

# In Good Hands

The Newsletter of the Association of  
Massage Therapists (NSW) Ltd

September 2000



## MEMBER SUPPORT SERVICES ON THE INCREASE!

### Highlights of the State Executive Council Meeting

By Joel Morrell

The June Executive Meeting saw plans to launch several new Member Support Programs in addition to existing activities.

Most importantly, Executive Member Keith Harrison who is also a practicing registered Psychologist, has offered to provide a counselling consultative service for members who may be experiencing stress from work issues. This may be workload related, client related, or even family/practice conflict pressures. This will be of immense value to affected Members.

This meeting was also the Annual State Council Meeting, where Regional Branches are directly represented. Newcastle, Canberra, Riverina, Mid North Coast and Northern Rivers all had delegates present. Not surprisingly we gave thought to Members placed so remotely that they don't even fit into a country branch. To meet this need Joel Morrell will be setting up a Corresponding and/or e-mail group for these very isolated Members. There is a Notice on page 17 of this issue.

But that doesn't mean we have forgotten our Metropolitan Members. Catherine Tiney will be continuing her excellent work boosting membership connections through local group contacts in different areas of the Sydney Region. And on top of that Catherine has undertaken to review our Procedures and Practice Guidelines which are of immense help to new Members and Therapists just starting their career.

Our new Web-Site Client Referral Service is up and running and will welcome your participation as an avenue for new clients and a means of promoting your practice. In addition Steve Vadla, Kirsten McCulloch and Geof Naughton have started an Internet Bulletin Board for Members to exchange view, news and ideas. It can be accessed via the AMT's website ([www.amtnsw.asn.au](http://www.amtnsw.asn.au)). Just follow the

link under 'Information for members'. There are online instructions outlining how to post a comment.

The new optional program in relation to the Continuing Education Scheme has been very well received especially by members in part-time practice.

Geof Naughton continues his excellent nagging program on your behalf, chipping away at those Health Funds still diffident about Massage Therapy.

For the Sports Team our new Training Presenter Byron Smith has been busy with Workshops in both Sydney and Forster. Byron has visits planned for the A.C.T. and Newcastle.

The Association is our Membership and their progress is our key to success.

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Workshops advertised in this newsletter are not necessarily accredited by the AMT. The views, ideas, products or services in this newsletter are not necessarily endorsed by the AMT.

# NEWS FROM THE STATE COUNCILLORS

## **HUNTER Kevin Stokes**

The year has been a successful one for the sub-branch in most areas of our endeavours. Membership is steadily growing and there is an increase compared to the same period last year.

The activities program has given us the opportunity to glean some interesting insights into other modalities that share a common goal with massage therapy, even though their approach is quite different. Most members seem to enjoy the varied array of guest speakers in the program.

Our members continue to be involved in volunteer activities at Ronald McDonald House and various sporting events. It would be nice to see these activities increase in number.

The Sub Branch has also developed a very good relationship with the Glendale Sports Centre. This is a regional facility of outstanding quality that became operational just in time for Olympic training. At a recent meeting, members voted to move all meetings to this facility. Room for workshops is a little limited but there is an excellent room for ordinary meetings and committee meetings. Also resolved at a recent meeting was a decision to establish a sports team in the area based at Glendale. Negotiations are under way to accomplish this, and local and visitor members will be doing some sort of voluntary work at the centre once planning is complete. We hope that the centre will also give us the opportunity to stage some paid workshops similar to the ones held in Sydney. This would be an opportunity for more members to attend these workshops if Sydney is too far away. Local members are feeling very positive about this project and it is felt that our presence there will be of mutual benefit to both organisations. More news as it comes to hand.

Financially the year has been very successful, and I feel the bank account is probably larger now than ever before. This is mostly due to the success of the State Conference and some very enterprising raffling by certain committee members. Sponsorship for these raffles was very generous and the state organisation did very well from the sale of tickets at the conference.

The highlight of the year was obviously the State Conference, held in the Hunter Region for the first time (I believe) and attracting about 138 delegates at its peak on the Sunday. Some very complimentary comments were made by various people, some that have attended all 10 State Conferences and found ours to be one of the best. The workshops were well attended and received, and the topics interesting.

The presenters on the Saturday morning created a lot of interest, with Minni Gordon and friends treating us to a wonderful display of Ka Huna, and the very personable Magda Palmer keeping everyone interested in the concept of Feng Shui for their clinics. Our own Jeff Murray started proceedings with a discussion regarding the Olympics.

Other features of the conference included the well received Trade Display. However, for most people, I'm sure, the dinner cruise on Saturday night was the highlight of the weekend. Never let it be said that massage therapists are conservative and don't know how to party - it wasn't the swell that was rocking the boat and the prawn season at the 'Bay' had to be extended so I heard!

## **MACKAY Val Jenkins**

The May General Meeting of Mackay Branch was held at the Jenkins Clinic with nine members present. The guest speaker was from the ATO, discussing "GST in your Massage Therapy Practice".

In July, Joel Morrell gave a master class on assessment and treatment of lower back and leg pain. Seven members attended and everyone enjoyed it immensely. Peter Springfield and Nicola Dyer came all the way down from Airlie Beach for the class. They are about to open their new clinic in Airlie this month.

## **ACT Chris Howe**

Hi from the ACT Region sub-branch. The introduction of the GST has certainly been occupying my mind over the last few months, and it seems to be the same for most around the Canberra area, with not much activity since our last meeting in April. The main topic of discussion at that meeting was the GST - how it would affect the industry and individual therapists in particular. Not surprisingly, it was the most well attended meeting for some time. This enabled us to also discuss how meetings should run in the future, and what sorts of things members would like to see happening at them.



An exciting thing for the region is our very own, local AMT Sports Massage workshop. This will be held at Om Shanti College on August 13. At the time of writing there was already 15 people enrolled, so I'm sure it will turn out to be a big day. Byron Smith, who runs the Sydney workshop, is dropping in from a trip to the snow to present this one in Canberra. The great news for those interested in sports massage in the region is that we should now be able to get a local AMT Sports team off the ground - with a good number of locals soon to have the pre-requisite for membership under their belt. Congratulations to Rob Carew, our local committee member, who has been slowly pushing this process along - a successful outcome is in sight.

Even though Massage Therapy Awareness Week will not run in Sydney this year due to the Olympics, we still plan to get some things happening down here. A fair amount of momentum has built up from MTAW in previous years, and we don't want to lose that by not running one this year. We've changed the timing because we realise that publicity will be impossible during the Olympic period. We have also downsized a little so that there is not so much work involved. The 'Week' will be November 3, 4 & 5 - for official events like the Mile of Massage, but we encourage individual therapists to do their own thing in the days around that weekend. If you are interested in getting involved, call Kay Fredericks on 6295 6733.

