

An Interview with

HANNE MARQUARDT

The Pioneer of European Reflexology

This article was first published in Danish for the European Reflexology Association Conference in 2000. This translation was provided for Hanne Marquardt's upcoming visit to the Northwest in September 2010, where she will be teaching in Vancouver Canada and in Washington and Oregon USA.

The organizers of the European Reflexology Association Conference in Odense, Denmark, succeeded in attracting Europe's most experienced Reflexologist, Hanne Marquardt from Germany as a keynote speaker. Hanne Marquardt is a student of the "mother" of modern Reflexology, Eunice Ingham. During Hanne's lifetime she has further developed and refined Reflexology, and thanks to her efforts, this health modality has become widely known in Europe.

You have to travel deep into the countryside to find the famous German Reflexologist, Hanne Marquardt. More precisely, to the small town of Burgberg in the Black Forest of Southern Germany. She lives in a beautiful wooden house. In the lower level we find her renowned Reflexology School, where more than 30,000 Reflexologists over the years have earned their Reflexology diploma. "I'm a trained nurse and massage therapist" tells HM. "I was working in a German sanatorium when I first came across Eunice Ingham's book, *"Stories the feet can tell"*. Her book provoked me! It was too simplistic to be true." HM decided to challenge Ingham's theory.

"That was actually my drive" she smiles. "I wanted to prove that a theory so simple couldn't possibly have such an incredible effect. But the more I experimented, the more I became convinced that I had a remarkable tool in my hands. Before I searched Ingham out in the US, I explored her theory for 9 years, during which time I experimented with other reflex areas in my massage practice". Soon requests came for Hanne Marquardt to lecture, and shortly thereafter she decided to open a reflexology school. Today she has 14 schools in seven countries. (Editor's note: as of today she has 17 schools in nine countries).

The 'new' reflex points

HM's discussions with Eunice Ingham combined with her own clinical work prompted a further development of Reflexology, with the discovery of many 'new' reflex areas. "I started with Ingham's zones and the theory of the connection between the body and the foot. Each time I had a new idea, I spread the word to the teachers in my schools. They helped me try out the reflex in what we call the 'teacher's kitchen'. Here the teachers

‘cooked the new dish’ for a year or more, before the reflex area was either thrown out or published in our annual newsletter. This is how we work, even today.”

A major moment came for HM one morning when she was still in a dreamy state. In her mind’s eye, she suddenly saw how the resting foot looks like a sitting person. “Take the bladder reflex, for example, and I have - in contrast to Ingham - placed it on the heel across from the hip reflex, right behind the pubic symphysis. This placement is more logical if you look at it from an anatomical perspective. By examining the reflexes on many clients with bladder problems we found that this area was always involved. Ingham’s original reflex area was also affected. The explanation is that this zone corresponds to the lower part of the spine, and the nerves that have connection with the pelvic cavity originate in this area (sacral plexus). So when Eunice massaged what she considered to be the reflex for the bladder, she in fact was massaging the origin of the nerves to the bladder, and she still obtained an indirect effect.” The placement of the heart, solar plexus and knee reflexes are other examples of how HM’s inner vision of the sitting person has had an impact on Reflexology.

Symptomatic zones

When Hanne sees a new client, she first gets an overall impression of the person that is primarily based on appearance, stature, looks, voice strength, etc. She then talks with the client about the problem that brings him or her to the reflexology session. This gives a picture of what HM calls ‘the symptomatic zone’. “The symptomatic zone can be likened to the top of an iceberg. When a ship’s captain sees an iceberg, he knows that the visible part of the iceberg is not what is dangerous. The real danger is in the 90% that is hidden below the water. The same is true in my clinic. The clients usually come in with a single symptom, as an example a sore neck. Aside from their specific symptom most people consider themselves healthy. So I define the neck reflex as the symptomatic zone. But that reflex area actually isn’t of much interest to me. It doesn’t tell me anything about the reason for the problem. A sickness is never anything local. There is always a connection with other parts or abnormalities in the body.”

