

FootPrints



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From the President's desk ...



Welcome to our first journal for 2012 and the promise of a year filled with new and exciting achievements. It is up to each and every one of us to reach the heights that we desire through our own concentrated efforts. Success comes to those who desire and strive for it. For some it will mean gaining new clients and retaining the old; for others it will be taking on additional study and yet others searching out and asking for the help that will be specific to develop the business. Very often we have to step out of our comfort zone into the unknown to enable us to achieve our goals. It is sometimes really scary but if we believe we can achieve, then we will achieve.

You never quite know when, where, why or how you will meet up with fellow reflexologists. Prior to Christmas I sent a card to Christine Issel, keynote speaker at the Queensland Conference in 2010, and in it I said that I would be flying over her home while traveling in North America between British Columbia and Florida. By chance she was going to be in Florida while we were there. Our schedules matched up so my husband and I spent a large part of a day being entertained and shown around the very lovely city of Naples by Chris and Julie who is also a reflexologist. Reflexologists are particularly special people!

Chris and Julie advocate for reflexology throughout USA as legislative consultants. Chris has been doing this work for many years. I have requested that she send Footprints an article explaining the work.

Unfortunately the New Year in Reflexology has seen the resignation from RAOA executive positions of three very valuable participants. Leanne Browne has had to resign from her position on the Board as Treasurer and Samantha Langridge her position as Victorian Chairperson. Both resignations are due to ill health. We trust that Leanne and Samantha will both make speedy recoveries and that the rest from their many RAOA commitments will assist them to regain their healthy vitality. Michelle Beever has also found it necessary to resign from her position as a Victorian Board member which means that we are now looking for someone to take over the great work that Michelle was moving forward with, regarding World Reflexology Week. I would like to thank each of these ladies for their untiring efforts and their many hours of devotion to the running and betterment of our Association.

Thank you, thank you to Dee Leamon and Carol Mc Bain! We greatly appreciate you stepping into the positions of Chair and Vice Chair on the Victorian committee.

Judee Hawkins has been a stalwart member of the Footprints team for the past six years. It is time for Judee to move on which means that we are looking for someone to take her place on the team. This will be Judee's last edition. Judee you will be sorely missed. We do appreciate the enormous effort you have put into maintaining ongoing advertising, selling Footprints to new advertisers and consequently the income to help retain our journal. Your assistance with sourcing articles has also assisted the team greatly.

Congratulations must go to Helen Adendorff, Co-editor, (we are still waiting for someone to join Helen in this position) on the excellent job done with the December issue. I know that Helen is most grateful, as we all are, for the amazing work that Margaret Cliff, our desktop publisher, does in pulling all the articles together into yet another great edition. Thank you Margaret!

We are authors of ourselves, engaged in some extraordinary effort that we are only just now beginning to see with our ordinary minds. What we are beginning to glimpse of our deepest selves is startlingly free, breathtakingly pure, full of courage and happiness ... and joy.

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March 2012

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Front cover: 'Reflex Art' by Kate McKnight, 2006.

Reflexology in a Bali Prison

by Jocelyn Johnke

There was much excitement when fourteen women received their Reflexology achievement certificates signed by me and Bapak Siswanto, the governor of Bali's notorious Kerobokan prison. These women had spent sixteen hours all up; Mondays and Thursdays, two hours a day for four weeks. They had learnt the basic skills of Foot, Hand and Face Reflexology, as well as Indian Head Massage, and we had fun.

Some of the girls will be released in the near future, six have already walked free, now more equipped to find work, others will be inside for several years, and others still, many more years to come. Each girl has a name and a story. These women are my 'potential roses'.

Life is pretty overcrowded at Hotel K as the gaol was initially built for a 323 prisoner capacity, in 1979. However, there are now approximately 900 male inmates and 120 female inmates, 50 of whom are foreigners. With high concrete walls and a mass of barbed wire there is absolutely no doubt that this is a top security prison, but inside, the cold harshness is softened by the setting out in Balinese village style and the planting of grass, trees, shrubs and flowers. Designed and planted by inmates, the gardens are quite stunning, even boasting a tennis court. Several well placed stone statues and fish ponds add the finishing touches.

I have never seen inside the male cells, but I have been inside a few female cells which are exceptionally clean, tidy and creatively decorated with brightly patterned sheets and colourful cuddly toys on each bed, as well as posters, recent artwork, and family photographs covering the walls.

Bapak Siswanto has given prisoners the opportunity to re-evaluate their lives and make changes by allowing projects at the prison such as classes in art, drawing, sewing, cross stitch, jewellery making, English language, reflexology, salsa dancing, grooming and morality, bible study etc. etc. Many prisoners have turned their lives around and made positive contributions to life on the inside.

Reflexology classes are sometimes held in the Library on the floor with mats and sarongs. We have plenty of room there, and with all the shutters and door open, the breeze is a welcome relief from the extreme heat. The fact that each woman has committed a crime, and wears a blue shirt featuring the distinctive yellow prison emblem, doesn't matter amidst the laughs, hugs, kisses and tears. Other times, class is either held in the very hot sewing come art room come cooking area, or outside the cells in 'Blok Wanita', with the same mats and sarongs. Not entirely ideal as the noise can be quite deafening and

somewhat distracting, but hey, this is prison. No uniform is necessary outside the men's section. Within the confines of the women's block the girls are free to wear whatever they like.

As attention spans are pretty short, I never lecture. I take my precious pair of plastic feet and handouts, filled with diagrams and instructions for each person. They are printed in English and Indonesian. I always arrive armed with coloured pictures, antiseptic wipes, cream, oil, paper towels, coloured pencils, and a variety of fresh fruit for morning tea.



We begin class by sorting ourselves into pairs then washing our feet and hands thoroughly with wet wipes. I sit in the middle and partner a girl to demonstrate, the girls then work on each other, enjoy morning tea, then swap. As my partner is working my feet I demonstrate with the plastic feet in both languages as not all participants are Indonesian. Some of my students have been massage therapists in their previous life and are very familiar

with the concept of reflexology. For homework the girls are given black and white diagrams of feet and hands and asked to colour in the various body systems. They do an excellent job and are proud when showing me their fine work. I, in turn, am proud of them and of what they achieve in so short a time.

I was particularly proud of my last reflexology graduation class as I witnessed them working on, not only volunteers, but several of the guards. At the end of each course the women are presented with brightly coloured folders containing their certificates, and brand new pages of coloured diagrams and instructions of everything they have learnt. I also add a few pages of simplified information for further study.

Health problems, physical and psychological, associated with lifestyle and circumstances, are quite different from anything I have experienced in my clinic in the



Continued on page 3

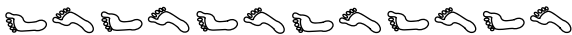
northern suburbs of Sydney. Health problems on the inside include diseases of addiction, nutrition deficiency, mega stresses, depression, insomnia, lethargy, eczema, and headaches to name a few. About thirty to forty percent of the women prefer to sleep away their sentences; others show the scars of self harm and abuse. Almost everyone smokes as cigarettes are cheap and the stress is great. Narcotics are accessible. Personal space is non-existent.

Since the first class in January, 2011, the other volunteers tell me that each time they enter 'Blok Wanita', there is always someone practising reflexology. I love knowing that, because not only is reflexology 'safe touch' and incredibly healing to the person being worked on, but also to the one performing the treatment, and it takes the mind off one's self.

Although there is no denying that this prison is filled with fear and despair, there is also a huge amount of hope as these 'potential roses' blossom and bloom. It is not unusual for me to leave at the end of the day feeling truly uplifted.☺



Truth is our strength
Courage is our staff
Love is the meaning
To keep life alive
Misha Frankel




Danish Association for Cancer Children and their families in regard to CAM (Complimentary and Alternative Medicine)

*Leila Eriksen - Denmark
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In Denmark about 200 children are diagnosed with cancer every year. The majority are affected by Leukaemia, brain tumours, lymphomas, kidney cancer and neuroblastoma.

Effective treatment options are offered, and many of the children regain their health. However, it is a long process. The conventional treatments are associated with physical, mental and social side-effects, so many families want to supplement the medical treatment with CAM.

The Danish Association for Cancer Children FCB is an independent support group, working for cancer children and their families, organizing life-affirming activities including an annual family weekend. For the past 5 years the weekends have included lectures on CAM, as well as the offer to try reflexology. 500 children and adults have taken up the opportunity.



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With this background, and inspired by visits to children's hospitals in Israel, Spain and China, where CAM is offered to the children during hospitalization, a pilot project came to life:

Purpose of the study: To highlight Danish children with cancer and their families' experiences and wishes regarding CAM, and to develop a model for data collection, which may be internationally useful. With a representation of 51 families of children with cancer, 26 questionnaires were returned, corresponding to a 51% response. (Data analysis is currently taking place, and should be ready for publication in 2012.) We are hoping to present this at the 2012 RAOA Conference in Tasmania.☺



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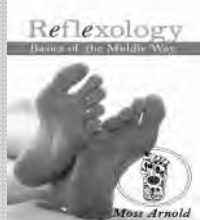


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Compassion fatigue—the hidden cost of caring

by Chrissy Atkins

Many helping professionals regard their capacity for empathy and their ability to develop a compassionate connection with clients as one of the greatest strengths they bring to their profession. Unfortunately, comparatively few realise that this capacity to care also represents their greatest vulnerability, particularly when they are exposed to stories of trauma and pain experienced by their clients.

A steady accumulation of research over the last 30 years clearly demonstrates that caring costs the caregiver. Any empathic helping professional who *listens* to stories of fear, pain and suffering may feel fear, pain and suffering simply because they care. Why? Because trauma is contagious, and trauma is contaminating—it can be transmitted indirectly through a process known as ‘secondary victimisation’ (Figley, 1989) and later ‘secondary trauma’ (Figley, 2010).

Although some cope better than others, or hide it better than others, no-one who bears witness to trauma and pain is immune to the effects of Secondary Traumatic Stress (Gentry, 2002), which is also known as Compassion Stress. Compassion Stress (CS) occurs when one becomes overwhelmed by exposure to extreme events suffered by another. It is defined as ‘...a set of psychosocial and emotional factors caused by a specific event or series of events affecting helpers indirectly through another such as a family member, friend, or client. It sometimes takes just one case or situation to have a lasting effect.’ (Figley, 2010).

