Facilitating phenomenological interviewing by means of reflexology

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Abstract

The aim of this article is to show how reflexology could facilitate phenomenological interviewing by probing the life-world of individual participants. It presents a hybrid study of phenomenological interviewing and reflexology as a holistic method of health care. In this sense, it is an interparadigmatic study, since it rests on the interface of Western and Oriental thought. This article reports on seven cases which were included in the qualitative, empirical investigation. During the sessions, reflexological readings served as impetus for inquiry into the experiences of the participants, as congestions on reflex points and along meridians were interpreted in terms of physical organs and functions. These readings were related to corresponding emotions as accepted within the reflexology paradigm. It was, however, up to the participants to inform the researcher of events and/or circumstances that caused the emotions. Thus, nonverbal data communicated information that facilitated verbal exchange concerning the life-world of each individual participant.

Abstrak

Die doel met die artikel is om aan te toon hoe refleksiologie fenomenologiese onderhoudvoering kan fasiliteer deur die leefwêreld van individuele deelnemers te ondersoek. Dit is 'n hibriedstudie tussen fenomenologiese onderhoudvoering en refleksiologie as holistiese metode van gesondheidsorg. In dié sin is dit interparadigmaties want dit berus op die raakvlakke van Westerse en Oosterse denke. Hierdie artikel doen verslag oor sewe gevalle wat ingesluit is in die kwalitatiewe, empiriese ondersoek. Gedurende die sessies het refleksiologiese lesings gedien as stimulus vir 'n ondersoek na die ervarings van deelnemers. Die lesings was kongesties op reflekspunte en langs meridiums wat geïnterpreteer is in terme van fisiese organe en funksies. Hierdie lesings is in verband gebring met ooreenstemmende emosies soos dit binne die refleksiologiese paradigma aanvaar word. Die deelnemers het egter self vir die navorser vertel van gebeure en/of omstandighede wat die emosies veroorsaak het. Sodoende het nie-verbale data inligting gekommunikeer wat verbale kommunikasie gefasaliteer het betreffende die leefwêreld van elke individuele deelnemer.

Introduction

Involvement in complementary/alternative health care often leads to fascination with the ways in which the mind/body divide has been bridged, since physical conditions are inextricably linked with psychological experiences. When studying at the International School of Reflexology and Meridian Therapy, Johannesburg, one of the researchers came to know particular ways in which psychosomatic phenomena are revealed as congestions on reflex-areas on the feet and/or along meridians as energy pathways throughout the body. These serve as indications of emotional experiences although it is up to individuals to share details of events or circumstances that led to such emotional experiences. This article aims to illustrate how the sharing of life stories may be enriched by means of reflexology.

Reflexology: its history and links with Chinese medicine

It is essential to understand how reflexology relates to and is influenced by Chinese medicine, because it has not always been associated with China. In ancient times reflexology was also practised in Egypt (Oxenford, 1997: 7) and Northern America (Dougans, 2000:15). During the early 1900s reflexological interpretations were made in terms of the body being "divided" into ten equal longitudinal zones running the length of the body from the tips of the toes to

the top of the head, as identified by Dr William Fitsgerald (Ross, 2002:20). Dr Fitsgerald postulated that the parts of the body within a certain zone are linked by energy flow to all other parts within that zone.

Following up on his work, Eunice Ingham discovered that the organs could be mapped onto the feet. Today, this is a commonly accepted premise, and the Eunice Ingham method is taught worldwide (Dougans, 2000:21; Ross, 2003: Appendix A). While charts may differ in some minor ways, the basic principle lies in the notion that the top of the big toe is seen to relate to the head, while the heel relates to the lower torso. Organs are proportioned in much the same way throughout the foot as in the body, with the lateral side of the foot relating to the limbs and the medial side referring to the spine.

By embracing this premise, reflexology provides a privileged view of the state of the body, and, by implication, the psychological state of the participant, since each body function and organ relates to a certain emotion (Hay, 2001:150-188). This contention is in keeping with general medical belief as stated by Hurwitz (2001 243): "... because emotional and physical energies are interconnected, emotions can have a profound effect on how the body functions."

