

The Hidden Elements of Reflexology is such a topic that one can go anywhere with it. It is much like the body—what one can see—the skin—is only the tip of the iceberg of the body. Much is found hidden under the skin, the anatomy, physiology, biology, neurology, etc. of the body and of course the mind, heart and soul. In Reflexology much is hidden when one goes beyond the physical element of touch and beyond the Newtonian physics—the science upon which our culture is based—into the study of energies of quantum mechanics. In both Eastern and mystic tradition there's long been the concept suggesting there is much more to our human body than meets the eye. There are potentials of body, mind, and spirit available to us that far exceed conventional limits of scientific reasoning and there's a growing body of research to support this.

The Hidden Elements of Reflexology can include the seen elements of science, observed physiological changes that occur and encompass the art of touch. The unseen elements are the movement of energy, involve the mind, heart and soul, plus the dynamics of the client-practitioner relationship. We 'touch' people on many levels, not just the physical. Emotional release is hidden while perhaps this may be accompanied by an outward show of tears, or anger, etc., but the change in thought process that brings it about is hidden. The healing process itself is a mystery. The client–practitioner relationship—how we work as practitioners out of our own being and in response to the needs of our clients brings out our intuitive nature and encompasses the Art of Reflexology. I've structured this presentation to look at the Hidden Elements of Reflexology through its art, science and history.

History as a hidden element

Johann August Unzer (1747), a German physiologist was the first to use the word 'reflex' with reference to motor reactions in his work published in 1771. This was followed in 1833 with the introduction of the concept and the term 'reflex action' by Marshall Hall (1790–1857) an English physiologist. Hall demonstrated the difference between unconscious reflexes and conscious acts in a study on the reflex function of the medulla oblongata and the spinal cord.

Research indicates that the scientific basis of reflexology has its roots in early neurological studies. In 1878 Dr. T. Lauter Brunton published an article in the *Brain, A Journal of Neurology* titled: 'Reflex action as a cause and means of cure'. In 1893 Sir Henry Head wrote a paper titled, 'On disturbances of sensation with especial reference to the pain of visceral disease.' After years of clinical research Head established Head's zones (today they are called dermatomes). Head charted areas of skin sensitiveness associated with diseases of the internal organs and conclusively proved the neurological relationship that exists neurological pathways of the skin and internal organs.

In Germany in 1902 Dr. Alfons Cornelius in his manuscript, *Pressure Points, Their Origin and Significance* (this work was later revised 1909 and 1933), charted out different classifications of pain according to intensity and the amount of pressure applied to the skin to stimulate the healing process. He found pressure points in the back of the head, then on the feet, and in the inter rib spaces, required the longest time to treat to the point of total lack of sensitivity.

In Russia, Pavlov was busy with his conditioned reflex—the simple and direct relationship between a stimulus and a response—research which would, in 1904, earn him the Nobel Prize. Vladimir Bekhterv, a contemporary of Pavlov, began investigating the complex functions of the brain and originated the term reflexology for his work. In 1907 he published a book—*General Principles of Human Reflexology*—which was translated into English in 1932. He defined reflexology as a new science of human personality studied from the strictly objective, bio-social or psychological point of view.

In 1909 American physician, William Fitzgerald, returning from Europe began his well-known work with zone therapy, the forerunner of reflexology as we know it today.

One last important historical scientific reference is to Sir Charles Sherrington. Sherrington established the concept that the essential function of the nervous system was the coordination of activities of the various parts of the organism. His research explained the process by which the brain, spinal cord and numerous reflex pathways control the activities of the body. Through this reflex action the entire body adjusts to a stimulus or the environment. In 1932 Sherrington and his partner, Edgar Adrian, won the Nobel Prize for their work on the physiology of the nervous system. Adrian also discovered that the electrical intensity of the nerve impulse depended on the size of the nerve rather than upon the strength of the stimulus. I believe this is why reflexologists get results whether they use light or heavy pressure!

The science of energy as a hidden element

Reflexology is a blend of physical and energy based medicines. The conventional medicine is the bio-medical model and based on what can be seen, weighted and measured. I divide the complementary and alternative medicine (CAM) model in two ways: Natural/traditional based medicine that work with the biological energy fields of the body. Some natural therapies go further and are based on working with the subtle energy/life force/healing energy surrounding the body.

