

‘The Long and Winding Road to Reflexology: A Post-Structural Narrative Inquiry’

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The Long and Winding Road to Reflexology: A Post-Structural Narrative Inquiry

Abstract

Background: Reflexology has suffered a troubled and tumultuous journey travelling a long and winding road, experiencing times of interest and intrigue alongside suspicion and doubt. This study explores the topic through a post-structural lens to discover new possibilities for the discipline.

Methodology: The research design used a narrative inquiry and emerged a Derridean theoretical approach encompassing some of the key concepts of Jacques Derrida's writings (Derrida, 2016, 1993, 1982, 1978). It concerns poetical notions of text, context and intertextuality as a backdrop to re-explore traditional stories told by five prominent reflexologists accompanied by an autobiographical story. Using narrative inquiry, it explored how narratives allow reflexologists to perform and make heard the whispered voices in order to let reflexology stories (the reflexstories) breathe (Frank, 2012).

Findings: This study firstly, at a textual level, uncovered the literature surrounding reflexology (the reflexliterature) proffering an evolution of the therapy and secondly, for context, embraced the methodology of narrative inquiry, eliciting synchronic narratives. Beatles song titles have been used as headings, bringing into focus my own intertextuality to capture the spirit of Derridean thought which emerged during the era reflexology was presenting as a popular practice. The study contributes to furthering the body of knowledge of reflexology by providing personal narratives and poems for pedagogic application and explores emerging cultural and dialogical accounts of the modality in order to find possibilities for practice rather than affording truth claims on its efficacy and effectiveness. Moreover, it offers a theoretical model for the application of a schema of critical questioning so as to expose the metaphysical assumptions of the subject in question which revealed reflexology as a spectre in healthcare.

Recommendations: A standardised data collection tool could be developed to replace the use of many varied questionnaires within the research on reflexology and the numerous reflexology associations could try again, to converge and adopt one collective organisation. Reflexology could be utilised in other areas of healthcare identified in the literature rather than only the current provision. Finally, the theoretical model could be exploited for other subjects in order to interrogate the hierarchies, dichotomies and binary oppositions which are present within the topic of inquiry.

Key Words: Reflexology, Narrative Inquiry, Derrida, Post-structuralism.

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This thesis is dedicated to Dr Vinette Cross

Viny

The day I met Viny
My life was transformed
She gave new ways of thinking
Possibilities to explore

Espoused escape to the liminal
To find creativity
Don't do boring research
She said embrace reflexivity

She was my spark from heaven
She ignited the flame
Made research exciting
She gave me my aim

She challenged my thinking
Enlivened my soul
Gave me a new way of being
Metaphor was her goal

Foucault inspired her
To create a work of art
A scholar throughout
Intellectual and smart

Physio, academic,
Poet and mother
Many guises she wore
She cared like no other

A beautiful woman
Who inspired so many
Elegant and gentle
I'll never forget Viny

Foreword: Navigating the Thesis

This thesis has evolved using a theme of Beatles' song titles and is presented throughout in this manner. It was not the original intention to structure the work in this way, however; within the storytelling process, familiar song titles appeared, as if calling to be employed but curiously emerging as analytically semantic, textually poetic and hauntologically Derridean. Having listened to the Beatles in the womb and beyond, it appears their songs have contextually situated more than a moment in time by permeating the spirit of this thesis and inspired the arrangement of its presentation, poetics and prudence. Using the Beatles theme aligns with the post-structural positioning of the study as they emerged within the period of time when Derrida was writing his methodology of deconstruction. This poetic theme inspired by the Beatles allegorically aligns the thesis allowing space for new and more than incidental poetic deconstruction of reflexology representation.

Thus song titles, like the poetics and other analytical tactics they emulate, have been employed for more than chapter headings. They show how a Derridean world rethinks how image, language and representation of things we think certain might not be what they first appear. That ideas we have with the professionalism of reflexology rely on textual, contextual and intertextual structures shown in mundane personal connection, cultural relationships, historical haunting of memory, moral lingering and poetic aligning, that the audience and actors partake in everyday. In this deconstructed sense, reflexology strangely ceases to be a thing in itself and becomes identifiable by the representational traces practitioners, partakers and pundits witness diachronically. These strange claims and unconventional approach seems congruent with a controversial examination of reflexology as a poetic topic in an age where we think it is a thing to be established and gazed upon like a medical student, a cadaver, rather than a poet, a cultural artefact. One significant enough to require identification as boundary with a clear beginning and end.

'A Beginning' or the **introduction** chapter sets the scene, exploring the established authority and background to the artefacts of reflexology and the underlying poetics and narratives substantiating its appearance. To achieve this, the research adopted a three phase approach;

phase one is detailed in 'Searchin' or the **literature review**, (I have called this the reflexliterature) which reveals the historical and current writings and research within the reflexology arena. This proffers the diachronic story of the modality, it's development in practice and draws on academic papers and research both nationally and internationally, examining it's efficacy and effectiveness and explores the political position of the therapy.

'Ask me why', the third chapter sets out the **methodology** embraced for the research, outlining the philosophical positioning within which the research is set, juxtaposed to other available approaches. In addition, epistemological and ontological assumptions are made explicit with an exploration of my positionality and how reflexivity was used to address the integrity of the research approach. Narrative inquiry is considered within this section as the broad banner under which the methodology and the conceptual framework emerged for data analysis accompanied by the specific ethical debates that existed within the research process. It is here I show how poetry, reflexivity, hauntology and deconstruction became a tool for rethinking the traditional representations of reflexology. Like Beatles' song lyrics, I have included poems and footnotes as reflexive expressions of the research development to emphasise the presence of the decision making process where otherwise, it may have easily been 'erased' and appeared 'absent'.

Phase two is presented in the fourth chapter 'Things we said today', the **findings and data analysis** of the stories are presented and individual poetic re-presentations have been included. This is supported with the collective discussion of the 'big story' encapsulating the multiple expressions or 'voices' of the narrators telling of reflexliteratures and apparent obviousness of reflexology representations which, when scrutinised poetically not only fail to materialise but like voices become multiple, depthless and like the lyric says, historically signifying.

The fifth chapter, phase three, is entitled 'Tell me what you see' which applies the key concepts of Derrida's writings using my emergent analytic model, 'Circles', to interrogate the literature and the narrators' stories. This encompasses the notions of *deconstruction*, *logocentrism*, *aporia*, *différance* and *trace*, *presence* and *absence* and *hauntology* within the **discussion** chapter.

'Come Together', Chapter six provides a recapitulation or **conclusion** and summarises the thesis, affording recommendations for practice and further research within the subject area. Additionally, this chapter articulates the original contribution the study has delivered in terms of the *reflexive poetics*, *reflexliterature* and *reflexstories* and how symbolic form of trace was employed to rethink the representation of reflexology which, unlike the Beatles who crop-up in most cultural spaces, must be actively and semantically ghost-hunted using the theoretical framework of the Derridean model. As such, this section examines the study's limitations and insights for future research and presents a reflexive allegorical doctoral triathlon that was encountered throughout the doctoral journey. Finally, 'The End' provides references, supplementary supportive information and documentation within the appendices to underpin the thesis.

Glossary / Terminology

CAM: 'CAM' stands for Complementary and Alternative Medicine, which covers a whole host of different therapies (including reflexology) used traditionally and in the community (Research Council for Complementary Medicine (RCCM), 2020).

"Complementary medicine is diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine" (Ernst *et al* (1995) in House of Lords (2000)). "The term 'alternative' indicates that the approach replaces conventional medicine" (Adams, 2010 p. 31).

Derridean terminology: (in the order they appear)

Deconstruction: Derrida found difficulty in defining deconstruction and as a result, avoided doing so. He claimed that there is no canonical definition or interpretation of any concept and propositioned that in the deconstruction of an idea it is necessary to shine a light on the area of study in order to demonstrate that it is disordered and riddled with logical defects (Derrida, 2016).

Logocentrism: Refers to the notion that truth and reality exist outside of language, however; attempting to isolate a truth is problematic and engenders binary oppositions (Derrida, 2016).

Aporia: or 'impasse' is a process of continuous oscillating puzzlement. Derrida urged that it is critical to keep messiness in mind, advocating the necessity to cure society of the need and desire for simplicity and to avoid the compulsion for clear cut answers (Derrida, 2016).

Presence & Absence: Whether presence be called substance, essence, existence, etc, the metaphysics of presence is the fundamental state of being, whether present or absent (Derrida, 2016).

Différance: Derrida refers to *différance* which means both 'differing' and 'deferring' (*différance* and *différence* sound the same spoken in French); therefore, Derrida voiced that 'différance' denotes not only to the state of being deferred but to the state of difference. 'The space between us all' is what gives signs meaning. (Derrida, 2016).

Trace: Trace is what is born from the absence of the present (Derrida, 2016).

Hauntology: Derrida (1993) in *Spectres of Marx*, coined the concept of hauntology as the situation of temporal, historical and ontological disjunction in which the apparent presence of 'being' is substituted by an absent or deferred non-origin represented by the figure of the ghost that is neither present or absent, neither dead or alive.

Integrated Healthcare:

CAM is more recently referred to as Integrated Healthcare which; “involves combining the best of conventional Western Medicine with a range of complementary, traditional and natural therapies” (Integrated Healthcare Collaborative (IHC), 2021).

Interviews:

The data collection process or interview has been referred to as the ‘story gathering event’ to take account of the power imbalance within the endeavour towards the researcher (Sherwin, 2016). The story gathering event demonstrates a more collaborate nature that has been embraced within the research recognising that the stories are co-constructed.

Narrator (s):

This narrative inquiry will use varying terms to refer to the individuals who told their stories within the interviews or ‘story gathering events’ such as storytellers or narrators. They have been anonymised using the names of Beatles characters featured in their songs.

Patient/Client/Service User:

Within the literature ‘patient’ and ‘client’ are used interchangeably and refer to the ‘service user’ or ‘individual’ accessing the therapy. Most terms are unpalatable. ‘Patient’ engenders an image of a passive, powerless person receiving an intervention. ‘Client’ suggests an individual paying for the treatment which shifts the power to the receiver. These terms have been used throughout the thesis interchangeably; however, I am not comfortable with any of these for the receiver of reflexology.

Reflexology:

The definition is dependent on the author as there are many definitions provided within the literature to describe the practice. However, this is the definition provided for this thesis:

Reflexology is a complementary therapy based on the belief that there are reflex areas in the feet and hands which are believed to correspond to all organs and parts of the body. Some practitioners may also include work on points found in the face and ears. Reflexology works on an individual basis and may alleviate and improve symptoms such as everyday stress and tension

(Complementary & Natural Healthcare Council (CNHC), 2020)

Researcher:

You will notice this thesis is written in the first person due to the nature of the study concurring with the notion that “I want the readers of this work to know that I am a human being and not some disembodied abstraction who is depersonalized through linguistic conventions that hide ‘my’ signature” (Eisner, 1991 p4). I am part of the research process and have co-constructed meanings in conjunction with the storytellers. My presence is evident through the poetic interpretations which may provide a form of Aristoleon catharsis for the reader (Aristotle, 2013) and a linkage to the Beatles song titles and subheadings may be found as footnotes as a narrative tactic, leaving a hauntological trace (Derrida, 1993).

The thesis contains reflexive junctures throughout so there may be repetition in later stages of the work which serves to remind the reader of the previous discussion. The poems are part of this recursive reflexive process that is involved in mindful practice; this is a way of being for a therapist as a ‘reflective practitioner’ (Johns, 2005).

The Long and Winding Road¹ to Reflexology²: A Post-Structural Narrative Inquiry

Chapter 1

‘A Beginning’³: Introduction

At the turn of the 21st century there was potential for reflexology to be a recognised profession but such things were not to be necessarily straight forward. As if predicting, Derrida in 1967 (Derrida, 2016) offered a grammatological explanation as to how things are never entities in themselves but rather promises of future meaning and how a nostalgic signification of things like reflexology produce and consume signs of no originality. So if reflexology represents as a thing, something that professionals recognise, then what are the curiosities they tell themselves? What are the narratives that reflexively reassure them that as an approach to health and better living, reflexology is a substantive material real thing? And what if we simply assume like Derrida might suggest that it isn't a thing and instead, ask how it exists only a logocentric meaning, as contextual trace and is only ever present as a result of its necessary absence? Even more, is it possible to emerge and employ a method of such theorising to professional accounts substantiating its 'real' existence and for what purpose? Will the answers to these strange questions lead us to a new door?

This first chapter aims to introduce and provide a background to the study outlining the current issues representing reflexology. It presents a summary of the Derridean concepts utilised to deconstruct the institution⁴ of reflexology (Shaw, 2018; Derrida, 2016, 1993, 1982,

¹ 'The Long and Winding Road' (The Beatles, 1970) – The title of this thesis portrays the difficult journey reflexology has faced. This track is taken from the album 'Let It Be' which celebrates its 50th anniversary in 2020.

² Foot reflexology is the main thrust of this thesis but it is recognised that there are many types of reflexology such as hand, ear, scalp, facial, etc, etc.

³ 'A Beginning' (The Beatles, 1968) – An instrumental piece composed by George Martin intended as an introduction to 'Don't Pass Me By' – used here as an introduction to 'The Long and Winding Road to Reflexology'

⁴ Institution – an organisation founded for religious, educational, professional or social purpose. In this case the term institution is used to encapsulate the 'profession' of reflexology as explored in the literature and reflexiliterature. Such ordering of the real traditionally privileges the objective, material and universal as opposed

1978; Bennington, 2008). Endeavoured a long and winding road to where it is currently positioned, reflexology has featured in society in one form or another for centuries. It has experienced periods of interest and acceptance, yet during other junctures, it has been dismissed as quackery (DC's Improbable Science, 2020; Friends of Science in Medicine, 2013; Singh & Ernst, 2009). Its trajectory has seen promises of recognition in the healthcare service in a guise where the practice is far removed from its ancient traces. Yet, where did it come from? Where has it been? And where is it going? Reflexology has left a hauntological trace as a spectre in healthcare which is explored and revealed in this study.

'Magical Mystery Tour'⁵: Background to the study

Reflexology has travelled a 'Magical Mystery Tour' from its humble beginnings to its contemporary use but it is necessary to explore its history, definitions, prevalence and position in present society to find new ways of operating. Although the concept of reflexology is based on ancient practices, reflexology in its current form is a relatively new technique developed over the last hundred years and is subject to variation between practitioners. Evidence of the use of 'foot treatment' dates back to ancient India, from over 5000 years ago, in Assyria in Egypt, from paintings in a physician's tomb of 2500BC and China, as long ago as 4000 BC (Hall, 2016; Issel, 2014; Tiran & Mackereth, 2011; Dougans, 2006; Norman, 2006; Booth, 2000; Lett 2000; Marquardt, 2000). There are indications of the application of forms of reflexology in many ancient civilisations throughout the world, although, the term reflexology is a rather new word in the English language. Initially, it was used to describe 'behaviour brought about by reflexes' and not "a complementary therapy based on the belief that there are reflex areas in the feet and hands which are believed to correspond to all organs and parts of the body" (CNHC, 2020). Dr William Fitzgerald, an ear, nose and throat specialist was alleged to be the rediscoverer of reflexology. Yet, in 1917 when he wrote his book, the method he proposed would have been known as zone therapy which was far removed from the practice of reflexology. However, Eunice Ingham used these ideas and created a technique which most reflexologists would consider to be reflexology in the 1930s. Many techniques

to semiotic, semantic and poetically symbolic. Thus, my Derridean analysis has hauntological parameters of all things signifying and viewed as meaningful in representing reflexology.

⁵ 'Magical Mystery Tour' (The Beatles, 1967) – biographers of the Beatles called it aimless and confused which could be seen to typify the reflexology trajectory.

and methods have emerged throughout the 20th and 21st centuries using a multitude of explanations for its application which makes it problematical when trying to define and research. Reflexology is based on the premise that the feet are a microcosm or mini-map of the whole body where it is believed that there is a two-way relationship between the feet and the rest of the body so consequently disorders in the body are reflected in the feet and vice versa (Hall, 2016; Tiran & Mackereth, 2011).

Currently, there is not a standardised method utilised by all reflexology organisations which clearly creates issue when critically appraising research focussed on this subject as the techniques may differ from study to study. Despite this lack of clarity, reflexology is being utilised in many healthcare settings and is reported to be one of the most popular CAM modalities used in the United Kingdom (Posadzki *et al*, 2013; Charlton *et al*, 2011; O'Hara & Mackereth, 2007; House of Lords, 2000;) and the fifth most common CAM method reported in Europe (Eardley, 2012).

Whilst exploring the journey of reflexology it is necessary to uncover its prevalence and settings where it is utilised. A systematic review of the surveys of the prevalence of the use of CAM highlighted that of the eighty-nine surveys that were included, totalling 97,222 participants that most studies were of poor methodological quality which is a common criticism within CAM research (Posadzki *et al*, 2013). Cross surveys on CAM in general, showed that the average one-year prevalence of use of CAM was 41.1% with the average lifetime prevalence of 51.8% (Posadzki *et al*, 2013). Nonetheless, they suggest that; “in methodologically sound surveys, the equivalent rates were 26.3% and 44%, respectively” which is still substantial and demonstrates the popularity of complementary forms of treatment which includes reflexology (Posadzki *et al*, 2013 p.126). Surveys focusing on practitioner-led CAM found the prevalence of CAM was 10% in 2001 in the UK (Thomas & Coleman, 2004), 12% in 2005 in England (Hunt *et al*, 2010) and 16% in 2015 in England (Sharp *et al*, 2018). Reflexology featured in the most commonly accessed CAM therapy in the most recent survey (Sharp *et al*, 2018).

Reflexology is used in many clinical settings particularly in oncology and maternity departments to complement standard treatment. Corner *et al* (2009) claim reflexology is the

most commonly used in CAM among people undergoing cancer treatment and according to Egan *et al* (2009 p.75), 142 cancer care units within the National Health Service (NHS) in the UK provide some form of CAM. The findings of Egan *et al's* (2009) study revealed counselling as the most widely provided therapy (available at 82.4% of identified units), followed by reflexology (62.0%), aromatherapy (59.1%), reiki (43.0%) and massage (42.2%). The integration of reflexology in maternity settings has become more prevalent in recent years due to increased interest and the purported successful treatment in a variety of physiological conditions (Tiran, 2010; McNeill, Alderdice & McMurray, 2006).

Reflexology has been explored by academics as it has become necessary to provide evidence in order to justify its use within the healthcare system (National Institute for Health and Care Excellence (NICE), 2019a). Anecdotal evidence of the benefits of reflexology is abundant with many professional associations reporting case studies or small scale research in newsletters and journals. Conversely, the evidence to support the use of reflexology in mainstream healthcare is extremely limited and a recent systematic review of the research on reflexology concluded “that the best clinical evidence does not demonstrate convincingly reflexology to be an effective treatment for any medical condition” (Ernst, Posadzki & Lee 2011 p.116). This demonstrates a disparity between the use of reflexology and the evidence for its efficacy which needs to be addressed and ways in which to do this need to be identified. Currently, NICE suggests that there is insufficient evidence to support the use of reflexology for any condition and specifically states that “the use of reflexology should not be encouraged for the treatment of IBS” (NICE, 2019a). Yet, NICE (2014) mention the use of complementary therapies (reflexology being a complementary therapy) for supportive and palliative care in cancer but do not recommend them. The guidance merely suggests that they are used by cancer patients but it states there is little evidence for effectiveness for pain relief, anxiety, distress, or for improving quality of life, claiming that some complementary therapies may present risks to patients. As there is inconsistency in the prevalence of reflexology and the evidence to support its use, it seems there is an argument to investigate the subject to discover other narratives that tell the story of reflexology and highlight its benefits, success or potential or find other ways in which to collect evidence.

In 2000 there was an inquiry into CAM featuring reflexology by the House of Lords Select Committee for Science and Technology to investigate whether good structures of regulation to protect the public were in place, whether an evidence base had been accumulated and if research was being carried out. They also investigated whether acceptable information sources on the subject were available, if the practitioner's training was adequate and what the prospects were for NHS provision of these treatments (House of Lords, 2000). It was recommended in this report that "CAM should attempt to build up an evidence base with the same rigour as is required of conventional medicine, using both randomised controlled trials (RCTs) and other research design" (House of Lords, 2000). They acknowledged that the research methods utilised should be "both sympathetic to the CAM paradigm and rigorous in their design, execution and analysis" and understand that CAM may have some specific features that make it more difficult to test by the "conventional methods of investigation, most especially the Randomised Controlled Trial (RCT)" (House of Lords, 2000). Yet, despite this recognition, RCTs are prevalent in research on reflexology which are then dismissed as being methodologically flawed.

Reflexology and CAM in general has received an extraordinary tirade of negative media in recent years for many reasons which are detailed later in the literature review, from organisations such as 'The Friends of Science in Medicine' and websites like 'DC's Improbable Science'. The Friends of Science in Medicine "represent complementary medicine through a strategy of rhetoric and argumentation that contradicts the literature" (Flatt 2013 p.57). The findings of a critical discourse analysis of rhetoric against complementary medicine suggest that the Friends of Science in Medicine's "discourse is symbolic and derives from a power-based ideological perspective that forms the basis for promoting exclusion of complementary medicine from university education and primary health care" (Flatt, 2013 p.57). The dominant discourse of biomedicine has been privileged; oppressing and subjugating CAM as its binary opposite (Derrida, 2016).

The position of reflexology in society and the way it has been represented has found this negative portrayal exacerbated by the fact that efforts to try to standardise the training of practitioners and provide a regulatory system that monitors the practice in order to achieve a unified professional image, has been riddled with controversy and unethical mishandling

of funds. As a result of this damaging critique of CAM many Universities throughout the UK have ceased to run courses training reflexologists. Yet, there is a continuing provision of reflexology in private practice and clinical settings which will not benefit from adequately trained practitioners to continue its practice. Therefore, there is a requirement to discover new ways of providing the evidence to support the need for training reflexologists.

The main concern with reflexology or CAM in general is the delay in accessing appropriate treatment that could be detrimental to someone's health, that is, medical treatment which is deemed more effective than any other options on offer. Yet, properly trained reflexologists would not encourage people to avoid mainstream medicine and in many cases may suggest that they seek medical advice, if they have concerns raised within a reflexology treatment (CNHC, 2018). This is often a misconception within society that CAM practitioners work against the orthodoxy (Friends of Science in Medicine, 2013). The All-Party Parliamentary Group for Integrated Healthcare (PGIH, 2018) recommended that professional associations representing complementary and natural healthcare should work more collaboratively with NHS commissioners. They also stated that Clinical Commissioning Groups (CCGs) should give greater weight to patient outcomes and experiences including qualitative research, in addition to RCTs, if they want to develop the use of individualised patient-centred care and tackle issues around polypharmacy and multimorbidity. The Integrated Healthcare Collaborative (IHC) is currently continuing the work of the PGIH which is seeking to include reflexology in mainstream healthcare due to patient choice (PGIH, 2018).

In light of the challenges that the NHS is experiencing, it is evident that a different approach to healthcare needs to be adopted as the NHS Five Year Forward View argued, recommending that there be a "greater emphasis on prevention, integration and putting patients and communities in control of their health and tackling gaps in care" (NHS, 2014). This being furthered by the NHS Long Term Plan which sets out that "people will get more control over their own health, and more personalised care when they need it" (NHS, 2019a). Reflexology is not available on the NHS as a general rule; therefore choice is not being provided despite statements like these which is evident from the private use of complementary therapies.

This research aimed to deconstruct the institution of reflexology which in doing so seeks to dismantle the excessive loyalty to one fixed idea in order to explore other possibilities. During this process it is necessary to look at the other part of the equation and seek out the merits of the counter argument (Derrida, 2016). Bio-medicine, with its monopoly on scientific knowledge holds the key to the provision of health services, limiting access to other forms of therapy such as reflexology. Some of the issues raised above, such as the negative criticism of reflexology, the need for more regulation and the delay in seeking medical treatments which are often used as reasons for avoiding CAM therapies, need to be explored (The Charity Commission for England and Wales (CCEW), 2017). By interrogating the literature, listening to the stories of experts in the field of reflexology and applying Derridean concepts within the framework developed, the possibilities within the institution may be uncovered and new ways of working may be identified.

‘Because’⁶: Purpose of the study

The purpose of this research was to explore the topic of reflexology from a poetic stance and as such develop and apply a post-structural Derridean perspective thus shifting focus towards a semiotic and semantic order of analysis. The hope being, to shed more light on the opportunities and future of the therapy which has become popular in many areas of healthcare but commands a mixed identity. On one hand it is seen as an adjunct to mainstream medicine for generally palliative or alongside cancer treatment and maternity care. Yet, conversely, it is prevalent in spas and operates in the beauty world (salon reflexology) in another guise, portraying an alternative façade in yet another semblance. This study sought to uncover the stories within the reflexology world and disentangle some of the fixed ideas about reflexology. Due to the differing understandings of reflexology as a modality, this study also aimed to examine and untangle accounts of the therapy and scrutinise these from a post-structural/postmodern social constructionist perspective using an emerged Derridean approach, in contrast to the current prevalent engagement in positivist/post-positivist research in this area. The theories around how reflexology works are explored and

⁶ ‘Because’ (The Beatles, 1969) – Could represent the argument for the story of reflexology to be told.

from the collected narratives, poetic interpretations have been employed to allow for an artful inquiry which in the sentiments of Frank (2012) let the stories of reflexology breathe.

The narrative inquiry aimed to:

1. Explore the evolution and development of reflexology from a diachronic⁷ perspective.
2. Elicit synchronic⁸ narratives of reflexology from practitioners and patients.

With the research questions:

1. To what extent are contradictions, dilemmas and tensions regarding reflexology evident in participants' accounts of their experience of reflexology?
2. What kinds of identities do participants construct for themselves and others in relation to reflexology as a therapeutic intervention?

Contradictions, points of tension, notions of identity all fit the purpose of allowing for the emergence of a Derridean appreciation of image, semantic, poetic and analytic deconstruction, but not all at once. This narrative inquiry is divided into three distinct parts, firstly; phase one; the literature review is used as a reflexive method to explore the historical traces and emergence of reflexology as a modality in contemporary society which includes a critical literature review of some of the current research. The second phase focuses on the stories told by prominent reflexologists and explores the identities, regimes of representation, the absences and presence of stories they construct for themselves and that are constructed for them in the organisation of reflexology hauntology. The third phase embraces and expands this framework of Derridean methodology created for the purposes of this study and engages in a deconstruction of the data and a consideration of additional aspects of Derridean thinking involving:

- *Logocentrism and binary oppositions*
- *Aporia*
- *Différance and trace featuring presence and absence*
- *Hauntology*

⁷ Diachronic: being concerned with reflexology changing through time.

⁸ Synchronic: being concerned with reflexology as it exists in one point in time.

These key concepts of Derrida's methodology have been captured in a theoretical framework for analysis and have been applied to the institution of reflexology as a method for undermining and rethinking reflexology as something distinct through indistinction, representational and anti-essential. The following section provides a background to the topic which explores the traditional representation (current use, typical ethical, political and aesthetics, but rarely poetics) of reflexology and as previously noted the personal poetics of the researcher as well as the very public song titles of the Beatles to tell the story of this research. It is worth noting that the song titles are linked to the content of each section and have been embraced for their cultural significance. The songs are emblematic, lyrically poetical and tell stories; all of which have about them elements of the Derridean hauntology. These may not seem obvious at first glance however; the symbolic meaning of the song often necessitates its use. Poetics have been used as a method of discovery and expressive form and are explained in the footnotes.

The following chapter 'Searchin' provides the literature review or the reflexliterature as I have called this and attends to the first research question. It provides a comprehensive overview exposing the current literature within the reflexology arena, volunteering the diachronic story of the modality, its development in practice and draws on academic papers and research nationally and internationally, examining not just its efficacy and effectiveness but additionally explores the political position of the therapy as a CAM modality.

Chapter 2

“Searchin”⁹: The Literature Review (Reflexliterature)

This chapter offers the relevant literature pertaining to the institution of reflexology telling reflexology’s story; its evolution, development and political position. Reflexology literature is varied and sporadic and it is also recognised that it would be impossible to review all of the literature relating to reflexology; cognisant that if it were too focussed it would become too limiting. Therefore, the most prominent writings have been presented and analysed to help trace the story (stories) of reflexology.

This phase of the research has been divided into two parts, the first section explores the historical roots of the therapy and in adopting a Derridean approach required all of the past uses of the word reflexology to be examined. The contemporary use of reflexology is identified and the regulatory and political position, including the grey literature is also scrutinised in line with deconstructing the institution of reflexology. This is presented in a traditional style literature review; however, the second part provides a critical literature review (Grant & Booth, 2009) (see appendix 1 for details of the search strategy for both parts).

This second section of the literature review concentrates on reflexology and quality of life rather than all of the current research available. This reflects the nature of the current research approach within the subject area and represents a discrete area of reflexology but adds to the body of knowledge presented for this modality. As a result of the need for a specific focus on an area of reflexology, I aimed to establish the ‘effects of reflexology on quality of life reported in primary research articles conducted in the UK and Ireland between 2005 and 2020’; this has limited the full range of literature on the subject in order to enable a critical appraisal of a manageable collection of similar studies. It seems sensible to focus on one distinct area rather than viewing the research in totality as it comprises some of the dilemmas which can be exposed to a Derridean deconstruction later. This illuminates some of the issues when researching a holistic therapy from a reductionist perspective which is discussed further in Chapter 5.

⁹ ‘Searchin’ (The Beatles, 1995) – Chosen as the title illustrates the need to search for literature.

It is recognised that as a reflexologist the interpretation of the literature may be biased towards positive outcomes. However, the literature review has included research with both positive and negative outcomes and has avoided 'cherry picking' studies which demonstrate positive outcomes for reflexology (Aveyard, 2014 p.74).

Part One: 'Yes it is'¹⁰: Definitions of Reflexology

Within the literature there are variations in definitions provided for reflexology from a variety of different theorists who use divergent techniques, provide diverse philosophies underpinning its practice and offer inconsistent explanations as to how reflexology works. The most popular definition is provided by the CNHC (2020) which claims that reflexology is:

A complementary therapy based on the belief that there are reflex areas in the feet and hands which are believed to correspond to all organs and parts of the body. Some practitioners may also include work on points found in the face and ears. Reflexology works on an individual basis and may alleviate and improve symptoms such as everyday stress and tension.

Atkins & Harris (2008 p.281) define it as "the systematic application of pressure to reflex points on the foot or, less frequently the hand" and reference the Desktop Guide to Complementary and Alternative Medicine, (Ernst, Pittler & Wider, 2006) which does not specify a particular technique or method, whereas Khan, Otter & Springett (2006 p.112) fail to provide a definition in their research merely stating that reflexology has been used in neuroscience, orthopaedics and palliative care. Quinn, Hughes & Baxter (2008 p.4), and Wilkinson, Prigmore & Rayner (2006 p.141) refer to the definition provided by the House of Lords Select Committee (2000) as "a system of massage of the feet based on the idea that there are invisible zones running vertically through the body so that each organ has a corresponding location in the foot. It has been claimed to stimulate blood supply and relieve tension". Dyer *et al* (2013 p.140-141) use the definition that "reflexology is a therapeutic method that uses manual pressure applied to specific areas or zones of the feet (sometimes the hands) that are believed to correspond to other areas or organs of the body with a view

¹⁰ 'Yes It Is' (The Beatles, 1965) – Poetically, The Beatles wrote: "Understand it's true, yes it is". Definitions are representations of something definite, distinct or clear or the illusion of truth.

to alleviating physical and emotional symptoms.” Poole, Glenn & Murphy (2007) describe a similar form of foot massage and add that it promotes healing and a return to homeostasis. Miller, McIntee & Mattison (2013 p.592) maintain that “reflexology involves the manual stimulation of reflex points on the feet which corresponds somato-topically to specific areas and organs of the body” and refer to its beginnings in China and development in the West in 1913.

Sharp *et al* (2010 p. 313) also purport that “reflexology has its origins in Chinese medical thought and practice and consists of identifying and treating energy imbalances in the body through massage of reflexology points or ‘terminals’ in specific areas of the hands and feet,” whereas, Johns, Blake & Sinclair (2010 p.96) suggest “reflexology involves using a series of pressure techniques to stimulate specific reflex areas on the feet and hand with the specific intention of invoking a beneficial response in other parts of the body.” Mackereth *et al*, (2009 p.14) assert that “reflex areas on the feet, hands and ears are believed to be microcosms of the body. Commonly, reflexologists use thumb and finger pressure to palpate and massage areas of the feet that are reported as tender or sensitive.” This definition was referenced to Norman (2006) who also suggests that a minimum of six treatments should be provided as the benefits are argued to be cumulative. The lack of a consistent definition generates difficulties in reviewing the research and drawing overall conclusions. My research sought to illuminate the stories of reflexology to interrogate these definitions and present the contemporary ideas on the subject; enabling a more curious examination of the space and place where such things either matter a lot or not in a place inhabited by ghosts, traces and binary oppositions.

'Here, There and Everywhere'¹¹: Origins of Reflexology

All of the historical uses of the word reflexology can be disentangled and explored to display the evolution of the modality, if a Derridean approach is to be adopted. This historical genealogy to follow is what Derrida would claim relates to the hauntology of the approach.