“It is important for me to note that we never treat diseases or symptoms, we always treat the whole person,” underlines HM. “And there is a major difference between:

- the symptomatic zone, which is the same for all clients with a sore neck, and
- the background zone which will be different from one person to the next.

“I have always been fascinated by what you can learn from a language. Think of the word “individual” that consists of “in” and “divide” and means un - divisible. So an individual is something indivisible, a whole!

Checking the feet

“Once the symptomatic zone has been established, you check the feet from A-Z so thoroughly that you may not necessarily be able to complete it at the first visit. To evaluate the level of abnormality I use three different indicators:

1. The feeling of pain
2. The condition of the tissue. It can be difficult to evaluate the reflex area based on the condition of the tissue, and the method works just fine without the therapist feeling anything. But in my later years I have started to put more and more emphasis on the qualitative impression of the tissue. An evaluation closely tied to intuition and needing many years of practice.
3. Reactions from the client’s autonomic nervous system. These reactions are by far the most important and most objective. When you work on an abnormal zone, there will almost inevitably come a reaction from the autonomic nervous system in the form of altered breathing, change in facial expression, sighs or groans, temperature change in face or hands, sweat or cold sweat. We keep a close eye on the client’s reaction and ask several times during the session. These reactions often take place even though the reflex isn’t sore.”

When it comes to pain, Hanne Marquardt’s attitude toward this has changed over the years. “Years ago I felt a session should be painful. Now I teach my students a trick. At the initial visit we test the spine reflexes thoroughly. Most people are tender in this area, so it’s a good place to test the client’s tolerance level. It helps determine a pressure that definitely can be felt, but which the client can stand without tensing the body.”

Analogy of shape

Subsequently, to create an overview of the different observations, Hanne Marquardt uses another concept, something she calls ‘analogy of shape’. “Every shape serves a purpose. There is a reason for why different parts of the body look alike. In a big perspective there is, for example, the similarity between the foot and the sitting person. A more detailed example could be the morphological similarity between the joints of the jaw and the hip. It has been shown that there is also a functional similarity here. And on top of that there are embryological connections, i.e., connections between body parts, which in the embryonic stage were developed from the same stem cells. One example of this would be that in a client with upper respiratory infections I always check the digestive tract, because the mucus linings in the air passages and the intestinal tract have evolved from the same embryological essence (endoderm).”

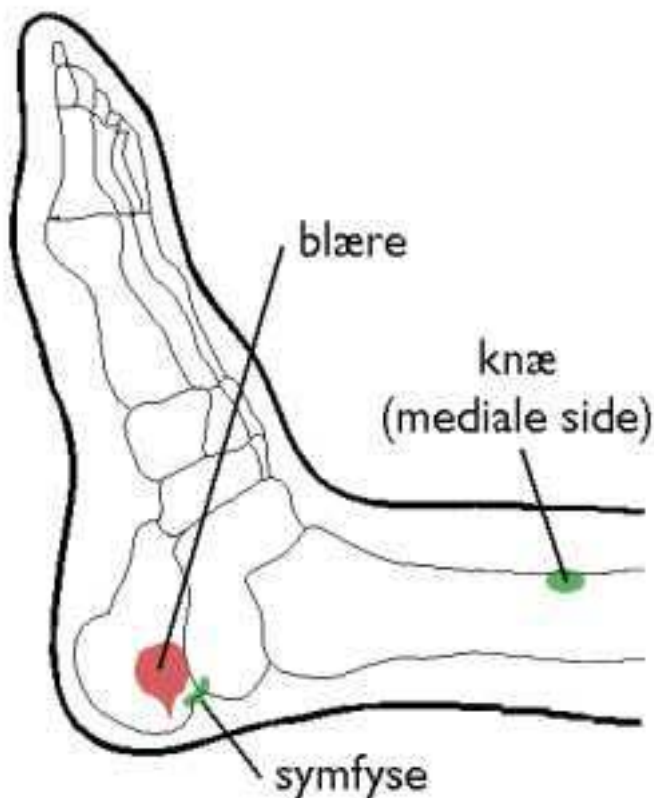
Even though Hanne Marquardt’s many years of expertise have given her a vast practical and theoretical insight, which she of course passes on to her students, she doesn’t forget the importance of intuition. “Ideally I would work and teach without the maps,” she says with a glimmer in her eyes. “I believe it is of utmost importance to develop intuition and to heighten the student’s feeling on how to ‘contact the client’s life force’. But I also have to accept that people need a certain degree of systematic

