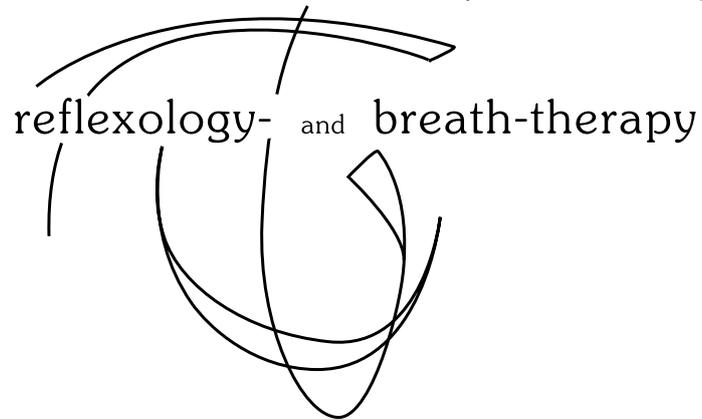


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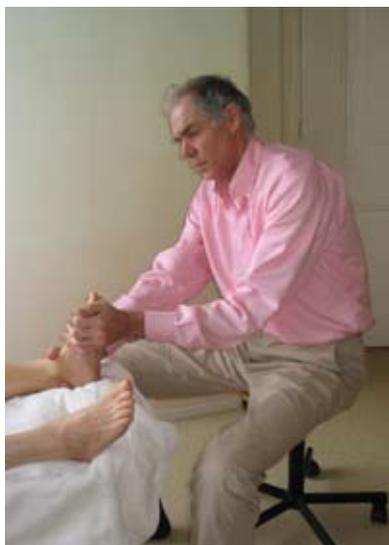
THE DROP VISION

A RENOVATION IN THERAPEUTIC
AND ERGONOMIC EFFECTIVENESS

For a long time the thumb walking, developed by Eunice Ingham, has been considered the basic therapeutic technique. Rightly so, for Eunice is the founding mother of modern reflexology. But since the eighties reflexology, together with many other alternative treatments, has been developing by leaps and bounds. We now have among others Tony Porter's sliding technique, Jan Williamson's linking-technique and the pressure technique of Froneberg/Pauly.

A new technique or method usually originates in the wish to ensure better and more lasting effects, but there can be an ergonomic reason too i.e. a developing hand injury or an already existing somatic handicap on the part of the therapist

I have developed the DROP technique because of my arthritic hands, and it soon transpired that it not only had merit for me and the thumb walking but for many other techniques as well.



The essence of the DROP technique is that it is easier to apply and so can be considered ergonomically preferable. It also proves to have a positive influence on the therapeutic attitude which usually becomes more open. Both aspects are important to the therapist but are equally so for the client.

I shall illustrate this by the following simile.

For a ballroom dancer the way his feet move is the basic technique, but the ease and grace with which he dances determine whether his dancing will look- and feel - good.

It is especially the good feeling that makes the dancer want to continue dancing. Ease in movement is linked to relaxation and this tends to generate ever more relaxation. Which probably explains why dancing can have such an exhilarating and even therapeutic effect.



Dancing with (the feet) of your client

Compare this with the action of a reflexologist: the hand-technique is the basis but if it is not applied with relaxed ease, therapeutic possibilities are lessened.

Therapists choose their area of work because they want to help others. I put 'want' in italics because that is the point I am questioning now.

These same therapists will agree to the statement that they are happy to support clients in their process of recovery and to wholeness. It seems saying the same twice over, but what I question is whether one really can support others when one wants to achieve something.

Isn't it preferable just to 'be' there for - or should I rather say with - a client? We reflexologists can do this by dancing with (the feet of) our clients. Of course we take the leading part in this dance, but doesn't the 'good feeling' of partner as well as leader depend on the leading dancer inviting the partner to participate? The more pleasure the leader feels while dancing the less he will demand of his partner, the easier it will be to simply 'invite'. The therapeutic effect will be the greater.

As stated before, the pleasure the dancer feels is



directly related to the ease with which his whole body moves, i.e. to its degree of relaxation.

In my experience many reflexologists, no matter what technique or method they have chosen, are exclusively concerned with their hand-movements while working.