Issel (2014) provides a thorough exploration of the history of the art and science of reflexology suggesting that the earliest evidence of the application of the therapy stems from artefacts from ancient civilisations giving examples of these in her book, 'Reflexology: Art, Science and History' revised from her original version in 1989. She did not explore the subject from a post-structural perspective despite the timing of her writings and did not consider how the structuralist movement which was attempting to universalise mankind's experience when reflexology was arising as a concept. However, she does acknowledge that science has evolved and reflexology has changed over time. She provides detailed information on every aspect of the modality highlighting the differing techniques, definitions and charts that are used as well as the political position of reflexology in the US. It seemed, therefore, necessary to explore the position of reflexology in the UK which will be discussed later in this chapter.

The practice would not have been identified as reflexology prior to 1923 when the word reflexology came into use and referred to "the study and interpretation of behaviour in terms of simple and complex reflexes" (Merriam Webster, 2019). During the 1890's Sir Henry Head and Sir Charles Sherrington conducted neurological studies which were concerned with the reflex of man's [*sic*] reaction to his environment. Their ideas provided some explanation for reflexology around the relationship between the skin and internal organs (Issel, 2014). Yet, a Russian psychologist, Dr Vladimir Bekhterev, actually originated the term 'reflexology' in the early 1900s but his definition bears no resemblance to the practice of reflexology referred to throughout this thesis.

Issel (2014) explains that a form of reflexology which was more like the therapy that is practiced today, known as 'zone therapy' was used and documented in Europe during the 1500s by a number of writers on the subject such as Harry Bond Bressler, Dr Adamus, Dr

¹¹ 'Here, There and Everywhere' (The Beatles, 1966) – The origin of reflexology is unclear but evidence of its use has emerged in many different countries. It appears it is from here, there and everywhere!

A'tatis and Dr Ball. This was a form of 'pressure therapy' used by both the working and upper classes and well as Royalty (Issel, 2014). Issel (2014) presents the evidence for the use of this type of treatment from Egypt in 2500BC, to India, China, Europe, and Russia and offers the significant contribution America has provided to the institution of reflexology.

'Yesterday'¹²: Zone Therapy to Reflexology

In more recent years, Dr William Fitzgerald, an American ear nose and throat specialist was purported to be the rediscoverer of reflexology as his work underpins the philosophy. Interestingly, in 1917 when he wrote his book, it was not called reflexology but zone therapy as previously mentioned. His work has been reproduced and selected by scholars as being culturally important within the United States (Fitzgerald & Bowers, 1917). Co-authored with Edwin Byers, 'Zone Therapy: Or, Relieving Pain at Home' outlined how applying pressure to the hand, often with the use of elastic bands, can relieve pain. The book proposes that it is possible to relieve a headache, cure a goitre, make the deaf hear, provide painless childbirth, relax nervous tension, cure lumbago and many other ailments from applying pressure within the zone where the problem exists. The methods used are far removed from what many reflexologists would consider as reflexology, yet Fitzgerald's ideas are referred to in all the training courses and books on the therapy. He divided the body into ten zones which are still recognised in most reflexology texts and the concept is considered to be one of the theories as to how reflexology works; transverse zones were later developed by Hanne Marquardt (Marquardt, 2000). Yet, the issue of cultural importance seems to have been lost or even purposefully disregarded as the century advanced. This loss can be relocated in the trace and binaries evident in my Derridean analysis and of course the importance I and others place on cultural significance such as hearing a Beatles song on the morning of your wedding, 18th birthday or hearing the song titles in the interview data.

Fitzgerald taught zone therapy to general practitioners, dentists, osteopaths, gynaecologists, ENT practitioners and many other therapists and it was "one of the best known and appreciated therapeutic measures in the USA in 1925" (Marquardt, 2000 p.4). Eunice Ingham

¹² 'Yesterday' (The Beatles, 1965) – Reflexology evolved from Zone Therapy therefore 'yesterday' has been chosen as a title here.

from South Dakota continued Fitzgerald's ideas through her work as a physiotherapist for Dr Joe Shelby Riley who was also seen to be a pioneer in zone therapy and developed her notion of 'foot theory' (International Institute of Reflexology (IIR), 2020). She experimented by prodding and probing the feet to find tender areas and wrote the 'Stories the feet can tell thru reflexology,' 'Stories the feet have told thru reflexology' and 'Stories the feet are telling' (created from a transcript of a lecture in 1958) explaining her experiences of utilising her method which could be furthered by my research exploring the poststructural stories of reflexology within the UK. She has been named the 'mother of reflexology' and travelled the world attending health seminars spreading the word of the benefits of reflexology. Unfortunately, the self-help movement Eunice Ingham was promoting came under attack in the 1950's and many reflexologists were arrested and charged with practicing medicine without a licence (Issel, 2014). Her nephew, Dwight Byers took over the teaching and established the IIR in order to protect her ideas. The IIR is the only school that teaches the original Ingham method.

Tony Porter, another important protagonist in the reflexology story travelled with Dwight Byers promoting reflexology. He developed his Advanced Reflexology Techniques (ART) which is a complete system of reflexology used in conjunction with the classical model developed by Eunice Ingham which seeks out the sore spot and then aims to work it out (ArtReflexology, 2019). One of many other adaptations from the original method emerged during Eunice Ingham's travels when she taught Doreen Bayly in the UK. She then developed her own technique, setting up the Bayly School of Reflexology to teach her method. This form of reflexology differs from what is known as Reflex Zone Therapy or Reflexotherapy of the Feet which many reflexologists claim to provide (Dougans, 2006; Marquardt, 2000; Lett, 2000). The Bayly technique is still being taught by Nicola Hall who took over from Doreen Bayly and the school continues to train reflexologists. Once students have achieved the standard required, they can gain insurance and join the British Reflexology Association (BRA) (BRA, 2020). Many more associations have formed since the original BRA which is discussed later in this chapter.

'Helter Skelter'¹³: The Development of Reflexology

Was it a coincidence that during the 1990's there was a surge of interest in reflexology leading to the development of not only college courses but also degrees in Complementary Therapies as this period was a theoretical awakening? This was an age when narrative practice dared challenge the orthodoxy of medicine and propose that language as exposed by philosophers like Derrida mediates our experience of reality. More recently, this increase in attention towards this subject area led to the House of Lords Select Committee on Science and Technology's Report on Complementary and Alternative Medicine (House of Lords, 2000). A statement within this report which referred to the category that reflexology sits within, claimed that the Committee was:

Satisfied that many therapies listed in our Group 2 [a categorisation of therapy within the report] give help and comfort to many patients when used in a complementary sense to support conventional medical care even though most of them also lack a firm scientific basis. Nevertheless in relieving stress, in alleviating side effects (for example of various forms of anti-cancer therapy) and in giving succour to the elderly and in palliative care they often fulfil an important role

(House of Lords, 2000)

The report provided a promise of the possibility of raising the profile for reflexology and the opportunity for more recognition and integration of the therapy into mainstream healthcare systems. The nostalgia of lost futures features in Derrida's (1993) work. The Government's response to the report included a declaration that therapies in Group 2 "which aim to operate as an adjunct to conventional medicine, and mainly make claims in the area of relaxation and stress management, are in lesser need of proof of treatment-specific effects but should control their claims according to the evidence available to them" (Department of Health, 2001 p.5).

The Prince's Foundation for Integrated Health (FIH), the charity whose president was HRH the Prince of Wales was set up in 1993, in order to assist in improving the collaboration between conventional and complementary health and developed a programme to standardise therapies. In response to the recommendations from the House of Lords report

¹³ 'Helter Skelter' (The Beatles, 1968) – Allegorically the development of reflexology appears as a fairground ride which at times has spiralled out of control.

that more research was conducted to provide efficacy of the therapies and a more robust regulatory process to ensure therapists were well trained and competent, Prince Charles claimed that: “like conventional medicine, complementary medicine is only safe if practiced by a skilled, qualified practitioner and can be harmful in unskilled hands. The key component to increasing public confidence has to be effective regulation which includes mechanisms for redress for patients where necessary” (The Wellcome Library, 2013). This instigated the need for tighter control and the creation of the Reflexology Forum (RF).

‘Too Much Monkey Business’¹⁴: The FIH and The Reflexology Forum

In 2000, the FIH received a £1m grant from the King’s Fund to begin work on the regulation of the many contrasting therapies that comprise the CAM professions. They received further funding from the Department of Health (£900,000) to continue its work and the money was distributed to the relevant therapy groups to assist them in creating codes of practice, disciplinary procedures, and accredited educational and training standards (Wellcome Library, 2013). Unfortunately, the Foundation ceased operating in 2010 due to a fraud scandal which blighted the reputation of CAM.

However, as a result of the House of Lords Select committee report and the funding provided for the standardisation and regulation of the therapies, the RF was created which sought to bring all the associations together to find a standardised approach. There was anticipation and enthusiasm within the discipline that this would unite the disparate associations and provide one umbrella organisation which would create a more powerful force for acceptance and integration. Unfortunately, the separate associations could not agree as they use different maps of the feet and hands, apply differing techniques and have varying levels of standards. This meant that not all the associations were consulted when voluntary regulation was implemented. However, the Forum did oversee the production of the core curriculum for reflexology (RF, 2006).

¹⁴ ‘Too Much Monkey Business’ (The Beatles, 1994) – The title symbolises the unethical handling of funds to regulate reflexology and other CAM practices.

'Till there was you'¹⁵: Reflexology Explained

Clinical Reflexology (Mackereth & Tiran 2002; Tiran & Mackereth, 2011) explores the subject in a detailed and comprehensive manner. It provides links to relevant research studies and investigates the physiological and psychological basis for reflexology. The ethical, legal and professional principles are exposed; a method of reflective practice considered and an overview of the educational developments are also provided. The book concludes with application to clinical practice within infertility, pregnancy and childbirth, in cancer care, smoking cessation and many other areas. This representation of reflexology creates a professional and credible position within contemporary society, yet this does not appear to be the image that is often displayed. It could be argued that this approach appears more closely aligned to the biomedical understanding on health yet recognises the social, holistic and integrated perspectives (Adams, 2010). Reflexology practitioners can view the therapy using reductionist assumptions yet often it is portrayed within holistic medicine which can be seen as an alternative practice by many (Pietroni, 1991).

'Devil in her Heart'¹⁶: The Image of Reflexology

It is recognised that this is not an academic source of information; however, in contemporary society, the go-to for information for the public, Wikipedia (2019) states:

Reflexology, also known as zone therapy, is an alternative medicine involving application of pressure to the feet and hands with specific thumb, finger, and hand techniques without the use of oil or lotion. It is based on a pseudoscientific system of zones and reflex areas that purportedly reflect an image of the body on the feet and hands, with the premise that such work effects a physical change to the body.

The language which is used to describe the therapy such as 'pseudoscientific' implies it is falsely or misleadingly claiming to use the scientific method. This leans towards the idea that it is not to be trusted. This is reinforced by the Friends of Science in Medicine (FSM) (2013) who consider themselves to be a powerful lobby group towards eradicating CAM from

¹⁵ 'Till There Was You' (The Beatles, 1963) – Until Clinical Reflexology was published there had not been a comprehensive exploration of reflexology in the UK.

¹⁶ 'Devil in Her Heart' (The Beatles, 1963) – Reflexology has been viewed as quackery which has led to a devilish image presuming trickery and deception.

healthcare. They suggest that “pseudoscience is flourishing in this most scientific of all ages,” claiming that Homeopathy, Iridology, Reflexology, Energy Medicine, Healing Touch, Kinesiology, Aromatherapy, Reiki, Crystal Healing, Auriculotherapy, Naturopathy, Traditional Chinese Medicine, Hypnotherapy, Massage and Meditation “do not change the course of any disease” and argue that the “three billion dollars per annum business” in Australia is unethical (FSM, 2013).

As a result of this belief, the FSM (2013) has committed to “encouraging tertiary educational institutions to remove health related courses not based on science and engaging regulatory authorities (and other responsible health care bodies) to reduce the real and potential harm from CAMs not based on science,” not only in Australia but also in the UK. The emphasis on their proclamations is around consumer protection. The message that this portrays is that it is dangerous and practitioners should not be trusted. The FSM (2013) maintains that there is no credible evidence that reflexology works.

‘The Fool on the Hill’¹⁷: Campaigns against the Use of Reflexology

A provocateur of CAM, Professor David Colquhoun, developed a website called Improbable Science which ridicules CAM therapies in order to discredit the practices (DC’s Improbable Science, 2020). He has for many years lobbied Universities to close down courses which teach CAM and targets practitioners who make claims around therapies that they cannot support with credible evidence. Similarly, the Nightingale Collaboration challenges questionable claims made by healthcare practitioners on their websites, in adverts and in their promotional and sales materials (The Nightingale Collaboration, 2018). They alert the appropriate regulatory bodies to misrepresentation of the evidence on their therapies and try to ensure that the organisations representing healthcare practitioners have robust codes of conduct for their members that protect the public and that these are enforced. One of the organisations that they report to is the Advertising Standards Authority (ASA).

¹⁷ ‘Fool on the Hill’ (The Beatles, 1967) – Who is the fool? This is for the reader to decide. Also, see Galbraith et al (2018) on the traits and cognitions on the use of and the belief in CAM.

The ASA (2019) state that testimonials have been used to indicate that reflexology has helped individuals with the relief of certain symptoms or conditions. The CAP Code states that “claims that are likely to be interpreted as factual and appear in a testimonial must not mislead or be likely to mislead the consumer” (Rule 3.4.7). Therefore, in the absence of robust scientific evidence, testimonials should not state or imply that a condition featured can be treated.” In 2011, a testimonial was deemed as misleading by the ASA because it inferred treatment claims for IBS without the advertiser providing robust clinical evidence to support the statements (ASA, 2019). The appearances can be very misleading and the image of reflexology misrepresented as a result.

‘All Things Must Pass’¹⁸: The Politics of Reflexology

As the use of reflexology and many other CAM therapies can be situated within a charity setting, it is pertinent to outline the political situation within this area. The CCEW launched a consultation in 2017 into the use of CAM. They asked several questions within the review such as, ‘What level and nature of evidence should the Commission require to establish the beneficial impact of CAM therapies?’, ‘Can the benefit of the use or promotion of CAM therapies be established by general acceptance or recognition, without the need for further evidence of beneficial impact?’. If so, what level of recognition, and by whom, should the Commission consider as evidence?’, ‘How should the Commission consider conflicting or inconsistent evidence of beneficial impact regarding CAM therapies?’ How, if at all, should the Commission’s approach be different in respect of CAM organisations which only use or promote therapies which are complementary, rather than alternative, to conventional treatments?’ and ‘Is it appropriate to require a lesser degree of evidence of beneficial impact for CAM therapies which are claimed to relieve symptoms rather than to cure or diagnose conditions?’ (CCEW, 2017). Some of the respondents to this consultation argued that “widespread acceptance or use of a therapy should be evidence of benefit’, however, “others argued that it should not, as even very widely held beliefs might be based on misjudgements” (CCEW, 2017). Nonetheless, studies since have demonstrated that reflexology is effective in

¹⁸ ‘All Things Must Pass’ (The Beatles, 1969) – the title was chosen as symbolically, reflexology must pass or pass ‘the test’ to become recognised and accepted in mainstream medicine or even to be used within charities.

relieving cancer related symptoms (Silverdale, Wherry & Roodhouse, 2019; Whatley, Street & Kay, 2018; Whatley et al, 2016).

‘Across the Universe’¹⁹: Reflexology around the World

The laws and regulation of reflexology varies throughout the world. In America, reflexologists need to have a licence to practice. Only two states (North Dakota and Tennessee) currently license reflexologists and Washington requires reflexologists to become certified with the Department of Health. Otherwise, cities and states have distinct requirements and regulatory agencies for practicing reflexologists (University of Minnesota, 2016). Conversely in the UK, anyone can practice reflexology and call themselves a reflexologist as it is not registered as profession and statutory regulated, although there is voluntary regulation available. In South Africa, reflexology gained statutory recognition for therapeutic reflexology from the Allied Health Professions Council of South Africa (AHPCSA) in 2001 (SAReflexology, 2020). There are 22 countries with professional associations throughout the world who are affiliated to the International Council of Reflexologists (ICR) (2020).

‘I Need You’²⁰: Professional Associations & Regulation

When telling the story of reflexology it is pertinent to outline the current position with regards to professional associations and regulation. There are currently several associations that reflexologists can join such as The British Reflexology Association (BRA), Association of Reflexologists (AoR), International Institute of Reflexology (IIR), Centre for Advanced Reflexology (CaR) Complementary Therapists Association (CThA), The International Federation of Reflexologists (IFR), or Professional Reflexology Association (PR). They all have differing requirements and eligibility criteria. For example, the AoR accept the nationally recognised Diploma Level 3 (QCF and RQF) to be a member whereas the BRA is only available to those who have passed examinations to obtain a Certificate/Diploma from the official teaching body which is the Bayly School of Reflexology. Membership to these organisations provides support, information, articles/research and online forums for

¹⁹ ‘Across The Universe’ (The Beatles, 1969) – This title was chosen as reflexology is practiced worldwide.

²⁰ ‘I Need You’ (The Beatles, 1965) – Professional reflexologists seek the support and guidance from professional associations and the public need the protection of a regulatory body to ensure the reflexologist meets the standards of practice required.

members and often provides cheaper insurance which the informants within the narrative inquiry alluded to in their discussions.

Clive O'Hara, who was a practitioner, teacher and founder of the Centre for Clinical Reflexology (CCR) and the Clinical Association of Reflexologists (CAR), and former Chair of the Education and Training Working Group of the RF, wrote this statement in the Core Curriculum for Reflexology in the United Kingdom (2006):

a prime requirement of this curriculum was to bring to reflexology education and training in the UK a common foundation that would end the disparity in course content and depth and provide a thread of continuity between practitioners that could be recognised by, and thus reassure, the public. Reflexology is holistic in its approach but this does not conflict with gaining understanding, and developing the science, of how it works. Reflexology is a healing art which can be cultivated on a bed of knowledge and fact. The wealth of variety of the talents that different practitioners and tutors bring to the profession can still flourish in this core curriculum

(RF, 2006)

He clearly expressed the need for a collaborative approach to raising the standards for reflexology, in order to provide a standardised professional stance. However, he recognised that this also needed to be flexible to embrace the many divergent practices which reflexology encapsulates. This is perhaps where the issue of becoming a profession could be problematic. Houle (1980) suggests that to be a profession it is necessary to clarify “a defining function”, to direct those working in the field, in order for non-professionals to comprehend the responsibilities that professionals undertake. In his model of professionalism there are 14 characteristics made up of “three larger categories: conceptual, performance, and collective identity” (McGill, 2018 p.90). Therefore, there perhaps needs to be some consensus regarding these issues within the practice for reflexology to become recognised as a profession.

As a result of the House of Lords Select Committee report and the funding to regulate many of the CAM therapies, the CNHC, the UK voluntary regulator for complementary healthcare practitioners, was developed with government support to protect the public by providing a UK voluntary register of complementary therapists and was approved as an Accredited Register by the Professional Standards Authority for Health and Social Care. However, this process did not run smoothly and another regulator set up at the same time in the form of the General Regulatory Council for Complementary Therapists (GRCCT) due to disagreements

within the professional associations. The professional associations detailed above must verify applications for CNHC or GRCCT registration of their members.

'In Spite of all the Danger'²¹: Risks of Reflexology

The CCEW (2017) while making decisions about charitable status when organisations use and promote CAM, suggest that there is a clear risk of harm from the use of therapies or treatments such as reflexology which are untested or are provided by unregulated practitioners. There is recognition that there is a greater risk of harm from alternative therapies because users may not seek, or may delay seeking, conventional treatments which have been shown to be effective. In addition, claiming to cure or diagnose may be harmful by misleading the public. The risks for complementary, as opposed to alternative treatments, many of which are used in palliative rather than curative situations, may not be as harmful. The reason being, that they are delivered alongside more conventional medicine so the people receiving treatment are likely to be aware of the conventional treatment options.

Jones *et al*, (2012) also raise concerns about safety when there is no consensus on the location of reflexes and inconsistencies in the guidance on the treatment that should be provided within the recommended reading in the core curriculum. They argue from the results of their survey exploring the treatment strategies for reflexology in cardiac patients and inconsistencies in the location of the heart reflex point that there is “a lack of clarity and consistency regarding the indication and contraindication of reflexology treatment for cardiac patients” (Jones et al, 2012 p. 149). However, this reductionist approach to working on or avoiding specific reflex points could be argued to be counterintuitive, if providing a holistic treatment.

²¹ 'In Spite of All the Danger' (The Beatles (then, The QuarryMen), 1958) – Used satirically as reflexology has not shown to do any harm, yet is portrayed as dangerous for the reasons described in this section.

'What You're Doing'²²: Theories of Reflexology

The question which is continuously asked of reflexology is: how does it work? Within the core curriculum for reflexology which was created in 2006 by the RF, there were ten specific theories presented along with four other potential factors which contribute to the therapy's beneficial outcomes. How reflexology works is still unknown although several theorists have historically put forward ideas on the possible basis for its efficacy; 'Pain gate control' (Melzack & Wall, 1965), 'Nerve impulse theory' (Bliss & Bliss, 2000), 'Electromagnetic theories' (Bliss & Bliss, 1999), 'Energy blockage theories' (Kunz & Kunz, 1985), 'Lactic acid theory/ U bend theory' (Bliss & Bliss, 1999), 'Endorphin/enkephalin release theory' (Ginsberg & Famey, 1987), 'Autonomic & somatic integration theory' (Kunz & Kunz, 1998), 'Proprioceptive theory' (Kunz & Kunz, 1988), 'Meridian theory' (Dougans, 1996) (Crane, 1996) and finally, 'Embryo containing information of the whole organism (ECIWO) theory' (Frandsen, 1998) according to (RF, 2006). Other theories included the 'placebo effect', 'the effect of the therapeutic relationship' (NOS, 2001 *in* RF, 2006) between client and practitioner and the overall effect of the 'Reflexology Package' (Mackereth & Tiran, 2000 *in* RF, 2006). There is also mention of the power of the effect of relaxation upon the client without other intervention. I am conscious that the updated core curriculum does not include these explanations. Diagram 1 offers a collection of theories which will be discussed later in Chapter 5 where they will be disrupted and deconstructed and assessed for believability.

²² 'What You're Doing' (The Beatles, 1964) – This title was chosen as 'What you're doing' begs the question, what is the mechanism of action of reflexology.

Diagram 1: Traces of Diachronic Reflexology



Part Two: 'Tell Me Why'²³: Experimental Research in Reflexology

The main approach to evidencing reflexology has been the use of a RCT. Ernst, Posadzki & Lee (2011) aimed to systematically summarise and critically evaluate the data from Randomised Controlled Trials (RCTs) of reflexology as a treatment for any human condition. Their findings suggested that the “notion that reflexology is an effective treatment option” must be disputed as it is “currently not based on the evidence from independently replicated, high quality clinical trials” (Ernst, Posadzki & Lee, 2011 p.119). They suggest that future studies of reflexology should be “in line with accepted standards of a clinical trial design and reporting (CONSORT). In particular, studies should be of adequate sample size, use validated

²³ 'Tell My Why' (The Beatles, 1964) – The title represents the question 'Tell Me Why' reflexology? What does reflexology do? Why research it in this way?

outcome measures, control for non-specific effects and minimise other sources of bias” (Ernst, Posadzki & Lee, 2011 p.119).

As mentioned earlier a search of relevant databases found studies exploring the ‘effects of reflexology on quality of life reported in primary research articles conducted in the UK and Ireland between 2005 and 2020’. A particular focus on reflexology and quality of life was considered rather than all of the current research available which reflects the nature of the current research approach within the subject area. This represents a discrete area of reflexology but adds to the body of knowledge presented for this modality. However, you must prepare to enter into a positivistic structured encounter whilst reading this section, which is juxtaposed against the epistemological approach of a narrative inquiry. This endeavour was necessary for the requirements of the programme but is far removed from the nature of this current project. However, it still provides some evidence of the research methodologies presently adopted in this area of study. The sample of studies related to a wide variety of medical conditions such as Cancer (Dyer *et al*, 2013), Multiple Sclerosis (Miller, McIntee & Mattison, 2013, Mackereth *et al*, 2009), Parkinson’s Disease (Johns, Blake & Sinclair, 2010), Breast Cancer (Sharp *et al*, 2010) Low back pain (Quinn, Hughes & Baxter, 2008) Chronic Low Back Pain (CLBP) (Poole, Glenn & Murphy, 2007), Rheumatoid Arthritis (Khan, Otter & Springett, 2006) and Chronic Obstructive Pulmonary Disease (COPD) (Wilkinson, Prigmore & Rayner, 2006). The full details of the search strategy including the keywords, databases searched and inclusion and exclusion can be found in appendix 1 and a table of the studies is also included in Appendix 2.

The research used an array of outcome measures within the studies in the form of questionnaires, some general health questionnaires and others disease specific. The most popular method of measurement which was used to measure a variety of aspects of wellbeing was the Visual Analogue Scale (VAS) (Gould *et al*, 2001) used by Dyer *et al* (2013); Miller, McIntee & Mattison (2013); Quinn, Hughes & Baxter (2008); Atkins & Harris (2008) and Poole, Glenn & Murphy (2007). However, VAS can be very difficult to interpret and is not a recommended outcome measure (Mathers, Fox & Hunn, 2009). Atkins & Harris (2008) and Mackereth *et al* (2009) used the General Health Questionnaire - 12 (GHQ-12), of which there are variations, including the GHQ-60, GHQ-30, and GHQ-28 (GL Assessments UK, 2016).

However, the GHQ-12 is reasoned as being a quick, reliable and sensitive short form which is seen to be ideal for research studies as it contains only 12 questions (GL Assessments UK, 2016). Other outcome measures were used by Atkins & Harris (2006) in their study on reflexology for workplace stress including Measure Yourself Medical Outcome Profile 2 (MYMOP2) (Meaningful Measures, 2021) which was a free, patient-generated problem-specific measure that allowed the individual to select the most important problems which they wished to address (Framework for Measuring Impact, 2012). They also combined this with a symptoms checklist (SC) and a daily diary. The Rheumatoid Arthritis Quality of Life (RAQoL) Questionnaire (Galen Research, 2021) and the Foot Pain Disability Questionnaire (FPDQ) (Garrow *et al*, 2000) were utilised by Khan, Otter & Springett (2006) which are both reported as valid tools within the research. Quinn, Hughes & Baxter (2008) also used the McGill Pain Questionnaire (Melzack, 1975), Short Form-36 (SF36) (Ware & Sherbourne, 1992), Roland-Morris Disability Questionnaire (Roland & Morris, 1983), and the State Anxiety Inventory (SAI) (Spielberger *et al*, 1983). The Parkinson Disease Questionnaire 39 (PDQ39) (Oxford University Innovation, 2021) was used by Johns, Blake & Sinclair (2010). Poole, Glenn & Murphy (2007) also used the SF-36 (Ware & Sherbourne, 1992) alongside The Oswestry low back pain disability questionnaire (ODQ) (Fairbank *et al*, 1980) the Beck Depression Inventory II (BDI-II) (Beck *et al*, 1997) and the Pain Visual Analogue Scale (Wallerstein, 1984).

Protocols also differed from study to study. Miller, McIntee & Mattison (2013) and Sharp *et al* (2010) provided eight weeks of one hourly treatments whereas, Quinn, Hughes & Baxter (2008) and Khan, Otter & Springett (2008) provided six weeks of forty minute treatments while Mackereth *et al* (2009) and Poole, Glenn & Murphy (2007) provided six weeks of one hourly treatments. Atkins and Harris (2008) gave five weeks of hourly sessions and Wilkinson, Prigmore & Rayner (2006) and Dyer *et al* (2013) gave only four weeks of hourly treatments. Lastly, Johns, Blake & Sinclair (2010) provided eight treatments which were given over twenty weeks. Four of the treatments were given at two weekly intervals and the second four, at three week intervals. This again does not show consistency and in many studies does not provide the recommended treatment period outlined by many theorists (Norman, 2006; Pitman & McKenzie, 2002; Hall, 2000).

The main effects were summarised into themes of effects on pain, relaxation and anxiolytic effects, effects on sleep and effects on general wellbeing.

'Getting Better'²⁴: Effects on Pain

One of the aspects of reflexology that featured consistently throughout the research was the effect on pain and found reduction of pain in the majority of the studies in the sample (Dyer et al, 2013; Miller, McIntee & Mattison, 2013; Mackereth et al, 2009; Atkins & Harris, 2008; Khan, Quinn, Hughes & Baxter, 2008; Poole, Glenn & Murphy, 2007; Otter & Springett, 2006). Atkins & Harris (2008) within their preliminary study on managing stress in the workplace with reflexology asserted that participants reported the greatest improvement with musculoskeletal problems particularly 'muscular tension' and back, shoulder and/or neck pain which as a result impacts on quality of life. However, this was a preliminary SSED study with only four participants so is therefore limited and cannot establish a causal relationship. The authors acknowledge this and that the "therapist acting as researcher also has its own inherent limitations" (Atkins & Harris, 2008 p.286). Yet, despite the obvious bias that may be present and the possible potential for participants to want to please the researcher, the authors argue that negative outcomes were reported as well as positive.

Khan, Otter & Springett (2006) in their case report to discover the effects of reflexology on foot pain and quality of life found a reduction in foot pain for a patient with rheumatoid arthritis using the FPDQ as an outcome measure. The findings of this study are very descriptive as there is nothing to compare to and are obviously not generalizable. Case report as a methodology does not feature highly on the hierarchy of evidence (Saks & Allsop, 2013). However, single subject research has the potential to provide rich depth and detailed description (Creswell, 2014). Yet, Khan, Otter & Springett (2006) provide very limited information, do not provide a rationale for using the methodology and could have included other patients within the study to consider if their experiences converge or diverge.

Mackereth *et al* (2009) reported reduction in bodily pain using the SF-36 in their study on reflexology compared with muscle relaxation training for people with multiple sclerosis

²⁴ 'Getting Better' (The Beatles, 1967) – The research demonstrated a reduction in pain – therefore getting better was deemed a pertinent title here.

using a crossover design with a washout period of four weeks. The authors acknowledge that the wash out period may not have been sufficient as both arms of the study did not return to their initial values before the comparison treatment began (Mackereth *et al*, 2009). They also question whether a parallel design or a three-arm study including a non-treatment group may have been more appropriate with which The Cochrane Collaboration (2011) would concur. However, the ability to compare results with alternative treatment enhanced the study.

Quinn, Hughes & Baxter (2008 p.5) reported in their RCT on reflexology in the management of low back pain that three out of the seven participants in the reflexology group showed a “decrease in pain that achieved clinical relevance, three others showed a small improvement and only one participant felt their pain was worse at the end of treatment.” One of these individuals also only received four treatments out of the six but “indicated a clinically important reduction in pain from week one to week six” (Quinn, Hughes & Baxter, 2008 p.5). Four of the sham reflexology group had increased pain scores using the VAS scale and four felt a reduction in pain, however, these scores were not seen to be clinically important according to Quinn, Hughes & Baxter (2008). They suggest that reflexology may be of benefit in the treatment of low back pain based on the results and may have some wider benefits in terms of quality of life but a suitably powered RCT (37 participants per group) would need to be undertaken to establish a definitive conclusion.

Conversely, Johns, Blake & Sinclair (2010) report increased bodily discomfort after the intervention, within their cross-over design longitudinal study of 14 patients addressing if reflexology can maintain or improve the well-being of people with Parkinson’s Disease. This may be attributed to the nature of reflexology whereby symptoms can become worse before they improve (Gunnarsdottir & Johnsdottir, 2010). This has not been raised as an issue within the research but it could be argued that the frequency of treatments may have contributed to this outcome as the protocol provided four treatments given at two weekly intervals and a further four treatments at three weekly intervals which does not adhere to the recommended treatment intervals suggested by many reflexology text books (Issel, 2014; Norman, 2006; Pitman & McKenzie, 2002; Hall, 2000).

Miller, McIntee & Mattison (2013) in the results of their pilot study evaluating the effects of reflexology on quality of life and symptomatic relief in multiple sclerosis patients with moderate to severe disability showed improvement in the reflexology group for reduction in pain in contrast to the sham reflexology group. However, overall they claim their results “do not support the use of reflexology for symptom relief in a more disabled multiple sclerosis population and are strongly suggestive of a placebo response” (Miller, McIntee & Mattison, 2013 p.591). Yet, they do propose that it was well tolerated by people who suffer moderately to severely with multiple sclerosis. This study does not identify as an RCT in the title which the Consolidated Standards of Reporting Trials (CONSORT) (2010) checklist recommends but in the methodology claims to be a single-blind placebo controlled trial and was identified as a pilot study which according to the National Institute of Health Research (NIHR) (2016 p.2) should be a “version of the main study that is run in miniature to test whether the components of the main study can all work together.” 37 people were contacted to take part but only 20 ultimately took part in the trial due to exclusion of participants who did not fit the criteria, withdrew, could not commit to the full treatment or were unwell. 10 received reflexology and 10 sham reflexology for which the authors report the use of a block randomisation process to allocate the groups. However, they do not identify how the sample size was calculated which is again a requirement outlined by the CONSORT (2010) checklist.