This connection between body and mind is not a new idea. For example, the heart being the seat of joy has also been expressed in Ps. 4:7, where David said: "You have filled my heart with greater joy than when their grain and new wine abound." What is new, is the combination of a mind/body methodology with phenomenological interviewing. In other words, ancient and recent concepts are being married — a trend which is in keeping with the spirit of the reconstructive, revisionary era (Carlson, 2001:22; Griffen, 1990:3).

The premise that the whole body and all its organs are mapped onto the feet serves as an example of the cosmological principle, which states that the macrocosm is mirrored in the microcosm, as the structure of the solar system is mirrored in the structure of the atom (Clark, 1994). This notion is shared by scientists who conclude that the blue-print of the body is mapped in the DNA (Marieb, 2000:67-72; Schaff, 2003: 200). Indeed, iridologists too contend that the human body and all its organs are mapped in the eye (Bateman, personal interview 2002; Hall, 1980). This indicates that the cosmological principle on which reflexology rests, is common in Western science and "foreign" paradigms alike.

In time it was realised that, by the practice of reflexology, the meridians (as energy pathways) were being stimulated simultaneously, since a number of meridians reach a turning point in the feet (Dougans, 2000: 210 - 257; Kaptchuck, 1983:84-107). Indeed, as therapeutic reflexologists observed, reflexological findings could be confirmed by means of congestions along meridians. For example, a bladder problem may be confirmed in terms of symptoms such as blisters on the little toe, cramps along the back of the leg, headaches at the back of the head and wispy hair (Ross, 2003: Appendix B).

In sum, reflexology as it is practised today relates to the reflex areas on the feet and the meridians as energy pathways. The aim of this research is to establish whether phenomenological interviewing could be facilitated by means of reflexology. This statement implicates the following research question: *Does phenomenology accommodating reflexology form a viable strategy by which to elucidate realities from someone's life-world?* At this point the differences between phenomenology-sans-reflexology and phenomenology-cum-reflexology need to be pointed out.

Differences between phenomenological interviewing-sans-reflexology and phenomenological interviewing-cum-reflexology

First, pure phenomenology asks: "What is the experience like?" (Van Manen, 1990:66), while phenomenology-cum-reflexology asks:

- What emotion(s) could be most prominent in the case of a particular congestion?
- What lived experience is related to this congestion and emotion?
- What is the meaning that the participant assigns to this congestion and/or emotion?

While participants experiencing reflexology reveal details concerning their experiences verbally, their bodies also share the degree to which such experiences are integrated into their physical existence. In other words, the body/mind link is established and serves as impetus to further probing. Furthermore, recall does not start with the mental memory of the participant, but with the memory of his or her body.

Second, phenomenology-sans-reflexology advises: "Attend to how the body feels..." (Van Manen, 1990:65), without giving any real, transferable information. It is a vague command, possibly given in the hope that the person would *in some way* learn *something*.
On the other hand, phenomenology-cum-reflexology provides for a communicable way of touching and interpreting the tactile information in terms of the reflex points and the meridians. The participant can then point the researcher towards the events or circumstances that led to the emotions being experienced.

Third, phenomenology-sans-reflexology requires fluency in language (Van Manen, 2002), because every detail has to be verbalised by the participant. In contrast, the role that linguistics play in phenomenology-cum-reflexology may be important, but fluency is not required.

Fourth, phenomenology-cum-reflexology provides for triangulation of the senses of the researcher, since the tactile sense is also employed. The importance of this is in keeping with the generally accepted notion that registration takes place through all the senses (Van den Aardweg & Van den Aardweg, 1988:208). Transposed to this paper, this means that the researcher will be able to access information that lies beyond what could be perceived by traditional phenomenological interviewing, since the tactile sense will also be employed. This wide range of input seems to extend beyond more traditional approaches (Kaptchuck, 1983:2). Phenomenology-cum-reflexology is informed by data linking the body and the mind. Thus, this approach includes information from dimensions of life that phenomenology-sans-reflexology does not acknowledge (Kaptchuck, 1983:2).