Our next meeting is scheduled for September 5, and we've been approached by a Magna-bloc representative to have a Sydney physiotherapist give us a presentation on the uses and benefits of Magna-bloc magnets in the treatment and management of chronic pain. It sounds interesting, and I hope to see a bunch of you there.

### THE FIBROMYALGIA STUDY GROUP

This special study group, now over twenty in number, will be looking at the problems of people suffering from Fibromyalgia Syndrome and, if possible, mounting an extensive Clinical Impression Trial to determine whether a group of Fibromyalgia Subjects not previously utilising Massage find it useful in managing their problems.

We have a Clinical Trial Design Panel, a Clinical Trial Ethics Panel, and a number of volunteer therapists but more are needed. We will be contacting General Practitioners for volunteer subjects but we need to complete the Therapists Panel first so we know where to contact the doctors. If you are interested in joining this project please contact Joel Morrell e-mail [arn@tsn.cc](mailto:arn@tsn.cc) or write to:

6 Doyle Lane  
Nambucca Heads NSW 2448. or

## MESSAGE THERAPIST OF THE YEAR AWARD



AMT members are invited to submit a proposal for the **Message Therapist of the Year Award**. If you know of a fellow AMT member who fulfils the following criteria, contact the Head Office with your nomination.

#### MUST HAVE:

- ❖ At least three years practitioner membership within AMT
- ❖ Current First Aid, Insurance and adequate CEUs
- ❖ Good financial history within AMT
- ❖ Active AMT membership (attending meetings, events, etc.)

#### SUGGESTED REASONS FOR AWARD:

##### Industry initiative in

- ❖ Business and professional practice management
- ❖ Ongoing relevant education
- ❖ Principles and practice of massage team leadership
- ❖ Development of AMT and related bodies

# LETTERS TO THE EDITOR

**Dear Editor,**

I would like to comment on the matter of voluntary massage as raised in Inge Trotter's article (In Good Hands-June 2000).

I believe that she is doing the massage profession a great disservice by providing voluntary massage to professional tennis players. Here is a group of people, most of whom have made millions of dollars from their profession and who are continuing to play for a large amount of prize money, who are getting FREE massage. What does that say about the value of the massage? Why should people who can afford to pay for something be given it for nothing? Inge is denying someone (if not herself) the opportunity to possibly make a living from the professional senior tennis players' circuit. I assume that she does not need to make any money from it but why deny someone else that opportunity?

The Olympic Games is another situation where I believe people have been conned into providing services for merely "an experience". The Olympic movement will make millions of dollars in profit from these games (even if us poor taxpayers lose money) and yet they are asking people to VOLUNTEER their services. (I'll be very interested to see if any volunteer massage therapist even sees, let alone touches, a gold medal prospect).

I can understand someone offering free massage to their local school sporting team or going into a nursing home to provide services to residents who can't afford to pay but where someone can afford to pay they should. I believe that if we don't value our services then no-one else will.

Geoffrey Naughton, Senior Level 2 member

**Dear Editor,**

Having played sports for a good part of my life and also been involved with aspects of healing, I finally and officially obtained my Diploma. At the time I thought "OK, now I can just do what I enjoy doing: helping people physically". I soon realised that nothing could have been further from the truth. What I mean is that now it is even more critical for me to keep up with what is going on in sports, spiritually and psychologically.

Since I am not involved in sports as much nowadays, I must understand the 'modern athlete' so I can better relate to them on both a mental and a physical level. This is why, in the past year, I have been involved with 'professionals' in swimming and triathlon. These sports involve extensive training regimes which have modified over the years so I had to adapt to those changes. This hands-on experience has been a huge learning curve

On the spiritual side, I think it is important to keep abreast of the ever-changing needs of society. Learning, understanding and participating in what may be deemed as 'alternative' methods of healing is necessary to meet these needs. For some of us, it may also be a calling, not only for others but also for ourselves. For me, this has been through the ancient healing of Reiki.

We need to offer these alternatives to fill the mental and physical voids in society. I also feel it would be extremely beneficial to have training in counselling. Just think - after you have assisted someone physically, what damage can be done if your verbal skills are lacking? All your good work could be undone by one or two misplaced words ...

We are all in this profession because we enjoy helping other people. But, as the saying goes, the first step towards helping others is helping oneself. By helping yourself to other modalities of healing we will be helping others in a much-needed way.

T. Perrone

## SYDNEY AREA MASSAGE THERAPISTS

Catherine Tiney rejoined the AMT Executive with a plan to bring members a little closer to the Association and to look at ways of benefiting massage therapists.

The first plan of action has already begun. Catherine has worked with the AMT Office staff to divide Sydney into local areas and then set up local meetings in each area to give therapists a chance to meet each other. This will also serve as a direct link to members on the Executive Board of AMT. If these local groups then wish to, they can continue to have further meetings.

Two areas have had their local meeting - Ryde and Northern Beaches. The Northern Beaches have already set their next meeting date! If you haven't been contacted yet, please be patient: Catherine is steadily working her way around to the other Sydney areas.

Members will receive a notice informing them of a meeting in their area. This area will be your referral suburb (as listed at the AMT Office) or if there is no referral suburb, your home suburb.

Essentially these meetings are for local members to get to know each other - it will be totally up to the people who participate as to whether meetings continue and what form they take. Catherine's intention is for therapists to benefit from each other, by learning of each other's specialities and skills and therefore referring to each other and discussing difficult cases. This then will have the effect of strengthening the Massage Therapy industry at a grass roots level. We hope you will be able to participate.

## RUBBED THE RIGHT WAY ...

**By Dr Stephen Juan**

*This article appeared in the Sydney Morning Herald on July 2<sup>nd</sup>. Reprinted with permission.*

Massage therapy is often dismissed as a spa treat or a mere intimate dalliance with oils by the pampered. But recent health research suggests that massage may offer surprising health benefits to old and young.

At the Alfred James Cancer Hospital of Ohio State University, Pauline King and Richard Jost studied the effects of massage on cancer patients experiencing physical discomfort and anxiety. Some subjects received a 15-minute massage of the hands, feet and neck, while others just sat with someone. It was found that patients who received the physical contact later reported significantly less pain and stress than did the non-contact patients.

At the New Jersey Medical School, Diane Zeitlin and colleagues found that massage boosted the immune system in times of anxiety, stress and fatigue. Dr Zeitlin gave nerve-racked medical students an hour-long massage one day before a major exam. Afterwards, their blood tests indicated increased numbers and activity of white blood cells and natural killer-cells - immune system defenders that attack viruses and tumours in the body.

At the King's College Hospital of the University of London, Alison Tinsdale conducted a study that found that elderly people who received massages "exhibit less depression and less loneliness, make more social phone calls, visit the doctor less often, and drink less caffeine and alcohol than others [who] did not receive massages". Furthermore, nursing home patients "who get regular massage display fewer signs of senility. Agitation [frequently seen in Alzheimer's disease patients] decreases in Alzheimer's patients who are massaged".