Dyer *et al* (2013) also failed to acknowledge that their study was an RCT in the title unlike the other four RCTs in the sample of studies but do provide an explanation of the sample size calculation. They claim that to achieve 90% power a sample size of 47 patients in each group was required in their study addressing if reflexology is as effective as aromatherapy massage for symptom relief in an adult outpatient oncology population (Dyer et al, 2013). They ultimately recruited 115 subjects (58 aromatherapy massage and 57 reflexology) and found there was no statistical difference between groups. Using the MYCaW questionnaire they claim that “the mean change and confidence intervals in each group are such that one can be confident that there is a clinical benefit due to both the reflexology and aromatherapy interventions” (Dyer et al, 2013 p.143). As a result of this study which was funded by the Royal Marsden Hospital in London, they introduced reflexology alongside aromatherapy massage and claim on their website that “these therapies can help you with pain, muscle

stiffness, breathlessness, anxiety and fatigue, or if you just need something to lift your mood or help you cope with your treatment” (The Royal Marsden NHS Foundation Trust, 2016). Within the MYCaW follow up form, which allows for the capture of qualitative data, one patient reported that “the improvement in my lower back pain has been staggering” (Dyer *et al*, 2013 p.145).

Sharp *et al* (2010) in their RCT of the psychological effects of reflexology in early breast cancer considered pain within the FACT-B (breast cancer version). They claim this to be the largest RCT of reflexology reported in the cancer literature to date (Sharp *et al*, 2010 p.319). 183 women within this study were randomly assigned within a hospital setting to one of three groups either receiving reflexology (n=61), massage (n=60) or self-initiated support (SIS) (n=62) using permuted blocks randomisation sequence stratified for menopausal status, chemotherapy and radiotherapy. They provide detailed information on the process of randomisation and were funded by the UK National Health Service, National Cancer Research and Development Programme (Sharp *et al*, 2010). However, data on the specific aspect of the questionnaire relating to pain is not provided as it gives a total score overall. The area of greater emphasis for this study was the effect of reflexology on relaxation.

Poole, Glenn & Murphy (2007) investigated the effectiveness of reflexology for CLBP using a pragmatic randomised controlled trial. 243 participants were randomised to one of three groups; reflexology, relaxation or non-intervention (usual care). They sought to address many of the issues found in previous studies with design. For example, the use of five reflexologists rather than just one. They claimed the use of one reflexologist has been criticised as it was argued that the failure to demonstrate an effect may be due to the therapist and not the therapy. Although the results of the trial did not demonstrate that adding reflexology to usual GP care was any better than GP care alone, there was a slight trend towards more favourable outcomes (pain reduction being one) for patients receiving reflexology.

'Glad All Over'²⁵: Relaxation and Anxiolytic Effects

Another theme within the sample of research was the effect of reflexology on relaxation and anxiolytic effects. Sharp *et al* (2010 p.316) found that the reflexology patients within their study were significantly more relaxed than the two other arms of the study. The authors report that at the primary end-point on the MRS relaxation scale scores massage and reflexology patients were significantly more relaxed than those randomised to the SIS group. Only reflexology showed a statistically significant benefit over SIS at the secondary endpoint (Sharp *et al*, 2010). Equally, Dyer *et al* (2013 p.143) provide a quote from one of their patient's stating that "the opportunity to be assisted in achieving physical relaxation – quite a different thing to simply lying down to rest."

One participant in the Atkins & Harris (2008 p.285) study reported during the semi-structured interview that "knowing I was having reflexology and looking forward to it, helped me get through the week...the treatments reminded me how to relax." Within this study the four participants had all experienced stress which they believed was having a negative effect on their physical and psychological well-being due to "unrealistic timeframes, deadlines, workload and dealing with people" (Atkins & Harris, 2008 p.283).

Mackereth *et al* (2009) also suggest that the reduction in anxiety is the 'added value' of reflexology. They claim that state anxiety (SAI) values dropped significantly in the reflexology group. Johns, Blake & Sinclair (2010 p. 99) found "the most immediate benefit of reflexology for recipients was relaxation." People with Parkinson Disease are reported to be less responsive in the short-term to relaxation therapies as they seem to present with chronic stress which may be difficult to unlearn according to Johns, Blake & Sinclair (2010). Therefore, to achieve relaxation in the majority of patients is promising for Parkinson Disease sufferers.

Wilkinson, Prigmore & Rayner (2006) reported that the reflexology group became more relaxed in their RCT examining the effects of reflexology of patients with chronic pulmonary disease (COPD). There were four strands to the analysis of their research which measured

²⁵ 'Glad All Over' (The Beatles, 1963) – Reflexology was shown to aid in relaxation and reduces anxiety therefore this title has been used symbolically.

quality of life, physiological measurements, diary cards, quality of life questionnaires and evaluation questionnaires. They claim that the short term reduction in heart-rate in the reflexology group was statistically significant to 95% confidence which showed consistency with the greater relaxation. However, they refer to the quality of life measures as qualitative which is clearly a reporting error. Quality of life questionnaires produce ordinal data therefore should be identified as quantitative. There is no mention of gaining ethical approval within the research, they fail to make explicit how the sample was calculated or randomised, provided treatment for only four weeks and there is a spelling error in the title which reduces the credibility of this research.

'Beautiful Dreamer'²⁶: Effects on Sleep

The effect of reflexology on sleep was also an aspect of wellbeing that was referred to in a number of studies. Atkins & Harris (2008 p.284) found that three out of four participants reported improvements in sleep such as 'sleep disturbances and difficulties getting off to sleep.' However, one participant showed deterioration in individual scores particularly during the intervention stage which could be attributed to what is referred to as a 'healing crisis' in reflexology literature as the treatment period was only 5 weeks. This perhaps may have improved given a longer treatment period.

Wilkinson, Prigmore & Rayner (2006) report that patients felt they had benefited from taking part in their study and claimed that there were changes in their sleeping patterns but the authors suggest that as these results were qualitative they would need to have further quantitative analysis before an association with reflexology could be accurately drawn.

Sharp *et al* (2010) use the FACT-B – breast cancer version questionnaire which assesses sleep. However, they do not present the detail of the all aspects of the questionnaire for all 183 women so this feature cannot be dissected from the overall score. Dyer *et al* (2013 p.145) within their study provided a quote by one of the participants after receiving reflexology stating that "my sleep has really improved." One study recognised that the RAQoL does not

²⁶ 'Beautiful Dreamer' (The Beatles, 1963) – From the studies included reflexology has been seen to improve sleep therefore this title was deemed appropriate.

address sleep within its outcome data sets but suggest that this may be “informative in determining the events of these interventions” (Khan, Otter & Springett, 2006 p. 115).

‘Every Little Thing’²⁷: Effects on General Wellbeing

Dyer *et al*, (2013); Johns, Blake & Sinclair, (2010); Sharp *et al*, (2010), Mackereth *et al*, (2009); and Quinn, Hughes & Baxter, (2008), all reported improvement in general wellbeing. Atkins & Harris (2008 p.285) “identified stronger trends towards improvement than deterioration” in general wellbeing for all their participants (n=4). None had taken time off work during the six weeks of treatment and reported “relatively high levels of psychological well-being at all three data collection points” (Atkins & Harris, 2008 p.283). None of the participants were receiving medication for their symptoms for which they claim that three of the participants felt avoiding medication for their problem was very important. This is an obvious problem when conducting research as medication can mask symptoms and limit the potential effects of reflexology. Johns, Blake & Sinclair (2010 p.100) also discuss medication and claim that some of their patients had medications altered during the trial period.

Khan, Otter & Springett, (2006 p.115) used the RAQoL questionnaire to assess physical signs and symptoms (pain, function, and deformity), general wellbeing (reduction in fatigue, ‘feeling well’), return to normality, reduction in the emotional impact of RA and reducing the ‘fear of the future’ in which the patient showed a marked improvement in concerns about personal appearance as a result of reduced foot pain but reflexology did not appear to influence expressed quality of life.

Wilkinson, Prigmore & Rayner (2006) found that there was no evident change in quality of life in their study and Miller, McIntee & Mattison (2013 p. 598) also claim that “reflexology does not offer any additional benefits to quality of life and symptomatic relief in comparison to sham reflexology in people with moderate to severe disability in multiple sclerosis.”

²⁷ ‘Every Little Thing’ (The Beatles, 1964) – Reflexology was found to improve quality of life in many areas. Therefore, even small improvements in several areas of a person’s wellbeing can make a difference overall.

'Etcetera'²⁸: Additional Research on Reflexology

From the original search for exploring 'effects of reflexology on quality of life, several studies were excluded as they used purely biometric outcome measures or measures of pain (Samuel & Ebenezer, 2013; Jones et al, 2013; 2012; Hughes et al, 2011; McVicar et al, 2007) or used retrospective data to explore intranatal outcomes (McNeill, Alderdice & McMurray, 2006). Samuel and Ebenezer's (2013) study was excluded due to not meeting the inclusion criteria but has been seen as pivotal in the field of reflexology. The reflexology world became excited by the fact that there seemed to be some scientific evidence for reflexology and its ability to reduce pain.

Samuel & Ebenezer (2013) explored the efficacy of reflexology on acute pain induced in healthy human subjects using a sham TENS control. They employed an ice-pain experiment which involved volunteers ($n = 15$; 11 female and 4 male with a mean \pm SEM age of 37.7 ± 2.6 years) immersing their non-dominant hand in a container of ice-slurry whilst two indices of pain, i.e. threshold, (the time taken for subjects to experience the first pain sensation) and tolerance (the time when the subject is unable to tolerate any further pain), were measured. The results were expressed as compared to control data, reflexology increased acute pain threshold ($F_{(1,14)} = 4.5958, p < 0.05$) and tolerance ($F_{(1,14)} = 5.1095, p < 0.05$). In the findings of this research it was stated that it demonstrates "that reflexology produces antinociceptive effects in a controlled experiment and suggest the possibility that reflexology may be useful on its own or as an adjunct to medication in the treatment of pain conditions in man" (Samuel & Ebenezer, 2013 p57).

'Something'²⁹: Critical Aspects

Most of the reviewed research used an experimental design of some description and were mainly RCTs which are widely accepted as the 'gold standard' of research. However, this contradicts the methods that are suggested for research into CAM. This was highlighted in

²⁸ 'Etcetera' (The Beatles, 1968) – Additional (etc.) research was added from the literature search which has seen to be influential in the story of reflexology.

²⁹ 'Something' (The Beatles, 1969) – This title was chosen as it was revealed from the literature that 'something' happens when reflexology is employed. These initial observations serve to form some of the recommendations for the future of the practice.

the House of Lords (2000) report, nevertheless, Sharp *et al* (2010 p.320) argue that their study “demonstrates that it is feasible to evaluate CAM using randomised controlled trial methodology employing conventional, well validated outcome measures.” They urge research funders to support trials of other CAM modalities using the same outcome measures in other populations.

The therapeutic relationship which is recognised as an important part of the healing process was consistently mentioned in the research but cannot be fully incorporated or eliminated in RCTs which arguably would negate some of the findings. Qualitative research could provide a greater understanding of the complexities involved in the experience of the patient including the therapeutic relationship which cannot be addressed in RCTs (Richardson & Saks *in* Saks & Allsop, 2013). One study combined qualitative data using semi-structured interviews and daily diaries to support the quality of life questionnaires (Atkins & Harris, 2008). They found that the client-therapist relationship was important, one participant stating “I enjoyed it thoroughly. Knowing someone was available to help to listen without being judgemental, helped me” and another said “feeling comfortable with the therapist helped me” (Atkins & Harris, 2008 p. 285).

Khan, Otter & Springett (2006) also recognise that the patient/practitioner relationship needs to be factored in when designing studies but do not address the impact this may have had within their study. Mackereth *et al* (2009a p.19) also suggest that, “teasing out whether this anxiolytic effect was due to the therapist or the intervention or both requires further investigation.” Mackereth *et al* (2009b) additionally identified that the treatment sessions provided a ‘social space’ which was safe and supportive allowing the participants to confide their current difficulties whether physical or psychological. Therefore, there may be a transmogrification of the modality when only one aspect of the therapy is tested resulting in a distortion of the results. The ‘reflexology package’ is then being split into separate aspects and not considered as an overall treatment (Mackereth, 2011). Only two studies (Miller, McIntee & Mattison, 2013) (Quinn, Hughes & Baxter, 2008) provided a sham treatment in an attempt to isolate the specific effects of the treatment although others did use other treatments to compare outcomes. A discussion on the placebo effect is beyond the scope of

this section but needs to be acknowledged within the treatment and is discussed further in the chapter 5.

This chapter has provided a detailed literature review of reflexology in order to answer one of the research questions:

1. Explore the evolution and development of reflexology from a diachronic perspective.

I am cognisant that this does not include every piece of writing or every research article on the subject of reflexology as this would be an impossible task within this thesis. However, an attempt has been made to provide an accurate account of the history, development and contemporary use of reflexology and I have presented the most pertinent literature on this subject area in the UK. There are also many studies from all over the world which could have been included such as the study carried out in Japan using functional MRI which has shown that by stimulating the eye reflex on the foot, the area of the brain relating to sensation to the face is activated demonstrating the linkage to the brain (Miura et al, 2013). However, in order to provide a critical analysis of a manageable amount of research only UK research was included for the critical literature review.

Chapter 3

'Ask Me Why'³⁰: The Methodology

'Ask Me Why' continues the Beatles theme and seeks to provide a detailed description of the methodology and methods used for this study. From an initial exploration of the literature the requirement for an alternative investigation into the world of reflexology appeared possible to provide a more semiotically insightful exploration of how reflexology represents in health and wellbeing storying. To reiterate, the research used narrative inquiry to achieve 2 aims as well emerging an appreciation and application of Derrida's deconstruction theories to interrogate the literature and the interview data (Derrida, 2016; 1993):

1. Explore the evolution and development of reflexology from a diachronic perspective.
2. Elicit synchronic narratives of reflexology from practitioners and patients.

Therefore the following research questions were posed;

1. To what extent are contradictions, dilemmas and tensions regarding reflexology evident in participants' accounts of their experience of reflexology?
2. What kinds of identities do participants construct for themselves and others in relation to reflexology as a therapeutic intervention?

'So How Come'³¹: Philosophical Position

Explication of my philosophical, ontological and epistemological assumptions within the research process will firstly be discussed followed by an overview of the methods utilised to capture, organise and poetically analyse the data including the effect my position had on the research. I discuss within this section how my doctoral journey led me to a Derridean approach to analyse the research data and how and why other methodologies and

³⁰ 'Ask Me Why' (The Beatles, 1963) – Why have I conducted the research in this way? The chapter explores the methodology and methods the study employed.

³¹ 'So How Come' (The Beatles, 1963) – I answer this question by exploring my philosophical, ontological and epistemological assumptions.

approaches were disregarded. The ethical considerations of the study are also presented within this part of the thesis.

For the purposes of defining ontology within this context, it is necessary to focus on how my ontological assumptions affected my position as a researcher. So far, I have discussed how poetics, be they lyrical or the everyday utterances storying reflexivity, can be understood as semantic artefacts and now I stress how inference is an endless chain of deferment (in a Derridean sense) whereby I, as audience, construct meaning (to recognise representation). Simply put, I note how we are “embedded in commitments to particular versions of the world (ontology) and ways of knowing that world (epistemology)” (Usher, Bryant & Johnstone, 1997 p.176). Therefore, in situating my positionality within the research and to understand my ontological and epistemological assumptions, it was necessary to explore differing paradigms or traditions; finding that historically one paradigm has succeeded over another leading to the emergence of multiple co-existing research traditions (Kuhn, 2012). I recognise from exploring research texts that authors refer to ontologies and epistemologies using different terminology (Creswell, 2014, Denzin & Lincoln, 2011, Mertens, 2010, Crotty, 1998). Nonetheless, for the purposes of this thesis, I will refer to Creswell (2014) who proposes that there are four main worldviews that are discussed in the literature, post-positivism, constructivism, transformative and pragmatism. My ‘worldview’ has been influenced by the understanding of the periods of conflicts which have led to the three paradigms wars; the post-positivist-constructivist war against positivism (1970–1990); the conflict between competing post-positivist, constructivist, and critical theory paradigms (1990–2005); and the current fight between evidence-based methodologists and the mixed methods, interpretive, and critical theory schools (2005–present) (Denzin and Lincoln, 2011).

From the exploration of these past conflicts and gaining an understanding of the fundamental principles within these paradigms, I see myself in a tradition which is theory generating (constructivist or constructionist) rather than theory verifying (post-positivist) (Creswell, 2014, Denzin & Lincoln, 2011). There is a discussion to follow around constructivism and constructionism where I explain these positions within my justification for the rejection of other methodologies. I recognised when theorising about knowledge, that rationalism and

empiricism are often debated and discovered that I do not subscribe to the post-positivist or the scientific method which holds a deterministic worldview stemming from positivism which is still dominant.

The use of numerical data was and continues to be seen as superior in the research world and “the mystique of science proclaims that numbers are the ultimate test of objectivity” (Remenyi, 2005; Gould 1992). “Our ability to understand the world and thus create knowledge was originally through verbal expression and this, pre-dates our numerical facility by many millennia” (Remenyi, 2005 p.134). In light of this recognition and despite the dominance of logical positivism, my attention was turned towards the naturalistic methodology of narrative inquiry which explores experiences as understood narratively and sits within the interpretivist or constructionist tradition (Clandinin & Huber, 2010). Whereby, “narrative inquirers strive to attend to the ways in which stories are constructed, for whom and why, as well as the cultural discourses that it draws upon” (Trahar, 2009 p.1).

Leggo (2008 p.18) suggests that the story “always opens up more questions than it provides answers.” With this in mind, I recognised that this approach could reveal potential areas for further research into reflexology. Frank (1997 p.53) additionally proposes that “stories are a way of redrawing maps and finding new destinations” and questioned the research focussing on slavery in the American South which concluded that ‘slaves were whipped an average of 0.7 times per year.’ It could be argued that numbers do not provide an account of the lived experience, Portelli *in* Frank, (2012, p.113) propositioning that “one creative storyteller, a brilliant verbal artist, is as rich a source of knowledge as any set of statistics”.

Reflexively, I made sense of the methodologies available to use by breaking down the key messages into verse. This poem I wrote displays my dilemma within my decision making for this research and the temptation to engage in the dominant research tradition. I recognised from this that a deeper exploration of my subject area allows new possibilities and opportunities to be revealed, in contrast to the current research environment which still favours a positivist philosophical basis holding randomised controlled trials (RCTs) as the gold standard as outlined in the last chapter. I am mindful that RCTs do not always elucidate the full experience; therefore this research bucks the trend of using quantitative methods to prove efficacy or effectiveness of reflexology in order to explore the metaphysical rather than the physical aspects of the modality. Embracing the more in-depth experiences of reflexologists and exploring other potentials for providing an evidence base for reflexology is important within this research. In light of Portelli's statement I would argue that this method provides a richer understanding of the experiences of humans rather than sets of statistics which leave the reader unsure of the meaning of the experience.

Quantitative Research

*Quantitative research....feeling
incongruent sensations,
Hypotheses to test so we can
generalise behaviours,
My natural response is one of fear
and dread,
But could the positivist paradigm
move me further ahead?*

*Ninety five percent of research uses
quantitative methods,
Should I follow the herd and join in
with these endeavours?
Discovering the variables raises
questions to contemplate,
To define, measure, examine and
then to replicate.*

*Statistical analysis using laws of
valid inference,
We could use P values to prove
statistical significance,
Implementing T tests to find a
correlation,
There's the requirement to find the
standard deviation.*

*Experimental design or
observational study,
Random sampling to gain a
representative body,
Double blind RCT is the gold
standard as we know,
But gaining rich narrative data still
feels the right way to go!
Sally Price (2014)*

There is an expectation by healthcare providers for evidence for the use of reflexology to afford a scientific trace which is seen to be objective as without this credible proof, supportive funding for an intervention may not be provided. It could be argued that if reflexology does not prove to be effective in Randomised Controlled Trials or using other methodologies deemed to provide objective evidence, then it may not be implemented in the healthcare system and dismissed as pseudo-scientific quackery.

Phenomenology

*Phenomenology or exploring
lived experience,
Will my position bias, or will it
influence?
Husserl would say there is a
need to bracket,
Remove
feelings....emotions...make them
static!*

*Hermeneutics to work out
what it is that makes us tick,
Bringing in the researcher's
beliefs is not designed to trick,
Finding rich explanations of
your participants,
What is it that caused their
particular encumbrance?*

*Linguistic metaphor analysis
could leave you quite confused,
Analysing underlying meanings
of the words that have been
used,
Producing categories can help
to understand the data,
Using Creswell's spiral of
analysis may find a hot potato!*

*Focus groups can allow their
stories to emerge,
No predictions to be made to
side-track or diverge,
Heidegger's approach
advocates 'presence' or 'being
there',
So, is this the best philosophy
for my research in health care?
Sally Price (2014)*

However, despite this a more naturalistic approach seemed apposite. Lived experience has been explored by many philosophers and researchers using a range of methodologies from phenomenology to auto-ethnography. Phenomenology appealed for a while (which can be demonstrated by the poem I have included here) as exploring lived experience appeared to be the focus of inquiry for this study. However, the notion of 'science of experiences' did not demand to be employed once a greater depth of knowledge of the concept was gained (Van Manen, 1990). Applying the scientific method to the exploration of phenomena juxtaposed the intentions of the investigation. The goal of phenomenology is to reduce individual experiences of a phenomenon to a description of the universal essence or a "grasp of the very nature of the thing," (Van Manen, 1990, p. 177) which does not sit within the anti-essentialist ontology of social constructionism to which I have subscribed (Burr, 2015). The notion of identifying a phenomenon or an "object" of human experience within this methodology, I found, contradicted my ontological assumptions. Additionally, the application of this approach would identify a collective truth which seemed disingenuous to my philosophical stance.

Through the exploration of my positionality I came to recognise that my philosophical, ontological and epistemological assumptions of the world did not align to these methodologies. For a period there was enticement towards the methodology of ethnography as you can see from the poem, sensing that this seemed like a more compatible approach to explore lived experience. This research does not claim to use an ethnographic methodology although the autobiographic aspect could align with an autoethnographic approach (Ellis, Adams & Bochner, 2011). Nonetheless, it was clear that in order to be congruent in the research process the adoption of a methodology that is underpinned by a naturalistic form of inquiry was more authentic. Therefore when narrative inquiry (Wang, 2015, Frank, 2012, Clandinin & Huber, 2010, Trahar, 2009, Leggo, 2008, Remenyi, 2005) was discovered as an approach this became the methodology of choice as voicing the stories hidden within the reflexivity world is consistent with this form of research. My poem below captures the key aspects that attracted me to this methodology.

Ethnography

*Observational research, call it
ethnography,
Recognition and validation of the
oppressed minority,
Exploring the subjective world with
in-depth understanding,
Of the groups under inquiry, can be
quite demanding.*

*Ideologically driven,
anthropological tradition,
Examining behaviour that is
shaped by situation,
The Chicago school taught
participant observation,
Learning to see,
describe...remember, with
interpersonal communication.*

*Non-participant observation,
looking at a social system,
To gain direct understanding of the
tribe or custom,
Ethical consideration can be deeply
problematic,
There is no place here for being
bureaucratic.*

*Sensitivity is integral, your profile
fundamental,
The rules go out the window for
something monumental,
Not for the feint-hearted
researching a diverse human
group,
So could this be how to get the
most illicit scoop?*

Sally Price (2014)

Narrative Inquiry

*We live storied lives
Life history, biography
Inquiry into narrative
Explore sociologically*

*Anecdotal data
Provides educational
experience
Living, telling, retelling,
Reliving can influence*

*Politics and power
How do they interplay?
Post structural voices
Let them have their say*

*Disentangle the meanings
Interpret and unveil
In a collaborate relationship
To convey the storyteller's tale
Sally Price (2018)*

The 'narrative turn' which has recently emerged in research identifies that stories can illuminate experiences that numbers cannot always express which is appropriate to answer the research questions posed (Wang, 2015, Meretoja, 2014, Frank, 2012, Clandinin & Huber, 2010, Trahar, 2009, Leggo, 2008, Remenyi, 2005). Utilisation of an 'agnostic research' methodology allows for a heuristic approach to research with a post-Nietzschean way of thinking, in that, contingency rather than truth is recognised (Webb & Brien, 2008). Nietzsche (1967, p481) asserting that; "facts is precisely what there is not, only interpretations" in opposition to positivist thought that 'there are only facts'. This methodology is not without its critics. Leggo (2008 p.1) recognises the messiness of narrative inquiry and suggests that it is not about learning to do narrative inquiry rather than learn how to "interrogate the strategies, purposes, practices,

and challenges of narrative inquiry." It is also judged to be subjective by nature; yet, there has been recognition of the use of more subjective evidence during the CCEW's consultation for the use of CAM within charities as discussed in the next chapter. The report outcome for this maintains that "evidence of benefit may come in the form of outcome reports by patients, or observational studies based on patient responses" (CCEW, 2018 p4).

The philosophical assumptions this thesis has adopted and the research approach supports the concepts around social constructionism as mentioned earlier, which sits within the constructivist worldview (Derrida, 2016; Creswell, 2014; Gergen, 2014; Baudillard, 1994; Barthes, 1977). There is a distinction to be made with regards to the terms constructionism and constructivism nonetheless they are used interchangeably within the literature. Gergen (1985) suggests that although constructivism is also used in discussions around the social constructionist movement, the "use of constructionism as a term avoids confusion with

Piagetian theory and enables linkage to be retained to Berger and Luckmann's (1966) seminal volume *The Social Construction of Reality*" (Gergen, 1985 p.266).

Social Constructionism

*Don't be an
imposter...understand the
narrative position,
Is it post-modernist or stuck in
modernism?
Positivism for scientific
progress,
With this epistemology...there
is no regress.*

*Social constructionism...is this
to be considered?
Exploring the narrative...allow
the story to be heard,
Use interview to illuminate the
discourse of the day,
Knowledge equates power is
what Foucault might say.*

*Multiverse not
universe...hearing disavowed
voices,
Relativism not
rationalism...and other certain
choices,
Anti-essentialism....anti-
naturalism,
This subject positioning may
have found its 'ism'.
Sally Price (2014)*

Social constructionism as a theory or set of ideas, rather than belonging to one single person, has emerged from the ideas of many and is not fixed or frozen (Gergen, 2014). I again, encapsulate the epistemology in a poem to explain the salient points within this concept. This idea can be extremely controversial as it affects notions of truth, the self, value neutrality and objectivity, etc. It seemed that as one of the propositions of social constructionism is that whatever something is, it does not make any requirements on how it is depicted or what language is used to describe it, reflexology can be viewed differently dependent on perspective which creates multiple realities. There is a reliance on a diachronic as well as synchronic appreciation of language as a system of knowing and experiencing reflexology. However, as there is a tendency for society to want to label reflexology, as a result, agreements are made within a set of relations, traditions or communities about what 'reflexology' is. However, there are many versions of this. Hosking & Plutt (2010) suggest that within a relational constructionist framework which differs from some versions of social constructivist and social constructionism, rather than gaining knowledge about

assumed interior and external worlds they give "ontology to relational processes and the local realities they make, break and re-construct" assuming "an *ontology of becoming*" rather than the more usual "ontology of being" (Chia, 1995, 1996 in Hosking & Plutt, 2010 p.60). This notion suggests evolving or emerging socially constructed realities of which there are many in the reflexology world.

Axiologically, in terms of the values this research and I hold, it is naturally value bound as an interpretivist methodology would advocate; acknowledging a subjective aspect where the researcher is expected to be a part of the research rather than aiming to eliminate bias. As a result, it is necessary to take account of the impact I have on the research and lay bare the many selves I bring to the study. Reflexivity requires us to ‘stop and think’ and ask questions such as, how do I view myself, a white woman, working class (or am I middle class now?) practitioner, a professional and how do I see the storytellers? (Cousin, 2013). Guba & Lincoln *in* Denzin & Lincoln (2008 p.278-279) suggest that; “reflexivity – as well as the post-structural and postmodern sensibilities concerning quality in qualitative research – demands that we interrogate each of our selves regarding the ways in which research efforts are shaped and staged around the binaries, contradictions, and paradoxes that form our own lives.”

‘I’m looking through you’³²: Reflexivity

A reflexive journal including my poetic expressions such as the one included here, was maintained throughout the research journey to question these binaries, contradictions and paradoxes and scrutinise how these shape my identity and the identities of the storytellers within the study. I discuss identity later on within this chapter. This reflexive approach was adopted throughout the research process where I recognised that my life trajectory would impact on the interpretations of the literature and the interview data. My previous experience of the medical profession has perhaps made me sceptical of the treatments it has to offer. I have benefited more from complementary or even it would seem alternative ways of healing and

Reflexivity

Flying without wings, this cannot be taught
What is my position, how will this one be
fought?

Logical positivist, naturalistic discourse
Where do I stand, to make sense of my
research?

Awareness of our self and understanding where
we sit
Will be integral.....how will my position fit?
Hidden influences will affect validity
The requirement for the doctorate is to find
positionality

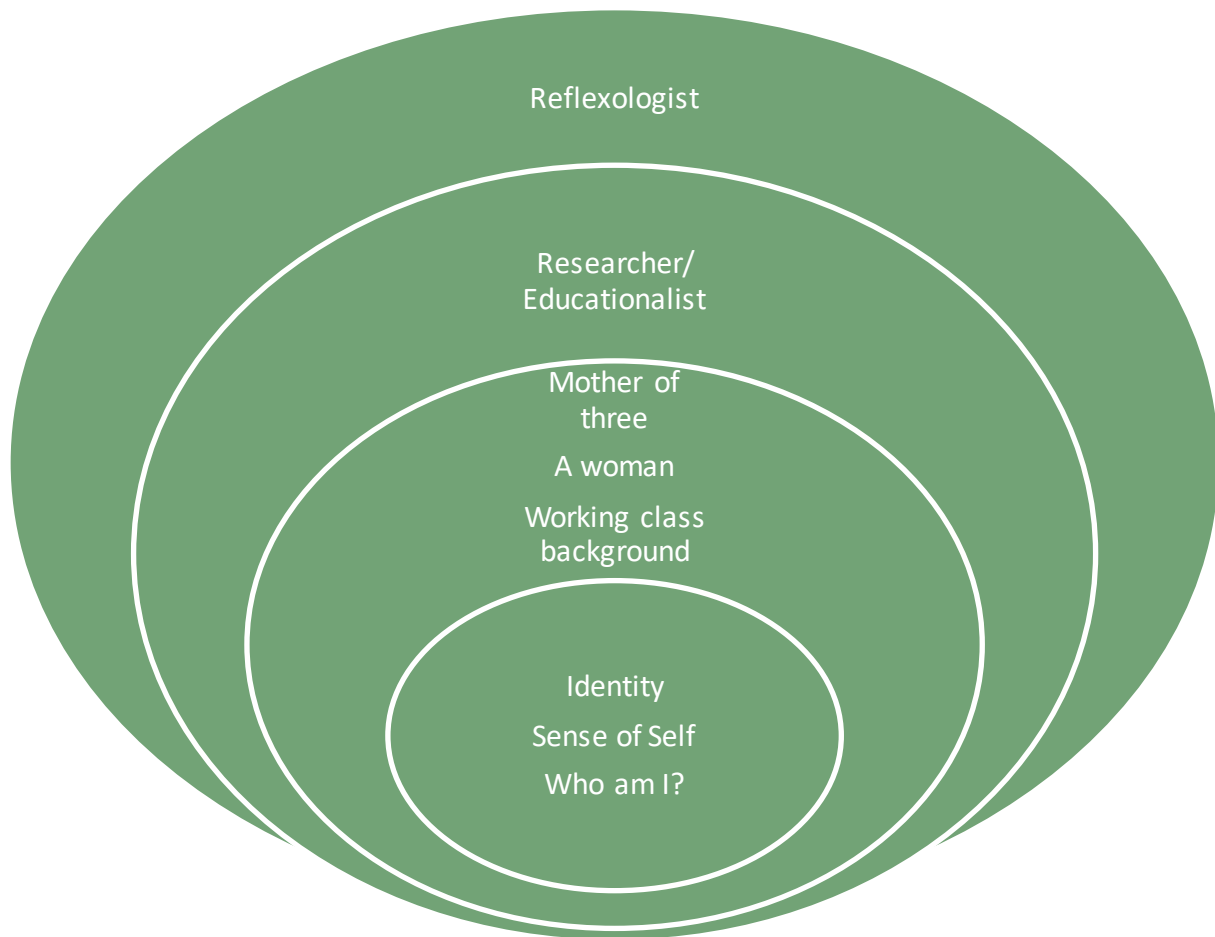
Discovering the bias that is living deep inside
The need to articulate....no longer can I hide
The researcher may strive for authenticity
So, can there be research without reflexivity?
Sally Price (2016)

³² ‘I’m Looking Through You’ (The Beatles, 1965) – The lyrics of this song portray the many ways in which we can be perceived or perceive ourselves and how these can change through time.

therefore I have become trusting in several CAM modalities. However, this does not mean that I hold every CAM modality in high esteem. This would clearly influence my position within the research, just as someone who has experienced good medical care and views CAM practices as quackery may be cynical. Cousin (2013) espouses that “reflexivity is not simply a safeguard against subjective bias.” Objectivity is not a requirement within a naturalistic paradigm as the subjective aspect becomes part of the co-construction of the research (Clandinin & Connelly, 2000). From a social constructionist perspective it is understood that the structures of our daily world exist by human agreement (Derrida, 2016; Searle, 1995; Baudrillard, 1994; Barthes, 1977). However, Searle (1995) asserts that there is a distinction to be made between epistemic subjective-objective and ontological subjective-objective. Epistemically, where knowledge can either be objective for example; The Beatles reached No1 in the UK charts on 2nd May, 1963 with “From Me to You” or subjective, The Beatles are the best band ever. Whereas ontologically ‘objective’ and ‘subjective’ are predicates of entities and types of entities and they assign modes of existence according to Searle (1995). Ontologically, pain can be seen as subjective as its existence depends on being felt whereas mountains are objective as their mode of existence is independent of the perceiver or any mental state. I concur with Searle (1995) that the subjective-objective debate is multifarious as to whether it is viewed epistemically or ontologically. From a social constructionist stance it may seem impossible to achieve objectivity with this in mind.

