

COLOUR MY DAY

LYNNE ALLARD

Irene Wildenbeest and Christine Windsor have both created portable careers as image consultants. DESTINATIONS sub-editor Lynne Allard interviews them about their respective careers in colour and style.

Does reaching into your wardrobe remind you of Forest Gump's description of life – a box of chocolates, where 'you just never know what you're gonna get'? Not mine, not anymore. I've had my colours done!

My wardrobe is the emptiest it's ever been, and it's full of clothes and accessories that I love, that work, and that feel 'right', even though they're neither new nor expensive.

Irene Wildenbeest and Christine Windsor have both created portable careers as image consultants. It's their business to know the colours, shapes and styles that flatter and best communicate who you are. Armed with this knowledge, you can choose wisely, scale down, and do more with less. Imagine being able to pop out for dinner, coffee, or a job interview, without rummaging for something (anything) appropriate that matched (really matched), and didn't need mending!



IRENE WILDENBEEST

Irene is petite and energetic. In Holland, she had a busy and rewarding career as account manager for an employment firm. When she relocated to Brunei, she realised she had the perfect opportunity to explore something she had always been fascinated by – the art and science of colour. She enrolled in an intense image consulting training course with the Colour Me Beautiful company, and began transforming the wardrobes of women in Brunei.

When she moved to Egypt, she began working with companies, providing individual colour and style consultations to staff. In one office, staff organised a cast-off clothing sale, stocked with previously loved clothes that no longer ‘worked’, to raise money for charity. Irene is based back in Holland, in Assen, and has added make-up artistry to her skills portfolio.

Irene says she finds a lot of similarity in the satisfaction she gets from helping others find their unique style as she did matching potential employees with companies in her previous work.

CHRISTINE WINDSOR

Christine is based in The Hague, where she holds seasonal updates as well as individual consultations. I went along in February 2007, and had the upcoming seasons fashions explained. It seemed there were several ‘stories’ about to happen: black and white, nautical red, white and blues, beige and brown, and a techno/patent trend. Sure enough, by the next season, in every store, there they were – the same themes, aimed at every age group and in every price range. And the shoes were exactly as she had described: wedges, wooden stacked heels, and peep toes. I felt like I’d been let in on secret code! And shopping for summer was easy. Neither ‘black and white’, nor ‘red, white and blue’, are me, but beiges and browns are. This information alone reduced my shopping floor area by some two thirds. And instead of ending up with mismatched bits and pieces that went with little else in my wardrobe, I bought well. I bought with a plan in mind and didn’t get sidetracked by pieces that wouldn’t work for me.

Most of us have some idea about how we want to be seen by others. And when we look good and project that image we feel happier and more confident - this is the basic concept behind Irene and Christine’s work.

The cynics amongst us will likely level criticism: “Ah”, I have heard one say “the suburban fad of the 80’s is enjoying a revival”. Perhaps, but it works for me, and Christine and Irene’s numerous other satisfied clients.

If you’d like to find out more about image consulting, you can look at www.tfic.org.uk. Irene is based in Assen, and you can contact her at image.consult@live.nl. Christine consults in The Hague, and you can contact her at Christine.Windsor@gmail.com.

Having always harboured an interest in South East Asian history from the era of the Spice Islands and formation of the Straits Settlements through to the present day, I jumped at the chance of a posting to Miri, one of Shell's most desirable locations, in 1990.

Two years later, while waiting for a delayed flight to Labuan Island, I sat fascinated as an

elderly member of the staff at Shell's Lutong airstrip told me how the runway had been turned perpendicular to the original following bomb damage at the end of WWII.

Further research through discussions with older locals revealed an outline of the defence measures put in place as WWII loomed. Operation Denial, the brainchild of the

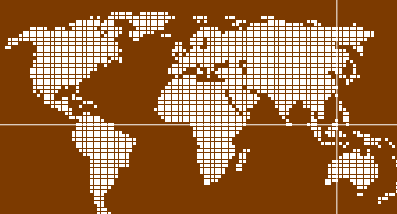
British Government, involved plugging the oil wells at both Miri and Seria, in neighboring Brunei, and the dismantling of most of the refinery at Lutong, with the equipment being shipped to Singapore to keep it out of enemy hands.

As I travelled with my work, I spent many delightful hours trawling dusty second-hand-book shops looking for more

WARTIME MIRI

PAUL LESLIE SMITH

Paul is an expatriate engineer who has spent 17 years working in Malaysia, the first four of which were at Miri, Sarawak. Having just had a novel published, set in Miri from 1937 to 1946, Paul shares with us some of the more surprising facets of Miri that he discovered while researching for his book.