At the University of South Carolina Medical School, Rosemary Smith and colleagues found in their study that women who had experienced the recent death of a child were less depressed after receiving a series of therapeutic massages. The theory behind this effect, they argue, is that massage counters isolation, relaxes depressed people, slows their physiological processes and allows the body to recover better naturally, reduces stress hormones, generally feels good and makes a person feel better.

At the Medical College of Ohio in Toledo, researchers led by Thomas Birk found that AIDS patients who received 45-minute massages once a week had lower levels of stress hormones and more natural killer-cells which help in fighting the disease. "We don't know if the increase in killer-cells is significant enough to prevent illness," Dr Birk said, "but we do know that the patients' emotional state improves significantly. And since stress suppresses the immune system, the better the HIV patient feels, the better equipped they'll be to ward off infections.

At the University of Maryland School of Medicine in Baltimore, Gary Hack and colleagues found evidence that massage works better than aspirin or other pain relievers in relieving the pain of headaches. The team discovered a set of connective tissues linking neck muscles to a membrane known as the dura mater that covers the brain and spinal cord. "When these muscles contract, they pull on the membrane, causing headaches," Dr Hack said. "Since massage relieves muscular tension, it may be more effective at relieving this type of pain than aspirin or other analgesics."

Yet it is the findings of the effects of massage on infant children that are the most impressive. Tiffany Field of the Touch Research Institute of the School of Medicine at the University of Miami leads the way. In one study, it was found premature babies who receive three 15-minute massages per day had a 47 per cent greater weight gain and shorter hospital stay than premature babies who were not massaged. Dr Field believes that regular massages improve infants' nervous system and increase production of hormones that allow them to absorb more food.

In another Field team study, mothers gave asthmatic children 20-minute massages every evening at bedtime for a month. It was found that the anxiety levels of both the children and the mothers decreased. The children's mood improved and their levels of the stress hormone cortisol decreased. Most importantly, over the month period, the children had fewer asthma attacks and were able to breathe better according to daily peak air flow readings.

In still another study, the Field team wanted to determine whether massage improved classroom behaviour of pre-school autistic children. After one month of massage therapy, the autistic children were less touch sensitive, less distracted by sounds, more attentive in class and performed better on tests of sensory and social behaviour.

In yet another study, this time dealing with diabetic children and the parents who must treat them (often with painful insulin injections several times a day), the Field team showed that a one month period of massage therapy improved children's blood sugar readings "to the normal range". It was also found that immediately after the massage therapy sessions, both the anxiety and depressed mood levels of children and parents had "abated significantly".

In a final study, the Field team studied the effect of massage in reducing the post-traumatic stress disorder (PTSD) on Miami school children after a hurricane. The children were massaged twice a week at school for one month, after which it was discovered they had less depression and anxiety and lower cortisol levels. In addition, their drawings had few depressive and disorganised features which can indicate PTSD.

**Dr Stephen Juan is an academic and author of *The Odd Body 2* (Harper Collins 2000, \$18.95)**

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# BODY OF WORK

## AN INTERVIEW WITH MARIMIL LOBREGAT

By Rebecca Barnett

*For many of us, the decision to become a massage therapist is exactly that – a decision. For Marimil it was just a natural thing to be one. Born in the Philippines, to a Filipino father and a Spanish mother, she feels that her bi-cultural heritage gives her a unique ability to harmonise western and eastern spirituality, and the theory, philosophy and practice of oriental massage therapy.*

*Marimil has led a colourful, varied and fascinating life. She entered a convent at a young age and embarked on a personal, spiritual and professional journey. Her first mission as a Franciscan Missionary of Mary was amongst the lepers in the Philippines. In 1956 she was sent to Indonesia where she worked in the field of education, and as a nurse/pharmacist in the polyclinics for the poor on the weekends. She was transferred to Sydney in December 1969 where she worked as a sound recordist and audio-visual technician come producer at the Catholic Audio Visual Centre in Homebush. In 1987, after the required CPE studies at St Vincent's Hospital, Marimil commenced working at the Sacred Heart Hospice on the Pastoral Care level.*

*While attending some conferences and studies in the USA in the late 1970s, Marimil had the opportunity of participating in sessions conducted by traditional Taoist Masters who had been expelled from China during the cultural revolution. These sessions were like the bodily expression of the oriental philosophy and spirituality of healing she had been exposed to in her childhood. It ignited her keen interest in Tai Chi and QiGong holistic practices.*

*In 1990, Marimil accepted an invitation to establish the Care for Carers program in the Philippines. The objective was to train future trainers in the various arts of oriental holistic healing, either in the style of movement (Tai Chi, QiGong etc) or therapy (Acupressure Massage, Shiatsu etc). The Care for Carers program has now expanded to other countries and is entirely sponsored by one of Marimil's friends who lives in Los Angeles.*

*Nowadays, Marimil divides her time between volunteering at the Hospice and other hospitals and renewal centres, and giving talks and mini-sessions when and where appropriate. In conjunction with the Chi-Chinese Healing College she gives weekly Tai Chi and QiGong classes and other forms of oriental massage therapy, working closely with the director of the college, Master Zhang Hao. To further extend and reach out (if all this is not enough!), she has joined the sometimes great and sometimes frustrating world of computers!*

*Her attitudes and approach to life are a wonderful combination of deeply-rooted spirituality and good-humoured pragmatism, reflecting her uncanny ability to harmonise seeming opposites. I only hope that this rather brutally truncated fragment of our conversation can project some sense of the fascinating and inspiring person that Marimil is.*

**How did your upbringing influence your development as a therapist?**

When I was born (72 years ago), there were still natural healers in the Philippines. Apparently one of them foretold at my birth that I was going to be a healer, a manghihilot, which generally speaking means one who has healing hands. However, this didn't make me anything special ... I was (and still am!) ordinary, just like everyone else is, thank God.

**So there was a strong culture of healers during that era?**

Yes, at that time. Now you don't have them anymore because when you are a real healer (meaning with the God-given power of healing), you don't accept money or rewards because they draw away the power of the healing. It has to be done with your whole heart and with no expectation of compensation. Nowadays, who wants to spend his/her lifetime healing in exchange for a couple of eggs or a tin of rice?

**So, is this philosophy of massage without financial reward the reason for the voluntary work that you do?**

Yes, but I do get much, much more than financial reward of course. I consider it a real privilege and luxury that I receive a pension and therefore, at this stage of my life, I have been able to give most of my time to voluntary work ... specifically in the area of healing in one form or another. I feel that this enhances my blossoming even at this age.