Dr. William Tiller, Ph.D. of Stanford University illustrates the process accepted by conventional medicine this way:

FUNCTION	↔	STRUCTURE	↔	CHEMISTRY
				(i.e. production of hormones)

Continued on page 15

Bio-Medical science acknowledges that energy fields exist and define energy as the ability to perform work. There are many kinds of energy: electrical, electromagnetic, chemical, mechanical, nuclear, potential, gravitational, etc. However, energy is a mystery. The sum of energy in the universe is constant (a closed circuit) but constantly changing. That energy exists and its behaviour has been well known for centuries and is part of classical physics.

Energy has the ability to change from one form to another as needed. For example, envision a wire spring suspended from the ceiling. When a weight is attached to the spring, the spring is stretched as the gravitational potential energy of the weight is converted to the kinetic energy of motion and to elastic energy in the spring. Now if a battery is connected to the two ends of the spring, this causes an electric field to flow through the spring. The electricity generates a magnetic field that attracts the loops of the spring toward each other and the weight is lifted. By lifting the weight, the spring has converted electricity to magnetism to gravitational potential energy. When the attached weight is cut so the weight drops to the floor, gravitational potential energy is converted to kinetic energy of motion. As the weight is suddenly released from the tension of the weight, it recoils and elastic energy is converted to kinetic energy of motions and the 'boing' sound heard is elastic energy being converted to sound.

For any kind of movement to occur in the body, stored potential energy is converted to chemical energy which is changed to mechanical energy as contraction of muscle (kinetic energy) occurs. This action produces electrical energy fields.

We can see the result of the presence of electricity but no one knows what electricity is. Definition of Electricity: A form of energy that is generated by the interactions of positive and negative charges and that exhibits magnetic, chemical, mechanical and thermal effects. (*Tabor's Cyclopedic Medical Dictionary*) The earliest recorded use of electricity for healing dates from 2750 BC, when the sick were exposed to shocks produced by electric eels. In the 1890s there were many physicians and the public who were using electricity for better health. Then came the advent of drugs and surgery and the use of electricity to heal was laid aside.

In the last 100 years the study of the electrical properties of living systems has advanced and various useful diagnostic tools have developed that involve recording the electrical fields produced by organs such as the heart (the electrocardiogram), other muscles (electromyography), the eyes (electroretinogram), and the brain (electroencephalogram), Magnetic Resonance Imaging (MRI) and functional magnetic Resonance Imaging (fMRI) and others.

Yet there was strong academic bias against any suggestion that the electrical and magnetic fields generated by tissues and organs might have any important biological purposes. While knowledge about electrical and magnetic fields have been acknowledged they were widely thought to be mere

by-products of cellular activities, useful for diagnosis only. However, subsequent research in the last several decades has shown that biological fields are not just by-products or physiological processes, they are part of the mechanism by which the body communicates with itself and today there is more sophisticated science to support electromagnetic medicine.

Nervous system

Traditionally the nervous system is a fundamental energy system in the body. Its operation is studied by measuring electrical fields generated during the transmission of nerve impulses. As electric currents always give rise to magnetic fields, the nervous system is also a source of some of the biomagnetic fields present within and around the organism. Moreover, the nervous system regulates all muscular movements and is, therefore, key to converting thoughts into energetic actions. This is defined in physics as the kinetic energy of movement changed to gravitational potential energy as an object (the limb) is lifted.

Each heartbeat begins with a pulse of electricity through the heart muscle. This electricity arises because a large number of charged particles (ions of sodium, potassium, chloride, calcium and magnesium) flow across the muscle membranes to excite contraction. These currents also spread into the surrounding tissues. Some of the flow of electricity from the heart is through the circulatory system, which is an excellent conductor of electricity because of its high salt content. As the circulation carries blood to every tissue, heart electricity flows everywhere in the body which the electrocardiogram can pick up from anywhere on the skin. It is a basic law in physics that when an electric current flows through a conductor a magnetic field is created in the surrounding space. It is from electric currents that magnetic fields arise. The heart produces a strong pulsating magnetic field spreading out in front of and behind the body and extends indefinitely into space.

Contraction of other muscles besides the heart produce electrical fields that are recorded by electromyography. Every muscle in the body produces magnetic pulses when it contracts. The larger muscles produce larger fields and the smaller muscles, such as those that move and focus the eye, produce very tiny fields. In comparison to the heart fields, the fields of the brain are weak. The brain field, like the heart field, is not confined to the organ that produces it. We refer to 'brain waves' as though they are confined to the brain, but they are not. The fields of all of the organ spread throughout the body and into the space around it.