Research that depends almost solely on linguistic communication — as does traditional phenomenology — has recently been vehemently criticized, for its inadequacy to capture the life-world of individual people. As Krige (2003:5) contends, "... subjugation of the bodily to the semantic is empirically untenable." Blok (2000:57) articulates, "If you are sincere, you will perceive that the secret of life cannot be captured in words", while De Bono (1991:156; 275) claims, " ...we confuse fluency with substance. Something that is well said seems to have a right to be true. So fluency of style masquerades as integrity of thought." And, "The ability of language to describe something adequately ... by means of an assembly of words may actually prevent us from developing a richer code of language with which to perceive things in the first place ...". Kaptchuck (1983:252), a medical practitioner who travelled to China, and qualified as an acupuncturist, believes, "With a gritty stubbornness, real human disorders (experiences [sic]) persistently fall into the tiny space between ... words." By implication, perception should stretch to grasp realities beyond what the participant would verbalise during a purely language-based interview. In this sense, phenomenology-cum-reflexology provides a methodology by which to incorporate data that might — initially, at least — lie beyond the scope of language.

Finally, phenomenology-cum-reflexology may be seen as being in keeping with current trends regarding the incorporation of mind/body modalities into the understanding of human existence. The medical fraternity in the West has concerned itself with mind-body communication approaches to health and wellness for a number of years, and the literature on this field is abounding. For example, a compilation edited by Ernst (1997), presents the reader with contentions by academics such as Eisenberg, assistant professor of medicine, Harvard Medical School; Furnham, professor of psychology, University of London, and Vickers, director of The Research Council for Complementary Medicine, UK. Reflexology is viewed as complementary to psychology (Shannon, 2002), in special education (Povey & Etheridge, 1995:61-74), and for nursing of ICU-patients (Barrault, 1993). Some authors provide a general overview of the many mind-body communication approaches that exist (Carlson, 2003).

The bottom line is that complementary therapies — of which reflexology is one — have indeed been the focus of an increasing number of academics in the developed world. By implication, human life-worlds cannot be understood solely by relying on Western methodologies — of which phenomenology is one. In this way, phenomenology-cum-reflexology provides for a way of drawing on academic developments and increasing public vote, because the well-heeled, well-educated are making more and more use of mind-body communication (complementary health [sic]) therapies to address their needs (Dickinson, 1997:150-161).

In sum, the Western scientific and lay communities are increasingly acknowledging the value and validity of mind-body-communication-based approaches (Freeman, 2001(a):2-33). This paves the way for such consideration in fields of study still exclusively focused within Western frames of mind, that is, in terms of research in the social sciences and education.

While it is beyond the scope of this article to present a comprehensive composition on the physical effects of emotions, the following notions pertain: the acknowledgement of psycho-somatic disease, the advent of psycho-neuro-immunology (Freeman, 2001 (b): 66-94), and the simple notion of facial expression of emotion all point towards the body and mind being linked. In other words, body-mind communication constitutes reality.

To conclude: while the methodology of phenomenology-cum-reflexology resembles that of any other work that concerns itself with understanding the life-world of individual people, it also proposes to move across paradigms in the sense that it includes a health modality originating in the Orient, by which the mind/body divide is crossed. This investigation of how reflexology could possibly facilitate phenomenological interviews took place within the following research design.

Research design

Nature of the research design

Given that phenomenological inquiry into the life-worlds of individuals is to take place, it logically follows that the research would be qualitative, since phenomenology, by definition, is qualitative (Husserl, 1925). At the same time, the research design also embodies elements of the following research designs:

- The methodological design, as a novel method of conducting interviews emerges from the phenomenological method being amended to include reflexological findings (Mouton, 2001:173-5.
- The life-history methodology, as the life history of a small number of participants is being reconstructed (Mouton, 2001:172-3). This is also known as clinical methodology (Baily, 1994:194) and biographical research (Fouche, 2002:272-3).
- Ethnographic research, because the "...descriptions are embedded in the life-world of the actors being studied and produce insider perspectives ... "

(Mouton, 2001:148). While the researcher will employ the finding of reflexology regarding emotions, the participants have to supply information on the events and/or circumstances that gave rise to the emotions being experienced.

- Philosophical analysis (Mouton, 2001: 179) since the arguments of traditional phenomenology are analysed, critiqued and counterpointed to phenomenological-interviewing-cum-reflexology (Ross, 2003:114).

In sum, a number of research designs overlap in this study, thereby contributing towards this hybrid study. Also, the boundaries between research designs are shown to be permeable, and the study itself becomes intermethodological — which is in keeping with the interparadigmatic nature proposed earlier.