MALASYA

Capital: Kuala Lumpur

Area: 329,750 sq km

Population: 24,821,286

Languages: Bahasa Malaysia (official), English, Chinese (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Tamil, Telugu, Malayalam, Panjabi, Thai

on this fascinating subject. But my views changed dramatically when I unearthed a book containing extracts from an official post war investigation into the massacre of Europeans in Sarawak by a Japanese platoon at Long Lawan in February 1942. I shivered as I read of the atrocities committed against women and children. I realised that I wanted to write about these things and my interest in SE Asian history took on new meaning as I began to set out the framework of a novel.

As I focused my research I began to realise how important Miri and its oil wells were to Japan once America had cut-off oil supplies. Her fuel lifeline cut, Japan needed to strike out South in search of oil if she were to realise her dream of Asian dominance. As the closest commercial oilfields to Japan it is small wonder that the fate of Miri and Sarawak Oilfields Limited, Shell's pre war OPCO, was inextricably linked to Japan's expansionist thrust.

The involvement of Sarawak Oilfields cannot be better exemplified than by the fate of the then General Manager, Bob Parry. Following the Japanese

attack on Pearl Harbour, Mr Parry stayed in Miri to oversee the implementation of Operation Denial. When, in the early hours of 15th December 1941, Japanese troops landed at Tanjong Lobang, Mr Parry, whose house was then at Brighton Beach, left home to be confronted by the oncoming Japanese. Abandoning his car, Mr Parry fled into the jungle where he wandered lost for two days before emerging onto the old Riam Road. He teamed up with a downed Dutch pilot and the pair struck out for the interior. Sadly, Mr Parry was never seen alive again.

Present day Miri does not retain many physical reminders of the town that was razed by Allied bombing as the land was clawed back from the Japanese, though shrines and tombs are driven past unknowingly today. In St Columba's Church graveyard, near the GCM, lies a small, unheeded memorial to 28 civilians executed as rumours circulated of Allied parachutists in the interior. Though the rumours were true, with British and Australians dropping into Bario in March 1945 to foment an uprising, the schoolteachers, priests and engineers who were arrested would certainly have

known nothing of them. That the lives of good men were lost at such a late stage of the war is tragic, but is it more so than the loss of life commemorated at a second shrine found at the extremity of Tanjong Lobang? This shrine is to the 43 Japanese soldiers killed during the invasion landing that took place in monsoon conditions. Soldiers are invariably young men and, like those civilians honoured in St Columba's churchyard, these men dashed to death on the rocks of the peninsula were husbands, sons and fathers. One of the lighter moments

Paul's book, 'Rainforest Tears' is published by Marshall Cavendish Malaysia and may be found by April on Amazon.com or www.marshallcavendish.com/genref.

came when I was told that my favourite restaurant, Apollo Seafood (the old Maxim's to those of us in Miri in the 80's), had housed the Japanese brothel. Amusement turned to respect for the resilience of the human spirit when I learnt that an old Chinese lady, who smiled and laughed happily as she stood behind her steaming wok in the Chinese market, had been forced to work as a Comfort Woman for three long years. I certainly had no intention of dredging up what must be shocking memories from a very long time ago and left her to

cook her Char Kuay Teow. My saddest moment in the trip was talking to the gentleman who, at 82, still works 9 to 5 as General Manager of his own business. Asking him what his lasting impression was of those long-gone days I was taken aback at the look of pain that clouded his eyes as he told me softly:

"We had a fine, thriving, happy town here before the Japanese arrived. They spent three years beating us, torturing and killing us and left us with nothing."

Beatings and torture now live only in the memories of the few who remain from those dark days – and it is best that way. That the signs of war are now sparse is a tribute to the hard work, care and dedication of Miri's elders who put the past behind them and spent their lives toiling to rebuild their town.



THE CRYING BABY:

It is a fact of life: all babies are different, and they all cry. On any given day, the average newborn cries for two to three hours. Between one and four months of age, about 20% of babies develop frustrating and long periods of intense, inconsolable crying known as colic. Read on to find out more about baby colic, how to soothe a colicky baby and how in a few cases, gastro-oesophageal reflux disease may be to blame for the inconsolable crying.

COLIC

In spite of having been extensively researched, baby colic is not yet fully understood. It usually begins from two to three weeks of life (slightly later in premature babies), reaches its peak at two months and is usually gone by the time a baby is about four months old. There is no difference in the prevalence of colic in boys and girls, whether you breastfeed or bottle-feed, and whether the baby is first born or not. Studies have concluded that children who had colic as babies, are no different in terms of personality, mental health, or intelligence from children who never had colic.