Heart pulses, measured in the order of their velocities are the electromagnetic pulse (measured by the electrocardiogram and the magnetocardiogram) followed by a sound pulse, a pressure pulse and then a temperature pulse. New electrophysiological correlates emotions with heart rates. For instance, when frustration

*Hidden elements of reflexology
Continued from page 15*

is experienced the heartbeat is irregular and when appreciation is experienced the heart beat is more consistent or calm.

Every muscle produces magnetic pulses when it contracts. Large muscles produce larger fields while smaller muscles produce tiny fields. In comparison to the heart fields the fields of the brain are weak. The brain field, like the heart field, is not confined to the organ that produces it as fields of all of the organs spread throughout the body and into the space around it.

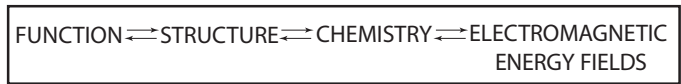
Academic bias

Electrical and magnetic field generated by tissue and organs do not have any important biological purposes. They are mere by-products of cellular activities and are useful for diagnosis only.

Current biological fields are not just by-products of physiological processes but are part of the mechanism by which the body communicates with itself. This brings us to electromagnetic medicine.

In electromagnetic medicine electric currents always give rise to magnetic fields. The nervous system is a source of some of the biomagnetic fields within and around the body. The circulatory system is one primary channel of electrical energy and electromagnetic energy can be used as a tool for healing.

In the 1980s early studies in neuropsychiatry showed the interactions between chemical states and electromagnetic fields—that is small electric currents between specific brain points gave rise to the same behavioural changes observed with certain specific brain-stimulating chemicals. This being the case, the illustration becomes:



Reflexology hypothesize

As mentioned previously, one of the primary channels for the flow of electrical energy through the body is the circulatory system. So one could hypothesize that practicing Reflexology through pressure on the skin may affect the biomagnetic energy of the body via the circulatory and nervous systems, through the rest of the bodily tissue, and the energy fields spreading out in front of and behind the body.

Going back to Dr. Cornelius’s work in 1902, he observed that localized areas of sensitivity not only responded to pressure but the application of pressure also incited other changes to occur in the body. He observed pressure to certain spots triggered muscle contraction, changes in blood pressure, variation in warmth and moisture in the body as well as directly affecting the ‘physic processes’ or mental state of the patient. Here I believe we are talking about the energies of the body. However, Cornelius maintained the consequences of pressure was a purely mechanical hindering of the sensitive neurons of the sympathetic nervous system.

Bekhterev’s writing may also be understood to imply his concept of reflexology involved the energies of the body. He states: “[Reflexology] embraces a special sphere of knowledge to which human thought has not yet become accustomed, and consists in investigating, from the strictly objective standpoint, not only the more elementary, but also all the higher, functions of the human being, which in everyday language are called the manifestations of feeling, knowing, and willing, or, speaking generally, the phenomena of psychic activity—the ‘spiritual sphere.’” All of this was 100 years ago!

New definition of Reflexology

This being the case, we may want to think about expanding our definition of Reflexology. Considering the contribution of energy medicine, we may wish to entertain something like: Reflexology is a wholistic energy based discipline within complementary medicine which works through the energies of the nervous, electrical, chemical and magnetic systems of the body by application of pressure to (reflexes found in?) the feet, hands and ears.

Notice the question mark regarding reflexes. Why? So far the research conducted within the field of Reflexology has not proven the existence of reflexes! Although there is empirical and historical evidence of their existence, if research dollars were available I think that would be possible utilizing the methodology that has proven acupuncture points. But until we prove the existence of reflexes our whole field is based on conjecture, not scientific evaluation. Therefore, I feel this is a priority in our research.

In general, the energy systems of the body as outlined have been proven. No longer does one have to rely on mysticism to explain the workings of the body. There can be no argument that reflexology does assist in the movement of the energies in the body.

Art as a hidden element

We must not ignore the fact that we are tools. The influence from the reflexologist’s hands can be stated in clearly physiological terms. Physiologically circulation to the skin influences the autonomic nervous system. Changes in circulation alter skin temperature. The rates of chemical reactions are proportional to ambient temperature, so warm or a cool hand near another person can increase or decrease the rates of temperature-sensitive reactions within their bodies. These changes were also validated by the studies performed by Dr. Marc Piquemal of Paraguay last year as published in the ICR magazine.