Ethical measures

The following ethical measures were undertaken during the research: (1) Informed consent was obtained from all participants. According to Strydom (2002:65) informed consent ensures that participants are provided with adequate information about the goals of the investigation, possible advantages and disadvantages of participating and the credibility of the researcher/s. (2) Participants were assured of anonymity and confidentiality. Hence, pseudonyms were used in the research report. (3) None of the participants was deceived. (4) The researchers had the required research and other skills to embark on the investigation. (5) All possible consequences for and adverse effects on the participants were considered. (6) Debriefing was provided in the event of a session being unsettling. (7) The privacy and dignity of participants were honoured. They were not asked to derobe during reflexology sessions.

Trustworthiness

Guba's model for trustworthiness addresses ways of reducing biases in the results (Poggenpoel, 1998:349-351). Within this model the following tactics were used: the types of data collected extended beyond regular phenomenological inquiring into the life-world of individuals. The types identified are as follows:

- *tactile data*, as collected by means of reflexology;
- *symbolic data*, as the reflexological-reading is related in terms of latent and manifested forms of disease (Hay, 2001:150-188; Ross, 2003 Appendix D) and
- *linguistic data* in terms of information shared with the researcher during verbal exchanges.

Participants were also probed when unsure about the meaning of their statements. Empirical findings were compared with findings published in the literature phase and numerous informal interviews were conducted with health practitioners, including a reflexologist. In addition, the researchers were competent and worked as a team, and a registered reflexologist was included.

Sampling and data collection

Volunteer sampling was employed and seven participants took part. Maximum variation allowed for the inclusion of participants of both genders, different cultures and a wide variety of ages. Since the aim was not to generalise findings, participants did not need to be representative of any particular population. What was important was to determine whether reflexological findings could facilitate the flow of information regarding the life-world of each individual to the researcher.

Interviews were used to collect data. However, the communication between the researcher and the participants served to reach into verbal as well as nonverbal territory (Jordaan & Jordaan, 1990:423), with the researcher being the receiver and interpreter, and the participant the sender (Dubin & Olshtain, 1977:54-55) as follows.

The first phase was constructed by means of the following activities: first, reflex points on the feet were stimulated by means of reflexological treatment. Sensitivities at these points were identified and recorded. Second, the sensitivities were related to the organs in the body. For example, congestions on the lung area reflex were related to the physical lungs and the function of breathing. Then, the possibilities of congestions along meridians were investigated. This was followed by the symbolic-psychological interpretations relating to concerned reflex-points, meridians and the related organs and bodily functions.

Although the researcher and the participant communicated during the first phase, the actual linguistic exchange stage followed the tactile-oriented phase, elucidating the data gathered earlier. For example, the researcher would ask, "Why are you sad?" It was then up to the participant to fill in the researcher with details of events or circumstances which initiated such emotions. In other words, the experience as manifested in the body forms the impetus for asking questions about the life-world of each participant.

In sum, phenomenology-cum-reflexology necessitates a revisit of the definition of interview, since the communication extends beyond verbal exchange, to include entelechy (De Quincey, 2002) as intelligence of the body.

Findings

The seven cases illustrate the findings summarily in seven tables, followed by brief comments. (See tables 1 - 7).

Conclusion

The comprehensive aim of phenomenological interviewing is to obtain a clear picture of the life-world of an individual person. This means that as many dimensions as possible of the life-world of such an individual should be accounted for. This article has attempted to bridge the divide between mind and body, that still exists in traditional phenomenological interviewing, by incorporating reflexology. Furthermore, it has indicated how phenomenological interviewing could be facilitated by means of reflexology.

At the same time, it should be noted that phenomenological

Table 1: Thandi: female, 17 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Eyes	Myopia	Fear of future	Losing loved ones Being wrong; does not wish to look "stupid".
Tonsils	None	Fear	Family violence before parents got divorced. Father wanted to kill mother with an axe.
Lungs	None	Sadness	Her parents' divorce. Missing father: still remembers good times shared.
Gall-bladder (head aches side of head)	Nausea after chocolate, fatty meals; during period.	Anger	At father for abusing her sexually, especially as she now misses him. At the father of a friend, for abusing her four years earlier.
Urinary bladder (little toe sensitive; cramps along calf)	Cystitis week before we started	Fear of being let down	Being let down by father, for not putting more effort into his marriage and for abusing her, thereby exacerbating the separation brought by the divorce.
Uterine	Dys-menorrhea	Dysfunctional relations at home	Her parents being divorced. Her father abusing her sexually.