If nothing is done to recognise and ameliorate the symptoms of Compassion Stress, the result can be Compassion Fatigue (a user-friendly term for Secondary Traumatic Stress Disorder), which refers to the set of symptoms experienced by helpers and carers who become overwhelmed by the pain and suffering of their clients/loved ones. Compassion Fatigue (CF) is the natural consequence of stress resulting from helping and caring for traumatised or suffering people or animals. CF is not a disease, but a set of symptoms, and anyone who provides assistance or aid to others is susceptible to developing it.

CF is marked by progressively debilitating symptoms which are almost identical to those of Primary (also known as Post) Traumatic Stress Disorder. These symptoms affect all levels of functioning - how we feel (physically and emotionally), how we think and what we believe, how we behave, how we relate to our loved ones/friends/colleagues/clients, how we do our work. CF can change our personality, and severely damage our spirituality.

Compassion Fatigue is ‘...a state of exhaustion and dysfunction (biologically, psychologically and socially) as a result of prolonged exposure to compassion stress’ (Figley, 2007). CF is marked by a rapid onset of symptoms—it emerges suddenly, with little or no warning and results in feelings of shock, confusion, isolation and helplessness. Those who suffer from compassion

fatigue often find it difficult to connect the symptoms with the real cause, and don’t know how or where to get help and relief. Compassion Fatigue differs from, but is associated with, Burnout. It is also related to the concepts of Vicarious Traumatization and Countertransference in the field of psychotherapy.

Compassion Fatigue has been shown to cause many symptoms of psychological disorder, including anxiety, depression, eating disorders, chemical dependency, and relationship problems. If unheeded and untreated, Compassion Fatigue results in physical, emotional, and spiritual exhaustion, and even suicide. (Gentry, 2002).

An insidious feature of CF is that sufferers may recognise its symptoms in others, but not in themselves. Or they may mistakenly label their symptoms as burnout. Unrecognised and unaccepted, CF remains an ‘inside job’ (Smith, 2009).

Compassion Fatigue is an essential issue for all caregivers to address. It is especially important for health professionals, because CF impairs our capacity to deliver competent and ethical care to our clients and can ‘... result in the helper causing additional pain to the person they are helping’ (Figley, 1999).

The symptoms of Compassion Fatigue are not an indication of disease or pathological weakness. Rather, they are natural consequences of providing care to those who have been traumatised. Eric Gentry (2002) refers to CF symptoms as a blessing, which point out to us that our life is out of balance and needs intervention. Specifically, CF tells us that we need to develop and mature in our self-care and our care-giving practices.

A great deal of the early research into Compassion Fatigue was conducted with professionals who treated the traumatised, particularly psychotherapists, counsellors and social workers who worked with adult and child victims of abuse. Subsequent research has shown that, in addition to ‘talk therapists’, those affected by CF come from a diverse range of occupations, professions and vocations—doctors, dentists and dental assistants, nurses, judges, jurors, veterinarians and veterinary assistants; volunteers (working with humans or animals), human service workers, administrators, school teachers, clergy, emergency service workers and volunteers, touch therapists, hairdressers, and more.

Compassion Fatigue is like an over-use injury. It develops over time, and can take weeks, months, even years, to surface. It can affect people in any situation where they are doing a great deal of giving (empathy, compassion, care, support, etc) and expending emotional and physical energy day in and day out. A helper who constantly gives out a lot of energy, compassion and caring to others, without getting enough energy, compassion and caring back—particularly through good self-care practices—is headed down a one-way street named ‘Compassion Fatigue’.

Continued on page 6

Compassion Fatigue has many negative effects, all of which have a human cost. These costs include: declining physical health, diminished job performance, low energy, resentment, conflict and strained personal relationships, depression, anxiety, irritability, diminished self-care, substance misuse, unresolved grief. At an organisational level, the costs of CF include poor morale, increased absenteeism, reduced and/or inadequate levels of care to clients/consumers, and the financial costs of workers' compensation claims.

Several risk factors for CF have been identified. These include: high level of empathy, degree of exposure to trauma (primary and secondary), being other-directed (ie, giving priority to the needs of others), poor self-care practices, working beyond one's level of training and skill (and thus outside their scope of practice), poor work boundaries, a lack of support (professional, social, and personal), lack of balance in life particularly between giving and receiving, and a lack of professional supervision, including appropriate and effective debriefing.

Compassion Fatigue presents a very real risk to reflexologists. Many (if not most) of us have experienced some form of trauma in our personal lives, either directly or indirectly. Many (if not most) of us work regularly with people who have experienced or are presently experiencing some form of trauma, perhaps in our private practice, perhaps in our paid or voluntary work with people with cancer, HIV, or other debilitating and challenging physical or mental health conditions.

But how many reflexologists have specific training in working with the traumatised? How many understand the need for effective debriefing and professional supervision? How many have been trained in this area? How many have a sufficient level of awareness and understanding to identify symptoms of compassion stress? How many have a range of techniques at their disposal to manage and minimise the consequences of compassion stress and prevent compassion fatigue? How many reflexologists have a self-care plan which they regularly review and modify as needed?

Our exposure to primary and secondary trauma has increased dramatically in recent years—graphic scenes and depictions of road trauma, war trauma, natural disasters, and humanitarian crises are commonplace. We have personal relationships with people who experience traumatic health events, and, as reflexology becomes increasingly accepted in health care, our professional exposure to trauma also increases.

In addition, many of us are self-employed, and effectively work in isolation from our peers. Secondary trauma is intrinsic to the work of professionals who care for others in pain, and '... no degree of training, no degree of personal maturity, perfection in skills, personal virtue, can protect an isolated and unsupported caregiver in any discipline' (Bruner).

... empirical research ... provides us with evidence that compassion fatigue, and its painful symptoms, are a very real phenomenon. These symptoms carry with them the potential to disrupt, dissolve, and destroy careers, families, and even lives...and should be treated with great respect. Often, it seems, those who suffer most from compassion fatigue are those individuals who are highly motivated to bring about change and healing in the lives of the suffering. (Gentry, 2002)

If dealing with trauma in your work or personal life is ongoing, then the need to deal with CS and CF will also be ongoing. The role of a helping professional means that some degree of compassion stress is inevitable; however, Compassion Fatigue is preventable. The keys to prevention are awareness and understanding—knowing what CF and CS are, understanding how they happen, developing a prevention plan, recognising the warning signs, and recognising and accepting and treating symptoms if they arise.

Perhaps the most important protection any helping professional can have against CF is recognition that care for the other begins with good self-care. This means developing self-management skills (particularly the ability to soothe anxiety and stress in the face of trauma and pain) and a self-care plan involving a system of healthy practices that let us refill and refuel and maintain a life rich with meaning and purpose. These form the basis for the development of effective antibodies to CF.

It is important to undertake regular self-assessment for the warning signs of CF, which include: change in eating habits, increased irritability, increased substance use or abuse, anger, anxiety, blaming, chronic tardiness, depression, increased absenteeism, extreme fatigue, lowered-self-esteem, sleep disturbances, diminished sense of self and personal accomplishment, frequent headaches, unrealistic self-expectations, inability to maintain a balance of empathy and objectivity, workaholism, gastrointestinal upsets, sense of hopelessness, hypertension (Gentry, 2004).

If the signs and symptoms of CF appear, adopt a strategic plan for recovery. This will generally include the following strategies:

- ◆ Acceptance—acknowledge the symptoms and recognise the need for assistance;
- ◆ Commit to intentionally address the symptoms and resolve internal conflict;
- ◆ Connect—seek support from others and teach them how to help you;
- ◆ Self-Care and Self-Management:
 - ◇ engage in regular exercise, healthy eating and sleeping patterns,
 - ◇ get plenty of rest,
 - ◇ learn and practise techniques for managing and regulating your levels of stress and anxiety,
 - ◇ establish and maintain boundaries between your personal and professional lives,
 - ◇ learn to 'defuse' from unhealthy thoughts and emotions (Gentry, 2004).

Compassion fatigue ...
Continued from page 6

Most importantly, find a qualified professional who has undergone specialised training in the field of secondary trauma and the treatment of traumatic stress. Unaddressed CF symptoms do not abate—they get worse. Traumatic stress can only be resolved in the context of a therapeutic relationship (Gentry, 2011b).

In preparing this article, I have relied primarily on the publications, research and clinical work of two internationally recognised experts in the fields of Trauma and Compassion Fatigue—Dr Charles Figley and Dr Eric Gentry. Dr Figley was among the first to identify the negative consequences of working with the traumatised, and to identify and name Compassion Fatigue and publish books on the topic. He is widely regarded as a pre-eminent expert in this field. Dr Gentry co-developed and implemented the Accelerated Recovery Program for Compassion Fatigue, and conducts specialist training in the prevention and treatment of Compassion Fatigue

Dr Figley’s research and expertise was of enormous benefit during my own experience with CF (at a time when the syndrome was virtually unknown in Australia). I am very fortunate to have had Dr Gentry as one of my teachers in the course of my training in the treatment of trauma in general, and Compassion Fatigue in particular. From a personal perspective, I will be forever grateful to Dr Figley and Dr Gentry for their wisdom and compassion, and their contribution to my knowledge, expertise and professional development in relation to the costs of caring.

The following quote from Dr Gentry (2011a) succinctly summarises the perils of ignoring the need for our own self-care as helping professionals:

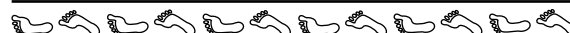
If we simply refuse to address the issues of self-care and tend to our own resiliency, we may be lucky and... have our crises and make these necessary adjustments in our life. For those who are less fortunate, they...get to watch their relationships slowly disintegrate because they can no longer tolerate intimacy, or witness their effectiveness as a caregiver dwindle because they are unable to hear one more story...or experience somatic symptoms (including weight gain, alcohol/drug usage) so intense that they can no longer find comfort inside their own skin.

Raising levels of awareness enables individuals to monitor their body-mind; to learn strategies to manage the inevitable process of emotional contagion; and to become aware of (and rectify) areas of imbalance in their personal and professional lives.

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Better a bare foot than none

(George Herbert)



COMPASSION FATIGUE: THE HIDDEN COST OF CARING

Compassion Fatigue is an occupational risk for all caring health professionals. It results in a shift in an individual’s sense of hope, optimism, and value of their work.