Remember Cornelius’s? Cornelius discovered, localized areas of sensitivity responded to pressure but the application of pressure also incited other changes to occur in the body. He observed pressure to certain spots triggered muscle contraction, changes in blood pressure, variation in warmth and moisture in the body as well as directly the ‘psychic processes’ or mental state of the patient.

Continued on page 17

In addition, we need to consider the effect the biomagnetic output from a reflexologists fingers, thumbs, and hands have on the energy systems of the client. As a hands-on therapist, we touch not only the skin but contact a continuous interconnected webwork that extends throughout the body and beyond. Research has shown that fields emitted by practitioners are not steady in frequency but 'sweep' or 'scan' through the range of frequencies that medical researchers are finding effective in facilitating repair of various soft and hard tissue. It appears that the low frequencies emitted from the hands of some therapists (in the range of 2–20 Hz) are capable of producing beneficial biological effects. The energy fields projected from the hands of some bodyworkers are in the range of intensity and frequency that can influence regulatory processes with the body of another person.

What I've just stated is all scientifically valid and provable.

Subtle energy as a hidden element

Now, I'd like to discuss the subtle energy systems of the body. The energetic expression of the multidimensional human being include the physical body; the etheric (life body); the astral (emotional body); and the mental body also known as the body's innate intelligence. Taking in this greater process, Reflexology moves the energies of the body; creates the potential for change; and has the ability to detect potential problems before they manifest. It is my belief that we open to our clients' potential—the potential to change, to change their thought process and in so doing, to heal (whatever that means to them and the degree to which they want to heal). A change in thought process produces a chemical change in the body which can be the beginning of the healing process. Have you ever noticed that often the client leaves feeling great or different but it doesn't last? To me this is the potential of change in operation. Through the relaxation process of reflexology a window is open and the client is given a glimpse of how they could feel or life could be if whatever is bothering them is released.

I believe that all illness begins on the hidden energetic level and if not attended to moves to the denser physical body where it manifests as a pathology. Since Reflexology assists in the movement of the energies in the body, it is possible to reverse an illness before it physically manifests through the application of reflexology. Have you ever picked up congestion on some part of the foot, questioned the client only to have her deny knowledge of a problem and then have the sensitivity go away? The problem here scientifically, of course, is proving that a pathology was in the process of manifesting and was reversed.

I had a client, an 82 year old man whose health was good. However, every time I worked on the lateral aspect on the shaft of the 1st metatarsal, just below the head he would tell me it was too painful and to stop working there. I asked him if he was experiencing any stomach problems. To which he replied, no. This went

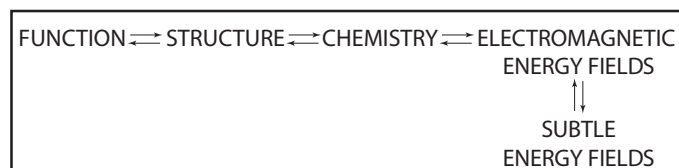
on for weeks. I encouraged him to see his doctor which he didn't do. Finally he went in for his annual physical. Much to his surprise, an ulcer was discovered! The ulcer was situated low in the stomach so it never caused him pain. Apparently pain is caused if the ulcer is above the stomach fluids and the lining begins to dry out. So, the client was totally unaware he had a problem, yet I was sensing congestion in his foot. His negative responses to my questions made me question myself and reflexology. The lesson here is to trust your intuition. Intuition is part of the art of reflexology and the practitioner needs to recommend the client go to the doctor for an examination. But be careful of your vocabulary when you do make this recommendation. You must not appear to be diagnosing.

The scientific ability to detect a potential health problem before it manifests may already be available. Technology to measure the electromagnetic disturbances in the meridian system exists. Electrically unbalanced acupoints as diagnosed by this technology has the potential to detect pathology before it occurs. To prove this in our work only requires a huge budget of research money!

Another way I visualize illness being created is through stress—it doesn't matter whether the cause is physical, environmental, mental or emotional stress. I see the various energetic bodies on top of each other. Through stress the bodies are pulled out of alignment. With the relaxation process the body becomes congruent again.

Regarding the movement of energy, I have empirical evidence to support this concept. I have a daughter with the ability to see auras. Not just around the head, but the entire body. About 25 years ago when she was 8 years old I asked her to work with me to verify what I intuitively thought was happening during a session. I did not disclose to her what I thought was happening. I invited a number of clients to participate.

