Perspectives on reflexology: A qualitative approach

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Article history:
Received 23 February 2016
Received in revised form 26 July 2016
Accepted 17 August 2016
Available online xxx

Keywords:
Complementary and alternative medicine
Foot massage
Reflexology
Pain management
Professionalism

Abstract

Introduction: Reflexology is the systematic practice of applying some pressure to particular points on the feet and hands to impact on health of related parts of the body.

Objective: To explore the practitioners’ perspectives of reflexology in Malaysia.

Methods: Data was collected using face-to-face semi-structured interviews with practitioners in Malaysia. The interviews were conducted in the Malay language and recorded. Interview conversations were translated and transcribed verbatim. Responses relating to different themes were identified in each of the interviews and a coding frame was developed. For each theme, the relevant data enabled a description of the range of views and experiences. Data collection and analysis were conducted concurrently and recruitment was stopped when saturation had been reached. All respondents gave written consent for their participation.

Results: The findings show that reflexology treatment nowadays has been accepted as one of the ways to maintain general health. Practitioners believe that reflexology is able to detect some problems in to the body, which can make patients aware of a health condition and seek further treatment. However, if reflexology is not performed correctly, it may cause negative effects such as pain and bruises. Some practitioners voiced concern that illegal activities are taking place in unethical reflexology centers.

Conclusions: Empowering the practitioner as a professional would help gain the public’s trust and confidence in their treatment. Strict enforcement of regulation related to illegal conduct in reflexology centers will improve people's perception of the practice.

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1. Introduction

Reflexology is the systematic practice of applying some pressure to particular points on the feet and hands to impact the health of related parts of the body. Each pressure point acts as a sensor on the feet and hands and is linked with specific parts of the body. These sensors will be simulated by applying the reflexology technique in order to improve the blood and energy circulation, giving a sense of relaxation and maintaining homeostasis. Reflexology sessions can be improved with other elements such as aromatherapy, peaceful music, and good environment settings. There is a term in reflexology called reflex zone therapy. Reflex zone therapy is where the body is divided into ten longitudinal zones, from the top of the head down to the feet. In reflex zone therapy, there are five zones on each side of the body. Each zone diverges off down the arm and circumscribes one digit on the hand, and also continuing straight down the body and down the leg to line up with a toe on the respective foot. Practitioners choose a suitable technique to be applied to reflex zone therapy to gain optimized efficiency and impact.

Instead of an alternative therapy, reflexology is a complementary therapy, linked to other treatments that a patient has already had based on reflexology maps. Complementary therapies are nowadays widely used in palliative care or to alleviate a problem...
without dealing with the underlying cause in order to improve a patient’s emotional, physiological and spiritual health and increase the value of their life.1

Two methods of reflexology that are accepted internationally are the Ingham method and Rwo Shur method. The first method does not use any tools in its practice whereas the second method utilizes tools such as wooden sticks.4,5

There are five theories that explain how reflexology actually has impacts on health.9 The first and second basic theories are related to energy. Energy theory advocates that body parts can communicate using electromagnetic fields,7 and the communication can be blocked based on the surrounding fields.10 The third theory indicates that energy flow can be restored, and the fourth is about a blocked pathway which can be opened.13 The last theory proposes that reflexology can break up the lactic acid crystals that are usually deposited in the feet and allow energy to flow efficiently.1

Modern reflexology techniques have been used for the last 60 years and now more scientific and clinical research has been conducted because of its positive effects in reducing and alleviating symptoms, especially those associated with chronic conditions such as diabetes mellitus, hypertension and muscular diseases. Reflexology generally does not cause any harmful effects as long as necessary precautions are taken with patients with special medical conditions such as blood clot disorder, cancer and heart failure.

Each person has a different body system so results from reflexology treatment could vary from one person to another.11,12 Based on the latest research conducted, reflexology seems to be effective in helping body systems return to their natural state.1 One of the most significant current discussions in reflexology is its effectiveness in helping to tackle several symptoms of disease.1 Level of disease conditions and pain are reduced as the patients receive reflexology. It has been suggested by a Swiss study that patients having reflexology sessions show significant decrease in the amount of medication they require.1 As a complementary therapy, reflexology seems to work better together with conventional treatment to treat chronic diseases that alter the normal physiological functions of the body.11,12

One of the most significant current discussions in reflexology practice is around aspects of health, safety and hygiene. Other than that, the principles and practice of reflexology as a complementary therapy is important to ensure the application of this therapy is reliable.