Attendance at this 1-day workshop specifically designed for health professionals will allow you to:

- ◆ understand what Compassion Fatigue (CF) is; distinguish it from related concepts; and learn the signs and symptoms of CF
- ◆ learn what is possible to prevent, avoid and treat CF
- ◆ learn skills to enhance resilience
- ◆ undertake self-assessment
- ◆ develop a strategic self-care plan

Chrissy Atkins is a Professional Reflexologist, (Dip Ref) Psychotherapist, and Counsellor (Postgrad Dip Psych, BA (Psych) Chrissy specialises in CF, Vicarious Trauma, and Traumatic Stress disorders, having trained extensively with world leaders in these fields.

Workshops commence in Queensland in March 2012. Please contact Chrissy for further details, or to express your interest if you live outside Qld.

Phone: Chrissy Atkins 0411 283 278
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Tasmanian Conference Report

January 2012

by Gaye Webb

Our conference team are back in full swing after the Christmas break organising all the details to bring you a wonderful conference from 28th–30th September 2012.

On the 20th Jan we had a successful meeting in Oatlands where the North and the South met in a lovely meeting room at Casaveen Knitwear Mills and Restaurant. Oatlands has a lot of Colonial History with some very fine old buildings including a windmill that has recently had its sails repaired and is now crushing the grain for fresh wholemeal flour again. The Callington Mill in Oatlands would be a wonderful destination for you to check out if you decide to stay longer in Tassie for a driving holiday.

Hats off! to Lynda Kidd who is keeping us all on track. Lynda is a high achiever. We are very fortunate that she stepped up and took on the job as conference convenor. We are a small but very committed team. Organising a conference is no small task, as others before us know. Just when you think you have something under control it can turn around and change any minute.

Such was the case this month when our top keynote speaker Dwight Byers had to cancel his trip in September for health reasons. We are in the process of replacing him and we hope you will all be pleasantly surprised with his replacement.

The show must go on!

Our Northern Members have been very busy making a reflexology walking path on the grounds of Country Club Tasmania where our conference is to be held. It was very exciting when negotiations were agreed on. The work has finally begun and the pavers are expected to be finished and laid by the end of summer. This will give the ground keepers a chance to landscape around the path and be ready for September when we can all enjoy a good foot pumping stroll. Michelle Bailey, Mary Farr, Pamela Skeggs and Shirley Lawson are looking after this

project. They are doing the design on all the pavers themselves on the grounds of Country Club Tasmania, with the help of the landscaper who is mixing and pouring the concrete into the moulds for them.



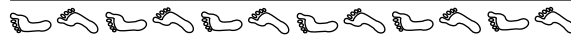
Some of the design templates being put together.

The girls were given a great gift when Patrick Graham Landscaping from Glebe Gardens in Launceston announced he would donate all the stones of different shapes and sizes. They have to make the 129 separate pavers to complete the path. The girls have organised special days where they can get together and make all the pavers necessary. We are all very excited about the path and its process and there will be a presentation during the conference on how it all came together.

Please be aware that the weekend of the conference is also Aussie rules grand final weekend in Melbourne. You might be able to bypass Melbourne by getting a flight from Sydney instead. There are a few public bars in the Country Club venue, we guess there will be a large screen TV for anyone that wants to watch the game, hopefully partners not our delegates! Check your dates now to make sure you get the best flights.

This year we are doing online registrations, this will be easier and quicker as it is instant, especially if you are booking into specific workshops, you will be able to know straight away if you can get into the one you want.

We look forward to seeing you in September at beautiful Country Club Tasmania. 🐾



The civilised man has built a coach, but has lost the use of his feet.

(Ralph Waldo Emerson)

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Swastika

by Heather Edwards

Stone footprints can be found throughout Asia. These footprints are often engraved with various Buddhist symbols. One of the most frequently used symbols in early Buddhism was the Svastikah (left-facing), a symbol of the early Indian civilization, ARYAN, the Noble Ones, the Sages, the Saintly Ones. The word stem SVASTI can be divided into SU (SV), meaning good or well, and ASTI (ASTIKAH), meaning is or being ie. SVASTIKA means 'well-being, good health, strong life-force'. The Svastika represents the Primordial Life-Force of the Universe. This is the Force that sweeps galaxies into a whirling motion.

Hitler misused the symbol of the SVASTIKA. For some reason he believed the Germans to be the Aryans and the Svastika to be their symbol. Hitler turned the Svastika symbol round so that the arms went towards the right and this actually depicts black magic whereas when the arms are to the left it is white magic. Consequently for many the Swastika (modern spelling) is a very negative sign. This is actually far from the truth of its real meaning.

Svaztika is a Sanskrit word from:

Su – radical, signifying good, well, excellent, prosperity

Asti – being third person, singular, indicative present of the verb as 'it is' or 'so be it'

Ka – suffix forming the substantive

Professor Whitney in the Century Dictionary says Swastika means 'of good fortune'.

The Swastika is one of the oldest and most complex of symbols. It was first found in Sumerian (now Pakistan) and earlier cultures about 3000 BC; symbolizing the sun, the highest God, power and life force. The Swastika was found extensively in all Asia and in the pre-Aryan Indus Valley civilisation. It was originally the symbol used by the Aryan people, a name which, in Sanskrit means 'noble.' The Aryans were a group of people who settled in Iran and Northern India.

They believed themselves to be a pure race, superior to the other surrounding cultures. It was used widely by Jaina, Buddhists and devotees of Vishnu and pre-Christian Ireland and Scotland and with the Brigantes in England when it was associated with the Pagan Bridgit or Bride.



Sleeping Buddha at Long Son Pagoda in Nha Trang, Vietnam

Photo courtesy of Sue Ehinger

The Swastika was used before the birth of Christ in China, India, Japan and Southern Europe. It is associated with the Buddha in India, China and Japan. In India it is the symbol of well-being. The symbol in Hinduism is associated with the sun and the wheel of birth and rebirth. Its exact symbolism, however is unknown and it has variously been suggested as the revolving sun; the radiate wheel of the noon sun; the sun chariot; the Pole and the revolution of the stars around it; the four cardinal points;

the four seasons; a whirlwind movement; the motion of revolving round the world; the Centre; creative force in motion; the generation of the cycles; the revolution of the wheel of life; the cross as the four quarters over which the solar power revolves converting it into a circle, ie. circling the square and squaring the circle; the cross as the vertical and horizontal lines depicting the spirit and matter and the four grades of existence.

It is also suggested that the Swastika is a conventionalised human form of two arms and legs, or the union of the male and female principles; the dynamic and the static; mobility and immobility; harmony and balance; the two complementary phases of movement, centrifugal and centripetal, inbreathing and out breathing, going out from and returning to the centre, beginning and end. In all circumstances it is a symbol of good luck; good augury; good wishes; blessing; longevity; fecundity; health and life.

There are two forms of the Swastika taken to symbolize the male and female, solar and lunar aspects; movement clockwise and anti-clockwise; also, possibly, the two hemispheres; the celestial and chthonic powers; the rising, vernal sun and the descending, autumnal sun. In China the two Swastikas are used as depicting the yin and yang forces.

The Swastika appeared frequently as a symbol in the catacombs signifying Christ as the power of the world.

In medieval times it was the gammadion, used to symbolize Christ as the cornerstone, also the four Evangelists, with Christ as the centre. In the earliest Chinese symbolism it was the highest degree. In Japan in the Middle Ages it was known as 'manji', a symbol of enormous luck and protection against evil powers.☪



Footprints at Gokurakuji Temple Made in Heisei Year One (December 1989)

Photo courtesy www.tv-naruto.ne.jp/gokurakuji/bussokuseki.html



Certificate of Clinical Reflexology ... is here!

Dr. Christine King, Director Education RAOA

The Certificate of Clinical Reflexology is now completed and the details are on the members' web site under Education.

Details on the web include:

- ◆ The Certificate Outline.
- ◆ Details of the requirements for the 14 units.
- ◆ The criteria for people who would like to teach the Certificate.

We are pleased with the resulting qualification. It has been the result of work from the original application for Government Accredited Reflexology Training, with the addition of new units developed to meet the requirements of the Health Legislation and the Health Industry.


The new units were on the members' web site for comment for many months. People who **confirmed** they wanted to be on the Education Forum were personally contacted by email in order that they could see the units and comment. I have taken the few comments supplied into consideration and made the appropriate changes.

Components of the Certificate have been passed at every Directors' meeting over the last two years and the final Certificate and details were passed in October 2011.

During 2010/2011 two articles have also been published in Footprints regarding details of the course. I have personally been contacted by schools and individuals. I have answered any questions and constructive comments in a straight forward and honest manner. I am still open to questions and comments but the Certificate is finalised now. This does not mean the Certificate will not change but we now need to commence delivery and make any relevant changes once the Certificate and its content is tested.

I am retiring as Director on 30 June 2012 as my sole aim as Director has been to introduce a RAOA Accredited Certificate of Reflexology. I am pleased I have completed this goal. I would like to thank everyone who has been involved in the development of the qualification as I believe it is an important area of responsibility for the RAOA.

We are looking for consultants to help with this programme. Please see the advertisement for Consultants as we move forward with this programme.

Best Wishes and Enjoyable Learning. We are never too old to stop learning! 



CERTIFICATE OF CLINICAL REFLEXOLOGY CONSULTANTS REQUIRED

The RAOA is currently introducing the Certificate of Clinical Reflexology and we are looking for people with the Certificate 4 Assessment and Workplace Training or equivalent to work as Consultants.

Consultants will help people who apply to teach the Certificate Course and require assistance in meeting the requirements of the units and also may be required to evaluate the final applications.

Criteria for Education Consultants:

Please Note: Due to conflict of interest people that own schools or manage reflexology courses at a school cannot apply for this position.

People who teach in schools but do not own the school or manage courses are eligible to apply if they meet the following criteria:

- Professional member of the RAOA or equivalent Association for a minimum of three years.
- At least three years experience as a Professional Reflexologist working with the public as a Reflexologist or in reflexology education. CV including two references is required.
- Certificate 4 Assessment and Workplace Training or equivalent.
- Knowledge of the HLT Government Accredited Diploma of Reflexology.
- Current Certificate of Police Clearance.

This is a paid position in which the applicants who want to teach the Certificate of Clinical Reflexology would apply for assistance and the RAOA Consultant would receive \$40 per hour plus GST if applicable.

The Consultants would also be part of the RAOA Education Committee by feeding information re problems and suggested changes required for the individual units and the Clinical Certificate of Reflexology.

The outline for the Certificate is on the members' web site under Education Certificate of Clinical Reflexology.