Tiller would illustrate this phenomena as:



I can literally feel the change taking place within me as I'm working with someone. I feel my aura also being cleansed. Working with my daughter I asked her what was happening in my aura, was it being cleansed? To which she replied, 'Oh mom, yours just begins to sparkle.' Thus verifying to me the change I feel occurs.

Charts and techniques are cold and sterile. I find it less important to memorize a reflex chart than it is to work both feet entirely, finding sensitive areas and working on them as my hands direct me. Reflexology to me is not an intellectual activity, but a sensory one. The application of techniques and the intent of both the reflexologist and the client are other contributions to the healing process. When we bring ourselves into the equation we honour

Hidden elements of reflexology
Continued from page 17

both the client and ourselves. I've always said that reflexology gives me permission to share space with my clients. The highest form of respect is for someone to allow us to touch him or her. We must honour that. Personally I may not like a person, but once he or she is on my table I am blessed with the ability to slip into the mode of unconditional love. If you don't find this happening with a client it is best to refer that client to someone else.

The Hidden Elements of Reflexology does include the client-practitioner relationship. The healing process itself is a mystery. The client-practitioner relationship—how we work as practitioners out of our own being and in response to the needs of our clients brings out our intuitive nature and encompasses the Art of Reflexology.

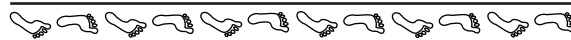
Conclusion

Hidden Elements are so important because it is them that give all fields of study, including reflexology, its breadth and depth—it's legitimacy and credibility. It gives the practitioner greater confidence, understanding and appreciation. It gives the practitioner opportunity to grow within themselves on all levels and provides the client with the best environment for healing.

Reflexology is the most wholistic, dynamic and powerful healing discipline there is and it is our privilege to be part of it. Reflexology is 'Simply the Best'.

References:

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Issel, Christine. (1993) *Reflexology: Art, Science & History*. New Frontier Publishing, Sacramento CA.
Oschman, James L. (2003) *Energy Medicine: The Scientific Basis*. Churchill Livingstone, Philadelphia PA.



Foot massages calm unruly pupils

Disruptive schoolchildren in south London will be given foot massages by therapists to help get their aggressiveness under control.

Reflexologists will visit 74 primary and secondary schools in Lambeth and tend to children under 13. Lambeth Council has budgeted £90,000 next year for reflexologists from London-based charity Bud Umbrella.

The council said it makes “no apologies for using different and innovative methods” to tackle aggressive children.

Bud Umbrella’s website says the therapy can calm aggressive feelings, improve listening skills and concentration as well as relieve anxiety and stress.

A spokeswoman for Lambeth Council said: “We make no apologies for using different and innovative methods, but this obviously won’t replace more traditional ways of dealing with anti-social behaviour.

“We need to deal with the root causes of young people’s behavioural problems and nip them in the bud.”

The council said it had put an extra £2m into youth services and its programmes used traditional and innovative measures to tackle anti-social behaviour.

It said its programmes had led to a 50% increase in attendance and 60% decrease in exclusions among young people in the borough.

Reflexologists apply pressure on specific points on the feet to treat a number of conditions.



Reflexology uses pressure on specific points on the feet

“
We need to deal with the root causes of young people’s behavioural problems and nip them in the bud
”
Lambeth Council spokeswoman

Story from BBC NEWS:
http://news.bbc.co.uk/go/pr/fr/-/2/hi/uk_news/england/london/7707019.stm
Published: 2008/11/03 18:43:52 GMT
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Article supplied by Anita McKerihan (NSW)

2009
First International Conference on:

Maternity REFLEXOLOGY

October 11th to 13th 2009

Tel Aviv, Israel

Organized by:

The Israeli Forum of Reflexology



www.isreflexology.com

More info at: www.maternityreflexology.net

Why I call Streaky Bay Home

by Susan Jean Ramsey

My clinic and residence is in a quiet place overlooking a nature park. Hotel, Restaurant and Hair Salon all overlook the Bay. My playground is the ocean for boating, swimming or a walk along the beach—400 kms of coast line known as Eyres Peninsula (Port Lincoln to Ceduna). And the people are great!

All roads lead to Streaky Bay. In 2007 I drove the Eastern States of Australia and attended the International Reflexology Conference in Cairns.

In 2008 I drove the Western Australian Coast. Didn't attend the National Reflexology Conference in Sydney due to family commitments.