I am cognisant of the fact that I have viewed the data through the lens of a reflexologist; however, it could be argued that this would enhance the understanding and interpretation of the material and the constant reflexivity maintained throughout ensures authenticity. I acknowledge that there is always the potential for my agenda as the researcher to infiltrate the encounter; however, the co-construction of the story is an aspect of the process within narrative inquiry. There is also recognition that there are methodological problems associated with practice-close research and preconceptions are inevitable within the research process which can make the “researcher both blind and seeing at the same time” (Lykkeslet & Gjengedal, 2007 p.703). A diagrammatic representation has been provided below to demonstrate my position or my identity (see Diagram 2).

Diagram 2: Positioning of Myself



'Carry That Weight'³³: Identity

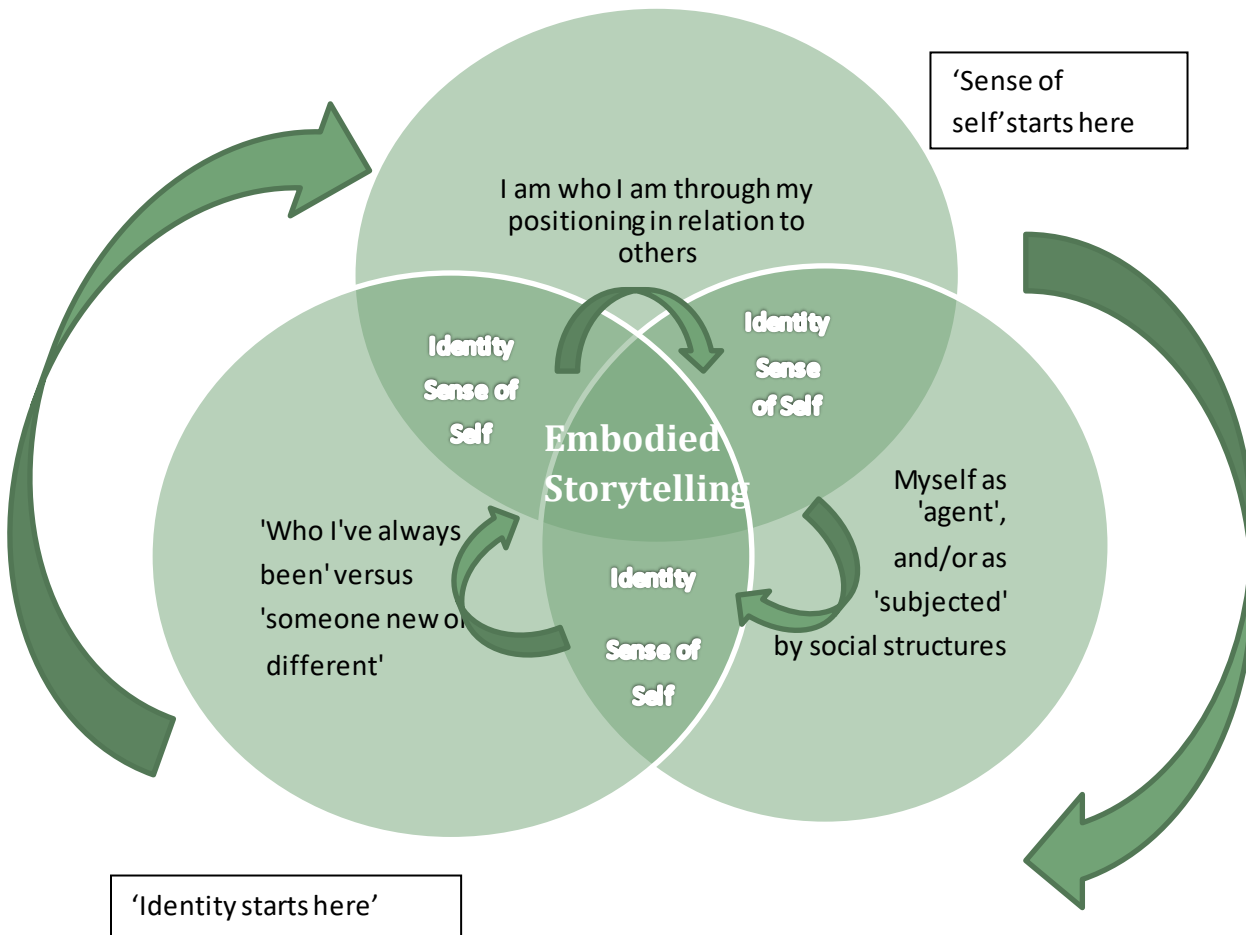
The study asks “what kinds of identities do participants construct for themselves and others in relation to reflexology as a therapeutic intervention?” Definitions of identity outlined by Bamberg (2011) include “who a person is, or the qualities of a person or group that make them different from others”, “the reputation, characteristics, etc. of a person or organisation that makes the public think about them in a particular way” and “who a person is, or information that proves who a person is, for example, their name and date of birth.” However, Bamberg (2011 p17) explores the notion of identity and asserts “neither self (or sense of self)

³³ 'Carry That Weight' (The Beatles, 1969) – Symbolically the lyric engenders the idea of the heavy weight of identity or the many identities we present to the world which can be explored through the theory on forms of identity and levels of positioning (White, 2008). My identity as a reflexologist has been difficult and has often felt like a heavy weight to bear.

nor identity is defined (or definable) in terms of fixed positions that are priori, pre-discursively rationally defined.” He proposes ‘dilemmatic spaces’ where narrators can position a sense of who they are and how they wish to come across as a concept. Identity is complex as it suggests a label distinguishing a representation within a particular group. The anti-essentialist nature of social constructionism maintains that there are no ‘essences’ inside people that make them what they are (Burr, 2015 p.6). Essentialism can be viewed as “trapping people inside personalities and identities that are restrictive and pathological” (Burr, 2015 p.7).

Endeavouring to define self and identity there is reliance on self-re-presentations; dependence on self-reports or self-narrations does in no way define ‘who we are’” (Bamberg, 2011). As can be seen in the diagram below (Diagram 3), it has been argued that assertions of identity is confronted with three dilemmas “(i) sameness of a sense of self across time in the face of constant change; (ii) uniqueness of the person vis-à-vis others in the face of being the same as everyone else; and (iii) the construction of agency as constituted by self (with a self-to-world direction of fit) and world (with a world-to-self direction of fit)” (Bamberg, 2011 p6). Identities change over time and uniqueness (self-other differentiation) and agency encounter other dilemmatic spaces (Bernhard, 2015, Bamberg, 2011). This will be deliberated further within the discussion chapter when exploring the identities of the storytellers.

Diagram 3: Identity



'How Do You Do It?'³⁴: Methods

The previous section has explored my philosophical, epistemological, and ontological assumptions which underpin the research. Diagram 4 outlines the methods employed.

³⁴ 'How Do You Do It' (The Beatles, 1962) – Nearly the Beatles first single, instead Gerry and the Pacemakers took it to number 1 in the charts. Analogously, other methods could have been used for the research. This section provides an overview of the methods.

Diagram 4: Methods



The literature review was utilised for the first phase of the research which aligns to the Derridean approach as it is necessary to explore all of the historical uses of the word reflexology, in order to deconstruct the concept. This is referred to throughout the rest of this thesis as the reflexliterature. The second phase demonstrates the collection of the interview data from this study to provide the reflexstories and finally the third phase involved the application of Derridean philosophy to the reflexliterature and reflexstories.

'Paperback Writer'³⁵: The Literature Review

Stage one, the literature review has been presented in Chapter 2 and is entitled 'Searchin'. The research could have solely focused on the analysis of the major writings on the topic of reflexology and the wider discourse surrounding the therapy. However, utilising the stories within a narrative inquiry provides another layer of data to analyse and presents the evolving or emerging socially constructed realities using poetics at a personal level; the narrative then

³⁵ 'Paperback Writer' (The Beatles, 1966) – Used figuratively as the literature review comprises many paperbacks.

tells the story of reality. A further layer in Chapter 5 presents the application of the Derridean framework to the reflexliterature and reflexstories.

'I Want To Tell You'³⁶: Data Collection

Narrative Inquiry is situated in the premise that human beings understand and bring meaning to their lives through story (Kim, 2016; Wang, 2015; Frank, 2012; Clandinin & Huber, 2010; Trahar, 2009; Andrews, Squire & Tamboukou, 2008; Leggo, 2008; Remenyi, 2005). This method of research and the process of storytelling can be cathartic and transformative with storytelling enabling the individual to move from a passive to an active role in his or her illness knowing that illness greatly affects a person's sense of where he/she is in life and where he/she is going (Frank, 2012). "Bakhtin points out that we do not take words from a dictionary but from the mouths of other speakers and so they carry with them the voices of those who have used them before" (Wegerif, 2008 p. 249). My approach to the research involved the gathering of narratives to create knowledge and has evolved from the growing participatory research movement that embraces a greater awareness of social and cultural differences (Trahar, 2009). Metaphorically, this narrative inquiry can be seen as a patchwork quilt made out of both personal and social stories to reflect the bigger collective story of reflexology (Kim, 2016).

Gathering the stories or using a 'story gathering event' as Sherwin (2016, p74) prefers, utilised an unstructured interview method which collects empirical data about the viewpoints and lived experiences of the individuals (Cousin, 2011). The term 'story gathering event' was adopted rather than 'interview' as this emphasises the storyteller's control in the process, in recognition of the supposed power imbalance that can occur within this interaction (Trahar, 2009). An interview schedule or 'story gathering schedule' was used as a guide (see appendix 3) to enable the story to be told. It is acknowledged that the storytelling may elicit painful memories which could potentially upset the participant therefore a debriefing after the event was considered (see appendix 4).

³⁶ 'I Want to Tell You' (The Beatles, 1966) – Narrative Inquiry involves storytelling – I want to tell you.....a story.

'One after 909'³⁷: Sampling

The sampling strategy for the study was a combination of purposive and snow ball sampling where I identified experts in the field of reflexology who had published research, written extensively on the subject, were involved in professional associations or taught reflexology (Saks & Allsop, 2013). They were accessed through my networks due to my involvement in a professional association. All but one of the six individuals, who were approached, agreed to take part in the research and an autobiographic aspect was also included. Although I am not deemed an expert in the field, I was able to rehearse the story gathering process which added to the data. Narrative inquiry does not require large samples according to Petty, Thompson & Stew (2012) and a study which reviewed narrative inquiry undertaken in the Health Sciences field found sample sizes ranged from 1 to 52 at an average of two sites, proposing that one to two cases is appropriate unless developing a collective story (Guetterman, 2015).

'Glass Onion'³⁸: Introducing Data Analysis

The method adopted for the analysis of the reflex literature and reflex stories in Chapter 5 was based on Derrida's philosophy of deconstruction (Derrida, 2016). My framework for this analysis (Circles) which will be discussed in the next section has been created to interrogate the institution of reflexology but could be utilised for any subject. Derrida published his first book in 1967 (*Of Grammatology* in French) which emerged at a time that the Beatles were in their prime. Derrida's overarching principle of dismantling excessive loyalties to any fixed ideas, accepts that the opposite of any idea may hold aspects of the truth. Derrida proposed that when examining any thinking, it is riddled with a false privileging of one thing over another such as writing over language, reason over passion, men over women etc., (Derrida, 2016). With regards to my subject, the medical model or biomedicine has been privileged over complementary or alternative medicine which has led to a widespread belief that this is always a better option, with the other, vilified and deprived of a full understanding of its uses or benefits.

³⁷ 'One after 909' (The Beatles, 1970) – Sampling strategies often require numerical calculations.

³⁸ 'Glass Onion' (The Beatles, 1968) - included in the White Album which was alleged to have been written to confuse. Symbolically, aligns with the criticisms of Derrida.

Derridean deconstruction is positioned within a post-structural philosophy. Therefore, the term post-structuralism perhaps requires an explanation before this can be fully contextualised. However, in order to do so, it is necessary to firstly outline the principles of structuralism which laid the foundations for post-structuralism. I made sense of this myself by writing a poem to highlight the key ideas within this concept.

Structuralism

*Local or positional
Overarching structure
Interrelations
Laws of abstract culture*

*Symbolic
Imagined or real
Reality or ideas
Dialectical space in between*

*Roles and possibilities
Patterns, discrepancy
Money has no value
Only in the economy*

*Signifier, signified
And the relation between the two
Driving force of structure
The code holds the glue*

*Deleuze says 'real without being
actual'*

*'Ideal without being abstract'
Structure or agency
Find linguistic similar objects*

*Criticised for rigidity
Obsessive dualism
Ahistorical and individual
Now for post-structuralism
Sally Price (2018)*

Structuralism, has been defined as “an intellectual movement developed in Europe from the early to mid-20th century which argued that human culture may be understood by means of a structure—modelled on language (i.e. structural linguistics)—that differs from concrete reality and from abstract ideas—a “third order” that mediates between the two” (Deleuze, 2002 p171). The notion of the sign, signifier and signified introduced by Saussure plays an important role in the movement where meaning is created by the production of binary opposites or the relationship between the signs. This will be deliberated further in the discussion chapter. However, to understand post-structuralism it is important to comprehend structuralism as it stems from these original ideas.

Post-structuralism, the intellectual movement which followed during the 1960's, challenged the notion of culture being understood by means of a structure modelled by language (Harcourt, 2007). This way of thinking recognised that text can be interpreted in many different ways and no longer is the reader passive in the activity. Once more, to decipher the concept of

post-structuralism it was useful to condense the key aspects in rhyme.

Post-structuralism has been defined by Butler (1990, p40) as the rejection of “the claims of totality and universality and the presumption of binary structural oppositions that implicitly operate to quell the insistent ambiguity and openness of linguistic and cultural signification.” It has been said that post-structuralism “frames power not simply as one aspect of society but as the basis of society,” according to Kincheloe & McLaren in Denzin & Lincoln (2008 p.416). The main protagonist within post-structural thinking is Jacques Derrida (1930-2004) whose ideas around deconstruction seemed to align with some of the dilemmas in the world of reflexology which cried out to be employed.

‘Mr Moonlight’³⁹: Derrida

‘Mr Moonlight’ or Jacques Derrida, one of the most innovative and inspirational philosophers of the 20th century coined the term deconstruction which involves the dismantling of notions of absolute truth (Derrida, 2016). Due to these ideas, Derrida found difficulty in defining deconstruction and as a result, avoided doing so. He claimed that there is no canonical definition or interpretation of any concept and propositioned that in the deconstruction of an idea it is necessary to shine a light on the area of study in order to demonstrate that it is disordered and riddled with logical defects. In a Derridean worldview the concept of logocentrism features and can be described as Western philosophy’s fixation on providing a meta-narrative or over-arching theory based on the idea that language can describe an ultimate truth. This operates using hierarchies, dichotomies, categories and binary opposites which then privileges one thing over another. Dualism is seen as creating binary opposites such as mind versus body, intuition versus reason, intellect versus emotion, subjective versus objective, etc. etc. Meanings are created by juxtaposing one thing against

Post structuralism

*Structure shaken up
De-centering the meaning
Death of the author
Birth of the one reading*

*No binary oppositions
Reality is textual
Truth is deconstructed
No absolute, no universal*

*Challenges meta-narratives
Contests the norms we use
Break down power relations
That make us win or lose*

*More information, less meaning
Representation
Signifier, signified
Infinitem*

*No shared truth
Language subjective
No hierarchy
Everything constructed
Sally Price (2018)*

³⁹ ‘Mr Moonlight’ (The Beatles, 1964) –Derrida suggested that it is necessary to shine a light on the area of study in order to demonstrate that it is disordered and riddled with logical defects.

another and therefore marginalising the other. This stems from Derrida's critique of Rousseau's notion that speech is superior to writing (Derrida, 2016).

When Derrida emerged in 1967 as a prominent figure in French philosophy he said 'Good Morning, Good Morning'⁴⁰ to the world and encouraged a state of 'aporia' or 'impasse' and supported a process of a continuous oscillating puzzlement. He urged that it is critical to keep its messiness in mind, advocating the necessity to cure society of the need and desire for simplicity and to avoid the compulsion for clear cut answers (Derrida, 2016).

Différance and trace involving presence and absence, are all other key concepts in Derrida's metaphysics. The facet of Derridean thinking alluding to différance or 'the space between us all' is what gives signs meaning. Every meaning is just a difference. Derrida refers to différance which means both 'differing' and 'deferring' (différance and différence sound the same spoken in French); therefore, Derrida voiced that 'différance' denotes not only to the state of being deferred but to the state of difference. Derrida uses the word différance to describe the origin of presence and absence. Trace is what is born from the absence of the present (Derrida, 2016).

Derrida (1993) coined the concept of hauntology as the situation of temporal, historical and ontological disjunction in which the apparent presence of being is substituted by an absent or deferred non-origin represented by the figure of the ghost that is neither present or absent, neither dead or alive. "The experience of being haunted is one of noticing absences in the present, recognising fissures, gaps and points of crossover" (Shaw, 2018 p.2). The nostalgia for lost futures and the notions of absence and presence are key features in Derridean thinking and have been applied to the data collected within this study in the discussion chapter. The promise of a more regulated profession for reflexology demonstrates this lost future and reflexology's seemingly intermittent presence and absence in society.

⁴⁰ 'Good Morning, Good Morning' (The Beatles, 1967) – The song poetically explores life's colourless routine which is juxtaposed to the message of creating a state of 'aporia'.

'Chains'⁴¹ : Theoretical Framework

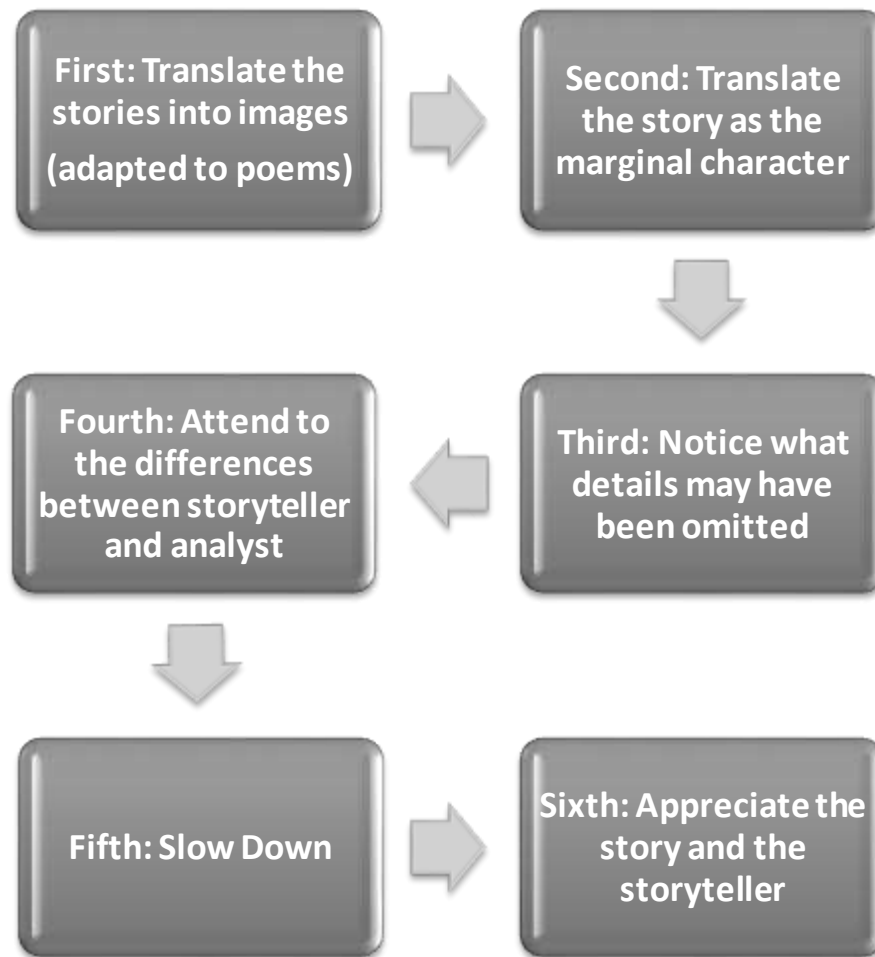
A theoretical framework is a requirement for scholarly work within a doctoral thesis; however, it is recognised that the rules are there to provide confidence and should not be commissioned to restrict or tie the researchers down in chains. When interpreting discourse there is often “a temptation to impose frameworks, categories or ideas on the data instead of unravelling multiple meanings and engaging with the biographical and emotional meanings of data” which has been considered within the study (Savin-Baden, 2004 p370).

Two approaches have been utilised, Frank (2012) for the interview data to create the reflexstories and Derrida (2016; 1993) for the analysis of the reflexliterature and reflexstories. Frank (2012) advocates a possible framework for interpretation for a socio-narratology by firstly, translating the stories into images. Secondly, telling the story from the point of view of the previously marginal character. Thirdly, noticing the details that might have been expected but have been omitted. Fourthly attending to the differences between the storyteller and the analyst. Then, in the fifth stage the instruction from Frank is to ‘slow down’ and in the final stage he asserts the story and the storyteller should be appreciated. These stages were adopted during the analysis and interpretation. The first stage where Frank suggested creation of an image is where the poetics entered which will be discussed within the next section. Frank’s broad framework (see diagram 5) was applied to the narratives.

In order to tell part of the story of reflexology through the reflexstories, the interview data was audiotaped and transcribed. The recordings were listened to and the transcripts read repeatedly to identify emerging themes which were generated as a recursive process as outlined by Braun & Clarke (2013). Excerpts from the raw data which created the reflexstories can be found in the appendices (see appendix 5).

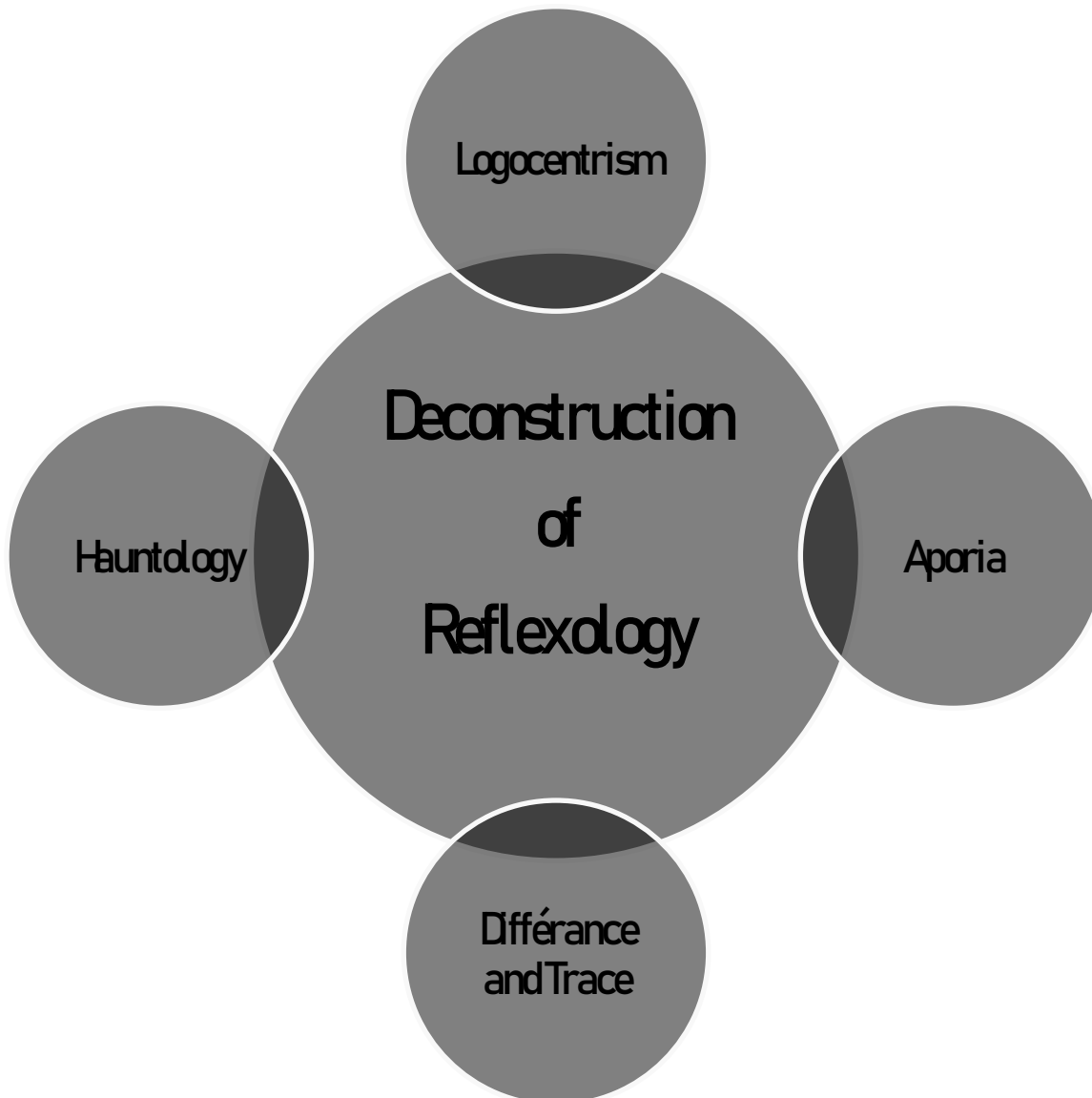
⁴¹ ‘Chains’ (The Beatles, 1963) – Chains are representative of the framework of analysis providing the boundaries for the research.

Diagram 5: Dialogical Narrative Analysis (Frank, 2012)



In addition, utilising Derridean philosophical concepts considered within the discussion chapter enabled the knowledge surrounding reflexology to be illuminated and laid bare in order to find ways forward for the therapy. Derrida's key ideas of deconstruction, logocentrism, aporia, différance and trace, and lastly hauntology have been captured in the theoretical framework for the data analysis and are expressed in diagram 6 below. Derrida created the portmanteau of hauntology from the terms 'haunting' and 'ontology' so it seemed appropriate to form portmanteaus for this research; reflexliterature being the writings surrounding reflexology and reflexstories, the stories featuring reflexology.

Diagram 6: 'Circles'⁴²: Introducing the Derridean Theoretical Framework



⁴² 'Circles' (The Beatles, 2018) – Although not released at the time of recording, this song is emblematic of Derrida's thinking such as 'Aporia'. Derrida propositioned that we should not accept clear cut answers and encouraged an oscillating puzzlement or impasse.

You will see from the diagram that there are overlapping circles symbolising the interrelated nature of the ideas. Each of the circles represents a differing concept; however they are all interconnected as will be discussed in Chapter 5.

Derrida reasoned that the lesser aspects of any part of a subject were often dismissed and argued that these were equally worthy of attention (Derrida, 2016). This has been applied to the stories the narrators afford on their reflexology journeys with recognition, that personal positioning and the stories they tell, may be remembered, modified and reiterated in future different social spaces (Bernhard, 2015).

‘The Word’⁴³: Poetic Re-presentations

The implementation of the use of poetry in the re-presentations of the narrators’ stories was inspired by the doctoral journey. Cross & Holyoake (2017 p535) advocate “thinking poetically: on the way to professional knowledge” by using theme boards to allow doctoral students to think poetically through stories in order to promote reflexive thinking. My theme board was created during doctoral study from which a poem was produced (see Appendix 6). This activity enabled me to discover the value of this medium and use this method in the re(presentation) of the interview transcript. The poems act as artefacts for discussion around the storyteller’s experience. Cross & Holyoake (2017 p.539) maintain that “participant-voiced poems may be crafted from interview transcripts by researchers as an interpretive strategy” and provides a “transcribed talk in poetic form” (Cross *et al.*, 2016; Sherwin *et al.*, 2014; Sparkes and Douglas, 2007; Butler- Kisber, 2002). This method was embraced and the poetic re-representations have been provided in the data analysis chapter to encapsulate each of the stories provided by the narrators.

The use of artful inquiry can be seen as an alternative approach to research, where there is a balance between ‘the eye of science’ which seeks to simplify and reduce complexity with the ‘eye of art’ which aims to illuminate the complex (Darsø, 2017).

⁴³ ‘The Word’ (The Beatles, 1965) – This is essentially a poem about love which provides an example of how a message or story can be encapsulated simply into poem form.

'You Can't Do That'⁴⁴: Ethical Considerations

Ethical approval (see appendix 7) was sought from the University of Wolverhampton Ethics Committee during which the ethical principles of non-maleficence, beneficence, autonomy and justice outlined by Beauchamp & Childress (2009) were considered as the usual paternalistic medical ethics needed. However, 'relational ethics' or an 'ethics of care' was also considered where a "balancing process is facilitated by careful reflection, consideration, open communication, courage, and the preparedness of being open to adjustments and compromises" (Bergmark, 2020, p341).

It was not envisaged that there would be any concerns regarding the ethical principle of non-maleficence as the study should not harm the participant in any way. The main potential areas for harm were concerns around confidentiality. This was predicted to be overcome by maintaining anonymity by the use of pseudonyms and ensuring secure record keeping was upheld. I became mindful of the fact that the storytellers may be identified from the descriptions within their stories. Therefore, they were all contacted and provided with a copy of their stories. They all agreed that they were happy that if they could be identified, this would not be an issue, the majority suggesting that their real names could be used. However, the pseudonyms have been kept to continue the Beatles theme. Conversely, considering beneficence, Frank (2012) proposes that letting stories breathe can be cathartic for the storyteller, therefore the narrator could benefit from telling their story. Wang & Geale (2015 p.198) suggests that "stories heal and soothe the body and spirit, provide hope and courage to explore and grow." Therefore, it is anticipated that more good than harm transpired within the study. Justice, equating to fairness and equal distribution of benefits perhaps does not feature greatly but was considered when appropriate (Avery, 2013).

A letter to participants (see appendix 8) and an information letter (see appendix 9) were provided to explain the purpose of the research to participants and the story tellers were notified that they could withdraw from the study at any time without giving a reason. This information was detailed in the invitation letter, information sheet and consent form.

⁴⁴ 'You Can't Do That' (The Beatles, 1964) – Ethical principles for research are intended to protect the public from harm and maintain dignity. It is often said 'You Can't Do That' for ethical reasons.

Consent (see appendix 10) which is extremely important in the research process was sought which features in the ethical principle of autonomy (Avery, 2013). Additionally, the UK Policy Framework for Health and Social Care Research was used as a guide to ensure that when conducting the research that it was safe, ethical and legal with the required permissions (NHS Health Research Authority, 2020).

All participants were interviewed in a neutral location such as their office or home. Procedures to maintain anonymity and confidentiality were explained in the participant information documents and completed, signed consent forms have been kept in a locked cabinet, separate from other research data in the researcher's office. Recordings of interviews and interview transcripts are accessible only to the researcher using password protected computer systems. All equipment used for recording were kept securely in a locked drawer only to be accessed by the researcher and digital recordings erased once the data was transcribed.

The study did not employ the post-positivist criteria for rigor in qualitative research such as credibility (corresponding to internal validity in quantitative approaches), transferability (external validity or generalizability), dependability (reliability), and confirmability (objectivity) that may be expected for the research (Denzin & Lincoln, 2008). Instead, aiming to achieve the five dimensions of authenticity (fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity) in interpretivist/constructivist /constructionist research which can be demonstrated by displaying several varying viewpoints and depth of understanding that fairly represents these perspectives. "Therefore, prolonged engagement, persistent observation, reflexivity, and member checking are critical processes for ensuring fairness (Reason, 1981; Mays & Pope, 2000; Sands, 2004)" (Shannon & Hambacher, 2014, p2). High levels of reflexivity were required in this endeavour due to the nature of the inquiry so bias, which is inherent, was then recognised and discussed, opening up new perspectives. This was achieved by the use of a reflexive journal which captured the thoughts, feelings and insights involved in the procedure and the critical self-awareness process (an excerpt can be found in appendix 11). The poems embedded throughout the thesis also demonstrate the nature of this recursive method which was inspired by the reflective models of Schön (1987) and Johns (2004).

'Why?'⁴⁵: Why Here, Why Now, Why Me?