Ideally we are looking for one or two Consultants in each state.

Please send Applications to:

Education Committee
Reflexology Association of Australia
PO Box 253,
Wynnum Central Queensland 4178

Symbols

Courtesy of the Queensland Branch of the Reflexology Association of Australia, supported by some information from a 4 volume set of books titled 'Heavens and Hells of the Mind' by Imre Vallyon

Evolutionary Symbolism of the Cross

The Svastika and the Cross pre-date Christianity by several thousand years. The cross symbol was known to the Romans, the Nordic Europeans, the Jains of India and the Celtic peoples, all before Christianity. It is a symbol of the Union of Spirit and Matter, of the Cosmic Heart and the Human Heart.

The cross has two basic forms: the stationary cross and the whirling cross. The Christian cross is stationary and is the symbol of the Crucifixion of Life in matter. In the Svastika, the whirling cross, that Life is set free. This takes place in the Heart.

The stationary cross only appears to be stationary. In fact, it is a dual movement: vertical and horizontal. The vertical line of the cross represents inward movement: climbing up the planes, moving up the Ladder of Consciousness (Jacob's Ladder), progress, evolution, meditation, development into Inner Space, reaching inward and merging deeper and deeper into Divine Consciousness.

The horizontal line represents going outwards towards Creation, towards Humanity and the world, and expressing inner Wisdom, Goodness and Love in active service toward all Life. This is why the cross is the symbol of the Son of Man, who is the Son of God.

You do this endlessly, repeatedly, over and over again. You go inwards, into Spiritual Freedom, then you go outwards and serve in material limitation. You move into the grandeur of the Spirit (ATMAN) within you, then you humbly serve with a limited physical body. This is the cross.

When you have done this over and over again, the cross begins to whirl or rotate, so that the inner and the outer merge, so that you become a Crucified One. That is, you attain Cosmic Consciousness. This is the whirling cross. Then you are a God-in-Man and a Man-in-God, or simply, an ARHAT, a 'Perfected One'. This is why the Buddhists have used the Svastika symbol for their Saints (ARHATs) for the past 2,500 years.

Lotus

On the front cover of Christine Issel's book 'Reflexology, Art, Science and History' we see the feet of Vishnu covered in Sanskrit symbols. Over the next few months we shall provide a little information on some of these symbols.

The Lotus is a commonly recognised universal symbol standing for creation and purity. It is said to be the universal ground of existence. It represents the ultimate level of finding peace. With the lotus you gain knowledge through meditation. It is also perfection of beauty. Because this beautiful flower grows out of mud and water it is associated with human aspiration and potential.

The thousand petal lotus represents the sun emerging from the cosmic ocean, the sun and waters being vital to growth.

The Lotus of the Heart

The ancient Hebrew peoples symbolized the Heart by the Lily of the Valley. The Vedic Aryans of India symbolized the Heart by the Lotus Flower. The Christian and Muslim Mystics symbolized the Heart by the Rose. The lily, the lotus flower and the rose are all perfect, pure and beautiful outer symbols of the true Heart.

Wheel

The wheel is an attribute of all sun gods and their earthly delegates as sun kings. It symbolizes universal dominion; the circle of life; rebirth and renewal; nobility; mutability and change in the manifest world. The wheel is also Time, Fate of *Karma*, 'the wheel of fate that revolves relentlessly and unceasingly.'

The rotation of the wheel of life is cyclic rotation, change, becoming, dynamism. The wheel is associated with the Lotus as the solar matrix and in particular with the Hindu chakras. There is also the 'Wheel of the Signs', the Zodiac: representing the revolution of the year, of time and life, all dependant on the sun.

Dove

The life spirit; the soul; innocence; gentleness; peace. Doves are sacred to all Great Mothers and Queens of Heaven and depict femininity and maternity. The dove with an olive branch is the symbol of peace, also of renewal of life; it is the emblem of Athene.

In Graeco-Roman, it is the symbol of love and renewal of life; an attribute to Zeus who was fed by doves. The dove is sacred to Adonis and Bacchus as the First Begotten of Love.

In Hebrew, a symbol of Israel. White doves, as purity, were offerings at the Temple for purification. The dove represents simplicity, harmlessness, innocence, meekness, guilelessness and incubation.

The Serpent

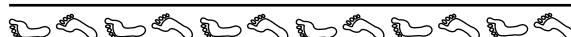
A highly complex and universal symbol. Meaning passion, healing and poison. Preserver and destroyer, and both spiritual and physical rebirth.

It is solar, chthonic, sexual, funerary and the manifestation of force at any level, a source of all potentialities both material and spiritual, and closely associated with the concepts of both life and death.

It is a mediator between heaven and earth, earth and the underworld, and is associated with sky, earth and water and in particular with the Cosmic Tree. It is also the cloud-dragon of darkness and guards treasures.

As moving without legs or wings, the serpent symbolises the all-prevailing spirit; as penetrating conscience. It can also be a disguise of malefic powers, such as witches or magicians, depicting the evil and vicious aspect of nature.

In Australian Aboriginal; it means lightning. There is also an association between the presence of a snake and pregnancy.☞☞



What is ... Tai Chi?

by Master Zhang Hao,
Director of Chi-Chinese Healing College
www.chihealing.com.au

Tai Chi, (Taijiquan) literally 'supreme ultimate fist', is a centuries-old Chinese discipline for health, relaxation, meditation, self-defence and self-cultivation.

Origins of Tai Chi

According to the Tai Chi mythology, it was conceived in the Song dynasty, in the 13th and 14th centuries by a Taoist known as Zhang San-Feng, who had studied martial arts at the Shaolin Temple and was also a learned man in spiritual disciplines. During a retreat at Wudang Mountain, he observed the interplay between a crane and a snake as these fought each other. The swooping attacks of the bird and the elusive movements of the snake inspired him to create a form of martial art based on the interplay of Yin and Yang, as opposed to the practice of using strength to overcome an opponent.



energy builds up but is never fully used. This consistent, unconscious arousal and physical pressure accumulation can eventually lead to exhaustion and disease. In order to be healthy, we must learn either to release or to 'turn off' the arousal responses by equipping our body with natural mechanisms to deal with such increasing anxiety and stress.

For this reason alone, Tai Chi's body/mind 'go with the flow' approach may be one of the best natural antidotes to our restless modern problems. Tai Chi is not only an efficient health exercise system; regular practice can assist in helping and preventing organic and psychotic disharmonies like hypertension, rheumatism, asthma, insomnia, migraine, depression and nervousness. If you feel you have no time to exercise, or find working out

in the gym is too demanding, Tai Chi may be the answer for you. Just 15 minutes a day in the comfort of your home can provide you with all the exercise you need. ☯

Philosophy of Tai Chi

Tai Chi is rooted in Taoism, and in the I Ching, or Book of Changes, which advocates natural effort. The movements and principles of Tai Chi are derived from the complementary relationship between Yin and Yang. These are two fundamental forces that create and harmonize the Universe by their interaction.

The interaction of Yin and Yang is vital to the practice of Tai Chi since physically and mentally the practitioner is continually shifting between empty and full, soft and hard, stillness and motion, to achieve a proper and evolving equilibrium.

Benefits of Tai Chi

Physically—Improves posture and circulation. Generates greater energy and stamina. Relaxes nervous tension and tight muscles. Lubricates the joints and organs. Develops strength and flexibility. Acquires better breathing and balance. Relieves hypertension.

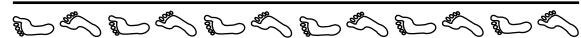
Mentally—Clarifies one's awareness and consciousness. Improves concentration and focus. Restores intrinsic quietude and creative vitality.

Emotionally—Soothes oppressive stress and depression. Releases suppressed emotions and frustrations, Induces peace and happiness within.

Spiritually—Harmonizes oneness with creation. Heightens an appreciation of oneself and others.

Why Tai Chi today?

Gone are the days when we lived the 'simple life' with no mortgage payments to meet, electronic information to handle or job security to worry about. Life in this millennium will be facing even more changes and demands. Our body's response to challenge is prompt, speedy and efficient. However, in today's modern world, we are faced with repeated, persistent situations when



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Working with Clients who have Alzheimer's/Dementia

by Oran Aviv
oran@reflexandmore.com
www.reflexandmore.com

Those suffering from Alzheimer's/Dementia can benefit greatly from Reflexology and other complimentary treatments, but the practitioner needs to take into consideration some of the challenges of a client with dementia.

Dementia is organic brain damage. It is degeneration of the brain cells.

Alzheimer's is the main disease that leads to 50% of the cases of dementia. It causes cognitive, emotional and personality changes. As the disease progresses, these changes become more severe. Treatments need to be attuned to the client's stage of dementia, but there are some basic rules that will make your treatment pleasant and comfortable for clients at any stage:



1. Respect and Patience

Probably the most important way to have a positive relationship with clients that have Alzheimer's/Dementia is to respect them and treat them as fellow human beings.

Although this seems obvious, I have found that many people who work with Alzheimer's/Dementia patients tend to talk down to them like children. This is terribly degrading and hurtful.

A person with Alzheimer's/Dementia may forget who you are at each treatment. Always introduce yourself as if it is the first time you are meeting. Avoid putting your client into an uncomfortable position by asking him if he knows who you are; rather, say your name and ask him if he would like a treatment today.

Never talk about your client in front of him. If you need to discuss your treatment with a family member, do this privately or on the phone.

2. Make the treatment short and precise

The attention span of a client with dementia can be limited. It is best to begin with a short 20 minute treatment to see how your client responds. In subsequent treatments, you may be able to increase the duration of the session.

Plan your session to be only a treatment. Your client may not know the answers to your questions, which could cause feelings of confusion, frustration or incompetence. Obtain information about health history and permission from a family member prior to the treatment session.

3. Treatment Environment

It is extremely difficult for a person with Alzheimer's/Dementia to focus. The treatment has to take place where there are no distractions. The treatment room should be quiet; even playing soft music may be a distraction for someone with Alzheimer's. As much as possible, avoid distractions such as people walking in and out or noise outside the window.

Hunger and thirst are other distractions to consider before providing a treatment. Make sure the treatment is not set right before mealtime.

Finally, it is best to set appointments in the morning. In the afternoon your client may be tired—an additional distraction. Later in the afternoon Alzheimer's/Dementia patients may be most agitated, with a drop in cognitive ability. This time is known as *sun downing* since it occurs around sunset.