13,500 kms, 7 weeks travelling by car (my work car). Up the centre of Australia to Darwin. Then followed the coast to home, yes Streaky Bay (God's Country). Magic. We live in a beautiful country. At times I felt I could have been in another county—'Pinch me'.

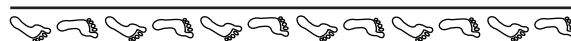
My mission was to look for Professional Reflexologists and Massage Practitioners plus catch up with family and friends and to be adventurous, consume great Australian wine and have fun. All this was achieved.

It is one thing to fly around the world, which I have had the honour of doing many times and another to drive 22,000 kms around Australia. By car. Not 4WD.

Believe me, feet are everywhere—not just at the southern end of people. They are on paintings, posters, road signs, advertising and more. I caught up with several practitioners in Alice Springs and Perth. In the warmer areas e.g., Darwin, Broome and Exmouth, little geckos could be heard at night reminding me of Singapore, Fiji,

South Africa or Brunei. The Aquarian needs to be around water—Douglas Hot Springs, Berry Springs—hand feeding fish in Darwin; boating the Ord River; crocodile hunting at night at Kununurra; camel rides (Ships of the Desert) along Cable Beach at Broome; hand feeding (I was the chosen one! yes me) dolphins at Monkey Mia; sailing Shark Bay; watching dugongs; snorkelling at Ningaloo Reef at Exmouth; sitting on the beach watching large sea turtles pop up; people surfing and whale playing in the distance; Shannon National Park treetop walk in the rain (a real bird's eye view) and whale watching at Albany in the rain. By Geraldton, the wild flowers were presenting themselves. Inland to New Norcia and into Perth. A touch of Sweden at Miss Maud's. Fremantle Markets (I had a treatment with Dye gun). He also treated me in 2006 while there for the National Conference. Little Critters got a visit. A blessed time while in Perth having lunch overlooking the Swan River with Liz, Brigitte and Anne. 'Thanks Girls.' The countryside south of Perth was green and lillies were everywhere, I could have been in Sweden, Tasmania, New Zealand or New South Wales. WA has it all. Double rainbows and amazing accommodation. Cheynes Beach to Hopetoun, Waychinicup National Park—all with Coastal views and granite out crops. The Great Australia Bight and 60 whales to watch playing and feeding in the ocean. Last photo was at Perlubie ½ hour from Home. Reflexology is a lifestyle worth living for. The rewards outweigh the challenges. Blessed are the feet that come down from the mountains bringing good news and blessed are the feet in the hands of a Reflexologist. May you all travel safe.

Amen.☪



STATE MATTERS



SOUTH AUSTRALIA

In December a small group of committee members met at Sue Ramsay's home at Streaky Bay. It was a short meeting, but excellent for socializing, as we were joined by a Reflexologist, Christine Clarke from Jamestown, and Wendy Irvine from Ceduna. Holding the meeting out of Adelaide enables for good liaison with Reflexologists that live in the rural areas. Saturday evening we enjoyed a meal at the Restaurant overlooking the beautiful bay at Streaky. There was something to tempt every palate with the focus on local seafood with excellent South Australian wines to complement the dishes. Back at Sue's home, James set the rules for a card game. Everyone went along with the rules and new rules seem to be added in the middle of a game. James was in control. After breakfast some members headed home, or off to visit relatives down the coast.

Sunday morning Sue launched her boat as there was a couple of good

helping bodies. Captain Sue took us for a cruise around the bay, plus we stopped at the restaurant to collect coffee and cake to sip on. Captain Sue added information during the cruise, on marine life, sea grasses, new industries around the bay e.g. oysters and abalone, and aquaculture of the area.

Sunday afternoon we took a scenic drive around the coastline to take in the beautiful bays, some sheltered coves, others rolling surf beaches. No maddening crowds only the sound of the waves breaking on the natural beaches.

Back at Sue's we prepared to make the journey home. James took off in the purple Barina to the Cleve airport, to catch a flight back to Adelaide.

My sister and I drove to Cowell, a 3 hour drive. At Cowell there is a memorial to May Gibbs as her childhood was spent around this area. May Gibbs is the author known for

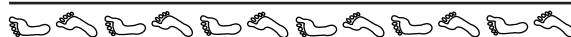
the famed Gumnut babies. Another stopping off place is the Jade factory. Cowell has large deposits of Jade. Monday morning we boarded the car and passenger ferry at Lucky Bay and crossed Spencer Gulf to Wallaroo on Yorke Peninsula. While crossing the Gulf the dolphins met up with the ferry to swim along side the boat. A most enjoyable long weekend in a lovely part of South Australia.