Comments: Thandi, a grade eleven learner, was referred to me by the local school, with the comment that "I would find many emotions in her". At first, she shared details regarding her parents' divorce, and her father's sexual abuse of her — information that she has shared with her mother, sisters, best friend, the teacher who referred her to me and with the school counsellor. Then, during one of our sessions, she suddenly blurted out that she had been sexually abused four years earlier by the father of a friend of hers too — and that she had not told anyone else before. To my question as to why she was sharing this with me, she replied that she experiences being far more relaxed during a reflexology session, than during mainstream, traditional counselling. She confirmed this in writing (Ross 2003). Therefore, I postulate that reflexology provided a milieu in which this participant experienced a sense of emotional safety sufficient to enable her to disclose intimate detail that she was unable to find herself sharing in mainstream, traditional counselling. Thus, reflexology facilitated the phenomenological interview.

interviewing-cum-reflexology does not provide a way of identifying problem areas. As with all other research methodologies, it provides a specific approach by which to access the phenomenon — in this case, the life-world of individual people. In its own right, it professes to be in keeping with what is becoming common knowledge amongst medical practitioners in the developed world. In the words of Hurwitz (2000): "Unexpressed or buried feelings, and emotions from unaddressed issues, unresolved conflicts, or emotional traumas become stored in the body in packets called energy cysts. These cysts impede the free flow of energy to vital organs or regions of the body, impairing the body's ability to heal and predisposing one to chronic illness."

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Table 2: Lucille: female, 19 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Thyroid	None	Humiliation	Father hitting mother in front of friends. Mother having had to serve jail sentence for fraud.
Liver (ingrown toenail lateral side big toe; head-aches side head)	None	Anger	At her father for hitting mother, especially when she was small. At teacher who refused to place her in 1st hockey team because she smoked — hence, 2nd team won all matches and 1st team lost. Teacher removed as coach. With Lucille back in 1st team, they won all matches. She missed provincial colours by one match.
Urinary bladder (little toe painful, cramps back leg)	Incontinence Repeated cystitis	Fear	Fear of father's outbursts, especially when he was drunk. Restraining order against father to prevent family outbursts. Even in high school, she wet her bed almost nightly. Father would hit her, mother more understanding and would try to help.
Uterine	Dysmennorr-hoea	Poor family relations	Poor relations with father, because he used to abuse mother. When Lucille tried to help, ended up hurt.

Comments on table 2: Lucille completed matric two years ago, at the age of seventeen. While she does not hesitate talking about her father's problematic behaviour, she only mentioned her mother's jail sentence once in passing. During our sessions, she articulated that she feels compelled to rescue her mother from the current situation as soon as she (Lucille) could support them both. In sum, the emotions based on reflexological findings had meaning in terms of her broader reality.

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Table 3: Isabel: female, 17 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Pituitary gland & uterine	Dysmenorr-hoea	Problematic family relations	Lack of control in following incidents: Repeated sexual abuse by neighbour at age 10. Being taken to children's home for few months at age 10 while parents had to do rehabilitation programme. Own emotions fluctuate between happy and suicidal.
Throat	Postnasal drip	Inner crying	Relate to stay in children's home: longing for parents while in the home; longing for food that was "prepared with love" and would taste better; longing for longer visiting hours, so that parents could leave after she had fallen asleep.
Tonsils	Tonsillitis, tonsillectomy	Fear	Fear of not finishing school, getting a decent job and providing for her own children one day. Darkness: "I do not know what awaits me in the cupboard". Death: "I don't know what happens then." Being alone at home: the abuser would come when she was alone. Certain cultures since boys from those cultures try to fondle her buttocks at school — reminiscent of abuse.
Lung	None. She smokes.	Sadness	Sad about having lost her virginity.
Gall-bladder (headaches side of head, 4th toe sensitive)	Often nauseous.	Anger	Reference to abuser: she stated that he should die a death of suffering and public humiliation — bleeding to death after genitals or hands have been cut off with an axe. Should be broadcast on news. He should not receive any painkiller.