The question 'so what?' is asked when undertaking research and why this piece of work is worthy of being embarked upon? My research is set in post-structural society from a social constructionist perspective and offers a Derridean theoretical framework for analysis. I have been involved in the story of reflexology for nearly 30 years and offer a perspective from someone who has received reflexology, provided the therapy to others, taught the discipline and scrutinised the research on the subject area as an academic. Utilising the framework of the Derridean method provides this original insight into the institution of reflexology and the use of poetics to encapsulate the stories, adds further uniqueness to the work. I propose that this framework could be applied to other subject areas in order to disentangle, dismantle and disrupt other institutions.

The following chapter addressed the second research aim and provides the stories told within the story gathering events or the reflexstories.

⁴⁵ 'Why' (The Beatles, 1963) – Used as a title as the lyric questions: Why? - Why this, why now , why me?

Chapter 4

'Things We Said Today'⁴⁶: Data Analysis

This chapter presents and analyses the data produced from the interviews or 'story gathering events' and explores the second aim of the study to:

2. Elicit synchronic narratives of reflexology from practitioners and patients.

With the research questions

1. To what extent are contradictions, dilemmas and tensions regarding reflexology evident in participants' accounts of their experience of reflexology?
2. What kinds of identities do participants construct for themselves and others in relation to reflexology as a therapeutic intervention?

The aim of this section is to present the six narrators' stories and analyse how their stories converge or diverge. These accounts reflected contradictions, dilemmas and tensions within their reflexology journey and it was evident that each created a very different identity for themselves which contrasted from the other. The narrators have been given pseudonyms to anonymise their stories based on names featured in Beatles songs. Each story has been told and companioned with the poem that emerged soon after each of the interviews. Sally, Prudence, Jude, Lucy, Eleanor and Michelle's stories are presented here, followed by an analysis of the key themes identified within the meta-narrative. This chapter displays the traditional analysis expected of a narrative inquiry. Thereafter, within the discussion chapter the Derridean deconstruction of reflexology from the literature (reflexliterature) and the stories (reflexstories) will be presented, followed by a reconstruction to conclude.

⁴⁶ 'Things We Said Today' (The Beatles, 1964) – This seemed an opportune title for the presentation of the interview data.

Sally's Story

The Long and Winding Road

Reflexology found me
It knocked on my door
Provided new insights
Of how to renew and restore

My health compromised
By sorrow and grief
A reflexologist came
And gave instant relief

The road to reflexology
Lead me to learn
To provide care for others
For their health concern

Evidence is necessary
Or so NICE purport
Research essential
But who will support?

By making heard
The whispered voices of reflexology
To identify ways to research
This transformative therapy

Which route will this take?
What will the narrative say?
What stories will be told?
How will the actors play?

On the long and winding road
There has been no regret
Continue to serve the cause
As a reflexology suffragette

The poem I wrote from my autobiographical story represents my journey, conveying how I felt it had been a long and winding road, not only in the treatment process but as a career.

A decision to change career at the age of 27 enabled me to train as a reflexologist at University and gain a BSc (Hons) in Complementary Therapies accredited by the Bayly School. This allowed me to gain membership with the British Reflexology Association (BRA) for which I am now a board member (Vice-Chair and treasurer). My studies continued and I gained an MSc in Health Studies. I sought to train to help others so completed a Post Graduate Certificate in Academic Practice which enabled me to teach reflexology and health related subjects in Higher Education.

Nevertheless, I have been drawn into higher education which has created the requirement of adopting a critical eye on the treatment but my experience as a 19 year old had such a profound effect on me and has impacted on the last 29 years of my life. Despite the fact that the

zeitgeist of the complementary therapy world in the 1990s - 2000s seems to have diminished, there is something about reflexology that has gotten under my skin. It won't go away. It keeps appearing and presenting itself like an exquisite agapanthus, complex and intricate appearing year upon year despite frosts and gales or like a friendly ghost who haunts my existence.

Prudence was training to be a medical doctor but dropped out after three years as she found it wasn't the profession for her. She didn't like how doctors treated patients and the tasks involved in being a medical doctor. It was during this time she had been suffering with eczema and arthritis and pursued alternative treatment rather than using medications such as steroids which her doctor was recommending. She researched and experimented with more natural treatments which led her to reflexology. She expressed how it provided a deep relaxation which led to a feeling of wellbeing and calmness, hence the title of her poem, Golden Slumbers⁴⁷. This was a central theme throughout the story gathering event and within the reflex literature. Prudence suggested that this was the key to how reflexology works. This effect fascinated her and steered her to learn for herself.

Initially, Prudence had enrolled on a course in Naturopathy and Osteopathy in London as this seemed to be the only proper course in natural medicine at that time. However, she enjoyed providing treatments and instead she deferred her place and trained with a lady who was running courses for Eunice Ingham (the pioneer of reflexology) who was very keen to include her in her school of reflexology due to her medical training and soon became an integral part. When the lady died, Prudence put in a bid for the school and continued to run it, training up to forty people at a time as it was gaining in popularity. She appeared on several TV interviews which increased interest in the modality and as attention grew she was asked to write several books on the topic and became involved with the voluntary regulators.

Prudence's Story

Golden Slumbers

Scientific and medically trained
Reflexology went against the grain
Yet, made you feel like never before
And helped heal your pain

You were training to be a doctor
But stumbled across the therapy
It enticed you to learn
To understand its efficacy

Forty years of reflexology
Awareness has improved
But still no answer to the question
It still remains unproved

Does it matter if we don't know how?
Take note of its prevalence
Health restored and conditions healed
Is this not evidence?

Worked hard on the political agenda
To raise the profile of the cause
Yet still it is attacked
Contradicts positivist laws

But what's the mechanism of action?
You've seen it work wonders
Is it the deep relaxation response?
The magic of golden slumbers

⁴⁷ 'Golden Slumbers' (The Beatles, 1969) – This track provokes feelings of comfort and a dreamless sleep awaking to smiles.

Jude, whilst telling her story said 'Let It Be'⁴⁸ on at least five occasions; the title of her poem therefore chose itself. Jude was diagnosed with infertility in 1978. Her mother found her a

Jude's Story

Let it Be

You found yourself in times of trouble
Infertility cursed your world
Two treatments changed all that
Life with reflexology unfurled

You found your own style
And overlapped modalities
But not just treating the reflex
You think three dimensionally

Dr Fitzgerald got it wrong
Not zones...treat the meridian
No need to use needles
We can use a good thumb

Work deep in the tissue
But what is your intent?
To exchange thermal energy
When it's become stagnant

Stimulate those toes
And move the molecules
Doesn't matter the direction
We don't say we offer cures

Help the body heal itself
Which meridian is tight?
The stomach usually the root
Need to get the ph right!

Patients booked up weeks in advance
Allotted red, yellow, green
Reflexology a registered profession
What will your research glean?

Speaking words of wisdom
Breathe life back into reflexology
You say use your intuition
And just Let it Be!

reflexologist and paid for ten treatments. Jude thought this was ridiculous as she had blocked fallopian tubes and questioned how someone treating her feet could do anything. After the second treatment, she was pregnant. This experience inspired her to find out what happened and soon after her son was born she qualified as a reflexologist in her country but then moved to another where she started treating people. No-one had heard of reflexology until she started treating a lady in her town who quickly spread the word and patients would drive for six or seven hours to come for a treatment. Jude would label patients as red, yellow or green, dependent on severity of the condition and treated people with minor conditions to patients who had been paralysed advising they have been able to walk again. She claimed that her intention wasn't to cure people, only to alleviate symptoms but it humbled her to see the miracles that could be achieved. A month before the birth of her second son she opened a training school and then campaigned to make reflexology a registered profession. It took fifteen years of hard work, liaising with the government and the various departments such as the education department and the law makers.

⁴⁸ 'Let It Be' (The Beatles, 1970) – Jude used this phrase many times during the story gathering event and within lectures I attended.

Lucy's poem was entitled 'Hard Day's Night.⁴⁹' Her story begins with her enrolling on a massage course during her work as a midwifery lecturer. She went on to teach massage to student midwives then whilst on maternity leave herself (when her son was a few months old), she signed up for what she thought was a reflexology course. It turned out to be the Hanne Marquardt's reflex zone therapy course, where Hanne insisted on correcting everyone; maintaining that it was 'reflex zone therapy' and not 'reflexology' that they were doing. This course had an enormous impact on Lucy as she found during the training, her milk production had increased phenomenally, attributing this effect to the treatments she was receiving whilst training and recognised that this had got some 'application to practice'. She expressed that it was this experience that fired her career in complementary therapies particularly related to midwifery. Lucy undertook an aromatherapy course and during this time, her department moved from Schools of Midwifery and Schools of Nursing into the nearby University. This allowed her to set up some short courses within the Higher Education sector due to her areas of expertise. From then the Diploma of Higher Education was developed which led to a BSc (Hons) degree in Complementary Therapies which she ran for about 14 years.

Lucy's Story

A Hard Day's Night

It's been a hard day's night
For a reflexologist midwife
Taught massage to ease labour
RZT entered your life

Increased milk production
A symptom of the technique
Recognition of the power
Reflexology seemed unique

Inspired to study further
Including aromatherapy
But RZT's your passion
Set up courses in HE

Shorter treatments due to demand
Yet condensed can do the trick
Six thousand women seen
Prevented many feeling sick!

Predict the menstrual cycle
Success for 75 percent
Breech baby identified
Missed by normal assessment

Practice no longer your focus
Overtaken by teaching others
Six courses a year
To help expectant mothers

The results speak volumes
Profound experiences redress
Many debilitating symptoms
Yet funding limited on the NHS

⁴⁹ 'Hard Days' Night' (The Beatles, 1964) - This title appeared fitting for a midwife; conjuring up the image of a woman labouring through the night with her midwife at her side supporting her through the ordeal.

The title 'In My Life'⁵⁰ was chosen for Eleanor's poem as she seemed to have endured a difficult path on her journey and the words to the song seemed to ring true. Eleanor has been a CAM practitioner since 1994 but didn't start reflexology until 1998. She had been teaching

Eleanor's Story

In My Life

A CAM practitioner
Since 1994
Fell into reflexology
CPD
opened the door

Taught A&P
body massage
Reflexology
In my life there's
been much tragedy

A tsunami
rocked my world
Yet reflexology eased the pain
Lessened symptoms
of many illnesses
Arthritis has been a strain

The scientific method
Is important to me
Discover the
Mechanism of action
Find the key

Right time, right place
For research into pain
My contribution
Has been the therapy's gain

A & P, body massage and aromatherapy at a local college and as part of her role had to undertake Continuing Professional Development (CPD) so opted to do a course on reflexology. The course was a VTCT level 3 which took, with case studies, between 9 months and a year. This is where her first interest in reflexology began and she gained good results with case study participants. She became frustrated with the ethos of the NVQ training system and felt that students didn't want to learn the subject properly and wanted to have a deeper understanding of CAM so when she saw a course at her local University for a BSc in Complementary Medicine, she applied for a place. As she didn't have any real academic qualifications other than what she had done at night school; body massage and aromatherapy, etc., she was advised to do an access course first. She chose to do her access course in Chemistry which aligned well with the aromatherapy aspect of complementary medicine. However, she felt that it was her maturity and life experience that assisted her entry

as she was 45 at the time. The director of studies asked if she would like to teach and consider doing a master's degree which at the time she didn't feel she could do as she hadn't got an undergraduate qualification. However, she was accepted on the masters and continued straight onto an MPhil then a PHD.

⁵⁰ 'In My Life' (The Beatles, 1965) – John Lennon's composition condensed from a long poem about his childhood which reflects the process for Eleanor's poem.

At the time, Eleanor was providing a lot of Reiki so suggested this as a topic for her research. This was not received well and her Director of Studies claimed they would need a physicist in order to accomplish for this. Her Director of Studies was an electro-chemist but had undertaken training in aromatherapy at the college where Eleanor previously taught. Eleanor told her that she had a very elderly client base, along with children with life limiting illnesses and many people in pain who seemed to be benefiting from reflexology. As there was a neuropharmacologist within the department who had carried out some work on pain at Cambridge, this was seen as a good subject. In hindsight, Eleanor felt she happened to be in the right place at the right time because the course she applied to study did not get validated. It was rewritten as Complementary Therapies and Biomedical Sciences but due to lack of support, the course didn't run. Eleanor then found she was the only person doing anything in the field of Complementary Medicine in the Science Faculty. It was a huge learning curve since it meant she had to learn in depth neuroanatomy and physiology.

Although, the results from the treatments she was providing encouraged her to focus on pain for her PhD, she felt she wasn't a natural academic and things became much tougher when she lost her financial support part way through. She was about to submit her transfer report from MPhil to PhD when she was involved in the 2004 tsunami in Sri Lanka. Eleanor suffered a crush injury to her legs, whilst her husband suffered an array of cuts and bruises, both experiencing post-traumatic stress disorder. This made her re-evaluate whether she wanted to continue with the PhD as she had seen injured children in Sri Lanka and felt unable to help. As Eleanor wasn't recruiting enough participants to take part in the research as she was part-time and her supervisory team didn't think she would get through the VIVA because she hadn't got the level of knowledge that was required, she applied to become a nurse. However, a friend, a children's nurse who was nearing her seventies appealed to her; suggesting the work involved in nursing would be difficult with her arthritis. This advice resulted in an epiphany and something inside her said that she needed to finish the research. She told herself not to give up, that this was her path, and everything had fallen into place at the right time. She expressed that she didn't go looking for the PhD, it had found her. She claimed that there was a part of her that felt it must be her pathway and that the universe needed her to

do it. Eleanor gained her PhD in reflexology and pain management and continues to teach and undertake research in this area. She believes that the way forward to progress in the therapy is to scientifically prove the mechanism of action of reflexology.

Michelle suggested that 'We Can Work Out⁵¹' from the feet to see what is happening in the body. Consequently, this seemed an appropriate title for her poem. Michelle became interested in becoming a nutritional therapist initially but stumbled across reflexology. She had worked in a high powered computing arena and within an academic environment but recognised this was not the career she wanted and sought a different path.

She investigated the possible courses and trained with Tony Porter in order to gain an in-depth understanding of reflexology and whilst completing the case studies, she was gaining good results. Once qualified, she held a weekly clinic at a residential nursing home where her mother was living. She found that often it was impossible to work the reflexes on the soles of the feet of the elderly residents so, out of necessity, she began to work the top or dorsum of the feet as they rested on wheelchair foot supports, noticing some wheelchair-bound clients reported that they felt generally more relaxed and some reported other general health improvements on an individual basis. She experimented for over a year and a half before the eureka moment occurred.

Michelle felt that the missing link was that the feet had to be fully weight-bearing for the reflexes to become receptive to treatment. She has developed

Michelle's Story

We Can Work It Out

Reflexology not nutrition
Inspired you to retrain
The world of IBM
No longer was your aim

Trained in depth with Tony Porter
A prestigious teacher you sought
Didn't take the easy route
You desired deep knowledge and
thought

A discovery in the care home
VRT just an acorn
Dementia patients, chance treatments
A new technique was born

Tests on healthy patients
The results were plain to see
Working with rugby players
Footballers at Bristol Town FC

Activating nerves when standing
Is more powerful to gain relief
The reflexes worked on the dorsum
Nico Pauly shares your belief

The feet tell the story
Offer answers throughout
VRT is your creation, you claim
We can work it out!

⁵¹ 'We Can Work It Out' (The Beatles, 1965) – Reflexologists often try to 'work out' the tenderness or break down the grittiness found in the feet.

and refined this method, written several books and produced DVDs demonstrating the technique. Her work has extended and she regularly treats footballers, rugby players and tennis players for sporting injuries or for maintenance to prevent injury. The football club where she provides treatment relies on results therefore she argues that this is evidence in itself. If the professional footballers' injuries did not improve then in a cutthroat world like football, they would not continue to fund her. Michelle supports ideas formed by Nico Pauly's nerve reflexology and incorporates this into the explanation as to how the technique improves the health issue and the ideas of Peter Lund Frandsen also inspire her practice. She offers training courses throughout the country and abroad teaching her new technique.

'All Together Now'⁵²: Themes of Reflexstories

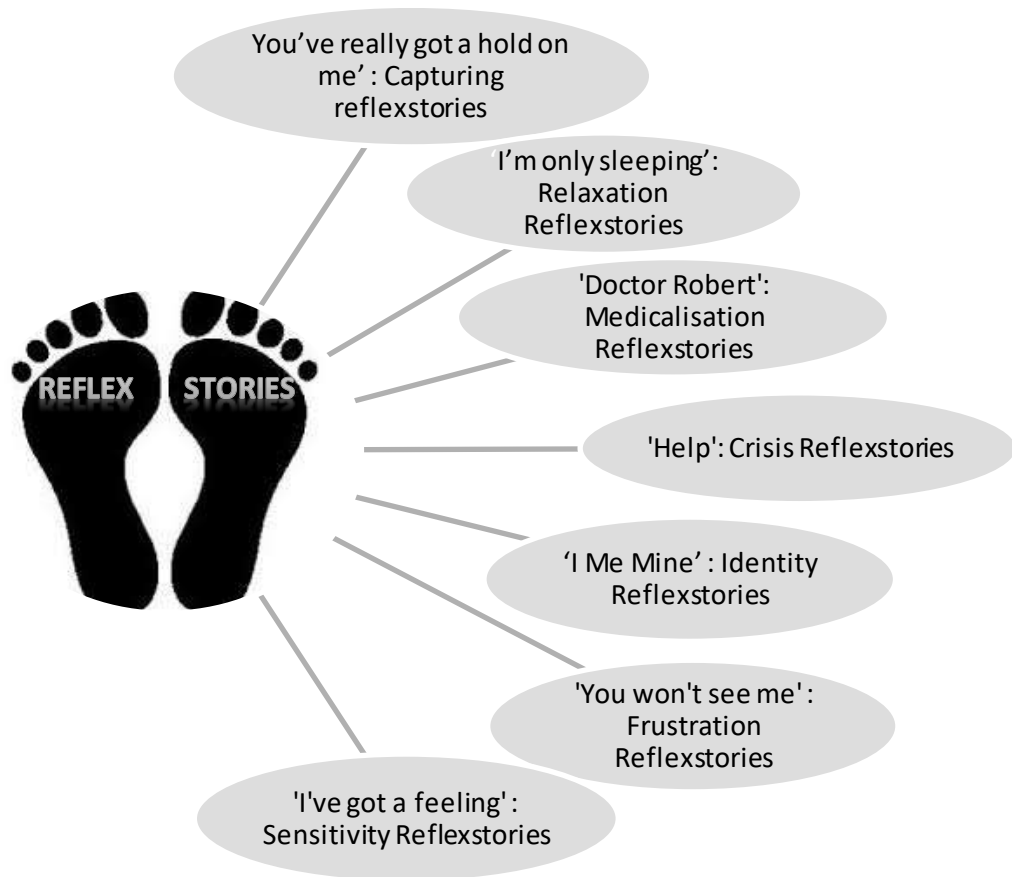
I recognise that providing a thematic analysis of the interview data is not necessarily required for the purposes of a deconstruction of the institution of reflexology using the reflex literature and reflexstories. However, it is possibly an expected outcome for examiners to see this within the thesis. The socio-narratology supported by Frank (2012) suggests that stories are dialogical and that dialogical narrative analysis should display distinct originality. He claims that there are exemplars of narrative analysis; nonetheless mimicking these is not something to be advocated and they should not be seen as a template for further studies. This aligns with post-structural thinking; that there are multiple realities and no one fixed truth. However, there were aspects within the stories that converged where narratives demonstrated similarities; equally there were features in the experiences that diverged from each of the transcripts. The following discussion brings the stories together, yet recognises where they deviate.

The review of the research exploring the effects of reflexology on quality of life found themes within the literature of effects on pain, relaxation and anxiolytic effects, effects on sleep and effects on general wellbeing. These themes were apparent within the stories the narrators provided therefore deserve to be considered within the analysis and will be incorporated within the discussion chapter. However, further themes surrounding the future of reflexology and mechanisms of action arose within the data along with critical aspects as to why the

⁵² 'All Together Now' (The Beatles, 1969) – The title is apposite to bringing together the data.

storytellers came to reflexology. These have been encapsulated in the titles of seven Beatles song titles, 'You've really got a hold on me' which alludes to being captured by reflexology, 'I'm only sleeping' referring to the relaxation response the therapy provokes, 'Dr Robert' denoting the medicalisation of reflexology, 'Help' the critical aspects of the stories, 'I Me Mine' encompassed the discussions around identity, 'You won't see me', referring to the lack of recognition of the benefits of reflexology within the healthcare system and finally, 'I've got a feeling' which considers the correlation between sensitivities in the feet and the health issue presenting.

Diagram 7: Themes: The Reflexstories



'You've Really Got a Hold on me'⁵³: Capturing Reflexstories

One of the themes that emerged from the narrators' stories was how reflexology had captured them, feeling compelled to learn based on the experience of receiving the treatment or seeing the results they were achieving with their friends and family. In several of the stories miraculous recovery from a condition or becoming pregnant was the reason they trained themselves. For myself (Sally), reflexology found me and ameliorated the painful lumps in my groin that were causing me distress, I felt motivated and uplifted from the treatments over time and felt the treatment helped me to grieve for my mother, allowing me the space to feel safe enough to cry. I felt that the support from reflexology enabled me to ride the difficult times I encountered with the death of my mother, my homelessness, trying to run a business at the age of 19 and my father's alcoholism. It could be argued that the reflexologist was the grounding force providing counselling during this challenging period of my life. However, the reflex points on the feet correlated with the issues I was having physically which seized my attention to learn more about the therapy.

Prudence also stumbled across the therapy when buying goat's milk whilst trying different diets to address her eczema and arthritis. She was offered reflexology and was amazed by the physical and mental effects it provided. Jude spoke of a five year old she had treated who had been brain damaged. His physiotherapist had said that it would take years for him to walk again but after four months he returned to school which inspired his mother to train as a reflexologist. Lucy claimed reflexology increased her milk production capturing her attention to progress her understanding of reflexology. Jude expressed that becoming pregnant from just two treatments when she had been advised that she had blocked fallopian tubes was the catalyst for her to train herself. Michelle and Eleanor both recognised whilst training to become reflexologists that the therapy produced health benefits when treating family and friends. They found that the therapy was producing positive outcomes which captivated them into exploring deeper.

⁵³ 'You've Really Got a Hold on Me' (The Beatles, 1962) – This seemed a pertinent title for the theme on how reflexology had captured the storytellers attention.

'I'm Only Sleeping'⁵⁴: Relaxation Reflexstories

Another theme that arose from the stories was the recognition of how reflexology relaxed them or their clients/patients providing a calm meditative space. One of the theories around the therapy is that it allows an individual to enter a deeply relaxed state which enables the body to 'heal itself' by seeking homeostasis (Tiran, 2011; Dougans, 2006; Norman, 2006; Pitman & McKenzie, 2002; Hall, 2000; Booth, 2000; Marquardt, 2000; Ingham, 1997; Gillanders, 1997). Within my story (Sally) this features highly as I feel this is the key to the treatment. I am naturally a busy person who finds it difficult to relax. Reflexology produces a feeling of complete calmness and deep relaxation for me especially when the big toe is palpated (the pituitary gland reflex particularly). I have witnessed this in many of my clients who have expressed how they feel very sleepy and relaxed during treatment. Many fall asleep towards the end of the 45 minute session and clients have suggested that this is the secret to its power.

Prudence emphasised the deep relaxation state and attributed the positive outcomes in her treatments to this, hence the title of her poem 'Golden Slumbers'. Jude mentioned in her discussion that the body heals itself when placed in this relaxed state. However, she claimed that people today are generally more congested and stated that a soft treatment which English people use, merely gives people relaxation. She suggests that relaxation brings them to a level where homeostasis can happen, yet, it is difficult to break down classic metal molecules without going deeper where the meridians come into play. She prefers as a result a much more rigorous treatment which can be painful. Equally, Michelle, Lucy and Eleanor seemed to place more emphasis on the anatomical and physiological effects of the treatments although this aspect was not dismissed as they did acknowledge this element of the healing process.

⁵⁴ 'I'm Only Sleeping' (The Beatles, 1966) – Musically, this song offers a euphoric dreamlike state which can be likened to the reported feelings within reflexology treatments.

'Doctor Robert'⁵⁵: Medicalisation Reflexstories

Many of the narrators refer to reflexology with reference to medical terminology. The training requirements to become a reflexologist include anatomy and physiology knowledge and in my (Sally) degree course half of the course included bio-medical science modules such as pharmacology and immunology. Most clients relate to this terminology as it seems to validate the modality making it more believable. For Prudence, with her medical background she offers reference to medical conditions and medical terminology; however, this runs parallel to recognition that there is something else at work although she is unsure about what this is. She has an ability to allow this uncertainty and incongruity, acknowledging an acceptance that there may never be a scientifically proven mechanism of action. She expressed that finding a rational explanation had challenged her for over forty years but she now felt that as long as the treatment did what it needed to do, then why question it.

Jude's theoretical basis for reflexology's effect is focussed on Traditional Chinese Medicine explanations and does not make apologies for the lack of a scientifically proven mechanism of action. Having lobbied the government in her country she successfully gained recognition for the therapy and it is now a registered profession. Research is being carried out currently to provide an evidence base for the modality which she refers to as meridian therapy rather than reflexology.

Michelle rests her explanation of the mechanism of action for reflexology within a medical anatomical justification relating to a specific reflexology method called nerve reflexology developed by Nico Pauly. Eleanor also embraced the scientific method within her research and during her story gathering event stressed that she believed that a mechanism of action will be found for reflexology with further scientific studies.

⁵⁵ 'Dr Robert' (The Beatles, 1966) – This title seemed applicable to the nature of the stories and the lure of using a medical trope within reflexology to provide credibility.

'Help'⁵⁶: Crisis Reflexstories

A central strand within the narrations were stories around a crisis in health. My autobiographical story of the long and winding road to reflexology began when I was 19 when my mother died of uterine cancer. My experience of reflexology treatment was not pursued but offered by a customer in the café (which I continued to run after her death and my father's breakdown). During this period of crisis in my life, I was suffering with painful lumps in my groin and although I was a little confused by reflexology's concept and questioned how it could help my condition, I agreed to the treatment without any hesitation; upon reflection, probably in desperation due to disillusionment with conventional treatment. I was skeptical of the theory explained, but open minded to possibilities to overcome the discomfort I was experiencing.

Prudence sought a remedy for her health issues and again was offered a treatment in the hope that this would ameliorate her symptoms provoking a beneficial outcome. Jude was taken by her mother to a reflexologist resulting in her belief that the treatment helped her problems with infertility. Jude also told of a child who had received an injury to the brain which had left him disabled. He displayed a vast improvement in his recovery assisted by reflexology. Although Lucy, Eleanor and Michelle did not come to the practice with a health crisis of their own, they all expressed situations where help had been sought for conditions or experiences had been encountered where reflexology came to the rescue. Lucy recalled an incident where she had treated a patient who had been experiencing incapacitating sickness in pregnancy which had remarkable results.

Eleanor spoke of her stepson who had passed away from a condition called adrenal leukodystrophy, an X-linked genetic disorder that breaks down the myelin sheath. During his illness he had become quite spastic in his body movements and was eventually unable to do anything for himself. During his limited lifetime she felt she needed to find a way to help him, so she gave him reflexology and noticed that instead of his arms being bent up under his chin

⁵⁶ 'Help' (The Beatles, 1965) – Congruous to the title, the theme highlights the crisis stories where reflexology was sought as a last resort or in desperation.

they started to relax and she could mobilize him more easily. She worked with another child who had cerebral palsy, whose mother used to say that his spasticity was much better and his sleep was much improved following the reflexology sessions. Eleanor also worked with an elderly neighbour who suffered with rheumatoid arthritis; she would say that the first 24/48 hrs post reflexology, her pain seemed to increase but thereafter, the pain would ease for about four days. She would then need to seek more treatment. Eleanor started to see a pattern with her arthritis clients that reflected this and agreed that when she had reflexology for her own arthritis she too would experience the same response. She claimed the effect was cumulative, so the flare up after the treatment would be experienced for less time the more treatments were given. But then she found that it could also depend on what else was going on, such as the psychosocial aspects, dietary issues and a variety of other factors. This made her look beyond just the physiological aspects of pain to see what else might be impacting her clients' condition.

Michelle treated a 74-year-old woman who was injured in an accident and had limited mobility. She was too frail to undergo a hip replacement operation due to chronic angina but she was experiencing extreme pain in her right leg and hip so Michelle decided to apply 90 seconds of reflexology to the dorsum of her feet while she was in a standing, weight-bearing position. Within 24 hours, she felt much more relaxed and found she was able to move her foot and leg higher than she had done for months. Within 10 weeks, the woman's general health appeared to have improved and this resulted in better mobility as she felt so much more generally relaxed. Michelle developed this new technique by this serendipitous intervention with elderly patients when struggling to position them during emergency treatment.

'I Me Mine'⁵⁷: Identity Reflexstories

The narrators within the study have all received a high level of education and portray the image of expert in their field in some form. However, this is not the stereotypical presentation of a reflexologist. The beauty therapist who has done some reflexology within their college

⁵⁷ 'I Me Mine' (The Beatles, 1970) – The lyrics refer to the denouncement of the ego in favour of the universal consciousness within Hinduism. This symbolically links to the creation of identities within this theme.

course or the alternative hippy healer may be the more expected image. Prudence was disappointed by the inclusion of the therapy in the beauty world and wished it had stayed as a complementary therapy. However, she has been pleased to see reflexologists accepted as practitioners and seen the 'hippy' or 'witch' identity fade away. However, in my everyday interactions with people when asked what I do for a living, I explain I am a University Lecturer but also a reflexologist. On a regular basis I am told stories of the work reflexology has done for others, often in a whisper with the fear that someone may hear and view them as being odd or deviant. Several close friends have sought reflexology before I met them and advised that they were struggling to get pregnant and found the treatment helped them to conceive or the reflexologist had identified anomalies in the feet which were later found to be indicative of medical conditions they weren't aware of at the time. These experiences have not been captured anywhere in the body of knowledge or within healthcare statistics but private reflexology practitioners continue to tell their whispered stories of improvement in the health of their clients.

The identities the narrators reveal are representations of professional women in powerful roles but whilst discussing the future of reflexology there was uncertainty around how the therapy is perceived and the future, which would impact on their identity. The idea of the future seemed to unsettle the narrators, in that the recognition of uncertainty of reflexology's position in the political world sits on shifting sand. Mindful of the notion that CAM practitioners and educators have become a marginalised group often viewed with scepticism and mistrust and are often talked down to which I have experienced myself in academia; inferring that the profession is not worthy of a place within Universities. However, it appears there will always be conflict between rival schools of thought and sub-universes will emerge in society, "seeking to establish itself and discredit, if not liquidate the competitive body of knowledge." (Berger & Luckmann, 1966 p.103). Derrida (2016) recognised the logocentric nature within society which privileges one thing over another, then seeks to undermine the opposing viewpoint.

'You Won't See Me'⁵⁸: Frustration Reflexstories

This theme was a consistent thread throughout the data. Sally deliberated for years as to how to evidence the benefits of reflexology to gain recognition for the modality and who would fund this research. This dilemma was unmistakable within all of the stories. There was cognisance of the difficulties in providing scientific research which delivers the proof the therapy requires for approval and funding within the healthcare system. Many clients have experienced pain in an area of the body but the medical profession have been unable to diagnose a cause. Yet on palpation, the reflex of the foot that corresponded with the area of the body the client was experiencing the pain was seen to be painful or a sensitivity was found. This has caused frustration and confusion, as what is deemed as evidence in the scientific world is not acceptable within the domains of the National Institute for Health and Care Clinical (NICE) and the National Health Service (NHS). My story and the stories of others have been silenced in a biomedical world and dismissed as subjective and anecdotal. I have witnessed profound experiences not only for myself but for others who I have treated and met within the reflexology arena. I have treated clients who have struggled to get pregnant only to find they have conceived within a few treatments.

Prudence had similar frustrations and set up an association in 1985 as she recognised that the profession needed an association to represent reflexologists and to raise its profile but this involved legal intervention to create. The solicitors took a long time so in the meantime, another association was created by a lady that was helping to run courses with Prudence. This caused a rift between the associations yet there have been negotiations to try to merge the different groups; however, this has still not been achieved. Prudence particularly felt that it was not good for the therapy to have fifteen different associations but a consensus has not been possible as yet. She also maintained that she was most encouraged by the CNHC's formation and the fact that it was funding by the Department of Health to act as a regulator. However, Prudence thought that it would make a huge difference and assumed there would be more private health companies willing to look for CNHC practitioners and able to claim for treatments. She thought that because a standard was going to be set, if a GP wished to refer

⁵⁸ 'You Won't See Me' (The Beatles, 1965) – This title connects to the notion that reflexologists feel that the practice is not seen or recognised as a credible profession.

or the NHS wished to commission a therapy they would use people on the register. She hoped reflexology would be available to more people and claimed that one of the things that put people off seeking this therapy was that it has to be paid for privately in most cases. Over many years she has encouraged reflexologists in the association to partake in research to capture the improvements in health they witnessed. There have been several studies undertaken by the association which demonstrated improvement in many conditions but this has had little effect as it has been dismissed as not generalizable due to limited numbers.

Jude was acutely aware of the requirement for justification of the therapy but had managed to prove to the government in her country that it was worthy of a place in the healthcare system and gained recognition for reflexology as a registered profession. Lucy, although she had established a place for the therapy in her practice as a midwife, she still experiences the frustration of it not being fully integrated along with the limited funding. Similarly, Eleanor displayed some annoyance that reflexology was not respected but was hopeful this would be overcome eventually.