**What led you down the path of oriental style massage and therapy?**

When I was a little girl there was a Japanese lady who used to come to my home and massage my parents. She would call me into the room where she was working sometimes and say "Come over here, stand here, put your fingers there, put your elbows here, put your foot here". Many years later this was more 'scientifically' known as Shiatsu. But we used to do this as a form of play! So massage therapy was just natural to me, like breathing in and breathing out. Then I entered a convent in 1947 and Tai Chi was a no no.

**Was it regarded as heathen?**

Not exactly. It was just not the done thing. It wasn't acceptable according to the customs of religious life. But I willingly accepted all the rules and regulations so I could become a saint (loud laughter) ... I've changed my mind since obviously. I'd rather just be a human being! (more laughter).

**So you managed to marry the oriental aspects of spirituality from your father's culture with the western customs of religion from your mother's side?**

I wouldn't say it was a marriage. It was simply natural within me because of my heritage. Then, like now I suppose, I didn't search for problems or what is negative. I dwell in what is intuitive and creative. These 'extracurricular' activities blend inconspicuously and harmoniously with my religious commitments. If anything, they enrich me and spirit me on. It brings words to action.

**Do you think that the joy and fulfilment you derive from the various oriental forms of healing are a fundamental part of being a good healer?**

Yes, definitely. For me, the skills of massage, of healing, is an innate creative art. It is alive and needs to be nourished. It continues blossoming and expanding even now. If you don't have it I suppose you can work very hard to develop it because if you put your whole heart and soul into it, you can eventually attain the art of feeling and 'touch', to be an oriental therapist. But if you are born with this gift, you can then flow with it more naturally. Not that it will always be effortless ...

**After you entered the convent, there was a long period without any form of hands-on healing ...**

From 1947 to about 1963 – around 16 years. During this period, there was absolutely no touch, nothing of that sort. But I can't even say that I was feeling strange or that I was missing something. I was so imbued, at that time, with the idea of becoming a saint! (hearty laughter)

**So what set you back on the path of hands-on healing?**

When I was in Indonesia, one of the Sisters I worked with was very sick with arthritis. We asked permission from the superiors (this was a big, big risk at that time) to take her to a lady acupuncturist for treatment. I accompanied the Sister to the acupuncturist, who looked at me and said "You are a healer aren't you?". I said yes and explained that I hadn't practised for a long, long time.

(We were wearing full habits at that time, with only our eyes, nose and mouth uncovered!). She looked at my palms and said "the healing is there" and invited me to do the acupuncture with her. So, for some years during the sister's treatments for arthritis, I became an assistant to the acupuncturist. That was like the beginning of the coming back. But, of course, there was no talking about this once you were back at the convent.

**As someone who experiences great joy in what they do, what advice would you give to a massage therapist who feels that the energy and joy are dropping out of their work?**

In my opinion, they need to think about why they chose massage in the first place. Each case needs to be considered individually. Usually people choose it because they love it and feel the desire to express the healing touch, that impetus, that 'oomph' they have within themselves. But if they feel their energy is dropping, maybe they need to change directions for a little while and then come back refreshed. Or stick with it, be aware of these feelings, ride out the difficult times and then, from the reality of life, from the reality of the situation, come back ... bounce upwards. Sometimes, we need to allow ourselves to hit rock bottom even though that's not very pleasant. That's why the movements of Tai Chi are very important - because you have to be fully present, in the present. The first thing is to be present, then you know what to let go. Once you let go of the excess, then you can set the direction of life ... then you are ready to flow harmoniously. So first it's presence, then letting go, then direction and flow. It follows the four principles of life. But the present sometimes can be very frightening.

**Do you think that western medicine has been too slow to take advantage of the knowledge that the east offers?**

I don't think you can make this kind of generalisation. I know that my niece in the US worked in a clinic that had two sections: western medicine and alternative medicine. They often referred clients to each other. The most frequent clients of the Chinese Acupressure massage practitioners were the physiotherapists from the other side! For me, the big threat to alternative (Chinese) medicine doesn't come from the west. The big threat comes from the fanatics – the ones who think they know it all and dismiss eastern medicine out of ignorance ...and vice versa.

**Why did you choose to belong to the AMT?**

It seemed to be an association that is serious and progressing. I have attended several AMT workshops and I found that the presenters were down to earth and knew what they were talking about. And with someone like Diana as President ...



# ORIENTAL THERAPIES AND THEIR APPLICATION

By Marimil Lobregat

In my early childhood I was naturally led into the traditional forms of 'healing hands' according to my culture. Eventually this extended into various types of healing, gearing more towards the oriental formats. At present I generally apply, as a base for healing/treatment, the traditional Chinese acupressure styles, enriched with its philosophy, based on balance, harmony and what in the Western concept is referred to as *Creation Spirituality*.

This last decade, through the Care for Carers' project, I have been to Asia, US and Europe to share simple yet effective formats of oriental massage therapies to various groups, especially to those who are in the healing ministries in some form or other. I devised an intensive massage program for this particular group, for them to eventually train others. Most participants in this group live and work in very remote areas in their respective Asian countries, where people are too poor to buy medicines let alone travel to see a doctor. Most of their 'clients' found great and lasting relief from the massage treatment. Some were accompanied with the appropriate 'movements' to keep the joints fluid and the healing progressing. When practising the oriental massage therapies, we observe the oriental belief that whatever form of healing assistance we offer triggers and/or enlivens the natural healing system that is within us. As a means of caring for the Carer, I have also taught these 'core' groups basic QiGong and ShiBaShi movements, for them to harmonise and re-charge their energies, individually or better still, in groups.

Last year, while in Asia, I trained various groups of ex-prostitutes and others who were abused in their childhood. I devised an on-site acupressure therapy format especially for this group - sitting position with clothes on. They have since found successful employment in business establishments where they are much appreciated. Best of all, they feel they have restored their dignity as women and regained respect and confidence with the experience of *touching* in such a healing and genuinely caring manner.

Nursing aides in most Asian countries receive a pittance for a salary. With their newly learned on-site massage skills, they now earn more from this practice amongst the doctors and medical staff (in their free

time) than from their salaries. Last month I was in Hong Kong where there are over 140 thousand Filipino domestics vying for work. I offered them a similar program to that of the nursing aides, forming core groups with those I was able to give intensive training. We are hoping that these on-site massage sessions, short as they may be, will offer them not only physical relief and well being, and emotional stability (they are terribly homesick) but will also enhance a more intuitive, healing and friendly relationship towards each other and amongst those from different regions.

I was in Shenzhen, China recently and spent some time observing the section of QiGong Masotherapy at the General Hospital. Here all patients were treated with some form of Chinese Acupressure massage. Sometimes this format was blended with moxibustion, acupuncture and cupping which they use for many purposes. I was heartened to see that what I have practiced and taught all these years was quite *en par* with what I witnessed.