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
	Repeated cystitis, mild incontinence	Fear of being let down.	Feels let down by others. She had no-one in family to turn to when she was abused. When a female neighbour washed her hair, Isabel blurted it out and was the matter reported.
Comments: Isabel has experienced two profoundly traumatic incidents in her life: she was abused sexually by a neighbour, and she spent some time in a children's home, where she was separated from her siblings because they were grouped according to their age. She could not approach her parents when she was abused because she did not expect them to understand and feared being blamed. To this day she is still ashamed of the situation and she blushes when talking about it. She once presented with a blue mark on her jawbone, allegedly caused by her sister hitting her. However, Isabel did not refer to it once. To conclude, the reflexological findings did lead to verbal revelations about events and circumstances that brought on corresponding emotions.			

Table 4: Sarah: female, 19 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Neck	None	Lack of control, poor choices	Career-related factors: failure at school, leaving with grade 10; dead-end job as casual cashier; no means for training as chef.
Liver & gall-bladder (ingrown toenail lateral side big toe, 4th toe sensitive)	None	Anger	Anger expressed in physical violence against other children: Expelled from creche (at six) for hitting a boy badly. One victim at high school took two weeks to recover. Often hits own sister. Angry at father for locking her and siblings up in flat during school holidays.
Stomach	Indigestion	Gut-level fear	Fear at not being able to make a proper living, resulting in life of poverty.
Pancreas (flaking medial side big toes)	Often thirsty; father diabetic	Overwhelmed by responsibility, "sweetness being gone"	Had to take care of siblings from young age. Feels that life is unfair; has no hope of finding true love or job.
Uterine	Dysmenorrhoea		Being taken to children's home for three months when 11 years old due to parental neglect resulted in sister being sexually abused. No real communication with father: "I leave him. He leaves me". They interact according to rules of wrestling, but not on emotional, psychological level.

Comments: Sarah presented with a number of physical problems which belie her age. I propose that the manifestations could be due to the severity of the experiences of parental neglect during childhood. At the same time, she shows bravado about how she has always been telling people off. Moreover, she had no difficulty relating emotions as based on reflexology congestions to events and circumstances.

Table 5: Maurice: male, 42 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Pituitary gland	None	Lack of control	Loss of control overbehaviour of others made him quit work where he used to take control as authority figure. Now has own courier business and has no control over fact that he "has to stoop to the level of delivery boy". Cannot change consumer behaviour in his favour.
Neck	Aching neck	Making choices & judgements	Poor career choice when left work with package to start own business — was soon near bankruptcy for misjudging partner (lost 30% of package.)
Lung	None	Sadness	Felt betrayed by church — minister did not show care. Felt forsaken by God for allowing him to be swindled.
Gall-bladder (4th toe sensitive, head-aches on side of head)	None	Anger	Being swindled by former business partner. Being swindled by employees in various ways. This causes him to feel unsafe.
Urinary bladder	None	Anxiety about being taken for a ride	Anxiety over financial position in old age. Anxiety over son's career — cannot afford university. Anxiety about meeting commitments each month, as clients often do not pay.
Knees	Operations on both knees	Finding it hard to change life direction.	Having to adapt to financial position and lower status. Orienting himself to face loss of friends. His inner change from being friendly to being "cynical, bitter and rude ... change of character and disposition."

Comments: When Maurice arrived he was still very concerned about the losses he had suffered when defrauded of a substantial portion of his package. He wrote , "I felt I could kill him ... I can just imagine the damage if I could shove [a] thorn tree up his ass! No tree deserves [it]..." The significance of reflexology in his case was that the foot readings gave him the framework from which to address his emotions, thus illustrating how reflexology can facilitate interviews. At the same time, his experience of psychological pain did not reflect in the findings from the foot readings. In other words, he did not entirely meet the expected reflexological profile.