Michelle recognises contradictions in the field with increasing standards and levels of intensive training requiring more detailed understanding of anatomy and physiology and specialist areas of treatment, like maternity and oncology. However, the ASA will not allow practitioners to claim that reflexology can help any condition. She asserted that reflexologists can work very precisely but due to the lack of consensus on reflexology charts which map the reflexes within the feet and hands, she believes this presents a real challenge to reflexology professional bodies who have made major inroads towards their therapy to be taken seriously by the medical fraternity. The majority of the reflexology charts internationally have most reflex points in common but there are some differences. She claimed this was not insurmountable because reflexologists are trained to feel the texture and granulation of the feet and hands and use a wide range of techniques to precisely target specific areas that correspond to parts of the body. She further conveyed that she had engaged in some research with the football club and the London Medical School whereby the findings looked extremely positive but this was dismissed as the numbers were insufficient to be generalizable. She recognised that funding these larger trials would be difficult and this was deeply frustrating.

'I've Got a Feeling'⁵⁹ Sensitivity Reflexstories

Each of the narrators offered stories around finding sensitivities in the feet that correlated to the organ or area of the body where there was an issue. Prudence gave many occasions where there were confirmations of the linkage between sensitivities in the feet and conditions the client/patient was experiencing. Michelle, Jude and Eleanor all explained scenarios where the sensitivities in the feet demonstrated irregularities in the body.

My (Sally's) story was riddled with examples of how the feet showed dysfunctions within the body. The health complaints I was suffering with mirrored the congestions in the corresponding reflexes in the feet. Improvement was gained when these were dispersed. My first treatment was remarkable in its ability to provide a cathartic reaction, it was extremely painful; nonetheless, I was reassured that this was normal and suggested that the lumps in my groin were due to a congested lymphatic system. I sobbed uncontrollably on the second treatment but the reflexologist who gave their time freely allowed me to let it happen without embarrassment or a need to explain. Yet, it made me talk and I was listened to with empathy. Each subsequent treatment became less painful and my health improved on every level, physically, psychologically, emotionally and spiritually. The pain I felt in my feet seemed to reflect how I was feeling but each succeeding treatment showed less and less sensitivity in the relevant reflexes. For example, the reflexes associated with the lymphatic system are found on the front or dorsal aspect of the foot in-between the webs of the toes and continue up to the ankle. These were very congested in the foot and sore on palpation. My toes were also very tender which relate to the sinuses as I had always had issues in this area which have now resolved. I smoked quite heavily at the time (around 30 cigarettes a day) and the balls of my feet where the lung reflexes are located were very yellowy and congested. I have since given up smoking and the balls of my feet have returned to a normal skin colour. The solar plexus reflex which is linked to stress levels was also extremely sensitive. These all reduced over time.

⁵⁹ 'I've Got a Feeling' (The Beatles, 1970) – The title symbolically represents the sensitivities felt in the feet both by the giver and receiver within a reflexology treatment.

I witnessed sensitivities in the sigmoid colon reflex on a client's foot who was suffering with ulcerative colitis. This reflex became covered in eczema for a period of time but this slowly cleared as his condition improved. His illness was compounded by the medication he had to take which was causing kidney damage and after losing the battle between efficacy and toxicity when using conventional medical treatment, he sought help from reflexology. This was more out of desperation and an overwhelming desire to evade surgery which usually involves a total proctocolectomy (removal of the colon and rectum) and the creation of a small opening called a stoma in the skin of the lower abdomen. He found his symptoms ameliorated within only a few months of weekly treatments. His consultant at the hospital became supportive of his treatment when it was acknowledged that the sensitivities in the reflexes in his feet correlated with the aspect of his colon identified from the regular colonoscopies as the areas which were inflamed and bleeding. His consultant also witnessed the improvement week upon week of the condition of his bowel having stopped taking his medication and relying solely on reflexology. He still has his colon seventeen years later and no longer requires treatment. He asserted that reflexology was the greatest tool he had found for him to maintain health despite the mathematical, logical worldview he claimed to possess. He expressed at the time that he wanted to make his experience of reflexology public in order to, conceivably help others suffering from the same or similar conditions.

Lucy suggested that there is a diagnostic element to reflexology and claimed she had done some research on predicting stages of the menstrual cycle using the reflex zones of the feet. She maintained that she is about 75% successful on being able to work out where someone is in their menstrual cycle and which ovary they have ovulated from. She maintains she can then predict their next period. Lucy spoke of a time she used visual observation with some palpation to find out the position of a baby, where the placenta is and she says embarrassingly, she even picked up where a baby was breech doing reflex zone therapy which she had missed with her midwifery palpation of the abdomen. On another occasion at a dinner party, Lucy provided a relaxation method to one of the guests and found something in the liver reflex, they joked that it was probably due to the rich meal and alcohol. When he came later came for treatment, she again found there was something evident in the liver

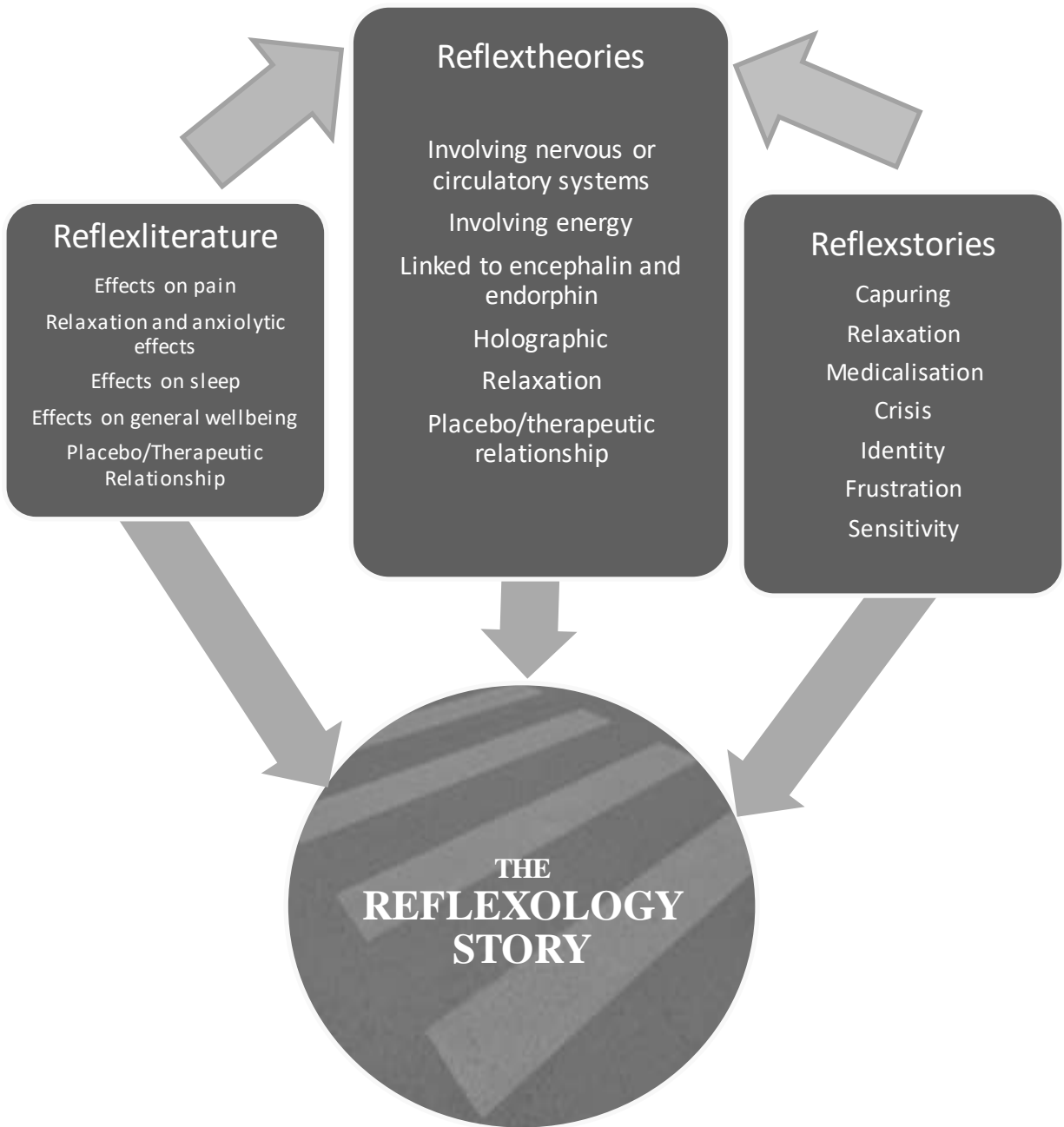
reflex. Six weeks later he was diagnosed with pancreatic cancer with a secondary in the liver. He died about 8 months later at the age of 36.

‘That Means a Lot’⁶⁰: Conclusion

This chapter has offered a synthesis of the interview data which has been presented as the stories of reflexology or reflexstories. This was obtained from the story gathering events undertaken with some of the prominent figures within the reflexology world. The poems were written to encapsulate their stories and themes were engendered from the convergences that were found within their stories. These themes which have been framed as Beatles song titles could be a box-set or anthology of reflexstories. These represent a preferred identity and include the story reflexologists tell themselves in order to establish a sense of ‘now’. A sense perfectly captured in the reflexstories of my informants who accept, or not, how the ghosts from the past determine the present. The Reflexology Story presented below in diagram 8 encapsulates these salient issues derived from the data. The following discussion chapter will provide the performance of the Derridean theoretical framework involving a deconstruction of the institution of reflexology.

⁶⁰ ‘That Means a Lot’ (The Beatles, 1996) – This title was chosen to imply that the collection of stories from the interview data ‘means a lot’.

Diagram 8: The Reflexology Story



Chapter 5

'Tell Me What You See'⁶¹: Discussion

The aim of this chapter is to apply the Derridean theoretical framework described in Chapter 3 in order to deconstruct the institution of reflexology. The remainder of this thesis adopts this post-structural philosophical positioning of the research. Within this section, notions of structuralism and post-structuralism and how they relate to reflexology will be discussed and an emerging cultural and dialogical account of the modality will be offered in order to find possibilities for the practice rather than afford truth claims which cannot be supported with evidence that is accepted by science.

A story for each of the narrators was offered within the previous chapter along with their companion poem and a thematic analysis comprising seven themes with Beatles' song titles was produced. The data from the reflexliterature in Chapter 2 (which created the reflextheories) along with the reflexstories which were collected from the 'story gathering events' within Chapter 4, will be analysed further. The reflexstories tell of the histories that narrate themselves through the stories. However, it could be argued that Derrida would not have asked the question: 'What is the meta-narrative of all these stories?' Therefore, it is recognised that a thematic analysis is perhaps the antithesis of a Derridean approach to any text. The idea of analysis or interpretation challenges what he believed, in that, instead of finding a truth, the text must be unravelled and contradictions need be uncovered with binary oppositions exposed in order to be subverted (Derrida, 2016). However, it was included in order to conform to the traditions of doctoral theses and the possible expectations of the reader to see how the stories diverge and converge despite the juxtaposed meanings, in order to provide a collective grand narrative, metanarrative or overarching theory.

⁶¹ 'Tell Me What You See' (The Beatles, 1965) – This title was chosen as it is illustrative of the notion of my interpretation of the reflexliterature and reflexstories using the Derridean concepts within my framework.

'I Don't Want to Spoil the Party'⁶²: Derridean Thought

When performing the Derridean 'method' within this section of the thesis it is necessary to provide some background to this approach. It is recognised that within the structuralism of the 1960's, it was possible to analyse phenomena by considering them as part of the system but the European theoretical movement that came to prominence during the 1960's and 1970's (during the time of The Beatles) initiated a critique of the movement and progressed the structural framework of Saussure's (1916) semiotic structure of language. Post-structuralism questions notions of truth, reality and meaning; this disrupts society, recognising that truth is created and relative to all that is around it and seeks not to analyse but to unravel the contradictions.

'Revolution'⁶³: Deconstruction of Reflexology

This analysis has deconstructed from the inside, applying a schema of critical questioning in order to expose the metaphysical assumptions of the subject in question. It could be argued that this may lead to new possibilities that may have not been explored if the idea had not been interrogated in this matter. The metaphysics within deconstruction highlights dualities within the scientific western tradition which tries to capture the truth with words. This is problematic when words can be interpreted differently dependent on the person.

With this in mind, the historical uses of the word reflexology were explored in the reflexliterature, necessary for a deconstruction as a word conjures up other words which are associated with the word reflexology along with words that oppose the idea of reflexology, or propose what reflexology is not. This then colours and shapes the understanding of the word. By exploring all the possible meanings of the word and the complex abstract words that are used; this leads to the notion of reflexology becoming deferred. Therefore, the meaning is never fully understood because the word is defined by not only what is present but also by

⁶² 'I Don't Want To Spoil The Party' (The Beatles, 1964) – This title crudely refers to the idea that spoiling a party may be like the method of deconstruction; disrupting, dismantling and decentering the meaning of the subject.

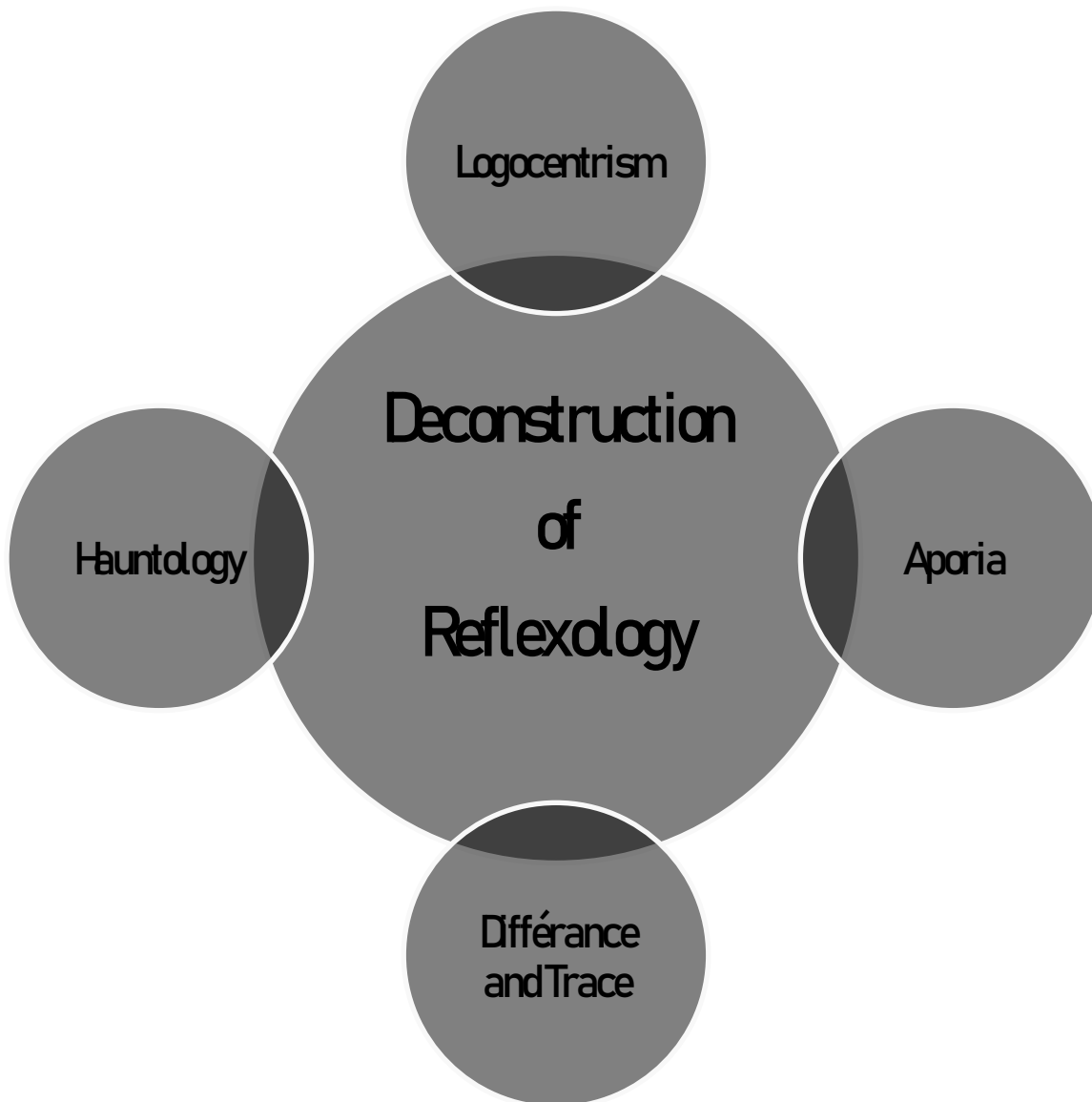
⁶³ 'Revolution' (The Beatles, 1968) – The deconstruction of reflexology may be seen as a revolution.

what is absent. This results in differing notions of what reflexology actually is and the meaning is decentralised having no ground or foundation. Derrida's metaphysics claims that ideas create dualistic opposition such as presence and absence, identity and difference and so on (Derrida, 2016).

My analysis attempts to deconstruct the institution of reflexology and in doing so, it is necessary to challenge every aspect within the knowledge base and decentre the meaning. As there is no canonical definition of reflexology, it is messy and disordered. Therefore, exploring the possible theories around how reflexology works, dismantling the professional associations and unravelling the framework of regulation must be undertaken. Finally, questioning the uses of reflexology within the contemporary health arena and its integration into the healthcare system will also be disentangled.

Theories surrounding reflexology are abundant but still the subject of much debate and criticism. These were identified in chapter 2. However, to delve deeper into the knowledge base within the subject area, each one of these theories needed to be illuminated and assessed for its believability. It is fundamental to explore the origins of what we refer to today as reflexology which has evolved during modernist or the structuralist period and not the ancient traces of the therapy to which it has become attributed. Due to the development of this therapy happening during this period of time, it has attempted to develop a body of evidence based on scientific proof within a modernist paradigm. Reflexology may be seen as the child of structuralism which may now be viewed through the lens of Derrida's post-structuralism as diagram 6 suggests.

Diagram 6: Circles: A Derridean Theoretical Framework



The main theories identified in Chapter 2 were condensed into six key areas as the diagram 1 demonstrates. The aim of this section is to deconstruct these ideas and assess for believability before applying the other aspects of the Derridean theoretical framework outlined above to the institution of reflexology and the reflexology story.

Diagram 1: Traces of Diachronic Reflexology



‘Act Naturally’⁶⁴: Theories Involving the Nervous or Circulatory Systems

Theories involving stimulation or congestion of the nervous or circulatory systems include several theories such as the gate control theory. This is a recognised mechanism to explicate pain control and may explain the effect of many touch therapies as it is acknowledged that

⁶⁴ ‘Act Naturally’ (The Beatles, 1965) – Chosen as a title due the lyric. Reflexology is purported to naturally alleviate congestion in the nervous or circulatory system.

touch impulses reach the brain before pain impulses, thus, in effect 'shutting the gate' to the perception of pain (Melzack & Wall, 1965 *in* RF, 2006). Transcutaneous electrical nerve stimulation (TENS) is based on the same theory, which is seen to relieve pain by suppressing nerve impulses. This concept aligns with Fitzgerald and Bowers' (1917) initial thoughts on how zone therapy could assist in relieving pain and alleviating other ailments. Fitzgerald & Bowers (1917, p.16) attributed the relief from pain when pressure is applied to the injured part as "blocked shock" or "nerve block" which was espoused by Dr George W. Crile, of Cleveland nearly 50 years before Melzack and Wall provide their theory. Fitzgerald and Bowers (1917, p.16) suggest that pressing on the nerves running from the injured part to the brain area inhibits or prevents the transmission to the brain adding that "the hurt place can't tell the central telegraph station anything about the accident, because the wires are down". This provides a plausible explanation for how reflexology works within a material world or bio-medical understanding of the body. However, if this were the mechanism of action, would it not be required to be provided on a continuous basis such as a TENS machine would offer? When reflexology is provided it has shown pain relief that lasts a period of time which featured in the reflexstories provided by the narrators in the data analysis. Sally, Prudence, Eleanor, Jude, Michelle and Lucy all alluded to this phenomenon. The fact that the pain relief can last longer than the period of treatment suggests that there must be other processes involved.

Another theory involving nerve stimulation is the 'nerve impulse theory' (Bliss & Bliss, 2000 *in* RF, 2006) and 'autonomic-somatic integration theory', (Kunz & Kunz, 1998 *in* RF, 2006) which are based on the notion that when pressure is applied to the feet during reflexology the receptors in the cells are compressed opening ionic channels in the plasma membrane which triggers a local action potential to convey messages to the spinal cord and/or the brain (Tiran & Chummun, 2005 p59). The electrical impulse theory asserts that messages from the feet reaching the ganglia connect up with the messages going to muscles, so that working the feet has direct action on bodily organs. The concept of nerve reflexology as a philosophy for practice has been adopted by many reflexologists such as Nico Pauly, Dr Carol Samuel, Lynne Booth, and Peter Lund Frandsen. This is a feasible concept yet dismissed in the scientific world as it cannot be demonstrated in a randomised control trial that the pressing of specific

reflexes causes this action which is the expectation for credible evidence. However, recent research by Silberstein *et al* (2019) has discovered a new nerve pathway based upon facial perfusion measurements following painfully-cold water foot immersion in complete spinal cord-injured patients. They suggest that there is a possibility of the existence of a cutaneous pathway involving peripheral Cfiber cross-talk, partially bypassing the spinal cord which could provide some explanation for reflexology. Additionally, a Japanese study using functional MRI has shown that by stimulating the eye reflex on the foot, the area of the brain relating to sensation to the face is activated demonstrating the linkage to the brain (Miura et al, 2013). Yet, this cannot assume that there is a benefit from the stimulation.

Further nerve related theories involve ideas around congestion in feet. Many reflexologists believe that ‘crystals’ (calcium, uric acid and lymphatic deposits) in the blood accumulate in the feet which interfere with the normal circulation of blood and lymph. In the ‘lactic acid theory’ or ‘U bend theory’, reflexology is seen to break down these deposits which collect in the U bend (the feet being the collecting point) and are then disposed of through the eliminatory processes of the body (Tiran, 2002). This sounds viable as a concept as any blockage in bodily systems will have a negative effect on the surrounding area. The majority of reflexology texts acknowledge the presence of gritty accumulations felt when working the feet and hands and a reflexologist generally endeavours to break these down. However, cynics again would question how blockages in the feet would have an effect on organs or glands in the body? Interestingly, Tiran & Mackereth (2011) omit to include this concept in the revised version of Clinical Reflexology.

‘Mother Nature’s Son’⁶⁵: Theories Involving Energy

Theories involving transmission or blockage of energy include electromagnetic theories (Bliss & Bliss (1999) *in* RF (2006)) which are based on the assumption that all matter, including human cells, vibrate at certain rates. Meridian theory is discussed by several authors within the subject of reflexology and seems to be the most popular explanation for its effectiveness. Reflexology, according to this theory is based on the same philosophy as

⁶⁵ ‘Mother Nature’s Son’ (The Beatles, 1968) – Title chosen due to the lyric implying that this is a naturally occurring substance.

acupuncture and utilises the ancient Chinese system of meridians. Meridian pathways differ to the zones traditionally used in reflexology; however, many reflexology points correspond to acupuncture tsubos (Tiran, 2011, Dougans, 2006; Lett, 2000; Crane, 1997). Qi or subtle energy is purported to flow through the body from top to toe along the meridians which often follow neural pathways. It is thought that reflexology is able to assist in rebalancing the Qi when it is excessive, inadequate or stagnant due to disease, disorders, pain and stress disrupting the body's equilibrium (Tiran, 2011). Although acupuncture has been accepted in many areas of medicine and within physiotherapy particularly, the medical profession do not subscribe to the explanation of meridians and imaginary energy lines within the body. Instead they use western concepts of neuroanatomy and physiology to explain the phenomenon (Cheng, 2014). Similarly, 'energy blockage theory' or energy flow theory espoused by Kunz & Kunz (1998) in RF (2006) subscribes to the notion of energy but this idea does not however explain how hand, ear or face reflexology could be effective as it suggests that there is a connection to the ground with receptors in the feet (Tiran, 2002).

It is widely acknowledged that electroencephalograms (EEGs) can detect recognized waves in the brain such as Alpha waves (8 - 13Hz cycles per second) which are indicative of deep relaxation. It is also believed that the earth is vibrating at a regular rate, in a frequency band known as Schumann Resonance (7.83Hz), and that this rate is similar to that of Alpha waves (Tiran & Chummun, 2005). The Schumann Resonance is described as the space between the surface of the Earth and the lower edge of the ionosphere about 60 miles up and describes a cavity where electromagnetic waves propagate (The National Aeronautics and Space Administration (NASA), 2020). This theory suggests that the person whose cells vibrate at an alpha rhythm is in harmony with their surroundings and therefore likely to be in a more positive state of health (Tiran, 2002).

'Energy blockage theory' or energy flow theory espoused by (Kunz & Kunz, 1998) suggest that positive and negative receptors in the feet connect with those in the ground. They claim that the flow of energy can become inhibited due to congestion which accumulates in the feet leading to disruptions in their ability to receive energy from the earth. Reflexology is alleged to unblock the obstructed energy and enable the links with the ground energy to become established once again. Proprioceptive theory (Kunz & Kunz, 1998 in RF, 2006) parallels the

concept of energy blockage theory as it supports the spatial relationship of the feet with the ground (Tiran, 2002). Yet, these theories are immediately dismissed by the medical profession as the idea of energy existing in this form is not recognised and the notion that it would then go on to heal is seen as absurd by sceptics. For the medical world to accept reflexology as a legitimate modality it seems it must dismiss notions of energy. However, there is evidence that suggests that “beyond life as a biochemical system, endogenous and exogenous energy fields play an important role in the living state” (Rubik & Jabs, 2017 p.227). The energy field or biofield which is associated with life consists of low intensity electric, magnetic, and electromagnetic fields which can be measured. Biophotons, the ultra weak light emitted from the body is one component of the biofield. Rubik & Jabs (2017 p.244) explored the influence of intention, extraordinary mind-body states, and human interaction on biophoton emission and concluded that “biophoton emission diminished significantly from healers’ hands post-energy healing, and in particular, from the dominant right hand used to send energy”.

‘Child of Nature’⁶⁶: Theories involving enkephalin and endorphin

Theories involving release of enkephalin and endorphin or the ‘endorphin/enkephalin release theory’ is based on the principle that reflexology works by stimulating the release of these chemicals, the body’s natural pain relievers and mood enhancers (Tiran, 2011). General massage and touch therapies have been repeatedly found to decrease the perception of pain through this mechanism (Tiran, 2011). This idea could be used as a valid option to support the use of reflexology and science appears to accept that massage and touch can improve health and wellbeing with research studies confirming this concept (Field, 1998, 2019). Yet, mainstream medicine in many ways dismisses the benefits of reflexology based on this premise.

⁶⁶ ‘Child of Nature’ (The Beatles, 2018) Used symbolically to represent these are naturally occurring substances.

‘What’s the New Mary Jane’⁶⁷: Holographic Theory

‘Embryo containing information of the whole organism (ECIWO)’ looks at how each part of the body holds information of the whole, claiming that through evolution the human body has lost the ability to generate a whole new person from one detached part, unlike some lower organisms (Frandsen, 1998 *in* Tiran, 2002). Nevertheless, it has retained the capacity to heal its self since embryonic times. This theory does provide an explanation for the use of other parts of the body which could be used for reflexology. Yet, it is not one of the most popular explanations for its effectiveness. The holographic theory explains this concept as holography posits that in a hologram all the information about the entire object is stored in each one of its points. If the hologram is broken, each of the pieces holds the information required to reconstruct the whole picture (Turgeon, 1994). Marquardt (2000) who developed the transverse zones in reflexology agrees with this philosophy and relates the foot to the image of the sitting person. This is yet again criticised by sceptics and dismissed as pseudoscience within many on-line forums and anti-CAM propaganda.

‘A Taste of Honey’⁶⁸: The Placebo Effect/Therapeutic Relationship

The ‘placebo effect’ is also something that is often attributed to the positive results of reflexology and it is recognised that there is a challenge to allow for this effect in clinical trials as it is impossible to double blind in a reflexology treatment. The reflexologist will obviously know they are performing reflexology or not. There is also an issue around removing the therapist from the interaction and the impact of touch. It is difficult to not touch a client when providing treatment. With this in mind, there is now an extensive amount of research on placebo which is often considered to be the effects of an “inert substance,” (Kaptchuk & Miller, 2015). Nocebo or the negative effects or side effects from treatments which can occur also need to be considered.

⁶⁷ ‘What’s the New Mary Jane’ (The Beatles, 1996) – Used humourously to represent the notion of the embryo containing the whole organism and its ability to create a whole new person.

⁶⁸ ‘A Taste of Honey’ (The Beatles, 1963) – Often a sugar pill is used as a placebo in pharmaceutical drug trials.

However, placebo is being acknowledged as an important aspect in healthcare and Kaptchuk & Miller (2015) suggest that the idea that they are just inert substances is inaccurate and claim that placebo effects and reduction in symptoms are due to the engagement in the therapeutic encounter including its rituals, symbols, and interactions. They purport that the effects are separate to the individual therapy and are caused by the 'contextual or environmental cues that surround medical interventions'. "This diverse collection of signs and behaviours includes identifiable health care paraphernalia and settings, emotional and cognitive engagement with clinicians, empathic and intimate witnessing, and the laying on of hands" (Kaptchuk & Miller, 2015). Current research is also suggesting that symptom relief can also been demonstrated using open label placebo with patients taking pills that they know lack any medication (Kaptchuk & Miller, 2018). This could potentially support this as a theory for reflexology but the authors acknowledge that further larger studies need to be undertaken as the results are based on small studies so far.

Placebo together with the therapeutic relationship could be included in the overall effect of the 'Reflexology Package' (Mackereth, 2011). This includes the substantial treatment duration which provides quality personal time for the client and involves a one to one situation using face to face contact. This is seen to allow for and encourages communication and the tactile, continuous physical contact which also employs therapeutic touch without invading personal space boundaries and is non-invasive. The effect of the therapeutic relationship (NOS, 2001 *in* RF, 2006) between client and practitioner is another factor that is considered in the core curriculum which is factored in the over all effect of the 'Reflexology Package' (Mackereth, 2011) but is difficult to measure (Greenhalgh & Heath 2009). Yet, as healthcare is becoming more consumerist and market-driven; the need to measure and prove effectiveness is becoming fundamental (Wong, Bentzen & Wang 2009; Darzi 2008; Charles-Jones, Latimer & May 2003). The psycho-social context within the reflexstories was a key feature. Providing a safe space for clients to talk and to be listened to was something all of the narrators felt was an important facet within the treatment, albeit, something of an enigma.

This combination of factors may be where the power of reflexology resides. This is why to dissect the practice and research aspects of the modality rather than investigating the

therapy as a whole seems illogical. Yet, many research studies have attempted to isolate particular reflex points to test out the benefit of applying pressure on these specific points. This explanation may seem fairly believable; in that, all of these human processes combined could bring about a healing response from the induction of a relaxed state of being.

‘The Inner Light’⁶⁹: Relaxation

There is much discussion within the reflex literature and a theme from the Reflexstories, ‘I’m only sleeping’, emerged which related to the ability of reflexology to create a state of deep relaxation. The power of the effect of relaxation upon the client without other intervention is mentioned in both core curriculums (RF, 2006; CNHC, 2018). If this is the only outcome of reflexology then it could be argued that it has provided an effective treatment. Many medications have been developed to aid relaxation including benzodiazepines, antidepressants, betablockers, etc., but have a multitude of negative side effects which reflexology does not seem to produce. It is not fully understood how Buspirone, another medication which may be used for anxiety works, yet, is prescribed regardless (NICE, 2019b).

The most recent core curriculum which has been produced by one of the voluntary regulators, the CNHC, makes no mention of the theories; it merely defines reflexology as;

The study and practice of treating reflex points and areas in the feet and hands that relate to corresponding parts of the body. Using precise hand and finger techniques a reflexologist can improve circulation, induce relaxation and enable homeostasis. These three outcomes can activate the body’s own healing systems to heal and prevent ill health (CNHC, 2018).

This omission may be as a result of pressure from anti-CAM organisations and the ASA which question its claims. Conversely, it has been condensed considerably as the first core curriculum (RF, 2006) read more like a training syllabus for which there had been much criticism. Removing the mechanism of action or the ‘how it works’ based on medical explanations could yield more believability.

⁶⁹ ‘The Inner Light’ (The Beatles, 1968) – The Beatles embraced Transcental Meditation on this track seeking relaxation.

Looking at notions and grades of representation and the believability of an idea has allowed the deconstruction of the theories of reflexology to be executed. This could demonstrate how its structures and systems of thought contain seeds of its own downfall (Derrida, 2016). Within the current context, CAM and therefore reflexology, has allowed an adoption of the medical discourse and a shared language based on a bio-medical basis within its teaching. Many of the theories have used this language which may have contributed to the ridicule it has attracted by offering bio-medical explanations without supporting scientific evidence. In seeking to be a scientific discipline in its own right it has become the object of scrutiny which may not have occurred if it maintained a more holistic position.