4. Emotions

Many times a complementary treatment like Reflexology, can cause a flood of emotions. Life is already very confusing for a person with Alzheimer's/Dementia. Many will do their best to hide their condition from others and themselves. They tend to find excuses to explain their memory loss and change; the disease is scary and frustrating. Often hidden emotions can come out during a treatment.

As the disease progresses, a person may tend to remember more past than current events. Many times the person will relive their past and actually think they are the younger person they once were. If this person had a rich and happy youth and childhood this will be a lovely experience. If the person was, for example, in the Holocaust, he may be reliving a bitter, sad and frightening experience.



Continued on page 14

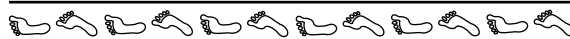
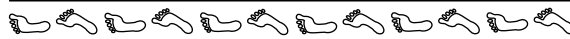
Working with Clients ...
Continued from page 13

If there is a flood of emotion, redirecting the person to another topic may reduce anger and upset. This can easily be done by staying on the same subject, but redirecting to something more pleasant. For example, if a person becomes upset remembering that his spouse died, try asking questions about his children and grandchildren.

I find treating those with Alzheimer's/Dementia to be a most rewarding experience. Complimentary treatments can have an important calming effect on these clients, but they can do much more. These clients normally lack

private and personal time with others, and can benefit from receiving the full attention of a therapist during a session. Most people with Alzheimer's/Dementia feel very lost and lonely. Many have lost contact with friends and even family.

Family members may have a very difficult time relating to their family member who has regressed due to the disease. As a therapist, you are meeting the person as he is now and can accept him as he is today. By caring, touching and being there for him, your treatments can have a very amazing effect on one with Alzheimer's/Dementia.👉



Membership fees

In the Membership Report dated October 2011, Jenn Cooper stated, 'Our membership has been declining over the past few years'. Unfortunately over the same period, wages, rent, postage and all other services have increased. Therefore, with this in mind, the Board agreed in October 2011 that membership fees would increase from July 2012.

Another issue that has contributed to the fee rise is the association's need to extend administration hours. Since the company was formed in 2002, many legislative and other changes have taken place. These include payroll, keeping up to date with award rates, tax changes, superannuation, audit and review requirements and changes within ASIC, as well as health fund requirements.

While there are almost 1000 members in the association, it is becoming harder and harder to fill the positions at Branch level and even harder to find qualified members who have the skills required and the time available to offer their services at Board level. This has resulted in unrealistic expectations on some members who volunteer their time. It has become increasingly obvious to the Board that more work needs to be directed to the office and carried out by paid staff.

The solution to the financial imbalance is obvious: increase income and decrease expenses. This is easier said than done and requires many hours of dedicated effort, not just to work out procedures, but to put them into practice and maintain them.

Sincere appreciation and gratitude must be extended to Christine King and the education committee for their dedication in writing Certificate of Clinical Reflexology. This will definitely be a means of increasing income. Other ways to increase income over and above membership fees is a financially successful conference, and to a lesser degree increased merchandise sales, possibly sold from the website in the future. Sponsorship, advertising and finding new membership groups are other options to increase income, but this is very time consuming and to achieve this using volunteers is asking a lot of them.

The Board has considered ways of reducing expenses; the foremost of these was to put FootPrints on line. In this age of technology and the ever increasing costs of printing, stationery and postage, this would seem to be inevitable at some stage in the future. Board expenses are closely scrutinized and the cost of Board meetings has been reduced.

As directors of your company, you have entrusted us with making decision to safeguard its financial security. We trust that you understand the need for this increase and support our decisions.

With thanks

*Glenda Hodge, Treasurer
For the Board*👉



ICR 2011 'Reflexology for all ages'

Castro Verde Alentejo Portugal

Conference Report by Lyndall Mollart (RN RM Dip Reflexology)

After spending a few days in Lisbon sightseeing, I travelled down with many of the reflexologists in the coach organised by the conference team to Castro Verde, the venue for the 13th Biennial Conference (16–19 September 2011). There was a Welcome reception on the Friday with local food and wine for registrants to meet and renew old friendships.



Castro verde main intersection

exploring 'why did this happen to us'—the medical and the possible metaphysical meaning of pregnancy loss/miscarriage. I concluded with the role of the reflexologist not only providing reflexology to assist the body and being to return to homeostatsis but with the importance of the reflexologist's 'counselling ear'.

On Friday, the opening ceremony commenced with the local schoolchildren carrying in the 20 country flags representing the attending reflexologist's country—Australia, Belgium, Canada, Denmark, France, Germany, Hungary, Israel, Japan, Luxembourg, Poland, South Africa, Slovenia, Spain, Sweden, Switzerland, The Netherlands, UK, USA and of course our host country—Portugal; and singing the national anthem. The welcome address included Municipality President of Castro Verde and response from Paul Norton Rude (ICR executive member and local resident). Beryl Crane provided an overview of ICR history of previous conferences and history behind the flag ceremony.

Friday's program

Hanne Marquardt (Germany) presented '*Feet offer many treatment varieties—and they all work*'. Hanne discussed the similarity of shape in the body which is a special key to find zones on the feet—'all organs, bones and tissues that show similarities in shape indicate useful treatment connections', e.g. sphenoid bone in the base of the skull (cradling the brain/ideas/creativity) with the sacral bone/pelvis (cradling reproductive organs/life/creativity).

Imre Somogyi (France/The Netherlands) talked about how he came about developing '*Reading of the toes*' and discovered that the shape and position of each toe could be related to a certain property or quality and gradually developed the toe alphabet. 'The shape and length of toes is inherited, but their position may change and is influenced by the way one responds to stimuli from the outside world'.

Lyndall Mollart (Australia)—I had the great opportunity to discuss '*Miscarriage and the role of reflexology*' which is a 3½ hour workshop condensed into a 1 hour presentation! I started by

Hans van der Weff (The Netherlands) '*A Journey: Reflexology's effect on a client and a practitioner*'. Hans provided the audience with a very moving and personal journey of his experience as a reflexologist providing care and support to a cancer patient. The experience Hans 'underwent during the whole process taught me to trust completely what we as reflexologists are doing for other people, although we will not always understand the processes involved'.

Saturday's program

Leila Eriksen (Denmark), a passionate speaker, explored the true meaning of '*Reflexology Research*'. She explained that many reflexologists talk about how they have done 'research' when in fact they had collected case studies or data collection, not research in its true academic form. Research studies have a set format, including background/literature review, aim, methodology, findings, discussion and conclusion. The findings are usually presented as percentages, p values and Confidence Intervals (CI) showing statistical significance or not!

Leila encouraged all presenters for future conferences to include references in their abstracts if discussing, so that registrants are able to access articles mentioned

or articles quoted, therefore clearly identifying the true author of ideas, concepts or research findings, and not to plagiarise.

Shmuel Zaidel (Israel) with interpreter, demonstrated on a lucky reflexologist the '*Movement and Manipulation Treatment model*' which represents his independent thought and includes different phases in the treatment model of passive reception, passive activation and active treatment. The underlying principle is that the more relaxed the patient's body is, the better his ability to benefit from the treatment.



Australian Reflexologists Sharon Stathis, Sarah Blain and Lyndall Mollart flying the Australian flag at the Conference

Continued on page 16

ICR Conference Report
Continued from page 15

Dr Jesus Manzanares (Spain) with interpreter, provided a detailed presentation on his research findings of using foot reflexology on 54 patients with high blood pressure. He compared 2 different protocols using a specific reflexology technique compared to a placebo reflexology technique on four groups according to their hypertension medication.

Dr Manzanares also explained the 'press and slide' reflexology assessment technique which he has found to be more effective, resulting in decreased blood pressure. Dr Manzanares proposes the 'press and slide' technique is more effective in healing as it increased theta waves compared to traditional thumb walking technique (75% vs 45% respectively). Unfortunately Dr Manzanares did not allow for any questions at the end of his presentation and the abstract provided did not include any references, or the year and duration of the study.

I was keen to learn more and accessed the internet. Theta waves (frequency range 4–7 Hz) occurs when a person is awake, relaxed and drowsy or in a meditative state; whereas alpha waves (frequency range of 8–12 Hz) person is awake and relaxed but not drowsy (www.thefreedictionary.com). Lagopoulos et al (2009)* found significant increased theta waves in the meditation condition compared to a resting state. Long-term meditation can have a significant influence in the treatment of hypertension, high cholesterol, and ischemic heart disease by inducing a hypometabolic state (alpha-theta waves)**. However, people need to be careful as

* The Norwegian University of Science and Technology (NTNU) (2010, March 19). Brain waves and meditation. *ScienceDaily*. Retrieved December 14, 2011, from <http://www.sciencedaily.com/releases/2010/03/100319210631.htm>

** J Young, E Taylor. Meditation as a Voluntary Hypometabolic State of Biological Estivation. *News Physiol. Sci*, Volume 13, June 1998, pp149-153.



Leila Eriksen

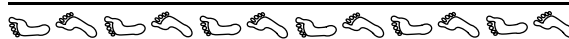
there are many commercial websites espousing the health benefits of theta wave therapy including music and meditation for all types of miracle healing.

Lyn Booth (UK) presented 'Vertical Reflexology for Chronic illness and dementia'. I found this presentation very enlightening with such excellent results using VRT hand and nail reflexology from her case studies (1997) of elderly clients. The theory behind the receptiveness of weight

bearing VRT reflexes suggest that the nerves in the hands and feet become sensitised and therefore act as more energetic transmitters to a particular part of the body. VRT Nail working is a fairly new technique that Lyn has developed that 'enhances into the inherent pressure on all the reflexes situated under the nails, especially the thumb and big toe nail'.

Christine Issel (USA) presented 'Healing from Mother Earth' with geopathic conditions effecting bioenergetic stress. There is evidence that suggest that the Earth has its own meridian systems made of a planetary gridwork of subtle energy channels called ley lines. Historically, there have always been sites to which mankind has been drawn for healing, and the citizens of Castro Verde have known for over 300 years that the nearby healing spring Fonte de Milegra—is the 'Source of Miracles'. Christine also presented information on a more scientific geo-physical and hydrological analyses conducted on the site in 2007.