At that meeting the program for 2009 was discussed so there is a interesting year of workshops.

Louise Perry S.A. publicity lady was blessed with a baby son, William, on 7th January. Congratulations and flowers were given to Louise from all Reflexologists in our state.

Happy Days!

Jannette Kendall



NEW SOUTH WALES

Thanks to the very enthusiastic volunteers and the behind the scenes organising of Graeme Murray and Misha Frankel the Mind Body Spirit Festival was a huge success. Our booth was decorated very tastefully with our logo and banner and also managed two, permanently filled, tables for foot Reflexology and two chairs for hand Reflexology. Amazing what is able to be achieved in a small space!!

For the first time ever, our Christmas function was held at a restaurant. Ann Jooste Jacobs did a wonderful

job of organising the venue as well as decorating the tables to perfection. We each provided a Kris Kringle gift which were distributed during the evening. The food was excellent and the laughs aplenty (especially from Judee H on opening her gift!!). Finally, who will ever forget the very interesting ladies room!!!

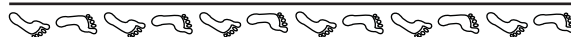
Lots of happy memories and a fitting end to 2008. What a year it was!!

There are lots of items in the pipeline for 2009. There will be opportunities for members to volunteer at festivals

throughout the year. Also there will be opportunities to attend some interesting and informative workshops —so make sure you all have your details up to date so that you won't miss out on the Branch Newsletter (FeetSpeak) or the National Journal (FootPrints) and also the email flashes.

Wishing you all a Happy and Peaceful 2009.

Gwen Dean



Happy New Year! It's been a while since we've written, so I'll backtrack a few things in brief:

24–26 October, RAOA Conference, Sydney—many members came home raving about their experiences and the professionalism of the Conference and we're very excited to be holding the next Conference in 2010!

31 October–2 November, International Reflexology & Cancer Symposium, Tel Aviv—we had a few delegates attend from Qld (Libby, Fran and Glenys) they all had a wonderful time at ISRAC conference, which included enjoying the Israeli hospitality and some of the amazing historical sites of the Holy Land.

8–9 November, Facial Reflexology, Maria-France Muller—those attending learnt a lot and found it very beneficial with an instant response!



We had a fun night at our Branch Christmas Meeting, guest speaker was Sal Battaglia from Perfect Potions talking on 'The Wonderful World of Aromatherapy' and it was lovely for 'Santa Sal' to provide us all with a surprise gift from Perfect Potions—thank you Sal! We also had a lovely 'catwalk' display from Maria of the new RAOA Shirts—thank you Maria—the new shirts look very professional!

16–18 January saw us at the Health, Happiness & Soul Expo at the Gold Coast Convention Centre, which was a great success—a lot of fun for everyone.

Reflexology Association of Australia

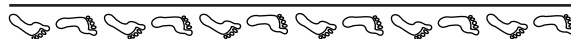
Lots of wonderful things happening in the regional areas with talks, get-togethers and many wonderful achievements—it's great to hear from the regional areas in our State Newsletter 'What's Afoot' (even as far away as Hong Kong—thank you Lyndel for sharing and keeping in touch).

We started at new premises in February for our monthly branch meetings. The address is: Fibrecraft Hall, 12 Payne Street, Auchenflower—off Haig Road, Milton.

We've got a lot of great events happening in Qld please see the Calendar of Events in 'What's Afoot' (if you haven't got yours yet, please see the RAOA website).

I wish you all the best for a successful and happy journey.

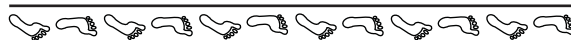
Sonia Bailey



Did you know?

In pre-Revolutionary China the planned distortion of the normal female foot is well known. With growth in the feet impaired, the girl hobbled with a marked lumbar lordosis as if permanently in high-heeled shoes, an attitude that would prove sexually attractive to men. This lotus or lily foot was itself such a mysterious and powerful erotic stimulus that modesty demanded it was never exposed naked except to a husband or lover.

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News from Advertising Co-ordinator



New member of the FootPrints team

On behalf of the FootPrints Team, I am delighted to welcome JESSICA WAGNER as the new Advertising Coordinator to take effect from the June 2009 issue. Jessica is enthusiastic about the position and I hope advertisers will find her friendly and efficient. Jessica's email address is footprintsads@reflexology.org.au.