My task to apply my theoretical framework still remains complex as although the theories of reflexology have been analysed for their believability within this deconstruction, it is still necessary to expose these theories, structures and the systems pertaining to the institution of reflexology to the remaining Derridean concepts of logocentrism, binary oppositions, aporia, presence and absence, différance and trace and finally hauntology.

‘Hello, Goodbye’⁷⁰: Logocentrism and Reflexology

Logocentrism refers to the notion that truth and reality exist outside of language, however; attempting to isolate a truth is problematic and engenders binary oppositions (Derrida, 2016). There is a privileging of one over another, for example, speech over writing, good over bad, male over female, passion over reason, etc., or in this case, bio-medicine over CAM. ‘Dismantling’ binary oppositions is ‘an interminable analysis’ that can never end because ‘the hierarchy of dual opposition always re-establishes itself’ (Derrida, 1982 p. 42). Yet, by interrogating the conceptual distinctions and questioning the marginalised and privileged positions is a requirement in Derridean methodology.

Within this narrative inquiry binary oppositions were evident. Eleanor was confident that there would be a scientific explanation for the mechanism of action for reflexology in contrast to Sally and Prudence who both express that we may never know how it works only that it seems to improve health. The belief in the scientific method for Eleanor, Michelle, Jude and

⁷⁰ ‘Hello, Goodbye’ (The Beatles, 1967) – The title is emblematic of the binary oppositions which exist when exploring a subject or word.

Lucy was clearly juxtaposed against the other characters within the inquiry rather than the acceptance of the mystery of the therapy. It is evident in the reflexology world that the therapy recognises what it is to be 'marginal' and viewed as 'other'. There is almost a stigma attached to being a CAM practitioner as they have become the 'marginalised other' in healthcare. As reflexology is considered to be part of the CAM world it can be tainted with the same brush as other treatments which may be considered dangerous, for example herbal remedies that may be toxic and have not been regulated or homeopathy which has gained much criticism in recent years. The main concern with CAM is the delay in accessing treatment, that is, medical treatment that is deemed more effective than any other options on offer as discussed in the literature review. A suitably trained reflexologist would encourage individuals to seek medical help if there was cause for concern and may actually reduce the timeframe for pursuing assistance.

From a broader perspective the binary oppositions within healthcare are evident and may explain why reflexology is not accepted generally within mainstream medicine. Reflexology has endeavoured to be recognised as part of the healthcare system and as a result has adopted the medical trope. The power of professional language is appealing when establishing a position within this arena; this was evident in the reflexstories and why the theme around the medicalisation of reflexology 'Doctor Robert' emerged. This could be seen as its ruin as it has attracted criticism from the medical profession. It was discussed in the reflexliterature how several lobby groups have targeted CAM courses and practitioners whereby these anti-CAM groups suggest that CAM falsely or mistakenly claims or regards itself as based on the scientific method. They suggest that CAM is not based on evidence therefore it is pseudoscientific like astrology (FSM, 2003) and as a result, the image of the reflexologist appears duplicitous engendering a damaged identity.

Reflexology in the inferior binary position, has led to reflexologists becoming a marginalised group dismissed as performing ineffective treatment and as Professor David Colquhoun, a pharmacologist and anti-CAM blogger suggests, reflexology is "plain old foot massage, overlaid with utter nonsense about non-existent connections between your feet and your thyroid gland" and claims that "reflexology is bollocks"(Colquhoun, 2010). As discussed in the reflexliterature, there has been a major campaign to eliminate CAM from the NHS and

Universities. Derrida understood what it was like to live in an inferior position as an Algerian Jew in the 1940's, feeling oppressed and subjugated but offered ways in breaking down the accepted dominant discourse in order to see the other viewpoint (Hill, 2007). Although this discussion focusses on the deconstruction of reflexology, the binary opposite, biomedicine, is not without its weak links.

In my story (Sally) the experience of attending meetings at the NICE headquarters highlighted the logocentric nature of medicine. NICE review the evidence for treatments for a range of health issues they categorise as topics. There are a collection of mainly medical doctors on the committee of NICE who assess the research and decide whether it provides the evidence base required for a guideline to include the therapy as an option in the treatment of a specific condition. From this, guidelines are formed based on this information. Complementary Therapies feature insignificantly in the NICE guidelines despite a growing body of evidence to support its use. The research has been continuously dismissed as methodologically flawed even for acupuncture where there has been a huge amount of research undertaken within this area despite the House of Lords report acknowledging the problems with researching CAM as outlined in Chapter 2.

The reflexstories demonstrate many experiences where health has been restored or improved by reflexology, yet this is not captured as evidence and would be dismissed as anecdotal if it was presented as such. Specifically designed methods for capturing evidence is manifestly required rather than applying the same scientific methods which are not appropriate. However, the structure of society supports the positivist, patriarchal, biomedical models which do not always recognise the benefits of gentler, more nurturing and natural ways of providing healthcare. Yet, the requirement for research to prove the efficacy and effectiveness of reflexology is continuously being requested to support its use. This has led to a distortion of reflexology as a result of the necessity to provide evidence using the biomedical model's techniques for measuring outcomes. In binary opposition terms CAM is measured by everything it is not. Kadetz *in* Langweiler & McCarthy (2015 p.21) proposes that "holistic paradigms may best be served by holistic approaches to research" suggesting that the "foundational issue with biomedical research assessments of non-biomedical

practices is that a simple systems paradigm is trying to explain a holistic paradigm using a simple systems analysis.”

Medicalising reflexology has contributed to attracting an attack from the medical profession. This has created a transmogrification of the therapy rather than reflecting the true nature of the treatment. Research on reflexology, in general, currently uses a reductionist method which has perhaps diluted the treatment. For example, two recent studies have demonstrated this by just treating one part of the foot (the ball of the foot where the heart reflex is located) to establish if there is an effect on the heart. They used a control (just treating the heel of the foot) to act as a sham treatment. This seems illogical when the therapy purports to be a holistic practice. Reflexologists are taught that even when treating one reflex point it will have an effect on every reflex in that zone. Yet, these studies tried to isolate one area and decipher whether this was causing a haemodynamic effect (Jones *et al*, 2012; 2013).

‘Dig It’⁷¹: Aporia of Reflexology

My overarching analytical aim was to not accept clear cut answers and disrupt the dominant discourse. Derrida encouraged a state of ‘aporia’ or ‘impasse’ and supported a process of a continuous oscillating puzzlement. Reflexology is already messy and entangled, it doesn’t have an agreed theory as to how it works, there is no standardised technique, it has many professional associations, multiple levels of training qualification expectation, even in voluntary regulation there is not one definitive organisation that provides a regulatory body for reflexology. Destabilising reflexology is not difficult as it rests on unstable terrain. The areas of stability perhaps rest within the associations and the regulatory bodies. Yet, within the reflexology world there has been conflict of ideas and egos which has led to many associations forming with differing maps, methods and techniques. However, the expectation from society is for it to be defined and standardised. This is perhaps an unrealistic expectation and is unnatural when applying it to such a diverse holistic therapy.

As reflexology is not a registered profession, anyone can call themselves a reflexologist and set up in practice. They can undertake an on-line course for as little as £12 and claim to be a

⁷¹ ‘Dig It’ (The Beatles, 1970) – Analogously, the notion of aporia evokes the need to break up the concept or ‘dig it’.

reflexologist. However, training with an accredited provider allows for the practitioner to appear on a recognised register and permits for insurance to be attained providing a more professional facade. This has led to multiple identities within this arena. The popular stereotype of a reflexologist being the hippy, alternative practitioner or beauty therapist demonstrates the antithesis of the image portrayed by the storytellers. In the theme 'I Me Mine' there was recognition of the disparity between the stereotype and the identities of the narrators in the narrative inquiry. There are predominantly women within the profession who historically and some would argue are still treated as second class. That is not to say there are no male reflexologists in the subject area, in fact one of the leading researchers (Dr Peter Mackereth) was the clinical lead for complementary therapies at the Christie Hospital in Manchester. He experienced the pressure from bio-medicine when in 2006 a letter signed by thirteen physicians was sent to every NHS trust in the Britain, urging them to stop funding 'unproven or disproved' therapies in favour of orthodox treatments. He claimed that the response at Christie's was only positive and stated that many of the consultants supported the use of complementary therapies, suggesting that patients greatly benefited from the therapies in terms of symptoms, sleep, and general wellbeing (Federation of Holistic Therapists (FHT), 2007).

Reflexology practitioners and associations have sought to raise the profile of the therapy and have implemented higher levels of training. The RF as discussed in the reflex literature in Chapter 2 was set up to bring the associations together to form one organisation responsible for all reflexologists, ready for regulation. This wasn't achieved as a consensus was not reached despite several attempts so there are still many associations that a reflexologist may join dependant on the level of training and method adopted. The Frustration Reflex stories featured the discussions around the obstructive nature of the absence of a consensus and the lack of recognition for the therapy's benefits to society. Therefore, reflexology still maintains a continuous oscillating state of puzzlement or aporia, in true Derridean style which demonstrates the 'undecidability' of the therapy. This leads into other Derridean concepts involving 'presence' and 'absence' and notions of 'différance' and 'trace'.

'Within You Without You'⁷²: Différance & Trace of Reflexology

Derrida uses the word *différance* to describe the origin of presence and absence. Trace is what is born from the absence of the present (Derrida, 2016). As discussed in the methodology chapter, *différance* refers to 'the space between us all' and suggests that this is what gives signs meaning. Derrida's notion of presence or the 'metaphysics of presence' has evolved from Heideggerian philosophy based on phenomenology. The 'being' of something shows 'presence,' as outlined in 'Being and Time' by Heidegger (1962). He suggested that if something is present then something must be absent. For example, a woman could be seen as the absence of manliness. Derrida furthered this idea losing the essentialism of the concept but recognised that there is a privileging of presence over absence (Derrida, 2016). Applying this notion within the healthcare arena, it is clear that orthodox medicine has the appearance of being present and is favoured over CAM and therefore reflexology.

The Capturing Reflexstories found the storytellers investing their energy in the therapy due to profound experiences that they had witnessed rather than following the dominant bio-medical model. The presence of reflexology had revealed itself to them and captured their attention enough for them to dedicate time and effort into this endeavour. A similar theme 'Help' which encapsulated the Crisis Reflexstories, found improvement in some clients' health complaints, many of which were life changing. The reflexstories contain successful experiences and miraculous outcomes at times. However, there was no mention of clients who did not seem to respond or found no benefit from the treatments. Have these been omitted, conveniently forgotten or were there no examples of these? Why is there an absence of inconclusive or ineffective treatments or experiences? Does this make the stories seem like forgeries or misrepresentations? This may reveal the need for further research to provide a more balanced argument. Yet, Bamberg (2011) suggests that when forming our identity and creating our life stories we rely on our memories. It could be argued that only the memories that are measured to be relevant enough to feed into one's life story will be utilised, therefore omitting the extraneous ones. However, despite this, there is a polyphonic presence of

⁷² 'Within You, Without You' (The Beatles, 1967) - The lyrics "we were talking about the space between us all" refers to the metaphysical space in Hindu spiritual concepts or *différance* for Derrida.

similar sounding stories telling of improvement in health or symptom amelioration (Frank, 2012). Yet, entangled orders of simulation provide a play of illusions representing reflexology in the social microcosm as a fraudulent activity selling itself as a therapy without the evidence base to support its efficacy or effectiveness.

Derrida (2016) voiced that 'différance' denotes not only to the state of being deferred but to the state of difference as différence has no audible differentiation when spoken in French. The concept of différance can be described as the difference in the meaning of words, as a word can have a variety of meanings which lead to more words, which again have different meanings. This results in the ultimate meaning of the word becoming deferred or postponed. The concept of déferment is evident in reflexology in that there is no agreement on what reflexology actually is or who reflexologists are, i.e., the identity of a reflexologist. What is the signification of reflexology? What does it mean to be a reflexologist?

The characters within this thesis are not the standard stereotype of a reflexologist such as the beauty therapist who has done some reflexology within their college course or the alternative hippy healer. The identities displayed by the six narrators were neither of these; they portrayed an image of well educated, privately trained professional practitioners. The habitus they assume is one of expert in their field and embedded wholeheartedly in their profession (Bourdieu, 1990). However, my (Sally) experience in the role of a reflexologist has been different perhaps. I have felt the shame or the need to apologise for being involved in the practice which has become marginalised. I have witnessed as discussed in the previous chapter, the whispered conversations of friends and strangers when admitting they have sought help from a reflexologist as if it were something to be embarrassed by, like buying illicit drugs or seeking help from a psychic medium. That is not to say that the other storytellers within this inquiry have not experienced the same phenomenon, they may have chosen not to enter into this dialogue to protect their identity. With this in mind, it is putative that people can adopt different identities in different social contexts and over time (Bernhard, 2015). Yet, identity assumes a fixed position. It is acknowledged that the narratives afforded by the storytellers in the last chapter are merely small stories in one particular social context or 'netdom' (Bernhard, 2015). Other identities may be formed in other netdoms, dependent on their relational positioning which emerge, evolve and change (Bamberg, 2011). The anti-

essentialist nature of the inquiry therefore supports the notion that there are multiple identities displayed and a variety of representations of the individual.

In addition, the use of the term *différance* demonstrates the questioning of text and the idea that when we stop and claim we have found meaning, then we are under the illusion that we have understood (Derrida, 1978). However, it could be argued that we have not found meaning, we have just stopped looking. Meanings are located in the trace according to Derrida (1978) and there is trace of the past and trace of the future in any position held. Trace presents as a simulacrum; the data shows the undecidability of what reflexology actually is and that the reflexology that we witness is a false representation based on assumptions of society. How something appears may not be real. Just as Baudrillard (1994) claimed that layer upon layer of representation has buried the 'real' therefore creating the hyperreal world of simulacrum. Although the premise of an ultimate 'reality' is questioned in Derridean thinking, the human need to label something as 'real' creates the hierarchy which privileges 'real' or 'authentic' over something 'synthetic' or 'fake'. Reflexology, being viewed as a CAM practice and as a result 'other' to mainstream medicine has therefore meant it has become positioned as 'fake'. In order to become more present, reflexology has attempted to become medicalised and adopted a medical trope. The dissimilitude of the portrayal of reflexology and the lived experience is evident within the data and the 'trace' revealed is therefore questionable, signifying that the undecidability of reflexology can present like a ghost.

'I've Just Seen a Face'⁷³: Hauntology of Reflexology

Derrida (1993) coined the term Hauntology in *Spectres of Marx*. He provided a critical lens through which to view twenty-first century English culture whereby the presence of the past is evident in the present. Shaw (2018 p.2) suggests that Hauntology has become the zeitgeist of this century and can be defined as "a science of ghosts and a science of what returns". The spectre in this narrative inquiry being reflexology; whereby it's spirit has haunted history, inhabiting without residing yet is both living and dead; being and non-being. It is an anachronism, conspicuously old-fashioned; not belonging or appropriate to the period in

⁷³ 'I've Just Seen a Face' (The Beatles, 1965) – Referring to the concept of haunting; this title conjures up the image of a ghost.

which it exists. Reflexologists can appear like ghosts in the healthcare system with ghostly trace. The reflexologist or the 'spectre of healthcare', the 'Nowhere Man⁷⁴' that presented himself in my life was not registered with an association. I found out years after that this reflexologist who had introduced me to the powerful treatment was taught by Doreen Bayly. He had been working in the navy and on his travels experienced reflexology, becoming fascinated by the therapy and went on to train in London with her. It seemed incredible that out of all the techniques he could have used, it was the same technique that I had eventually learnt myself. He did not believe he required insurance so was therefore not insured. Why would he need to be, if reflexology 'does no harm?' Many reflexologists working privately provide treatments, possibly with this same belief; so again, this evidence is not captured. This is assuming they are improving the health of their clients. Yet, if they weren't why would people pay for treatment? The 'Nowhere Man' did not exist in the healthcare system but was there trace of his existence?

The myths of professionalization and organisational rhetoric support the hauntology of reflexology. As discussed in Chapter 2, in 2000, the House of Lords Science and Technology Select Committee decided that further research into the efficacy of CAM was necessary. They advocated for a more coherent regulatory framework to safeguard the public by ensuring practitioners were competent and well-trained. Within their report they recommended that only well-regulated CAM therapies should be offered by the NHS (and then on GP referral only). During this time reflexologists were hopeful that the profession would gain recognition and there would be opportunities to become regulated and integrated into the NHS. Yet, what came to pass was the rise of anti-CAM propaganda with a tirade of negative press towards the therapy in an attempt to exorcise the ghost of reflexology. The nostalgia for lost futures that Derrida refers to can relate to reflexology's lost future when there was hope for unity of the reflexology associations to become one organisation and strive towards a more unified approach to furthering the modality. Modernity promised a utopia where the world would be improved which hasn't come to pass for reflexology. However, the movement toward the

⁷⁴ 'Nowhere Man' (The Beatles, 1965) – Metaphorically, he didn't exist in the healthcare system.

appearance of CAM as Integrated Healthcare may be the way reflexology becomes more present.

Do You Want To Know a Secret?⁷⁵: Reflexology and MUS

The commencement of my doctoral journey began with ideas surrounding a study of medically unexplained symptoms (MUS) and the use of reflexology. This idea was dismissed by the doctoral teaching staff and I was told that there were no supervisors prepared to support me, if I chose this as a topic of inquiry. This led me on a voyage of discovery to encounter other methodologies and other possibilities which led me to explore narrative inquiry, in order to uncover the stories of other reflexologists and their experiences. I wrote this poem at the time.

Within the narratology, stories were told of anomalies that were found in the feet by the

Where is the Pain?

*What are the stories?
Of this hidden group
MUS no answers
Can reflexology help?*

*How has this helped before?
Could it aid in the future?
In what ways?
Can this be the answer?*

*Are there correlations?
In the microcosm
The link may be there
But where is the pain?
Sally Price (2015)*

storytellers which later revealed disease or illness in the corresponding area, suggesting that there is some diagnostic potential. This presented itself in the theme on Sensitivity Reflexstories. However, this would be immediately dismissed by the medical profession and mocked as subjective and anecdotal. Yet, within my practice of reflexology, I have had clients who have complained of pain which the medical profession have investigated and found no medical explanation for, who have benefited from treatment. Is the pain there or imagined, is it present or absent, displaying a ghostly trace? MUS accounts for 45% of GP appointments and half of all new visits to hospital clinics in the UK (National Health Service (NHS) (2019b).

The NHS (2019b) states that for MUS sufferers; “treating an associated psychological problem can often relieve the physical symptoms.” They recommend Cognitive Behavioural Therapy (CBT) or antidepressants. This demonstrates the Cartesian dualist thinking still

⁷⁵ ‘Do You Want To Know a Secret’ (1963) – Used symbolically, as I reveal the original intention for the research which had been forgotten along the way – only to reappear in the data.

dominant in society which separates mind and body and does not accept the individual's opinion on their own experience. It could be a physical manifestation of a psychological issue but does it matter? I have several clients with fibromyalgia, one of the conditions listed where MUS feature who self-fund their treatment unless they have private healthcare policies which is an observable inequality in healthcare. Fibromyalgia sufferers find reflexology can ameliorate some of the symptoms they experience therefore it seems a possible area of healthcare where reflexology could play a part and studies exist that find similar results (Gunnarsdottir & Peden-McAlpine, 2010).

It seems there is a need for a rapprochement between the requirement for hard evidence and the value of the stories individuals describe, in order to find some common ground between two extreme polarized viewpoints. Frank (2012 p.58) contends "when two inner libraries do not overlap," "the dialogue of the deaf arises" (Bayard, 2007 *in* Frank, 2012 p.58). Camus refers to 'Les Muets', the silent ones or the voiceless in his story published in France in 1957 which influenced his adoption of "silence as a mode of communication" (Birdsall, 2014 p,15). This silence was embraced when during the war between the Algerians and the French Government, he declared "I have decided to stop participating in the endless polemics whose only effect has been to make contending factions in Algeria even more intransigent and to deepen the divisions in a France already poisoned by hatred and factionalism" (Camus, 2013 p,24). He became one of 'les muets' when he realised that the necessity of life, poverty, and unrelenting work could drive people to silent resignation (Birdsall, 2014). Similarly, it was evident in the data that therapists are being silenced; the opportunities for their practice removed and that complementary therapies are slowly being erased from society. Silence is an absence.

Reflexology has been silenced in many ways and in recent years seems to have completely lost its voice except in the CAM networks and places within the NHS where it has been accepted. There is a requirement for alternative methods of research which do not require neutrality and which recognise that rather than trying to identify how to cure people there may be other ways in which new stories could be constructed in order to attend to their needs (Gergen, 2014).

Using gentler and more natural ways to address MUS would avoid the damage caused by medications. The notion that medicine can actually cause illness labelled “iatrogenic” disease is still evident 40 years on from the publication of ‘Medical Nemesis’ and ‘Limits to Medicine’ by Ivan Illich (1975, 1976). Goldacre (2013) also questions many medications that have caused illness and have contributed significantly to death rates. For example despite many reports associating the diabetic drug Rosiglitazone with heart problems, the drug manufacturers Glaxo Smith Klein (GSK) silenced individuals who tried to raise the issue or publish papers which exposed that the drug was detrimental to patients (Goldacre, 2013). Illich (1975, 1976) cautioned just as Dr Peter Fisher (the Queen’s physician) warned in recent years of the dangers of iatrogenic disease. However, I would not wish to wage war in a healthcare revolution as this would be entering into the lexicon of the medical profession, rather I would hope it would be possible to chip away at the orthodoxy and empower individuals to request milder alternative treatments and resist the temptation to launch straight into taking potentially damaging medications which further contribute to ill health.

‘Hippy Hippy Shake’⁷⁶: Summary

This chapter has discussed the findings of the research questions and additionally shaken up the foundations of reflexology using metaphor and adaption of Derridean schema. As stated earlier, Derrida perhaps would not have asked the question: What is the meta-narrative of all these stories? However, the big story that the reflexstories do offer, is that simple foot treatment can provide powerful results. So what is really behind this story? There appears to be a healthcare paradox where there seems to be a misalignment between what we offer people in healthcare and what patients really need or want. There is incongruity within the stories of holistic reflexology treatments and the research methodologies within the reflexliterature where there is a necessity to define the treatments in medical tropes, applying bio-medical explanations and as a result reflexology has been measured by everything it is not.

⁷⁶ ‘Hippy Hippy Shake’ (The Beatles, 1994) – Reflexology is often referred to as being part of the hippy scene so this title seemed pertinent as it has been shaken up within the Derridean deconstruction.

The reflexstories have allowed me to argue how reflexology substitute stories hasten towards originality demonstrating how the original has been lost and substitute stories have been distorted and misrepresented. I questioned whether reflexology was a myth. Myth being that which “is not defined by the object of its message, but by the way in which it utters this message” (Barthes, 1985 p109). The signification of reflexology has an ambiguous distorted image which could be unravelled and reconstructed to present a different mythology. Within the myth of reflexology ghosts have arrived from the past and appeared in the future demonstrating that reflexology is a performance with ghostly trace and the data from this research revealed it. The hegemony of the medical model and the pharmaceutical industry’s control over medicine is prevalent in society despite the evident preference by many people for choices in their treatment. This raises issues around patient choice and if people are voting with their feet and paying privately, why is it not valued? The dismissing of potential therapeutic interventions questions that we should be alive to the dangers of artificial choices.

The next and final chapter ‘Come Together’ provides a recapitulation, concluding and summarising the thesis, affording recommendations for practice and further research within the subject area. Additionally, this chapter articulates the original contribution the study has delivered and examines its limitations and insights for future studies, ending with a reflexive discussion of the doctoral journey.

Chapter 6

'Come Together'⁷⁷: Conclusion

This chapter completes the thesis by affording recommendations for practice and further research within the subject area. Additionally, it aims to articulate the original contribution the study has delivered and examines its limitations and insights for future studies. It finishes with a discussion around the process of the doctorate and during this; I offer a reflexive discussion around the experience of being a doctoral student within an allegory of a doctoral triathlon⁷⁸.

This study firstly reviewed the literature surrounding the topic of reflexology to uncover the reflex literature providing a diachronic evolution of the therapy and secondly, embraced the methodology of narrative inquiry to let the stories of reflexology (reflexstories) breathe which elicited synchronic narratives of reflexology (Frank, 2012). It further applied the theoretical framework which emerged to include aspects of Derridean thinking involving deconstruction, logocentrism, binary oppositions, aporia, différance and trace, presence and absence, and hauntology to the literature surrounding reflexology and the data collected from the story gathering events.

The backdrop to this study involved gathering narratives or stories from important individuals in the reflexology world and using this data and literature surrounding the subject to perform a deconstruction of the institution of reflexology. The stories gathered provided seven themes and assumed Beatles' song titles, 'You've really got a hold on me' the capturing reflexstories, 'I'm only sleeping' referring to the Relaxation Reflexstories, 'Dr Robert' denoting Medicalisation Reflexstories, 'Help' provided the Crisis Reflexstories, 'I Me Mine' encompassed Identity Reflexstories, 'You won't see me' referring to Frustration Reflexstories and finally, 'I've got a feeling' discussed the Sensitivity Reflexstories. The thematic analysis provided some areas where there were divergences and convergences in the narrators'

⁷⁷ 'Come Together' (The Beatles, 1969) – This title was chosen as an allusive reference to the concluding and summarising of ideas.

⁷⁸ Triathlon – multi disciplinesport – swim, cycle, run

stories. However, the application of a Derridean methodology within the discussion chapter became the main aim of the research as the study evolved.

'I'll Follow the Sun'⁷⁹: Recommendations

There is much debate around post-structuralism and negative critiques of Derrida's philosophical ideas (Sokal & Bricman, 2003). However, Derrida was not a nihilist as some may suggest; he would not have advised that there is no point in researching the practice of reflexology, rather support the activity of finding new possibilities and innovative ways of working. Therefore, in reconstructing the institution of reflexology to find a way forward for this therapy, recommendations for practice are deemed necessary.

The reflex literature highlighted the use of many different questionnaires which supports their use as a means of gathering data to provide the evidence for reflexology. The PGIH in their most recent report recommended specifically that the MYCaW questionnaire be used for cancer patients who use complementary therapies in cancer support care (PGIH, 2018). As discussed in previous chapters healthcare and medicine rely heavily on evidence from randomised controlled trials which fundamentally do not allow for the complexities of the human experience. I acknowledge the challenge between philosophy and science and that engaging in a natural human way tests scientific thinking. However, using RCTs to test reflexology in practice, removes the humanness from the experience, reducing it to purely the application of the pressing of reflexes. Therefore, the use of Patient Recorded Outcome Measures (PROMs) could be utilised such as Brough *et al's* (2015) 25-item Warwick Holistic Health Questionnaire (WHHQ) which assesses changes in the health and wellbeing of people receiving treatment. Similarly, the Hawthorn Natural Health Initiative (HNHI), have created an app to track both the health of individuals and the experiences of the healthcare options they choose in order to capture the data around the use and health outcomes of complementary therapies to accumulate a body of evidence using big data analysis (Balens, 2017). With this in mind, a specific PROM could be developed for reflexology practitioners to collect data from their patients/clients resembling the PROM developed for the Cranial Sacral

⁷⁹ 'I'll Follow the Sun' (The Beatles, 1964) – The title symbolically suggests the need to seek out the best future for reflexology.

Therapists. This could then be used as a standard data collection tool rather than using many varied questionnaires such as the list outlined in the literature review. However, the evidence for the use of PROMS is still being scrutinised (Litchfield *et al*, 2020).

'Keep Your Hands off My Baby'⁸⁰: Rapprochement of Reflexology

PGIH (2018) also recommended that the many reflexology associations could try again to converge and adopt one collective organisation rather than the current fragmented situation; this could enable a more powerful position politically, providing a more structured approach to gaining professional recognition for the practice, taking into account the differing methods and techniques rather than trying to adopt one standardised practice. Post-structuralism accepts multiplicities and therefore the varying techniques and applications of reflexology could be embraced and a rapprochement of the differing organisations could occur to progress the therapy.

The current healthcare system values the evidence from RCTs and dismisses areas of healthcare such as complementary therapies like reflexology due to their lack of a robust evidence base. However, the stories of reflexology presented in this thesis and much anecdotal evidence suggests areas of improvement in health for many individuals which is currently being ignored. The PGIH (2018) report outlined that NICE guidelines are too narrow and do not support complementary, traditional and natural approaches to healthcare, arguing that they should integrate qualitative evidence and patient outcomes measures alongside the RCT evidence which this study would concur. The collective movement featuring all the reflexology organisations could produce a greater evidence base if utilising the same tool as suggested earlier.

⁸⁰ 'Keep Your Hands Off My Baby' (The Beatles, 1994) – It is recognised there may be resistance to forming a collective association as individuals may be reluctant to change if they see their association as their creation.

‘Eight Days a Week’⁸¹: Reflexology in the Workplace

Keeping in mind that the overriding message within the data was the ability reflexology has to produce a deep relaxed state, this could be utilised within the workplace to reduce stress. One of the studies within the literature explored the use of reflexology using a single subject experimental design (SSED) within the workplace for stress related symptoms and although it was a very small study it demonstrated improvement in health and wellbeing (Atkins & Harris, 2008). Stress incurs a cost to society in lost days at work and to the NHS. It has been suggested that 526,000 workers suffered from work-related stress, depression or anxiety in 2016/17 leading to 12.5 million working days lost which is said to cost the public purse between £10.8 billion - £14.4 billion per year in lost tax/national insurance and £33.4 - £43.0 billion per year in lost output for employers and the self-employed (The New Economics Foundation, 2018). Therefore, reflexology could provide a suitable treatment. Workplace health featured in the Five Year Forward View (2014) which claimed that although employers do not pay directly for their employees’ health care, British employers pay national insurance contributions which help fund the NHS (NHS, 2019a). Hence, a healthier workforce would reduce demand and lower long term costs.

‘There’s a Place’⁸²: Reflexology in Healthcare

Reflexology could be more fully embraced within healthcare and could be an option for patients with MUS, once it has been established that there is no underlying condition, as chronic pain is a particular issue. The reduction of pain was a feature within the literature review (Miller, McIntee & Mattison, 2013; Dyer et al, 2013; Mackereth et al, 2009; Atkins & Harris, 2008; Quinn, Hughes & Baxter, 2008; Poole, Glenn & Murphy, 2007; Khan, Otter & Springett, 2006) and is specifically supported by Samuel & Ebenezer’s (2013) study. With the recent announcement from NICE that many commonly used drug treatments for chronic pain have little or no evidence that they work and could do more harm than good, suggesting that acupuncture, group exercise programmes or psychological therapy should be offered

⁸¹ ‘Eight Days a Week’ (The Beatles, 1964) – The 24/7 nature of work in the 21st century engenders the feeling of working eight days a week.

⁸² ‘There’s a Place’ (The Beatles, 1963) – This title alludes to the fact that there maybe a place for reflexology in healthcare.

instead (NICE, 2020). Reflexology, which has been argued within the literature review to have stemmed from the same principles as acupuncture could also be employed for the treatment of chronic pain (Tiran & Mackereth, 2011). There may also be a place for reflexology to support the recovery from the long term effects of COVID-19 (Long COVID) which could be funded through Personal Care Budgets.

'Fixing a Hole'⁸³: Limitations

The findings of the reflexliterature and the reflexstories have been presented from a post-structural perspective. This is my interpretation of the diachronic evolution of the therapy and my analysis of the synchronic representations of the stories of reflexology therefore they could be interpreted in an extremely opposing manner by someone with a different worldview. There is recognition that all of the literature surrounding reflexology has not been included, again this is due to my opinions of what constitutes the pertinent writings in this subject area. In my defence however, I have included not only the positive literature but also the negative and presented the arguments opposing the therapy as well as the supportive writings.

Narrative inquiry is also not without its critics, some may purport this form of investigation as non-scientific especially within this subject area which seems to have adopted the biomedical model in order to try to prove its efficacy and effectiveness. There are also criticisms of Derrida which need to be considered. The lack of definition of the term deconstruction is problematic and his attack on western philosophy, science and truth is also controversial. Derrida (1983) in a 'Letter to a Japanese Friend' questioned "What deconstruction is not? Everything of course! 'What is deconstruction? Everything of course!'" Many people find Derrida's work impenetrable and a convoluted style of writing which leads to a lack of clarity. An open letter was written to The Times and signed by eighteen academics from nine different countries opposing that he should receive an honorary degree from Cambridge University in 1992 (The Times Literary Supplement, 2018). Yet, Derrida entices us to look at the past, present and future in every concept rather than just accepting the

⁸³ 'Fixing a Hole' (The Beatles, 1967) – In recognition that there is no perfect thesis and there will always be 'holes' or limitations within a piece of research.

appearance. He argues that we are haunted by that which has existed or by that which is yet to exist, therefore never being fully present.

It is acknowledged that this is a limited study in terms of participants with only six stories included in the data. There were many other key reflexologists that could have been approached for their contributions to the grand narrative although this would then not be a congruent deconstruction in Derridean style. It could also be argued that a male perspective which has not been provided may have given differing approaches or ideas around what reflexology is. However, financial and time constraints would be a limitation as the study could have been richer by including more participants but an abundance of time to transcribe and retell the stories was not available.