At present, in Sydney, I give a hands-on upgrading massage session, mostly in the Oriental format, to the participants of the Care for Carers program. Every Wednesday evening I assist Master Zhang Hao with the Chinese Acupressure Massage course, diploma level. I also massage the medical staff at Calvary Hospital as part of their Care for Carers program. I assist with acupressure massage workshops and give talks on relevant subjects to those in (or interested in) the healing profession. I teach various formats of Tai Chi and QiGong 2-3 evenings a week. These healing and enlivening sessions nourish me with the vigour, colour and zest I need for my main activities during the day and to live life to its full potential.



## HEALTH FUND STATUS

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	1 2
AXA Australia Health Insurance	1
Commonwealth Bank Health Society	2
Gay and Lesbian Health Fund	2
Government Employees Health Fund	2
Grand United Friendly Society	2
HCF	1
Independent Order of Oddfellows	
Independent Order of Rechabites (IOR) Health Benefits	1 1
Manchester Unity	3
MBF	2
National Mutual Health Fund	2
NRMA Health	1
NSW Teachers Federation Health Society	1 1
Queensland Country Health	1
Railway and Transport Hospital Fund	2
Reserve Bank Health Society	1
Victorian Workcover Authority	

**Status 1:** All financial practitioner levels.

**Status 2:** All Health Fund 2 and 3 members with:

- One million dollars current insurance
- Current First Aid

**Status 3:** As above. Must have sent a copy of a receipt to Head Office for verification.

### Please note:

1. Members must be **financial** and have a commitment to ongoing education (average of 100 CEUs per year).
2. Clients must be provided with a formal receipt clearly indicating the practitioner's name, AMT member number, practice address (no PO boxes), phone number, client's name, date of treatment and nature of treatment (i.e. remedial massage treatment).
3. All health funds require that we provide them with our members' practice address. When you receive your next renewal form, you will be asked to provide your practice address (or business address for mobile practitioners – no PO boxes). Failure to do so will result in your name being removed from the health fund listing.
4. Please send a copy of one of your receipts to Head Office with your renewal form.
5. HCF will send you an agreement to sign once they have received a claim from one of your clients.
6. Professional receipt books with the AMT logo are available from head Office for \$15.00.

# SETTING THE BOUNDARIES ...

## CAN WE TAKE EMPATHY TOO FAR?

In May, the District Court heard a case involving a massage therapist who worked for a Women's Health Centre in the Blue Mountains. The therapist was suing the Centre for \$50,000, claiming that the 18 months she had worked there left her clinically depressed. Many of the therapist's clients discussed serious personal problems during their treatments, including stories of sexual abuse and assault. The case was covered extensively in the media, attracting editorial comment from the likes of Piers Ackerman in The Telegraph.

We asked two senior AMT therapists, John Cassidy and Penny Wardle, to comment on the case. We also invited Keith Harrison, a member with dual qualifications in psychology and massage therapy, to explain the psychological principles involved. Here is what they wrote.

John Cassidy

**John Cassidy** is a Senior Level 2 member who has been practicing for 12 years. He is also a part-time teacher of remedial and therapeutic massage and an instructor on advanced workshops. He has a Diploma of Counselling and a Diploma of Rebirthing. About 25% of his practice is chronic pain patients and the rest is a mixture of children, sports and the general population.

### John writes:

This case highlights the importance of the massage therapist having healthy boundary systems:

- **Physical** - What modality has been requested by the client?
- **Mental** - "I am a massage therapist, not a counsellor or healer and need to maintain my personal and professional boundaries in relation to this session. Boundaries let me know where I end and you begin and professional boundaries keep me focused on the role I have been employed to do". This is why we don't go to a Doctor for relaxation massage ...

If the therapist was employed by the Health Centre then it would be her responsibility to ask for supervision in this situation and refer the client to a qualified counsellor.

How do we manage this process effectively? Listen to the client and then say something like "That sounds really painful and it sounds like you may benefit from professional help. You may wish to consult a counsellor". Perhaps then you could give out the business card of a counsellor you would be willing to recommend. In this case, it is a women's health centre which presumably would have its own resources base. Regardless of the context though, it is necessary to acknowledge the client's distress and inform them in no uncertain terms that "You have employed me as a massage therapist and I am not qualified as a counsellor - therefore, I am not the person to help you with this".

Cathy Cain, the creator of Orthobionomy, has stated she has three treatment rooms, all with clear boundaries: a massage room, an Orthobionomy room and a Counselling room. This prevents legal complications in the US. I personally hope that we don't have to follow the US down this path like a flock of sheep but perhaps we are already there.

Basic counsellor training for massage therapists is one option. This training should involve:

- Listening with empathy
- Reflecting back what the client has said respectfully **but not attempting to "fix" or counsel them**
- Maintaining professional boundaries. (and not blaming clients for wanting help and then making them feel responsible for your mental health and how you feel).

Perhaps the value of this story is that we need to think about supporting one another through a system of peer review/supervision. All qualified counsellors must attend mandatory supervision to stay registered and to stay clear on issues of transference and projection (of the "stuff" you cannot help consciously or unconsciously taking on when working with other

people). We are practically the only therapists who spend an hour in other people's personal space touching them.

My thinking is that what happened here is more about the therapist's own history than the clients' stories. Obviously, this practitioner was not a member of the AMT or she would have known that Tamsin Rossiter, the State Councillor for the region, could have introduced her to a network of support which may have made all the difference.

Penny Wardle

From a background in Design, Sign-Writing and Screen Printing, **Penny Wardle** came to a point where a change of vocation was necessary due to an injury. "I decided that podiatry was where I would go but, as history now shows, I am a massage therapist. The majority

ronic pain management – personal experience gave me the background I required to work in this field! As a balance, I also enjoy working on the not-quite-so-fit and elite athletes."

**Penny writes:**

The course of study I undertook at TAFE for massage therapy included developing skills in placing professional boundaries, working within my own particular area of expertise, and knowing when to talk during a treatment session and when to remain quiet. I am trained in massage therapy and not in counselling. I can listen to a client and acknowledge their concerns but, more importantly, I can encourage a time of quietness during the treatment for far more effective results. I have no hesitation in informing a client that I am not trained in handling their problems and then recommending professional help in that area, be it a psychologist, Life Line or a counselling service.

This case highlights the importance of establishing these clear boundaries for the client. Although it is essential for a massage therapist to take a detailed and accurate case history, it is not appropriate to delve into graphic detail about the client's background. Nor is it appropriate to allow a patient to discuss serious personal problems throughout the treatment. If a situation arises wherein a client clearly needs counselling, referral to an expert in that area is required. Involving yourself in a client's problems may lead to a far worse outcome for them.