The ICR 2011 conference for the first time included a 4 day program with Sunday workshops and Monday sightseeing tours. Unfortunately I was unable to stay for the Sunday workshops as I needed to fly off to Madrid for a week holiday! Upon reflection, I loved the heartland of Portugal and the relaxed and tranquil pace of the countryside which I would have otherwise not experienced. I acknowledge that the organisers dealt very well with the many challenges of organising an international conference in such an out-of- the-way venue. Everyone was very friendly, accommodating and helpful to an Aussie midwife/reflexologist. ☺



We want to see you on Facebook

If you haven't visited the Reflexology Association of Australia's Facebook page yet, you are missing a world of information, sharing and advertising opportunities. The age of social networking is here and the RAOA invites you to join in the conversation. Don't get left behind, visit our page, and promote your state CPT events, workshops and reflexology happenings. Connect with other reflexologists around the Nation and the globe. Our June issue of Footprints will discuss a few reasons why you, our members need to log on and be part of our exciting new journey into social media and networking. 'Like'

Metamorphosis and the Metamorphic Technique

Lynn Hatswell

Recently I was asked by a colleague to explain the differences between Metamorphosis and The Metamorphic Technique and I thought it might be of interest to others, given that quite a number of reflexologists have attended my courses on metamorphosis over the last 20 years.

A nature cure practitioner in London before World War II, Robert St. John began to develop his own form of reflex therapy (as it was then called) around the 1950's in an attempt to address what he had long realised to be humanity's primary problem—blockages in the unconscious attitudes of mind stemming from genetic and 'karmic' inheritance reaching back to the beginning of time.

This led him to discover and develop Prenatal Therapy, using the spinal reflex as a reflection of the prenatal time, i.e. from conception to birth, including reflexes relating to pre-conception. Over the next few years, as he refined this approach to the reflexes, St. John began to call his work Metamorphosis, meaning 'transmutation to a finer substance'. (See his book 'Metamorphosis: A Text Book on PreNatal Therapy' first published 1976). From the beginning of his work on the prenatal pattern St. John noticed fundamental shifts in those he treated, from marked changes in clients' approach to life, reduction in and disappearance of, all manner of mental, emotional and physical problems through to real change in handicapped children and adults.

In the following two decades the continued development of this work led him to profound insights and an approach which is both more abstract and much simpler than his earlier Prenatal Therapy. This included observations on our primary duality—Afference and Efference—The Triangle, a series of hand symbols, observations on the beginning of humanity, the original chakras, Creation and the beginning of time and space.

In the mid-1970's Gaston Saint-Pierre was one of a number of people who trained in Prenatal Therapy with St. John. By the time I learnt of this practice at Findhorn in 1978 Saint-Pierre was teaching it in London and I attended one of his weekend courses. In 1981, at Gaston Saint-Pierre's request, I organised his first course in Perth, W.A. Instead of Prenatal Therapy, Saint-Pierre now called it The Metamorphic Technique, had written a book of the same name and created The Metamorphic Association in London. By this time St John was no longer living in England.

Although I had a copy of St. John's book (see above), initially I accepted unquestioningly the changes in Saint-Pierre's presentation. It was only when I met Robert St. John the following year (1982) that I began to realise the differences brought about by Saint-Pierre's modification of St. John's work. The following details and explains these changes.

Identification versus Detachment. In the Metamorphic Technique the idea has been promulgated that as practitioners we should be detached, whereas St. John's work is based on identification, tuning in. If, as was Saint-Pierre's personal experience and concern, we continually over-identify with a client's blockages then

intensive ongoing work on oneself is the order of the day. Detachment arrives spontaneously as we clear our own unconscious debris.

Work On Self. Within the Metamorphic Technique it has been considered preferable to have a session from a practitioner or, at least, another person, from the point of view that working on oneself could create a 'closed circuit' of energy. (This viewpoint may have changed more recently). The idea that we need to be treated by someone else produces dependency, leading to hierarchy—in descending order: the teacher, the practitioner, the client/patient—the opposite of what St. John intended. In the early years of Prenatal Therapy there was more of a practitioner: client focus but when I met him in 1982 St. John was already advocating working on oneself. Notwithstanding that initially people will often come to a practitioner for a series of sessions, the idea is that, as soon as they feel confident, they get on with it themselves. This rather 'puts the kibosh', as St. John would say, on the elevated status of the practitioner and teacher.

Mixing. St. John discouraged the mixing of his work with other therapies and approaches, as experience showed that Metamorphosis worked best alone. Combining with other approaches either watered down treatments or the opposite – in the words of one practitioner "produced more reactive energy than either the client or I could deal with". Saint-Pierre seemingly agreed with St. John's approach but, in fact, The Metamorphic Technique is a combination of other schools of thought in which Saint-Pierre was interested—Buddhism, Sufism, the Universal Principles in particular. Undoubtedly of interest, they are, however, other approaches, out of the past and not Metamorphosis.

Technique. The word 'technique' is a contradiction in relation to Metamorphosis. There is no technique in the popular understanding and usage of the word. From The Australian Concise Oxford Dictionary—Technique: mechanical skill in an art; a means of achieving one's purpose, esp. skilfully; a manner of artistic execution in music, painting, etc. (from the French—Técnic: technology; technical terms, details, methods etc). Treatment or practice on the prenatal pattern (feet, hands, head, spine) is specific to the spinal reflex or spine but, apart from that, there is no skill, technique or rules. Identification or 'tuning in' is not a technique, simply the natural human ability to know what is and has been, in other words psychic awareness attuned to the unconscious blockages.

The original, creative thinker (predominantly inward-turned, introvert, afferent in their approach to life) produces, from their extraordinary insight, ideas which are new and beneficial to the world. They are rarely acknowledged for their brilliance as they lack the ability to 'sell' these ideas. This is Robert St. John and Metamorphosis. Those who take up this work (usually outward-turned, extrovert, efferent in their functioning) have the responsibility of operating from the principles

Continued on page 18

Doing business

by Heather Edwards

By the time you receive this article we will be at the end of the first quarter of 2012. Now is a good time to assess business status, direction and plans for the financial year 2012/2013. We all have dreams regarding where we would like to be. To achieve our greatest potential we need to realize these dreams as goals and set out a plan to achieve them. Strategic Planning is a method of bringing focus and direction into the manifestation of those dreams and goals.

From my experience, Reflexologists and Natural Therapists in general are not truly business minded. It is an area that must be addressed if success in the field is to be achieved. Here are some pointers, reminders for some, which may assist you. They are based on material from *Doing business with the Universe* by Amy Longshaw.

Six points to always keep in mind:

- ◆ Focus on the destination and maintain it by visualisation exercises.
- ◆ Hold on to your dream lightly
- ◆ Check regularly if you still want to get to this goal
- ◆ Keep your intent clear
- ◆ Go with the flow
- ◆ Don't set up road blocks

A strategic planning checklist that can assist in the planning process is:

- ◆ What is my goal?
- ◆ What is stopping me from going for it?
- ◆ What are the reasons I must achieve my goal?
- ◆ What attitudes and beliefs must I leave behind?
- ◆ What resources do I need and when do I need them?
- ◆ What are the steps I must take in reaching my goal?
- ◆ How long will this take me?
- ◆ How will I check that I'm still on track?
- ◆ How will I know when I've got there?
- ◆ What do I expect to learn?
- ◆ What will be my reward?

Steps on the way are:

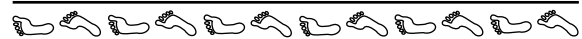
- ◆ Set a vision and mission
- ◆ Investigate a possible location
- ◆ Analyse competition
- ◆ Survey the market opportunity
- ◆ Set out a marketing strategy
- ◆ Set out a financial plan
- ◆ Work out a service policy
- ◆ Set out a business plan
- ◆ Complete legal formalities (at this stage establish what is required)

If you find this beyond you, contract someone to do it for you. The cost will pay for itself!

TIPS FOR SUCCESS

- ◆ Set practical and realistic goals
- ◆ Have an intense desire to succeed in attaining those goals
- ◆ Be ready to accept change
- ◆ Be flexible
- ◆ Have practical time management
- ◆ Be optimistic and enthusiastic
- ◆ Focus on goals, desires and solutions
- ◆ Learn how to solve problems
- ◆ Accept responsibility for your performance
- ◆ Develop a positive self image
- ◆ Recognise your limitations
- ◆ Accept constructive criticism
- ◆ Act upon constructive criticism
- ◆ Develop self criticism
- ◆ A sincere smile really works
- ◆ Be fair, be yourself
- ◆ Be caring, be sharing
- ◆ The easiest time to do a difficult task is immediately
- ◆ Service to clients is essential for success
- ◆ Service to humanity is the greatest work in life
- ◆ Do unto others as you would like them to do to you
- ◆ Don't be afraid to ask for help
- ◆ Choose trusted advisors
- ◆ Smile! Tell your face it's happy
- ◆ If it is to be, it is up to me
- ◆ Learn to adapt—it is the law of nature
- ◆ Seek and ye shall find. Knock and the door will open. Ask and ye shall receive.

Problems are opportunities in disguise!

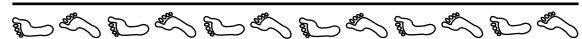


*Metamorphosis ...
Continued from page 17*

laid down by, and inherent in the work of the originator. It is not their role to modify or unnecessarily add to the other's work.

Any development in Metamorphosis would be 'from simplicity to even greater simplicity'.

For more information on Robert St. John's books, please see below.



Robert St. John's books on Prenatal Therapy and Metamorphosis can be obtained from:

Oogaloo Publications

PO Box 1392

Albany WA. 6330

Or www.metamorphosis-rsj.com

Much of St. John's work was not published before his death. In preparation for publication is 'The Red Book' a collation of his early talks and lectures on Zone Therapy, Reflex Therapy and Prenatal Therapy, dating back from the early 1960s. Some of his later, more abstract work is also in preparation.