I will retain the Billing and Subscriptions role in the team. I have accepted the position of Secretary of the National Board and am in the process of becoming involved in the complexities of this role. It is a worthwhile position but I was unable to continue with FootPrints Advertising Coordinator and take on the new role. Therefore, Jessica's willingness to take over the FootPrints Advertising role is perfectly timed. Thank you, Jessica.

The team now are:

- ◆ FootPrints Editor—Jan Cullen, jan.cullen@virginbroadband.com.au
- ◆ FootPrints Advertising Coordinator—Jessica Wagner, footprintsads@reflexology.org.au
- ◆ FootPrints Billing and Subscription Officer—Judee Hawkins, footprints@reflexology.org.au
- ◆ Desktop Publisher—Margaret Clift, margclift@gmail.com
- ◆ FootPrints Despatch Officers—Jenn Cooper and Ashleigh l'Barrow, membership@reflexology.org.au

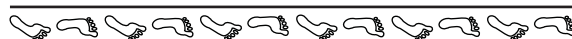
Judee Hawkins

2009 CPT Education—Calendar of Events

For inclusion in 'Calendar of Events' please place your paid advertisement with
FootPrints Advertising Coordinator Jessica Wagner—footprintsads@reflexology.org.au

Then contact Libby Stark, CPT Director—president@reflexology.org.au

Date 2009	Presenter	Training title	Location
4,5,6,7,8 March	Lone Sorenson	Facial Reflexology	Sydney—Contact: Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexologyaustralia.com
10, 11 March	Lone Sorenson	Nerve-Foot Reflexology	Sydney—Contact: Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexologyaustralia.com
12,13,14 March	Lone Sorenson	Advanced Facial Reflexology	Sydney—Contact: Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexologyaustralia.com
28–29 March	Lyndall Mollart	2 x 2 day workshops leading to Certificate in Maternity Reflexology Part 1—21/22 February Part 2—28/29 March	Melbourne—Contact: Lyndall Mollart lyndall@maternity-reflexology.net www.maternity-reflexology.net
16 & 17 May	Sue Ehinger	Chinese Reflexology	Brisbane—Contact: Sue Ehinger 02 4976 3881 reflexologyaustralia@gmail.com www.reflexology.com
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	Revision, Cranio Sacral II	Cairns—Contact: Heather Edwards reflexca@aapt.net.au
20, 21 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



FOOTPRINTS JOURNAL

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Guide to contributors

Contributions of articles, case studies, book reviews, personal experiences and letters to the Editor are welcome. The following guidelines will help make the editing and publishing process easier for all:

1. Articles can be chatty and informal, or more formal and educational. They must, however, be accurate, well researched and fully referenced (if applicable).
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.
4. Photographs and line drawings are preferred at 100% size, 300 dpi resolution TIFF, EPS or PDF format. Original, high resolution, camera JPG files only are acceptable—preferably grayscale or high contrast coloured images. Photographs and line drawings should be forwarded as separate TIFF, EPS or PDF files—please do not embed photographs or line drawings into articles.
5. Any graphics, diagrams, graphs or photographs that are not the work of the author must be accompanied by written permission by the original author for their use in FootPrints.
6. If an article has been previously published, written permission from the author/other publication will be required. The Editor must be informed if an article is currently under consideration by another publication.
7. The Editor reserves the right to make alterations to or reject an article for publication. Where substantial changes have to be made, the Editor will show the final copy to the author, time permitting.
8. Advertisements are to be submitted as required size in PDF or EPS format.
9. Advertorials will not be accepted.

Advertising rates

Inside front and inside back covers—Enquiries to Judee Hawkins, **email:** footprints@reflexology.org.au

Advertising sizes and costs

Display:		Current price:
Full page	26 cm deep x 18 cm wide	\$250 per issue
Half page	13 cm deep x 18 cm wide	\$137 per issue
Quarter page	13 cm deep x 8.5 cm wide	\$75 per issue
Eighth page	6.5 cm deep x 8.5 cm wide	\$50 per issue

- ◆ All rates include GST
- ◆ Members of the Reflexology Association of Australia receive a 10% discount on the above rates only.

Inserts

Per A4 sheet to all States	\$250
To an individual State	\$0.63 per copy

FootPrints is distributed to approximately 1,100 members Australia-wide.

For all enquiries, contact Advertising Coordinator Jessica Wagner. **Email:** footprintsads@reflexology.org.au or

Mobile: 0432 295 568.

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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