Some basic training in counselling is a necessary part of learning to become a massage therapist. However, some people use this "basic training" as their right to practice in that area when, in fact, this limited knowledge could do more harm than good. Leave counselling to counsellors and psychologists and let

**Masseuse says sad stories rubbed off on her**

Sydney Morning Herald, 26/05/2000

By STEPHEN GIBBS

It has long been accepted that many soldiers returning from war suffer post traumatic stress. And, in a recent court case, a police officer won compensation for barbaric crimes against children she had seen.

But can a masseuse successfully sue a women's health centre for the depression she experienced after listening to her patients' personal problems?

Ms Carol Vanderpoel has claimed in the District Court that the 18 months she spent working part-time at the Blue Mountains Women's Health Centre from 1994 left her clinically depressed.

The 52-year-old says the centre should never have allowed her to massage patients with serious psychological problems without proper counselling training.

The centre, which accepts that Ms Vanderpoel suffered depression partly as a result of her work, says it's not at fault.

Acting Judge Harry Bell will be asked to decide what constitutes ordinary communication between people and what problems in Ms Vanderpoel's workplace could reasonably have been foreseen.

Ms Vanderpoel's counsel, Mr Ray McLoughlin, SC, said yesterday that up to 75 per cent of his client's patients spent their massage sessions discussing serious personal problems. Among the stories which had distressed Ms Vanderpoel were those of a woman who was sexually abused by her father and a woman who was attacked by her husband.

Mr McLoughlin said people reacted differently when confronted by emotional challenges, and post-trauma depression diagnosis had evolved greatly since World War I.

"A lot of people think it's evolved a bit too far," Judge Bell said. The judge recalled a former associate who, when called upon to read "revolting" records of interviews with criminal suspects, would sometimes weep.

"I must say it would never have occurred to me to say, 'You are entitled to be counselled as a result of that'," he said.

Mr Peter Arden, counsel for the centre, said most of the 10 specific incidents Ms Vanderpoel complained about would probably not distress a rational person.

"They are not matters where there's been graphic exposure," Mr Arden said.

He rejected any comparison with the case of former police officer Ms Beth Seedsman, who was awarded more than \$125,000 for being exposed to horrific crimes without relevant training or preparation.

Ms Seedsman had been 23 when she began five years' work in a child mistreatment unit. She had repeatedly seen tortured and murdered children and frequently attended autopsies on dead toddlers.

"It's an infinitely stronger case than this one," Mr Arden said.

Judge Bell reserved his judgment.

## **SPECIAL FEATURE: SETTING THE BOUNDARIES**

massage therapists excel in their own area. It is not ethical for a psychologist, even though trained in massage therapy, to treat a client using both modalities in the same session – they are either a counsellor or a therapist, not both. The same holds for a massage therapist: it is **not** our role to counsel. Refer on where appropriate.

There are times when I see clients referred to me by their other therapists who are on leave or holidays. Many of these clients bring their problems to the session as their regular therapist encourages discussion and openly counsels them. Clients even phone the therapist to seek advice and massage appointments can last up to two hours because of the time that the counselling takes! It is difficult for these clients to accept that I can only offer massage and not become involved in their problems. I have felt at times that these clients feel short-changed because they expect counselling as part of their massage treatment.

Perhaps the therapist involved in this court case was not entirely suited to her role as a massage therapist at this particular centre. She may not have had this problem at another place of employment. However, she should have had boundaries in place and not

become involved in the problems of her clients. Additional training in counselling would not have solved the problem as it was not her role to counsel. If the Health Centre was aware that their client base consisted of many people with serious psychological problems, perhaps they should have monitored their staff on a regular basis, held debriefing sessions and set down definite guidelines on how to treat these clients (it is still the therapist's responsibility to clarify these issues at the beginning of employment). The Centre should have a range of services available, including counselling, so that each professional stays within the area of expertise they are trained in.

Massage therapy is exactly what the name implies. It is not an ad hoc mix of therapies thrown together under this title. We have a specific role to fulfil, as does any other physical therapist. We must be seen as professionals working within our own area and we must impress upon potential employers where our expertise lies ... and not go beyond it. If regulation of massage therapy through State Registration solves the issue of standards, training and professionalism then the sooner it is introduced, the better for both the therapist and the employer.

# MASSAGE THERAPISTS AND VICARIOUS TRAUMATISATION

## FEELING A CLIENT'S PAIN TOO EASILY

Keith Harrison

**Keith Harrison** is a qualified, registered psychologist and a massage therapist (Assoc. Dip. Health Science). His areas of expertise in counselling include stress management, depression and anxiety, and bereavement, grief and loss. As a massage therapist, he also specialises in

the areas of depression, anxiety and stress, and massage of people living with cancer.

### Keith writes:

Look carefully at the following list:

- Lateness
- Sarcasm, cynicism or flippancy in conversation
- Over-politeness, need to be constantly cheerful
- Frequent sighing
- Smiling while hurting
- Speaking with an over-controlled monotone
- Nightmares
- Social withdrawal, or a disconnection from loved ones
- No time or energy for oneself
- Increased sensitivity to violence
- Chronic depression - or a generalised despair and hopelessness
- Boredom, apathy, loss of interest in things you are normally enthusiastic about
- Waking up tired rather than rested
- Changes in identity, your world view, sense of spirituality
- Impaired ego resources e.g. intelligence, ability to foresee consequences, will-power and initiative
- Inability to establish mature relations, and interpersonal boundaries
- An inability to be introspective
- An inability to make self-protective judgements.

All of these relate to a number of personal problems including bereavement, loss, grief, post traumatic stress disorder and vicarious traumatising (also called compassion fatigue and secondary trauma). If it is not possible to readily "put your finger" on the cause of the problem - it may well be due to an accumulative unconscious taking on of another's distress, pain or suffering.

At the 1997 AMT conference held at the University of Technology, a question from the floor raised the issue of massage therapists in relation to counselling. It was stated that while many clients may be inclined to

discuss their personal problems, ask for advice, or just download their suffering/feelings while being massaged, massage therapists need to know their limits and refer to other professionals qualified to deal with these issues. It was also stated that massage therapists who undertake courses in counselling need to do this primarily to understand themselves, their boundaries, and the limits of their expertise.

### What is Vicarious Traumatization?

Vicarious Traumatization (VT) is a process, not an event.

Post Traumatic Stress Disorder (PTSD) is the result of personally experiencing a traumatic event, for example, those involved with the deaths of the four bushfire fighters in a backburn, witnesses to the senseless shooting of two police recently, or the Childers backpacker fire. General examples include witnessing a murder, personal torture, killing, rape, horrific traffic accidents, and natural disasters.