CPT Education—Calendar of Events

Inclusion in the CPT Calendar of Events is a further bonus for advertisers



2012	PRESENTER	TITLE	LOCATION/CONTACT
24 March (day 1) 25 March (day 2)	Australian School of Reflexology (Sue Ehinger)	Chinese Reflexology	Willoughby, Sydney, NSW ### (see below for details)
24 March (day 3) 25 March (day 4)	Australian College of Chi-Reflexology (Moss Arnold)	Chi-Reflexology 1: Basic Theory & Treatment Techniques	Springwood, NSW **** (see below for details)
14 April (day 1) 15 April (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Chi-Reflexology 2: Balancing & Diagnosing Techniques	Springwood, NSW **** (see below for details)
14 April (day 1) 15 April (day 2)	Glenda Hodge	Self-development through Astrology	Townsville, Queensland ++++ (see below for details)
5 May (day 1) 6 May (day 2)	Australian School of Reflexology (Sue Ehinger)	Auriculartherapy	Willoughby, Sydney, NSW ### (see below for details)
19 May (day 1) 20 May (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Hand (Acupressure in) Reflexology	Springwood, NSW **** (see below for details)
2 June (day 1) 3 June (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Clinical Practicum 1	Springwood, NSW **** (see below for details)
30 June (Sat)	Australian College of Chi-Reflexology (Moss Arnold)	Spiritual/Crystal Reflexology	Springwood, NSW **** (see below for details)
20 July 23 July	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology (Parts 3/4)	Willoughby, Sydney, NSW ### (see below for details)
28 July (day 1) 29 July (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Australian Bush Flower Essences & Chi-Reflexology	Springwood, NSW **** (see below for details)
15 Sept. (day 1) 16 Sept. (day 2)	Australian College of Chi-Reflexology (Jacqui Baldwin)	Reflexology for Women	Springwood, NSW **** (see below for details)
29 Sept. (day 1) 30 Sept. (day 2)	Australian College of Chi-Reflexology (Jody Morrison)	Lymphatic Reflexology	Springwood, NSW **** (see below for details)
7 October (Sun)	Australian College of Chi-Reflexology (Maurice Federici)	Sports Reflexology	Springwood, NSW **** (see below for details)
13 October (day 1) 14 October (day 2)	Australian College of Chi-Reflexology (Jacqui Baldwin)	Foot Talk	Springwood, NSW **** (see below for details)
27 October (day 1) 28 October (day 2)	Australian School of Reflexology (Sue Ehinger)	Japanese Cosmo Face Lift	Willoughby, Sydney, NSW ### (see below for details)

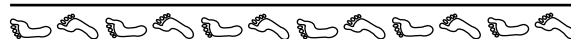
**** Contact: Moss Arnold—02.4754.5500
email: moss.arnold@chi-reflexology.com.au
www.chi-reflexology.com
(courses run from 9.30 am to 5 pm)

Contact: Sue Ehinger—02.4976.3881
email: sue@reflexologyaustralia.com
www.reflexologyaustralia.com

++++ Contact: Glenda Hodge—07.3395.1906
email: glenda_hodge@optusnet.com.au
www.energyforliving.com.au

World-Wide Conferences (courtesy of Reflexology World)

2012	PRESENTER	TITLE	LOCATION/CONTACT
4–6 May	Reflexology Association of America		Orlando, Florida email: RAAConf2012@reflexology-usa.org
11–13 May		Rien Conference	Luxembourg
28–30 September	Reflexology Association of Australia	National Conference	Launceston, Tasmania email: 2012conference@reflexology.org.au
8–11 November	Reflexology Association of Canada		Toronto, Canada www.reflexolog.org
2013			
September	International Council of Reflexologists		Capetown, South Africa www.icr-reflexology.org



Research report

Research Committee

Unfortunately we are unable to supply any new information re the analysis of the member questionnaire at this time. This work is ongoing and we hope to have a full report for you for the June issue of Footprints.

In December 2011 the research committee provided a new submission to Australian Regional Health Group Limited (ARHG) with a request for them to reconsider their 2009 decision which determined that Reflexology did not meet the criteria for accreditation with the organisation and requested that they include reflexology as an Accredited Therapy for Health Benefit Purposes.

Part of the submission pointed out that there are a large number of outcome studies which report the efficacy of reflexology in a range of health conditions and disorders, many of which have been published in peer-reviewed journals.

The following reports and references were provided. You may find these useful to support the growth of your business.

Cancer

The effects of reflexology with cancer patients have been widely studied. Drawing from a very small selection of those studies, reflexology has been shown to:

Reduce postoperative pain ($p=0.05$) and anxiety ($p=0.05$) and the use of opioid analgesics ($p=0.05$). (Tasay, Shiow-Luan, Chen, Hsiao-Ling, Chen, Su-Chiu, jLin, Hung-Ru, Lin, Kuan-Chia (2008). *Effects of Reflexotherapy on Acute Postoperative Pain and Anxiety Among Patients with Digestive Cancer*. *Cancer Nursing*, 20o8, 31(2), 109-115.

Reduce anxiety ($p=0.0001$) during chemotherapy treatment. (Quattrin, R, Zanini, A, Buchini, S et al (2006). *Use of reflexology foot massage to reduce anxiety in hospitalized cancer patients in chemotherapy treatment: methodology and outcomes*. *Journal of Nursing Management*, 2006, 14(2), 96-105.

Significantly reduce nausea, vomiting and fatigue in patients receiving chemotherapy. (Jang, J H (2005). *The effects of foot reflexology on nausea, vomiting and fatigue of breast cancer patients undergoing chemotherapy*. *Taehan Kanho Hakhoe Chi*, 2005, 35(1), 177-85. Electronically retrieved from PubMed/15778569).

Reduce anxiety ($p=0.000$) in patients with breast and lung cancer, reduce pain ($p=0.05$) in breast cancer patients (Stephenson, NL, Weinrich, SP, Tavakoli, AS (2000). *The effects of foot reflexology on anxiety and pain in patients with breast and lung cancer*. *Oncology Nursing Forum*, 2000, 27(1), 67-72.)

Improve quality of life ($p=0.004$) and breathing ($p=0.026$). (Hodgson, H (2000). *Does reflexology impact on cancer patients' quality of life?* *Nursing Standard*, 2000, 14(31), 33-38.)

Pregnancy

Reflexology significantly reduced pain during labour ($p=0.001$); duration of the active phase of labour ($p=0.001$); and haemorrhage rate after labour ($p=0.001$). APGAR scores were significantly higher in the reflexology group in the first ($p=0.001$) and fifth ($p=0.001$) minute after birth. (Valiani, M, Shiran, E, Kianpour, M and Hasanpour, M (2010). *Reviewing the effect of reflexology on the pain and certain features and outcomes of the labor on the primiparous women*. *Iranian Journal of Nursing and Midwifery Research*, 2010, Vol 15, 302-310.)

Reflexology significantly improved the quality of sleep ($p=0.001$) among postpartum women. (Li, Chia-Yen, Chen, Su-Chiu, Li, Chung-Yi et al (2011). *Randomised controlled trial of the effectiveness of using foot reflexology to improve quality of sleep amongst Taiwanese postpartum women*. *Midwifery*, 27(2), 181-186.

Mutiple Sclerosis

Reflexology treatment in MS patients resulted in significant improvement in: parasthesias ($p = 0.01$); urinary symptoms ($p = 0.03$); and spasticity ($p=0.03$). Muscle strength also increased, at a level just below statistical significance ($p=0.06$). (Siev-Ner, I, Gamus, D, Lerner-Geva, L and Achiron, A (2003). *Reflexology treatment relieves symptoms of multiple sclerosis: a randomized controlled study*. *Multiple Sclerosis*, 2003, 9: 356-361.)

A randomised controlled study found that reflexology and sham reflexology resulted in significant decreases in pain ($p=0.0001$), fatigue, depression, disability, spasm and quality of life. The authors concluded that reflexology did offer clinically significant improvements for MS symptoms. (Hughes, C, Smyth, S, and Lowe-Strong, A (2009). *Reflexology for the treatment of pain in people with multiple sclerosis: a double-blind randomised sham-controlled clinical trial*. *Multiple Sclerosis*, 2009, 15: 1329-1338).

Rheumatoid Arthritis

A preliminary study into the effects of reflexology on rheumatoid arthritis found that reflexology reduced fatigue, improved sleep, and foot pain. (Otter, S, Church, A, Murra, A, Lucas, J, Creasey, N, et al (2010). *The Effects of Reflexology in Reducing the Symptoms of Fatigue in People with Rheumatoid Arthritis: A Preliminary Study*. *The Journal of Alternative and Complementary Medicine*, 2010, 16(12), 1251-1252.)

Urinary Incontinence

In a randomised controlled study of symptomatic idiopathic detrusor overactivity (involuntary loss of urine, most commonly due to infection/irritation/inflammation of the bladder or a defective central nervous system response), reflexology reduced the frequency of daytime urination ($p=0.029$). The reduction in the frequency of

Continued on page 21

nocturnal urination approached significance (p=0.055). (Ho-Leung Jimmy Mak, Willy Cecilia Cheon, To Wong, Yu Sun John Liu, Wai Mei Anny Tony (2007). *Randomized controlled trial of foot reflexology for patients with symptomatic idiopathic detrusor overactivity*. International Urogynaecology Journal, 2007, 18, 653-658.)

Diabetes

Reflexology has been found to significantly reduce blood sugar level (p=0.001) in patients with type 2 diabetes. (Sakdanupab, S (2011). *Effect of Foot Reflexology on Blood Sugar Level of Patients with Type 2 Diabetes*. Electronically retrieved from <http://pubnet.moph.go.th/journals>.)



Reflexology in the Outback

by Rebecca Cole

When we planned our 12 month working holiday travelling Australia I never imagined what an amazing and enriching experience it would be in terms of Reflexology. I had envisaged pulling into caravan parks, putting my sign out the front and doing reflexology in the shade of a gum tree.

With little planned and a big adventure on the cards, our first job was on a cattle station 250 km south of Alice Springs. So there I was in remote NT and not a pair of feet in sight other than the hooved variety. On the station is an Aboriginal Community, so I approached Remote Health about doing some volunteer work. After we worked out how to get around the red tape it was full steam ahead. I was very nervous but excited about being able to introduce reflexology into an Aboriginal Community.

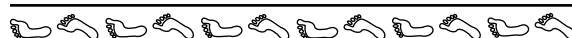
When I first arrived I was mobbed by people with back pain, knee pain, neck pain etc., all wanting a massage. After explaining reflexology using the foot chart I was truly amazed at the openness to it. I did half an hour treatment on the tjina (Pitjantjatjara for feet) for the day with a continuous flow of clients. The first client affectionately referred to me as a Witch Doctor and told me she felt pain and warmth in her knee (a problem area) as I was working on her. She also did not want me to stop working on her big toe which presented with crystalline deposits in the cervical spine reflex and congestion on the brain reflex area. On mentioning the reflex area involved she told me that she suffers from migraines on a regular basis. At the end of the treatment she told me that I was better than their Witch Doctors and I should come every week.