'I Forgot to Remember to Forget'⁸⁴: Missing Reflexstories

I am cognisant that when telling stories that there may be a positive slant portrayed by the narrators. A question that may be asked of the research is 'what did the narrators omit from their stories?' It is apposite to suggest that the stories of clients who have not found benefit from treatments will be absent, albeit not deliberately. Nonetheless, there is recognition here that the public will vote with their feet and if clients are not seeing improvement they will discontinue treatment. However, this was not raised within the stories and none of the participants alluded to this being an issue. Yet, a question around this could have been posed to seek out the possible negative aspects of the therapy.

'From Me to You'⁸⁵: Original Contribution

With regards to the original contribution that is a requirement for the Professional Doctorate, as previously mentioned, I suggest that my research could further the writings of the pioneer of reflexology Eunice Ingham (Ingham, 1997). She began by telling stories in her original works which has somehow been lost, over taken by the bio-medical model and the need for evidence based double blind randomised controlled trials to prove the mechanism of action of reflexology and substantiate it's efficacy and effectiveness under clinically controlled

⁸⁴ 'I Forgot To Remember To Forget' (The Beatles, 1994) – Symbolically, the lyric alludes to the notion that memory is fundamental in recollection within storytelling.

⁸⁵ 'From Me To You' (The Beatles, 1963) – The title implies this is my original contribution.

conditions. Ingham at the time of writing during the modernist period was trying to fit into a society which was becoming medicalised and called reflexology a science due to the work of Dr William Fitzgerald (Fitzgerald & Bowers, 1917). However, she supported the notions of self-care which could be reignited. These narratives could add to her stories set in a post-structural landscape offering alternative viewpoints on reflexology.

A thorough search to discover a Derridean narrative inquiry of reflexology failed to reveal any other writings of this nature. In fact there has been very little application of the Derridean approach or the production of a model using the Derridean method. This model could be utilised to explore any subject in order to interrogate the hierarchies, dichotomies and binary oppositions which are present within the topic of inquiry.

‘All I’ve got to do’⁸⁶: The Doctoral Triathlon

The experience of this level of study takes the researcher on a voyage of intrinsically tumultuous tasks, reflexively encountering new ground on a unique and demanding venture of self-discovery. The process of the professional doctorate entered me into an allegorical doctoral journey, questioning ability and stamina whilst juggling emotions and deadlines in order to achieve; like an iron man (the ultimate triathlon⁸⁷), the doctoral credential.

Induction into the doctoral programme witnessed a stream of questions, apprehension and self-doubting which revealed vulnerability and concern for perhaps not being good enough hoping that someone may suggest this was maybe not the right time for me to be excused

A Doctoral Induction Day Poem

I am here...or am I?
This is scary...my, oh my
Level 8....a privilege
Out of comfort zone...on the edge

Half marathons...crazy swims
Am I prepared?...I have capable
limbs
Acculturation...landscapes and paths
Clever enough...am I worthy of the
tasks?

Talk of the thesis, research,
originality
Can I be original?...I am me!
My journey will commence
swimming
On this Doctorate in Health &
Wellbeing!
Sally Price (2014)

⁸⁶ ‘All I’ve Got To Do’ (The Beatles, 1963) – A satirical usage of the title to ironically convey the difficult nature of the conceptual doctoral triathlon.

⁸⁷ Ironman - This triathlon distance requires a 2.4 miles swim (3.9K), 112 mile bike (180.2K), and 26.2 mile run (42.2K).

from this ordeal. In response to the induction day I wrote the poem presented here to capture my feelings of the day. There was excitement mixed with trepidation whilst colleagues and staff reassured but then warned to expect a trek through the landscape, along roads which would undoubtedly lead to dead ends. They cautioned that it may involve trudging through swampy terrain and invariably encountering mountains, which would need to be ascended, traversed and descended throughout the process.

The metaphorical triathlon finds the doctoral student in the starting position on this journey entering the water on the swim. This section involves the need to discover a critical swim speed (CCS) and stroke rate and to ascertain the correct equipment such as the tri-suit, cap, goggles and hone the appropriate technique so as not to embarrass oneself amongst the hard-core triathletes. From the academic perspective the taught element of the Professional Doctorate allows for the discovery of philosophical, ontological and epistemological positions and to gain a deeper understanding of the methodologies and methods available for research. On my journey this involved finding the philosophers that I needed to use in order to defend the positionality of my research and I witnessed delving down deep to understand the foundations on which the research may sit or 'not' as the case maybe. The swim section witnessed my losing sight of shore, being pulled off course by the current (the lure of positivism) but gaining strength to pull back to catch the view of transition in the near distance.

The transition or T1 as it is known in the triathlon world, transfers the doctoral student from the swim to the cycle. At this stage, if all assignments are completed to the appropriate level and markers' satisfaction they can enter this phase of the course. Whilst in transition, where there is a strict protocol which must be adhered to or disqualification may occur, if for example; the helmet is not affixed at the appropriate time or the bike is mounted before crossing the transition line, certain conditions have to be realised. For the doctorate, (with a similar set of conditions) the research proposal (resprop) must be accepted, a Director of Studies and second supervisor acquired, ethical approval gained from the university ethics committee and for some, external ethics committees approval; before the research can be embarked upon. The next leg of the journey (the cycle) can then commence with their support in place, i.e., the bike (director of studies) and the helmet (second supervisor).

The cycle section of the allegorical triathlon involved endurance and skill. This discipline requires precision and careful handling to undertake the research and interpret the findings in order to move positively into transition 2 or T2. This section observes the writing of the thesis where at times I drafted; hanging onto the back wheel of my supervisors who gently pulled me along with their knowledge and skill. Yet, I found there were moments where I battled alone but on occasion, I was able to lead the ride showing my supervisors the knowledge I had gained.

The roads were not smooth and I had to ascend many hills encountering numerous flat tyres which on occasion, made me question my ability and stamina. I divorced the man who I had shared my life with for 19 years and moved house twice within one year. Whilst all of this was occurring I threw myself into my studies but sadly, whilst I was progressing at great speed, collecting my data, I suffered in metaphorical terms, a crash! My bike was lost and my helmet battered. My director of studies (Dr Vinette Cross) died suddenly and my second supervisor was left distraught. It took enormous strength to continue with my research without the person who had inspired me and supported me since the 'bang' of the starting pistol. The suffering was relentless and I interrogated my resolve, even with my new bike and helmet, before being able to progress to this stage. Then, catastrophe struck once more with the COVID-19 outbreak. This made me wonder whether I would ever move into the final discipline of the event where I would enter into the realms of the VIVA and swap my cycle shoes for trainers, leave my equipment behind to embark on the run and defend my research, in order to complete the final leg! Even when the VIVA is complete, there still may be corrections to undertake and the run may not be even terrain. There are time limits and cut off points which could leave the competitor with a DNF (did not finish) status or be the last in the race. I have never experienced a DNF or come last in a race so I hope this will not be the outcome for the Doctorate.

On the journey, I submitted an abstract to CAMSTRAND, the Research Council for Complementary Medicine's annual conference (see the agenda Appendix 12). This poster presentation displayed my work in progress and I recited my autobiographical poem which was well received.

I was asked during the taught aspect of the Doctorate; what would I like to be remembered for or 'Dr Who' in terms of what? This poem was my reply:

'Tomorrow Never Knows'⁸⁸: The Future for Reflexology

To conclude, I would argue that reflexology needs to 'get back'⁸⁹; find its origins and instead of situating itself in the realms of science, recognise the metaphysical aspect of the therapy. Reflexology has paid too much attention trying to prove itself to the biomedical world and adopted a medical trope but should instead forge its own original road, however long and winding it may be.

Like the lyric in 'Strawberry Fields Forever'⁹⁰, Derrida would claim 'nothing is real' but in 200 years will reflexology still exist? It seems to persist despite the measurement against the logocentric medical model viewed as the authority and the continuous deleterious campaigns to eradicate the therapy from education and healthcare. Will the current healthcare treatments still be available? These are unanswerable questions but if history repeats itself,

Dr Reflexology?

What do I want be remembered for?
Drunken lush, inherent bore?
Or, an academic advancer?
No longer the stolen dancer.

In the hype of anxiety I may lose my way,
And tricksters may lead me astray,
Yet the glimmer of achievement is in sight,
Total commitment...need to focus on my plight.

But, Dr Who in terms of what?
Remembered for, "not a lot??"
Dr foot...Dr complementary?
Or maybe.....Dr Reflexology?

Sally Price (2016)

⁸⁸ 'Tomorrow Never Knows' (The Beatles, 1966) – This title represents the idea that the future is unsure for reflexology.

⁸⁹ 'Get Back' (The Beatles, 1969) – Utilised literally.

⁹⁰ 'Strawberry Fields Forever' (The Beatles, 1967) - The lyric 'nothing is real' – this sounds nihilistic but Derrida did not purport denial of the truth but the denial of our ability to know the truth.

reflexology may still hold value as it has done for thousands of years for many centuries to come.

Finally, I appeal to the readers of this thesis to maintain an open mind to reflexology and be mindful of Albert Einstein's protestation that "the most beautiful thing we can experience is the mysterious. It is the source of all true art and science" (Rubik & Jab, 2017, p227).

'The End'⁹¹

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⁹¹ 'The End' (The Beatles, 1969) – The title has been utilised to symbolise the ending of the thesis.

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Appendices

Appendix 1: Literature Search

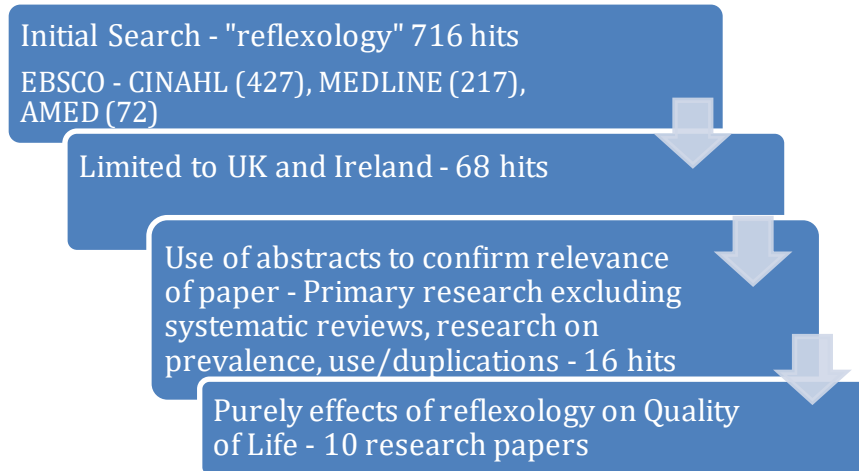
For the purposes of gathering the literature for the history, development, politics and regulation of reflexology, it was necessary to draw on the many resources that have been collected through my 30 years of living with reflexology. Attending conferences and lecture days, being a board member of the BRA for over 5 years and working in my role as a reflexologist has allowed me access to information that is not freely available. I have searched the references within the many books I have acquired which has led to finding other resources to gain this information. It is therefore impossible to provide the search engines utilised, the number of hits, inclusion and exclusion criteria etc. However, for the collection of the primary research articles included in the literature review, the search strategy below was performed.

A computer-assisted literature search of English language research publications indexed in 3 EBSCO host research databases (AMED, CINAHL and Medline) was conducted. The opening search proved to be too specific to elicit any primary research concentrating on the subject area so the broader search terms of “reflexology” and “pain” were used. This still proved to be too specific so the decision was made to focus on the effects of reflexology which could be deduced from screening the title or the abstract of the research. This was further refined to encapsulate purely research which measured quality of life or used disease specific quality of life measures.

The search began with an exploration of EBSCO and the databases AMED - The Allied and Complementary Medicine Database, CINAHL Plus with Full Text and MEDLINE with Full Text. Google Scholar was then employed to search for any missed studies and a search of the reference lists in the articles, was also carried out. Boolean operators were applied initially to define relationships between the key words as other search terms could have been employed such as ‘zone therapy’ ‘foot reflexo therapy’ ‘foot reflex therapy’ and ‘Fussreflexzonen Massage’ (the German term). However, as it is only referred to as reflexology in the UK and Ireland these other terms were not utilised for the final search

when the decision was made to only include studies within this defined geographical location, therefore, the key word used was “reflexology”.

Flowchart of Search Process



The initial search produced 716 hits from the three databases until this was limited to UK and Ireland then producing 68 hits. By reviewing the titles and abstracts the final search excluded systematic reviews or non-research based articles such as review articles as these would not feature in a critical literature review. A total of sixteen papers remained which studied the effects of reflexology using biometric testing such as heart rate, blood pressure, salivary cortisol, heart function tests etc., measurements of pain such as VAS scores and various quality of life or disease specific quality of life measures. The research contained studies on a range of different medical conditions but also included studies on healthy individuals. A decision was made to focus only on quality of life measures which included disease specific quality of life outcome measures.

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Empirical quantitative and qualitative research carried out in the UK and Ireland	Systematic reviews focussed on reflexology
Published between 2005 and 2020	Studies on the use or prevalence of reflexology
Peer reviewed primary research reports	Studies using biometric tests
English language	Studies on healthy individuals
Studies measuring quality of life	Reporting of study in duplicate papers

Studies measuring disease specific quality of
life

Therefore, the inclusion criteria consisted of peer-reviewed primary research in the United Kingdom and Ireland carried out between January, 2005 and April, 2020. The exclusion criteria eliminated studies focussing on the prevalence or use of reflexology, and also articles reporting the study in duplicate papers.

Appendix 2: Primary research studies included in the reflexliterature

Study	Author(s)	Year	Research design	Participants	Description
1.	Atkin & Harris	2008	Mixed methods Quantitative – Preliminary single-subject experimental design Qualitative semi-structured interview	4	Reflexology and Workplace Stress
2.	Dyer <i>et al</i>	2013	Quantitative – Non-blinded, randomised study - Questionnaire	115	Reflexology and Symptom relief in Cancer
3.	Johns, Blake & Sinclair	2010	Quantitative – Crossover design - Questionnaire	16	Reflexology and Parkinson disease
4.	Khan, Otter & Springett	2006	Quantitative– An observational case report Questionnaire	1	Reflexology and Rheumatoid Arthritis(RA)
5.	Mackereth <i>et al</i>	2009	Quantitative – Crossover design - Questionnaire	50	Reflexology and progressive muscle relaxation training for people with Multiple Sclerosis (MS)
6.	Miller, McIntee & Mattison	2012	Quantitative – A pilot single-blind placebo controlled RCT - Questionnaire	20	Reflexology and symptom relief for patients with MS
7.	Quinn, Hughes & Baxter	2008	Quantitative – RCT - Questionnaire	15	Reflexology and Management of low back pain
8.	Sharp <i>et al</i>	2010	Quantitative – RCT - Questionnaire	183	Reflexology and Psychological effects in Breast Cancer
9.	Wilkinson, Prigmore & Rayner	2006	Quantitative – RCT - Questionnaire	20	Reflexology and Chronic Obstructive Pulmonary Disease (COPD)
10.	Poole, Glenn & Murphy	2010	Quantitative – RCT - Questionnaire Questionnaire Questionnaire	213	Reflexology and Psychological Effects in Breast Cancer

Appendix 3: Interview Schedule (Story gathering schedule)

Introductions

Thank participant for agreeing to be interviewed

Remind participant about the focus of the study and potential benefits

Read out consent and check participant happy to proceed with interview and that interview will be taped.

Remind participant they can withdraw any time from the study and that anonymity will be guaranteed.

Inform the participant about the process of the interview - what to expect.

Ice breaker / warming up questions

Can you tell me how long you have been a reflexologist/received reflexology?

What do you enjoy most about your job/receiving reflexology?

Key Question

I am interested in hearing about your feelings and experiences of reflexology?

Probe questions

Can you tell me about an occasion that stands out in your experience of reflexology?

Can you tell me what happened?

Can you tell me a little more about.....

What was the experience like for you?

How did you feel about that..?

Winding down questions

Your stories provide an interesting insight into reflexology. Is there anything else I should have asked you or do you want to add?

Please feel free to email me if you have any comments or questions following the interview.

Thank participant for their time

Appendix 4: Debriefing Form:

Study title: The long and winding road to reflexology: post-structural narrative inquiry

During the interview (if participant becomes upset/distressed):

Would you like a short break before we continue?

Would you like a drink of water?

Is it alright to continue?

Would you like me to stop the interview?

At the end of the interview

Before we finish the interview, I just need to ask you a few questions:

Do you have any questions or comments about anything that we haven't already discussed?

Does anything strike you as particularly interesting?

Is there anything else you would like to add?

After the interview:

The interview is over now, but before you go, I have a written information sheet for you to take away with you in case you are worried or upset by anything we have discussed.

Thank you for agreeing to participate in this study. The general purpose of this research is to find out more about the topic of reflexology.

If you feel especially upset about anything you have discussed with me please feel free to phone me about options for counselling: [number redacted].

Alternatively, you could also contact:

Dr. Vinette Cross: [e-mail address redacted] or Dr. Dean-David Holyoake: [e-mail address redacted] with whom you may discuss any problems.

Appendix 5

Reflexstories – Themes (excerpts from the raw data)

Theme one – Capturing reflexstories	Theme two – Relaxation reflexstories	Theme three – Medicalisation reflexstories	Theme four – Crisis reflexstories
<p>“I myself was diagnosed with infertility way back in I think it was 1977-1978 and my mum found a reflexologist in '78...she thought I should go to and I didn't believe in it. She paid for ten treatments and I went with the attitude that this is ridiculous because I had blocked Fallopian tubes so what on earth could they do in my feet and after the second treatment I was pregnant, I think my husband was involved but....” (S3)</p> <p>“Having experienced the transformation in my own health, I was gripped by the therapy and had to learn myself” (S1)</p>	<p>“I think it is probably the same rather like people say to me that they get a sense of wellbeing and calmness after treatment. It was more a mental sensation than a physical...sort of almost like a deep relaxation and yes, it was strange. Certainly at that time I had never experienced before.” (S2)</p> <p>“the relaxation effect takes me somewhere else where I feel healing takes place” (S1)</p>	<p>“we've been swept along with the medical discourse.” (S3)</p> <p>“It was a huge learning curve. I mean I had to learn neuro anatomy and physiology. That was probably one of the hardest things because generally speaking when students are learning their anatomy for complementary medicine they don't go into great depth. I mean, that is changing now, the levels of knowledge that they need is increasing but at the time, the knowledge that people had to have was fairly basic. So going in to that kind of subject at that level, I was training to be a brain surgeon, you know, it's so intense, but fascinating....fascinating” (S6)</p>	<p>“One case specifically was a young little child of, I think he was five or six at the time, playing in the garden and his brother had an iron rod and they were playing and by mistake he hit his brain and it hit the front and it entered his brain and he became like a stroke case and he couldn't speak and he couldn't walk and he couldn't use his arm. So in October the mother came to me because the hospital had said there is nothing more they could do and the physical therapist said it will take at least 2 years for him to have a reasonable walk and maybe we can get him to use his arm and maybe we can get some sound. She came in October and in February the following year he was back to normal school.” (S3)</p> <p>“A 74-year-old woman was injured in an accident and had limited mobility. She was too frail to undergo a hip replacement operation due to chronic angina but she was experiencing extreme pain in her right leg and hip so I decided to apply 90 seconds of reflexology to the dorsum of her feet while she was in a standing, weight-bearing position. Within 24 hours, she felt much more relaxed and found she was able to move her foot and leg higher than she had done for months.” (S5)</p>

Theme five – Identity reflexstories	Theme six – Frustration reflexstories	Theme seven – Sensitivity reflexstories
<p>“When I first started doing reflexology and complementary medicines, I think we were a bit left over from the hippy era so anyone who looks quite normal stood out like a sore thumb, I think it has become much more...what’s the word I want....it’s suitable for everybody now. It’s not a crazy little cult thing...erm, that it’s a much more of an everyday occurrence and if you know you go to see a reflexologist it’s not going to be some hippy like person or witch like person.”(S2)</p> <p>“I have felt marginalised as a reflexologist as I feel I have been judged for practicing a therapy that is not evidenced based so therefore I must be a charlatan” (S1)</p>	<p>“I became frustrated by the need to try to prove reflexology works when I see the positive results and the feedback from clients. Yet, the medical profession and NICE doubt it as the clinical trials aren’t there to support its use” (S1)</p> <p>“this (the differences in reflex points) presents a real challenge to reflexology professional bodies who have made major inroads towards their therapy to be taken seriously by the medical fraternity. The majority of the reflexology charts internationally have most reflex points in common but there are some small and occasionally a few greater differences. It is not an insurmountable problem because reflexologists are trained to feel the texture and granulation of the feet and hands and use a wide range of techniques to precisely target specific areas that correspond to parts of the body” (S5)</p>	<p>“The liver zone...there was just something there and I could just get a sensation in my finger tips and about six weeks later he went to the doctor and it took them another few weeks but eventually they found he’d got Cancer of the Pancreas, with liver secondaries” (S4)</p> <p>“the sensitivity in the sigmoid colon reflex on the foot was exactly the same area as where the ulcers were identified by the specialist from the colonoscopy” (S1)</p>

Appendix 6: Themeboard



Theme board poem

Sally - Moon magic

Homeless and motherless at nineteen
years old

A working class girl dragged up
I wanted to dance and went to Greece
But barely made it home
The dark side of 'The Lady' you might
say

But I sang 'The Sound of Music' to
Petula Clarke

And now I'm a mother of three
And I've a daughter who lives my
Guitar-playing dream
I'm a home-full mother at forty-two

Yes, there've been times I've left the
rails

But my eyes opened up
To this complementary world
And now I float
Go with the flow
Just how did I make it here?

Well, you know...
There's magic in my life
There's magic in my life
Of that I have no doubt

And rainbows
And ice cream
And my wide-open eyes
When they look at the sky
Are mesmerised
By the moon

Dr Vinette Cross

Appendix 7: Letter of ethical approval

Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
Dean of the Faculty of Education Health and Wellbeing
University of Wolverhampton City Campus
Millennium City Building
Wulfruna Street
Wolverhampton
WV1 1LY
United Kingdom

Telephone Codes
UK: 01902 Abroad: +44 1902
Switchboard: 321000
Internet: www.wlv.ac.uk
Sally Price: [e-mail address redacted]
Direct Line: [redacted]

Date 21.10.16
Sally Price (Dr V Cross)
University of Wolverhampton
FEHW
Dear Sally Price (Dr V Cross)

Re: The long and winding road to reflexology: a post-structural narrative inquiry submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your submission.

On review your Research Proposal was passed and given approval **Code 2 – Approved Subject to Conditions**. The conditions for Approval are below.

A. Researcher/Supervisor to Monitor. Please address the minor amendments detailed below.

Required changes:

- Methodology needs to articulate how many participants are going to be collected.
- The type of analysis of the data needs to be made clearer.
- A practical observation – what is the purpose of the study? This needs to be re-phrased in a more accessible way.
- On page 11 – What will happen to me if I take part? – It is clear that the interview lasts 60 minutes. The following statement...the actual study will last approximately two years...may lead a potential participant to believe either a) no hurry, volunteer anytime up to 2018 or b) there will be further interviews over the next two years i.e. you may be asked to participate again with 2 years. We would simply advise removing this statement.
- An indication is required of how long the information will be stored for.

If this is student research, supervisors must ensure the minor amendments have been completed prior to commencement of data collection. A condition of this approval is that Supervisors must read through and check the revised applications and email a confirmation to fehweethics@wlv.ac.uk to confirm they have occurred.

Best wishes in the future.

Yours sincerely

H Paniagua
Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM
Chair – Ethics Panel

Richard Darby

Dr Richard Darby PhD, BSc
Chair – Ethics Panel

From: FEHWResearch@wlv.ac.uk
Sent: Thursday, November 24, 2016 10:05 AM
To: Cross, Vinette (Dr)
Cc: Paniagua, Hilary (Dr); Darby, Richard (Dr)
Subject: FW: Ethics application - Notification

Dear Viny,

We are well and hope you are too.

We acknowledge receipt of your email confirming the revisions listed on the ethics approval letter have occurred and been completed to your satisfaction.

We will update our records accordingly.

Kind regards,
[name redacted]

FEHW Ethics

[name redacted] | Research Administrator | Faculty of Education Health & Wellbeing | University of Wolverhampton | WN301, Walsall Campus | Gorway Road | Walsall | WS1 3BD | **E-mail:** FEHWResearch@wlv.ac.uk | Telephone: 01902 518976 (or 3242) OR for more information about applying for our PhDs go to: [FEHW PhD Study](#)

Appendix 8: Letter to Participants



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
Dean of the Faculty of Education Health and Wellbeing
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Wolverhampton
WV1 1LY
United Kingdom

Telephone Codes

UK: 01902 Abroad: +44 1902

Switchboard: 321000

Internet: www.wlv.ac.uk

Sally Price: [email address redacted]

Direct Line: [number redacted]

Dear

I am writing to invite you to participate in a research project, which I am conducting as part of a Professional Doctorate in Health and Wellbeing at the University of Wolverhampton. I enclose an information sheet, which explains the title and aims of the project.

If you are willing to be interviewed, the interview would take no longer than 60 minutes. Anything you say would be totally confidential and any notes made as a result of the interview would be destroyed afterwards. The interview will be arranged at a location and time that it is mutually convenient. A report will be written of the findings and will be available to you. In addition I would like to reassure you that pseudonyms / numbers will replace all names so that you or your place of work cannot be identified.

If you feel that you would like to be interviewed please indicate on the attached sheet and return it via email. If you would prefer not to be involved, please ignore this letter.

Yours sincerely,

Sally Price (MSc, BSc (Hons), MBRA)

Appendix 9: Participant information sheet.

Vice-Chancellor: Professor Geoff Layer

Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
Dean of the Faculty of Education Health and Wellbeing
University of Wolverhampton
City Campus
Millennium City Building
Wulfruna Street
Wolverhampton
WV1 1LY
United Kingdom

Telephone Codes

UK: 01902 Abroad: +44 1902

Switchboard: 321000

Internet: www.wlv.ac.uk

Sally Price: [email address redacted]

Direct Line: [number redacted]

Dear.....

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please contact me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

Title: The long and winding road to reflexology: A post-structural narrative inquiry.

In 2000 there was an inquiry into Complementary and Alternative Medicine (CAM) by the House of Lords Select Committee for Science and Technology which investigated whether an evidence base had been accumulated and if research was being carried out, amongst other aspects of its use (House of Lords, 2000). Reflexology, falls into this area of healthcare and since this report there have been many studies undertaken to try to address the lack of an evidence base in this

subject. Reflexology has been identified in the top five therapies accessed (Posadzki et al (2013 p.126). As you may know, reflexology is used in many clinical settings particularly in oncology and maternity departments. Corner *et al* (2009) claim it to be the most commonly used CAM among people undergoing cancer treatment and according to Egan *et al* (2009 p.75), 142 cancer care units within the National Health Service (NHS) in the UK provide some form of CAM. Anecdotal evidence of the benefits of reflexology is abundant with many professional associations reporting case studies or small scale research in newsletters and journals. Conversely, the evidence to support the use of reflexology in mainstream healthcare is extremely limited and a recent systematic review of the research on reflexology “concluded that the best clinical evidence does not demonstrate convincingly reflexology to be an effective treatment for any medical condition” (Ernst, Posadzki & Lee 2011 p.116). This demonstrates a disparity between the use of reflexology and the evidence for its efficacy which needs to be addressed. Currently, the National Institute for Health and Care Excellence (NICE) (2016) suggests that there is insufficient evidence to support the use of reflexology for any condition and specifically states that “the use of reflexology should not be encouraged for the treatment of IBS” (NICE, 2016).

This is an original study, which is important because it aims to explore and understand the diversity and complexity of the experience of reflexology.

The study will take place over a two-year period.

Why have I been chosen?

You have been invited to participate within this study because you have the relevant knowledge and experience of reflexology practice and/or its effects.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. Neither you nor the area in which you work will be identified as all data will be anonymised. However, direct but unattributed quotes may be used in the presentation of the findings and in the final report.

What are the possible benefits of taking part?

The potential benefits of the study are:-

- To contribute to the evidence and research base of reflexology practice.
- At a practice level to inform commissioners' decision making about reflexology as a therapeutic intervention.
- To assist collaborative interaction between practitioners and patients to inform their practice and mutual engagement in reflexology.

By taking part in the study you will be contributing to the evidence base and profile of reflexology and providing an insight into aspects of reflexology practice that have not been explored before in detail. The findings of the study will be available to managers, commissioners, service users, decision makers, and will inform them about the about the subjective realities of current service provision and quality, diversity and complexity of the work reflexology practitioners are involved in.

It is also expected that the findings of the study will contribute to the development of reflexology education, training and continuing professional development to ensure reflexologists are able to develop relevant knowledge and skills.

What will happen to me if I take part?

If you agree to participate I will invite you to attend an individual interview. The interview will be carried out at a venue most suitable for you. It is anticipated that the interview will last approximately 60 minutes and will be digitally recorded. In the interview you will be asked to describe your experiences of reflexology. I am interested in hearing your personal stories, which will be explored and interpreted. If you are willing you may be invited to take part in a follow-up interview to expand on and share interpretation of your experience with me, or in a focus group.

What do I have to do?

In order to be involved in this study, you need to sign and return the enclosed consent form either by post or email to me at the address below. I will then contact you to arrange the interview at a date, time and venue convenient to you. You will be given an information sheet and a copy of the signed consent form to keep.

What will happen to the results of the research study?

The final research report will be available electronically from me at the end of the study period. It is anticipated that the results of the study will be widely disseminated within the reflexology community via conferences and peer-reviewed journals such as the European Journal of

Integrative Medicine, Complementary Therapies in Clinical Practice and Complementary Therapies in Medicine.

Who has reviewed the study?

This study has been approved by the University of Wolverhampton School of Health and Wellbeing Research Ethics Committee.

Contact for further information

If you would like any further information about the study, to enable you to make a decision as to whether you would like to participate, please do not hesitate to contact me. My contact details are:-

Email: [\[e-mail address redacted\]](#)

Telephone: [number redacted]

Address: Sally Price, Senior Lecturer, University of Wolverhampton, Faculty of Education, Health & Wellbeing, City Campus, Millennium City Building, Wulfruna Street, Wolverhampton, WV1 1LY.

Alternatively, you may contact one of my research supervisors:

Dr. Vinette Cross: [\[e-mail address redacted\]](#) or Dr. Dean-David Holyoake: [e-mail address redacted]

Thank you for taking the time to read this information sheet and I look forward to hearing from you.

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Appendix 10: GENERAL CONSENT FORM AND RIGHT TO WITHDRAW:

Title of Project:

The long and winding road to reflexology: a post-structural narrative inquiry.

Name of Researcher: Sally Price

Please initial boxes

1. I confirm that I have read and understand the information sheet datedfor the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I agree to take part in the above study.
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission
5. I agree for this to be digitally recorded and for the data to be used for the purpose of this study.
6. I agree that quotes from my interview can be used in the report and other relevant publications and understand these will be anonymised.

Name of participant

Date

Signature

Researcher

Date

Signature

Appendix 11

Excerpt from the reflexive journal

Reflecting on the data collection process:

Are these really the messages?
Have I heard what I wanted to hear?
Read the transcripts once more,
Listen to the recordings again, to be clear

But there are contradictions
To my understanding
I have given a balanced view
Not just my opinion

There were dissimilar stories
That differed from my thoughts
I have presented these
I have been authentic in my work

This process is necessary
To be absolutely sure
I have let the true stories breathe
Not just my view at the core

Appendix 12

CAMSTRAND Agenda 7th June 2017

08.30 to 09.00	Registration and Reception
09.00 to 09.20	
09.20 to 10.20	Opening: Dr Felicity Bishop and Professor Nicky Robinson
10.20 to 10.50	Keynote Address: Professor Michael Moore (University of Southampton)
10.50 to 11.30	Coffee break Posters presentations - Sam Dunkley – For individuals diagnosed with depression, is the supplementation of folate, B6 or B12 in any combination, effective at improving depressive symptoms, when used either in isolation, or as an adjunctive therapy, compared to antidepressant medication alone? - Nicole Miller – The use of yoga in the treatment of addiction - Michelle Holmes – The feasibility of conducting a cluster-randomised trial on patient-reported outcome measures in chiropractic care - Sally Price – The long and winding road to reflexology: a post-structural narrative inquiry
11.30 to 12.00	Amally Ding – A systematic review of attitudes and beliefs that affect adherence to provider-based complementary and alternative medicine
12.00 to 12.30	Nicola Brough – Warwick Holistic Health Questionnaire (WHHQ), developing and evaluating a patient reported outcome measure (PROM) for Craniosacral Therapy (CST)
12.30 to 13.30	Lunch
13.30 to 14.30	Keynote Address: Professor Hugh MacPherson (University of York)
14.30 to 15.00	Professor Michael Moore – ATAFUTI - Alternative Treatments of Adult Female Urinary Tract Infection: a double blind, placebo controlled factorial randomized trial of Uva ursi and open pragmatic trial of ibuprofen
15.00 to 15.30	Dr Graeme Donald – Nursing Mindfully: a mixed method exploration of student nurses' experiences of mindfulness-based stress reduction
15.30 to 16.00	Break