When clients relate stories of suffering or the pain of an event it usually sounds at a deep level in us. Often it challenges our beliefs and our own deep needs and has echoes in the relationship between ourselves and our client. When these stories and experiences trouble us over a range of clients it indicates that they mirror something in our deeply held beliefs and/or needs. The depth of a client's troubled story and our interactions with others impacts on those other stories held in our memory or unconscious mind, to produce an accumulative effect. Most trauma survivors seem to intuitively sense those who will truly listen to them, and the repeated repetition of the same emotional outpourings. Dr Lisa McCann writes "Vicarious Traumatization is a process whereby the helper's inner experience and interpersonal world is disrupted or transformed, either positively or negatively, through continual exposure to other's painful experiences including death, tragedy, or violence ... Thus, vicarious traumatization is a form of psychic infection that results from exposure to horrific, traumatic images and trauma-based affects that are assimilated and thus unconsciously 'contaminating'".<sup>1</sup>

VT includes our strong feelings, and the way we protect ourselves from those feelings. This means that VT is our strong reactions to feelings and emotions of extreme anger or rage, grief and being outraged. These reactions gradually increase as we hear more stories and/or experiences of pain and suffering and we are forced to recognise the human capacity for cruelty and indifference to another's plight. Empathy and psychological identification with clients' painful

## SPECIAL FEATURE: SETTING THE BOUNDARIES

material, either unconsciously or consciously, gives rise to the risk of VT. This process is the result of decreased **boundaries** between **self** and the **other**, disrupting our basic attitudes and assumptions about life.

For the purpose of this discussion we will define vicarious traumatisation as 'a transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material'.<sup>2</sup> Figley, author of the 1995 book *Compassion Fatigue*, says that the same trauma he associates with families in crisis can be seen in caseworkers dealing with those families' difficulties and can rise beyond the level of mere burnout. "Those who love and care and empathise for them ... can also be traumatised. Any research shows that".<sup>3</sup>

### Persons Who May Be Affected by Vicarious Traumatisation

Any person who works in the "helping professions" including carers of disabled and/or older people, caseworkers (including social workers and community welfare workers), priests/ministers of religion, refuge workers, and people working with those who experience neglect, and emotional and/or physical abuse. As more practitioners realise that massage is very useful in the treatment and rehabilitation of those suffering and those treating the sufferers, it will become a major necessity to provide professional assistance for massage therapists.

Others who may be affected are medical practitioners, psychiatrists, psychologists and counsellors and social workers. However, these professions usually organise peer supervision, or individual supervision in specialist areas. Those who work in places like the Health Department, Lifeline etc, normally have case conferences and/or professional supervision organised for practitioners.

People working on the periphery of these areas (including such people as hairdressers, beauty therapists, massage therapists, and spiritual counsellors) are rarely aware of the process of VT and normally do not have organised access to help. Since massage therapists may work in a range of areas such as rehabilitation and psychiatric illness, particularly in the areas of neglect, sexual abuse, physical and psychological abuse etc, they need to have access to professional assistance.

### Factors Contributing to Vicarious Traumatisation

Dr Laurie A. Pearlman itemises the contributing factors relating to VT as the nature of the work, the

nature of the clientele, the cumulative exposure to trauma material, the organisational context and the social and cultural context. For the individual, she lists their personal history, personality and defensive style, current life context, and professional history, **supervision** and personal therapy as being relevant.

In her book, Dr Pearlman writes of a worker in the area of child abuse. This worker asked her child to run an errand, and was promptly asked for the "key". Surprised, she was confronted by the fact that she had made her house into a fortress. She had installed deadlocks on the front door, with padlocks, and chains. She had also built a two metre front fence, steel gate, locks etc, to prevent any harm coming to her children. What had happened to her in the process of her work was that she had unconsciously taken on the pain and suffering of her various clients over time, and had subtly begun to act out the solutions to the problems of her clients as though they were her own - she was exhibiting some of the specific personal changes that are signs of VT. The alternating states of overwhelming feelings and psychic numbness parallel the experience of PTSD.

### Addressing the Problem

The World Health Organisation in the early 1970s established that the **HEALTH** of an individual depended upon:

- physical health
- mental health
- emotional health
- social health and
- spiritual health

These five factors need to be held constantly in balance with each other. Hence the need to re-evaluate our identity through a process of awareness of our inner experience. We also need to examine ourselves in relation to the world or our environment. This relates to our own principles and values as well as our philosophy of life, including an understanding of our attitudes about ourselves and others. Bringing these together in a consistent view is at the heart of our spirituality.

We can see the evidence of the enormous influence of a person's spirit most readily in those recovering from, for example, a disaster, chemotherapy or a degenerative illness – it lifts the person physically, psychologically and socially. Our spirit is the purveyor of hope and faith, that which imbues us with zest, enthusiasm, the will to live a rich life, and the ability to heal or connect with those energies beyond ourselves.



To make this practical in the present conditions in which massage therapy exists, three essential elements need to be addressed:

1. to provide awareness of VT, both in massage therapy courses and in continuing education courses for those already qualified.
2. to provide access to qualified mentoring/supervision for massage therapists.
3. to encourage debriefing sessions in the workplace and/or associations as a consequence of duty of care.

The major central capacities to develop are those of maintaining a sense of self, ego resources and personal protective boundaries. The greatest difficulty in this area is the unwillingness to acknowledge the depth of distress and disruption to functioning that results from VT, or to recognise the validity of VT in the workplace, viz "if it's too hot in the kitchen, get out".

### A Personal Comment

I am a registered psychologist in NSW, and a massage therapist. I have worked in the areas of drug and alcohol abuse; bereavement, grief and loss; domestic violence, separation and divorce; violence and sexual abuse, and as a Senior TAFE Counsellor, and in private practice. I have been involved in being supervised, have taken part in peer supervision and have provided professional supervision. I value highly the benefits of taking part in the process of supervision as it enhances my ability to be professional in my work.

### Bibliography

1. Lisa McCann, PhD.: "Vicarious Traumatization: Care for the Trauma Therapist"  
<http://www.westchesterinstitute.org/mccann.htm>
2. Laurie Anne Pearlman, PhD.: "Vicarious Traumatization" 1997, ed.1
3. Kelley O. Beaucar, News Staff: "Feeling a Client's Pain Too Sharply – *Effects Said More Damaging Than Normal Job Stress or Burnout*", NASW News  
<http://www.naswpress.org/publications/news/1099/pain.htm>

### Postscript

The massage therapist was awarded \$26,000 by the District Court.

If you would like to comment on this issue, or any other contentious topic related to massage therapy, why not post a question or comment on the AMT's new Bulletin Board? Just go to the AMT website and follow the online link.

<http://www.amtnsw.asn.au>

## THE REALLY LONELY HEARTS CLUB



Are you living or practicing in a location not only outside of Sydney but outside of the ambit of any of our Regional Branches? If so **READ ON!**

For many years the Association of Massage Therapists (N.S.W.) Ltd has featured local support groups notably New England first led by Valerie Jenkins, Canberra by Sandra Morgan, the Riverina by Tuesday Browell and Newcastle by Alan Kitchen.