With a complete open mindedness to this new treatment and no preconceptions about what is or isn't meant to happen, the descriptions and explanations were amazing. One lady was saying as she ran her hands up her legs and over her body that she could feel it moving and working inside her. Another client told me I was magic 'How did you know I had a shoulder problem from my feet?'. A young male, Mr R, thought he would give it a go for his back pain. He was surprised at what I could feel from his feet and went and told his mates. On his second treatment he told me that his back had improved but was still a bit sore and that he had been in hospital with pancreatitis a few weeks earlier. On reaching the pancreas reflex it felt spongy and he asked me what the spot was because it felt weird to him. His mates did give it a go and that interested me, as the 25 to 30 age group of males were a rarity in my practice at home. The men were also willing to try it but there was a lot of chat in Pitjantjatjara followed by lots of laughter so I can only imagine that they were poking muck at each other.



On returning from a break I found a little girl and her friend playing reflexology. It was priceless so I had to take a photo but they got shy and stopped. Here I was thinking that they were just playing around while waiting for their parent but no, they had been taking it all in.

All in all it was a very successful 3 days. A couple of people were really interested in learning more, so I will be doing a little bit of teaching for use on family and friends within the community in the future.



Did you know ... ?

Australia is one of the more ancient land masses in the world. For the past 80-90 million years, it has been free of major mountain building events, which makes it the most stable land mass in the world.

From 'The Little Aussie Fact Book' by Margaret Nicholson

STATE MATTERS



NEW SOUTH WALES

2012 has arrived faster than I imagined and it should be a very interesting year. The NSW branch has planned some great activities for their members in 2012. Starting in February we have a Speakers Workshop, to train our interested members with techniques of presenting using power point, so they can enlighten the public on the benefits of reflexology. I believe that we need more reflexologists out in the community presenting to groups, to raise our profile and educate the public wherever possible.

Also in February at our general meeting we will have a wonderful speaker Mirva Inkeri, who will be talking to us about the 'Power of the Soul', which will be followed by a belated 2011 Christmas dinner or a welcome to 2012 new year dinner!

Our plans are well under way for some sensational speakers for our Annual Branch Meeting.

Wishing everyone a wonderful 2012.

Gretel Ann Spiege



QUEENSLAND

Queensland enduring a few of nature's strengths. We are now looking forward to a fresh new year in 2012.

Members who live in the South East of Queensland will know that our meeting venue at the Endeavour College in Water Street Brisbane is no longer available to us, as they are in the process of relocating. We are currently in negotiations for another suitable venue and will advise members accordingly. These meetings are well attended and valued for their various educational components.

Our November branch meeting took the form of a Workshop Day. We had three guest speakers throughout the day, the first of which was Chrissy Atkins who spoke on 'Compassion Fatigue—The Hidden Cost of Caring'. Chrissy spoke on Awareness, Prevention, Self-Care and Resilience for Health Professionals, and how we as reflexologists need to recognise the stresses and care for ourselves, as we care for our clients.

Our second speaker was Susan Gianevsky—Ambassador for Women's Health, who spoke on the use of tissue salts, and how they may be used in our practice, and for our own families.

The third speaker was Cliff Winkleman, who spoke on the use of essential oils to enhance the effects of Reflexology, and the importance of selecting quality in a brand of oils.



TASMANIA

Our last meeting for 2011 was held in November. We had a good crowd and a great meal courtesy of all who came. We all heaved a sigh of

relief as we bade farewell to RAOA matters for a while.

Our next meeting is due in February, too late for inclusion in this Report. In the mean time we will be beavering away on issues relating to the conference, which is THIS YEAR! The organisers are keeping the emails flying and everyone involved is working very hard to make this the best conference yet.

We will officially open a reflexology path in the Country Club Tasmania grounds during the Conference. Work is progressing and the sub-committee is enjoying the challenge of creating torturous stone pavers for attendee's feet! It is all good fun.

Tasmania Region is looking forward to some great workshops this year, and also regular swap meets around the State. All in all, the year will fly by, with lots of wonderful energy creating some fantastic events.

Mary Farr

Just to sum up and reflect on 2011. We saw many days of rain and flooding, with

We have a number of other active regional groups located in Northern NSW, Gold Coast, Sunshine Coast, Darling Downs, Rockhampton, Nth Qld and Northern Territory. These groups have regular meetings, some with guest speakers and workshops, and participate actively in World Reflexology Week to promote reflexology in their area. We receive regular reports from our regional members, with many lovely success stories to share. We will endeavour to give them the relevant platform to communicate these to us all in the near future.

Queensland will be making some of their future workshops and guest speakers topics available to members by means of a cd or a link so that there is a greater shared source of information available to all. This however is still in the trial stages, and members will be advised as soon as possible.

In South East Qld and regional areas, there are Educational Practicum Exchange groups who meet on a regular basis, to swap treatments and share information, and a list of these venues is printed in our monthly newsletter, What's Afoot.

We have a Committee member—Branch Treasurer position that has become vacant, and we hope to have some response from our members regarding filling this position soon.

Our members are looking forward to another wonderful Conference in 2012 hosted by our wonderful neighbours in Tasmania. We remember the ribbons of colour that united us all, and the candle of light that was lit to burn ever strong wherever we find ourselves.

Linda Williams



VICTORIA

In Victoria we had the news that Samantha Langridge would step down from the role of branch chair around Christmas time. Sam has worked very hard for a couple of years as state chair and every member has appreciated

her commitment and effort. To keep things running Dee Leamon and Carole McBain have stepped up to be Acting Branch Chairperson and Acting Vice Chair. A great blessing to have these two wonderful women who have taught many, many members in the past. They will guide us until the middle of the year and then we shall hand over to another chairperson.

We have developed a very exciting and budget-conscious way to attract cpt points with our first low cost training day for around 50 members. We are utilising the skills of some of our very experienced members who will run presentations and discussion groups on their area of expertise. Topics may cover working with teenagers and cancer survivors and more. The response has been more than we can manage so we may have to offer a similar day soon.

We are all looking forward to the short trip across Bass strait for the Conference in September. It's sure to be worth the trip.

Jo Impey



SOUTH AUSTRALIA

Welcome to 2012 a Glorious Summer, it's a time for action and movement....

Late last year, we greeted extra faces at our November meeting, it was good to have new people and feedback from a fuller meeting, and this year is looking very positive for South Australia.

We had a great workshop on Foot mobilization presented by Jan Kiss in September last year which was well attended, and we all benefited from her knowledge and experience. We are having a refresher this year with James to keep our skills in action.

In our next meeting in April, Marg will share her experience from her Reflexology tour of China, where she made a visit to the Chezou University. This will be complemented with a practicum exchange of skills and knowledge, followed by our committee meeting.

Adelaide is currently sharing the roles of chairperson until some brave person wants to step in. We are continuing to combine practicum exchange with meetings to encourage others to get to know us and hopefully join in, as well as learn and earn CPT points.

All of us here in Adelaide would like to extend our best wishes to Libby Ivans who did a great job on committee. We miss you and your valuable contribution, we are sending our love and light your way x

Chris Spencer



WESTERN AUSTRALIA

It's been a hot start to a bright new year and I am pleased to say that we already have some exciting things lined up for our members. Our next Study Day will be hosted by our

colleagues in Mandurah, some 100 km south of Perth where we have a substantial number of practising Reflexologists bringing their skills to bear in the growing seaside community. It happens on March 16th and will focus on the ever popular subject of Mental Health. The team in Mandurah are lining up some great speakers so if any of our out-of-state members happen to be close by then please do join us for what will be a riveting day for sure.

We are also engrossed in organising our Annual Business Meeting which takes place on May 27th. We will be saying goodbye to some of our existing committee members who have been doing a truly great job for our organisation. I would like to take this opportunity to urge members to see these vacancies as your chance to join the committee and make a difference. I know there is a wealth of knowledge and expertise out there and we need you! Please contact me to discuss further.

WA Members were very taken with the article in the December edition of Footprints Magazine entitled 'Have you really thought about your true worth as a Reflexologist?' by Marie Duggan. It certainly got us thinking and talking about ways in which we can enhance our image and gain greater respect as the professionals that we are. It will be a topic of discussion at our ABM in May.

With warm wishes from the West,

Gillian Kenny



Reflexology Association of Australia Ltd
2012 National Conference



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REFLEXOLOGY

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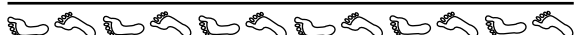
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Registrations and Conference Information
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Guide to contributors

Contributions of articles, case studies, book reviews, personal experiences and letters to the Co-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 Co-editor for a specific issue will appear in an issue decided by the Co-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 Co-editor (footprints.articles@reflexology.org.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. Images taken using a mobile phone are not acceptable.
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8. Advertisements are to be submitted as required size in PDF or EPS format.
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The Reflexology Association of Australia Limited was incorporated in 2002 as a company limited by guarantee (ACN: 101 412 319)

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- ◆ Payment must be received by the date shown on the tax invoice issued; otherwise the advertisement will not be printed
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Copy deadlines

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

Advertising sizes and rates

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The Reflexology Association of Australia is an independent, non-profit organisation and is not affiliated with any educational institution. It is managed by a national Board of Directors, and has branch committees in each state. All positions are honorary.

The Reflexology Association of Australia has been in existence since 1989, when it was first incorporated in Victoria and subsequently in all other states. As a national body, the Reflexology Association of Australia Limited was registered in July 2002 to further the aims and objectives of the Association, namely:

- ♦ To develop and promote an awareness and understanding of reflexology within the Australian community
- ♦ To represent the interests of the reflexology profession within the public and political arena
- ♦ To establish and maintain uniformity and high standards of training within Australia
- ♦ To maintain a high level of professional practice
- ♦ To serve and protect the needs of all members within the national structure
- ♦ To act as a central information and resource body for all members
- ♦ To act as an advisory body within the jurisdiction of the national body
- ♦ To promote co-operation with international reflexology bodies
- ♦ To establish and maintain relevant national databases of practitioners
- ♦ To provide ongoing professional development for members and a supportive network for reflexologists
- ♦ To promote research and development which support reflexology

The national magazine “FootPrints” is published quarterly. It keeps members informed about developments in the field of reflexology both nationally and internationally, and provides a platform for their news and views.

The Reflexology Association of Australia is committed to the belief that reflexology can be of great benefit to the health of all Australians. It publishes a referral register on its website (www.reflexology.org.au) and has a referral phone service (1300 733 711) for members of the public who wish to consult a qualified practitioner.