All of us may ask ourselves how much pleasure we derive from the purely

who is invited to go along in the movement

technical side, if I may venture to put it this way, of our treatment procedures, in other words from our way of dancing with the foot of the client.

In a totally relaxed condition, which is only theoretically attainable in human beings, every movement - by a hand or by whatever other bodily part - will be accompanied by a change in posture. This happens in order to keep the body's point of gravity in its optimal place. More to the point is that the movement of the hand will then not originate in the hand itself but in a far more central part of the body, usually the lower back. Which means that then the same movement will be executed with much less effort, something our cerebellum is always trying for. To achieve the same end, by shifting one's body position weight is used instead of muscle power. This has the added advantage that by eliminating strong local tensions in the hands of therapists, the occurrence of muscle- and tendon-injuries will be substantially lessened.

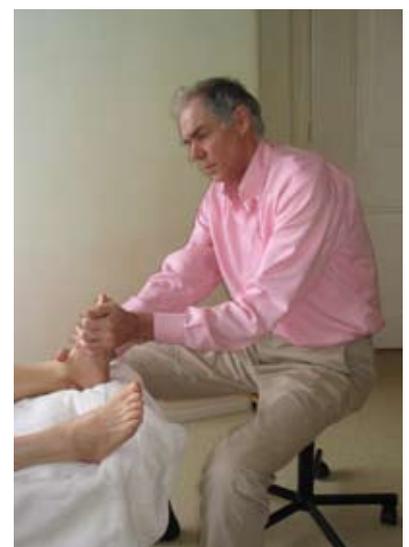
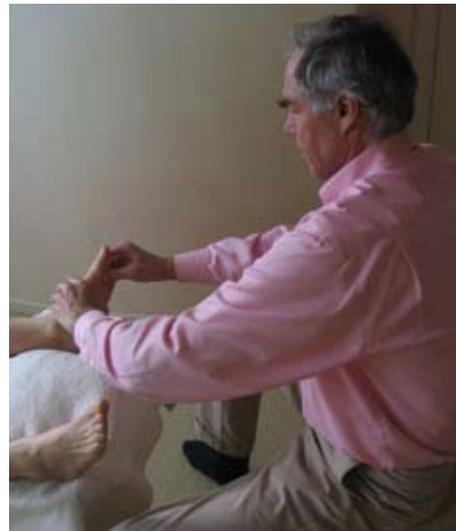


By paying more attention to our own degree of relaxation most 'techniques' will become more efficient. The technique will adapt to the improved degree of coordination and the larger body movements.

To give this process a 'helping hand' the DROP technique has been developed. It combines the positive elements of thumb- and finger-walking with different pressure-techniques. Existing techniques have been analyzed and adapted in such a way that they can be executed with minimal muscle tension.

A relaxed sitting position of the therapist will call forth a relaxed hand technique and the other way around as well: the DROP hand technique will make it easier for the therapist to remain relaxed.

Therefore a DROP training - whether it be a one-day introductory or a full 6 day course - focuses on basic relaxation; attention is paid to a relaxed sitting posture as well as to hand techniques in an optimally relaxed way. It is, first of all, a training aimed at yourself, at your own development; this will entail your development as a therapist and so the development of your clients as well.



DROP stands for Dynamic, Relaxed, Objective and Precise.

What is meant by 'Relaxed' will be clear, Dynamic is added to express the circumstance that the whole body is involved in the process, so that weight rather than muscle power is involved to achieve necessary pressure which, in this way, can vary from feather light to very strong with little muscle tension in the hand.

It is Precise because in treating a reflexzone the skin is not moved relative to the underlying tissue. This ensures that the action is optimally controllable and the zone is accurately touched.

It is Objective, finally, because tissue, whether it be skin, connective tissue, muscle tissue or periosteum, can be optimally assessed by the maximally relaxed thumb- or fingertip of the therapist, who thus becomes less dependent on the 'subjective' feeling-observation of the client.

The Drop technique is special but DROP is more a vision because it adds a new dimension to the development of reflexology, in which the attitude of the therapist takes central place for the improvement of therapeutic and technical efficacy.



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