On the North Coast Joel Morrell has had first hand experience of what it feels like to be the only kid on the block. Now that the North Coast has been divided into two regions with Janet Crombie looking after the Mid North Coast and Sharon Keogh looking after the Northern Rivers Joel is turning his attention further afield.

We have in mind a special Professional Fellowship Group either by correspondence or by e-mail for those members whose physical practice or home location places them out of reach of normal branch activities. If you fit into this category and would like to take part then contact Joel Morrell at:

**Address:** 6 Doyle Lane  
Nambucca Heads NSW 2448  
**E-mail:** [arn@tsn.cc](mailto:arn@tsn.cc)  
**Phone** (02) 6568 8333.

### The AMT is proud to announce that Om Shanti College of Tactile Therapies has taken out Corporate membership.

Om Shanti College is a teaching centre of excellence providing education in the areas of health, spirituality and lifestyle and the small, friendly classes create a favourable learning environment. Sandra Morgan, the founder of the College, has a background in science and 20 years experience in the massage industry. Under her guidance the College has flourished and attracted a staff of committed professionals. Originally specialising in training professional massage therapists, the College now offers a range of personal, recreational and professional development courses.

Contact details:

**Ph/Fax** (02) 6295 2323

**Email:** [omshanti@namadgi.com.au](mailto:omshanti@namadgi.com.au)

**Website:** [www.omshanticollege.com.au](http://www.omshanticollege.com.au)

# UPCOMING SPORTS TEAM EVE



## **2000 RTA Cycle Sydney - Sunday 3rd December.**

Volunteers are needed at the following places/times:

Pymont Point Park, Pirrama Road, 8.00-11.00am  
Five Dock Park, First and Ingham Ave, 8.30am-11.30am  
Brays Bay Reserve, Concord Rd, 8.45am-1.00pm  
Eric Primrose Reserve, John and Nowill Sts, 9.00am-2.00pm  
Parramatta Park, Park avenue Entrance, 9.20am-3.30pm

Please contact Bicycle New South Wales if you would like to volunteer. **Ph:** (02) 92835200 **Fax:** (02) 92835246

## **2001 RTA Big Ride –31st March to 8th April**

A nine-day cycle tour through rural New South Wales. Approximately 1500 participants. The event will commence in Oberon and finish in Forbes. For further details contact Bicycle New South Wales. **Ph:** (02) 92835200 **Fax:** (02) 92835246

## **Macarthur 2000 Relay for Life – 18, 19th November**

Campbelltown Athletic Stadium, Pembroke Rd, Leumeah  
The Macarthur 2000 Relay for Life is a 24-hour walk/run from midday to midday on the Saturday 18<sup>th</sup>

and Sunday 19<sup>th</sup> November. It involves teams of 10-15 people taking turns to run or walk during a 24-hour period to raise money for cancer research. The organisers of the event (Cancer Council) hope to attract 40 teams, many of whom will camp overnight at the venue.

This is the first Relay for Life to be held in New South Wales but the event has been operating in parts of Victoria and other States since last year. The organisers hope that the event will spread to many venues across NSW.

The Victorian Relay for Life events used massage therapists with great effect and it is hoped that the New South Wales event will follow suit. Please contact **Steve Ray** if you are interested in volunteering. **Ph:** (02) 93341942.





# AMT CALENDAR OF EVENTS

## SEPTEMBER TO NOVEMBER 2000

- The letter V indicates that the number of CEUs is Variable - depending on the number of hours attended.
- Courses accredited by AMT attract 5 CEUs per hour.
- Courses not accredited by AMT attract 4 CEUs per 3 hours.
- Please check dates and venues with the contact person before you attend.

DATE	EVENT	CEU
<b>SEPTEMBER</b> 2nd	Contract-Relax Stretching for the Neck. Om Shanti College of Tactile Therapies, Griffith ACT. 1.00-5.00pm. Ph: (02) 6295 2323	20
23rd	Reiki 1. Om Shanti College. 9.30am-4.30pm.	30
	Intro to Bartenieff Movement Fundamentals. Om Shanti College, 9.30am-12.30pm.	15
24 <sup>th</sup>	Reiki 2, Om Shanti College. 9.30am-4.30pm.	30
26 <sup>th</sup>	Networking for Natural Therapists, Om Shanti College 6.00pm-9.30pm.	15
<b>OCTOBER</b> 1, 8, 15 <sup>th</sup>	Chronic Pain and Structural Alignment Workshop. Presented by Alan Ford. Om Shanti College. (02) 62326883 (see ad. overleaf for further details)	60
7 <sup>th</sup>	Business Strategies for Natural Therapists Om Shanti College, 9.00am-5.00pm	35
7 <sup>th</sup> & 14 <sup>th</sup>	Pregnancy Massage, Om Shanti College. 9.30am-4.30pm.	30
14 <sup>th</sup>	Hi, High Hips. Presented by John Bragg, Blue Mountains 9.00am-5.00pm. Ph/Fax: (02) 4782 5092 (See ad. overleaf for more details)	35
15 <sup>th</sup>	Fun with Fascia. Presented by John Bragg. Blue Mountains. 9.00am-5.00pm. Ph/Fax: (02) 4782 5092	35
20, 21, 22 <sup>nd</sup>	Myofascial Release, Level 2. Presented by Michael Stanborough. Om Shanti College. (This course is AMT accredited only at Om Shanti)	80
20 – 23 <sup>rd</sup>	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney. Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
22 <sup>nd</sup>	Reiki 1, Om Shanti College. 9.30am-4.30pm	30
28, 29 <sup>th</sup>	Chronic Pain and Structural Alignment Workshop. Presented by Alan Ford. Chevalier Centre, 1 Roma Avenue, Kensington. Ph: (02) 62326883	60
<b>NOVEMBER</b> 4 <sup>th</sup>	Feldenkrais for Massage Therapists, Om Shanti College, 10.00am-5.00pm	30
5 <sup>th</sup>	Trigger Point Therapy for Shoulder Pain and Dysfunction. Om Shanti College, 10.00am-4.30pm	30
11-12 <sup>th</sup>	<b>AMT ANNUAL CONFERENCE</b> .	100
13 –19 <sup>th</sup>	Myofascial Release 4 – Osseous. (60 hours). Patricia Farnsworth, Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300
18 <sup>th</sup>	Reiki 1, Om Shanti College, 9.30am-4.30pm	30
18, 19 <sup>th</sup>	Reflexology 1, Om Shanti College. 9.00am-5.00pm	35
25 <sup>th</sup>	Aromatherapy, Om Shanti College, 9.30am-4.30pm	30
26 <sup>th</sup>	Seated Massage, Om Shanti College, 9.30am-4.30pm	30