Until now, no study has been conducted to understand practitioners’ perception of reflexology. This study serves to provide insight from reflexology practitioners on the development and regulation of reflexology practice in Malaysia.

The outcome of this study will reveal the perspective of practitioners on reflexology and its treatment in Malaysia for the first time. We can understand socio-cultural influences on help-seeking behavior and reasons for delaying seeking help among symptomatic patients with reflexology. The findings of this novel study will provide the healthcare authorities with an overview on the extent, barriers to and facilitators of reflexology among healthcare professionals in Malaysia. Research in this area is very important so that policymakers can formulate strategies and implement activities that can monitor the development of reflexology.

2. Methodology

Data was collected in face-to-face semi-structured interviews with practitioners in Malaysia. There is no comprehensive list of practitioners in Malaysia that could serve as a sampling frame to obtain a sample including different specialization and position. The interview focused on development of reflexology, perceptions of effectiveness of reflexology, experiences and use of health services (modern and traditional practices) and respondents’ perception. Interviews were conducted at a time and location convenient for the respondents. The interviews were conducted in the Malay language and audiotaped. Voice recording were translated, transcribed verbatim and anonymized to ensure confidentiality. In order to ensure consistency, one researcher (NHE) conducted the whole interviews and then the transcripts were analyzed individually by all four researchers. The themes and the corresponding codes were then presented by each researcher. Discussions and reconciliation of the ideas were done before the final concepts and themes were confirmed.

Responses relating to different themes were located in each of the interviews and a coding frame was developed. For each theme, the relevant data enabled a description of the range of views and experiences.

Data collection and analysis were conducted concurrently and recruitment was stopped when saturation was reached. All respondents provided written consent to participation.

Data was coded and analyzed to identify common descriptive themes, which were grouped into clusters. Thematic analysis was used to identify themes and subthemes. Ethical approval was obtained from the Universiti Teknologi MARA Research Ethics Committee [600-RMI(5/1/6) 19-12-2014].

3. Results

The interview session was stopped at five practitioners, as it had already reached the saturation point where all practitioners gave quite similar answers. The mean age for all respondents involved was 34. The demographic summary for all respondents is shown in Table 1.

The outcomes identified were categorized under specific themes.

3.1. Credentials and training received

All of the practitioners had good qualifications in reflexology treatment and have certification from various institutions. None of them are practicing reflexology because of inherited knowledge from their family but one of them learnt it from senior staff at her spa. The following answers are typical from the interview session:

I was trained in the arts of reflexology at a local massage parlor for the blind located in Brickfields. I studied for 2½ years. (Practitioner 1)

I studied for a diploma in complementary medicine at Aims. I was the first batch for this course. I learnt the origins of foot massage, Malay massage, and general healthcare management. And then I pursued reflexology at a community college. (Practitioner 3)

Some people conduct classes so we have to attend the class for 18 months. For the whole period of studying, they will teach the theories

Table 1

Demographic summary for all respondents.

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Gender</th>
<th>Age</th>
<th>Education</th>
<th>Marital status</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Male</td>
<td>29</td>
<td>Training centre for disabled</td>
<td>Single</td>
<td>Reflexology practitioner</td>
<td></td>
</tr>
<tr>
<td>2 Female</td>
<td>36</td>
<td>University</td>
<td>Married</td>
<td>Traditional health care services practitioner</td>
<td></td>
</tr>
<tr>
<td>3 Female</td>
<td>31</td>
<td>Single</td>
<td>Single</td>
<td>Reflexology practitioner</td>
<td></td>
</tr>
<tr>
<td>4 Male</td>
<td>33</td>
<td>Single</td>
<td>Single</td>
<td>Reflexology practitioner</td>
<td></td>
</tr>
<tr>
<td>5 Male</td>
<td>42</td>
<td>University</td>
<td>Married</td>
<td>Reflexology practitioner</td>
<td></td>
</tr>
</tbody>
</table>
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