organization and intellectual satisfaction. I trust we are meant to use the two parts of the brain we were given - the intellectual/logical and the creative/intuitive.”

Marquardt’s theory on colic

“My treatment is based on my understanding of what causes colic - namely that 99% of all colicky infants have been exposed to one or more shocks before, during or after the birth. This causes a reaction in the autonomic nervous system, which among other things tenses the sphincter muscles. I treat the abdominal zones, the back, and other area where there may be tension, in a sedating manner. To that I add reflexes associated with connections to the autonomic nervous system, especially the solar plexus.

“An untreated colic can cause many other problems later in life. If there is a fundamental blockage in the nervous system, many other blockages can appear, not only on the physical level, but also psychologically. When something so fundamental is affected, it is only logical that a person’s entire development will become affected.”

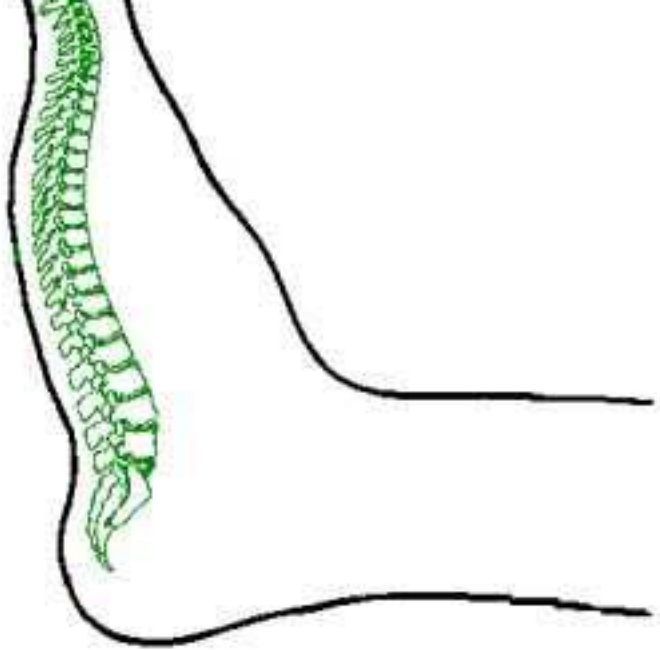


By Dorthe Krogsgaard and Peter Lund Frandsen

Translation by Marie Louise Penchoen

About the authors: Dorthe Krogsgaard and Peter Lund Frandsen are the founders of *Touchpoint* in Denmark. Dorthe has a thriving reflexology practice in Copenhagen, and Peter is the translator of Hanne Marquardt’s book “Reflexotherapy of the Feet” into Danish. Both travel extensively all over the world giving reflexology workshops and will be in Washington and Oregon USA in June 2010.

Figur 2, højre fods medialside



Hanne Marquardt: Reflexotherapy

Vancouver, Canada: Sept 16-17: Base course. Sept 18-19: Advanced course
Contact: Helga / helgacp@shaw.ca / 778-574-7732

Hood River, Oregon: Sept 22-23. Contact: Marie Louise / mlpenchoen@gmail.com /
541-386-7998

Seattle, Washington: Sept 25-26. Contact: Lisa / lhensell@netzero.net / 206-284-8389