Table 6: Derrick: male, 50 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Sinus	Sinusitis	Irritation	Shop assistants who behave rudely.
None	None	Depression; difficulty making choices; social dysfunction.	Depression (drugs / treatment of no help). Uses drugs (dagga, LSD); former jail sentences. Confusion of loyalty (mother churchgoer, father not). Frequent job changes. Now unemployed but for odd jobs repairing furniture. Dependent on his sister, who is single mother.
Tooth	Occasional abscess in upper gum	Acidification of thoughts over past hurts; revengeful thoughts.	Aimed at former bosses for firing him. He calls them " ... real bastards ... These people do exist.")
Eye	Myopia	Fear of future	Fears being forced to become a beggar once more, and being dirty and despicable.
Tonsils	Repeated tonsilitis, tonsillectomy	Fear	Fear of his father, whose face would resemble a bull when angry. Fear of upsetting either parent when choosing to go to church or not. Fear of being "an ultimate loser" — of being a jobless person.
Gall-bladder & liver	Nausea (1-2 per week)	Anger	Anger at his father for fighting with his mother — he considers his father to be responsible for his mother's death from leukaemia at 50. Anger at his former bosses.
Heart (pain inner arm)	Thrombosis	Joy being obstructed	Being a financial burden to his sister. Not being part of a family.

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Lower back	None	Lack of control over environment, especially regarding money, relation-ships, blame	Being unemployed and sometimes wondering where the next meal will come from. Poor relationships at home and at school. Blaming boys-only school for homosexual and prostitute encounters. Feeling guilty about present "addiction to masturbation".
Comments: Derrick co-operated very well during this study: his revelation of most sensitive information was probably facilitated by reflexology, for instance, information about his involvement with drugs could result in his being sent to jail. He also shared sensitive information regarding his sexual activities, about which he confessed being ashamed. Derrick had had long-term conventional therapy for several years yet nothing seemed to have helped him escape from the patterns of self-destructive behaviour. Our five sessions (short-term sessions) did not change that either, and one does not have a way of knowing whether it would, if given more time. However, it was beyond the scope of the investigation to engage in any kind of therapy. The structure provided by reflexology served to elicit information that, given it's sensitivity, he would not have provided outside the milieu of reflexology since, by then, he had been an acquaintance for more than a year.			

Table 7: Judy: female, 50 years

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Sinus	Sinusitis	Reaction to inescapable situation	Stifling bureaucracy & rudeness. English-speaking people not using language correctly. Neighbours' dogs barking odd hours.
Pituitary-gland	Hormone fluctuations due to menopause	Lack of control	Loss of her husband. Loss of control over family (son got teenage girlfriend pregnant), possible loss of grandson to adoption, loss of control over TV habits (watches until 02h00 or later).
Eyes	Myopia	Fear of future	Fear of coping on her own, without husband
Ears	Repeated infections	Shutting out undesired information	Her son's failed marriage. Her daughter's drug abuse, being expelled from school and subsequent admission to psychiatric unit a few years back
Tonsils	Tonsillitis, tonsillec-tomy	Fear, repressed creativity	Fear of her father's temper (had to flee from home one night.) Little opportunity for writing poetry in the past.

Sensitive reflexes	Related physical conditions	Related emotional experience	Meaning according to participant
Throat	Postnasal drip	Inner crying	Missing her husband.
Alimentary canal	Food intolerance (milk)	Fear & intimidation; rejection of nourishment from primary caregiver	Fear of her father: dysfunctional relationship with him during childhood.
Pancreas (flaking medial side big toe, bunions)	Latent diabetes?	Overwhelmed by responsibilities "sweetness being gone"	Taking care of husband before he died. Taking care of household on her own.
Colon	Constipated	Constipation of thought; difficulty releasing old ideas, ruptured relationships.	Finding it difficult to "let go" of her husband. Suffering from writer's block, even though she is an acclaimed poet. "Ruptured" relationship with father.
Urinary bladder (5th toe sensitive, cramps calf muscle)	Incontinence	Anxiety; being let down	Anxiety about caring for all five children. Being let down by those who were paid to repair the roof of her house
Knee, elbow, shoulder, hip	Arthritis	Difficulty experienced in changing direction in life	Difficulty orientating herself to her widowed status.

Comments: Judy was an American citizen, who had been married to a South African doctor of physics for 25 years. Following his death, she continued raising their five children. She described how she missed him. During her first session, she admitted that she found her creativity failing. During our last session she commented on being less constipated and more creative, as she could once again write poems. She had subsequently been nominated for a number of prizes. This means that, as the state of physical constipation had been relieved, the corresponding state of mind had been addressed simultaneously. In other words, reflexological findings and the corresponding psychological realities may evolve in tandem. In essence, reflexological congestions and their corresponding interpretations are not static, but resemble the ever-changing nature of reality.