The common pattern of colic includes:

- Loud, high-pitched, inconsolable crying, sometimes for several hours at a time, starting for no apparent reason. The distress comes in waves; the baby seems to calm down, then suddenly starts screaming again.
- The baby's face often gets flushed or red, the feet can be cold and the hands clenched.
- Can occur at any time of the day, but happens mostly in the late afternoon or evening. A baby with colic is usually calm at other times of the day, and is healthy and growing well. Poor-feeding, unhealthy babies or babies with significant underlying problems tend to be cranky, miserable, and unhappy most of the time, whereas the baby with colic generally has episodes at a predictable time.
- Tight or hard abdomen due to screaming. Pulling the legs up toward the body or stretching the legs out stiffly. The baby may also arch backwards.
- Burping and flatulence due to swallowing air while crying. Although the causes have not been proven, multiple factors have been suggested as contributing to colic:
- Abdominal pain due to excess air in the bowel.

- In breastfed babies, allergy or sensitivity to foods in the mother's diet, such as: garlic, caffeine, cabbage, broccoli, beans, dairy products.
- Feeding too briefly on one breast, then switching to the other breast. This gives the higher sugar foremilk without the richer, more soothing, fatty hindmilk.
- Allergy to formulas containing dairy proteins
- Overfeeding.
- An immature digestive system in which the intestinal muscles are often in spasm.
- Increased hormonal levels that cause stomach aches or a fussy mood.

SOOTHING YOUR COLICKY BABY

Before looking for ways to ease your baby's discomfort, see your doctor to make sure your baby is well and that there is no medical reason for your baby's inconsolable crying. In most cases the diagnosis of colic can be made from the medical history, the crying pattern and by performing a physical examination of the baby. Taking care of a baby with colic can be very frustrating and upsetting. Different children are comforted by different measures. What works during one episode of colic may not work the next time. Write out a list of things that sometimes work for your baby, and put it in a place you can see easily. There are many different strategies you can use to comfort the baby and keep in mind that colic usually disappears by four months of age; no matter what treatments you try.

Holding your child is one of the most effective measures. Even early in the day when they are not fussy, the longer they are held, the less time they will be fussy in the evening. Body carriers can be a great way to do this. You can also try to rock your baby, or swaddle (gently wrap tight) your baby with a soft blanket.

Burp your baby well after feedings. Holding your child in an upright position may help. This aids gas movement and reduces heartburn. Consider getting advice from a lactation consultant to learn about techniques to ensure that your baby is getting plenty of more soothing, fatty, hindmilk and not too much foremilk.

When awake, some babies prefer to lie on their tummies, while someone gives them a back rub. The gentle pressure on the abdomen may help. (DO NOT put babies on their tummies to sleep).

Play soft music. Singing lullabies to your baby can be very calming. Perhaps, it is no accident that lullabies have developed in almost every culture. Some babies seem to calm when they are riding in a car, but make sure you are not too tired to drive. Others do better with other forms of white noise, such as the sound of the vacuum cleaner, the washing machine or dishwasher or the sound of water running in the sink.

If you're bottle-feeding, ask your doctor about switching formula. Formula changes are more likely to succeed when colic first begins after a month of age because it might be due to food intolerance. Switching to a soy-based formula is unlikely to help.

Make sure your baby isn't too warm or too cold. Try skin-to-skin contact and learn baby massage. Give your baby a warm bath, or take your baby into a bath with you.

Let your baby use a pacifier, but if breastfeeding make sure this is well established first. The American Academy of Paediatrics approves resorting to pacifiers during the first year.

Most colic medicines, including herbal and homeopathic have not been shown by research to be a risk for babies, but most have also not been

shown to help them either. Always check with your doctor first.

If your baby's behavior or crying pattern changes suddenly or if the crying is associated with fever, forceful vomiting, diarrhoea, blood in their stools, or other abnormal activity or symptoms, seek your doctor's advice immediately.

GASTRO OESOPHAGEAL REFLUX

What is reflux?

There is a ring of muscle (valve) at the top of the stomach, which normally stops the stomach's content from going back up again. In about one third of all babies this valve does not work very well, so milk and stomach acid can go back up and may spill out of the mouth. This is called reflux. Most babies do not seem distressed, they keep enough milk down so that they are not hungry and they grow normally.

Usually milk is the main part of what is brought up and this does not upset the baby, but acid from the stomach may hurt (heartburn) and in bad cases the lining of the tube from the throat to the stomach (the oesophagus) can become sore and inflamed. This is called gastro-oesophageal reflux disease (GORD). In these cases babies can be very miserable, and some bring up so much milk that they do not put on enough weight.

Gastro-oesophageal reflux typically resolves on its own from the ages of 6 to 12 months.

When is a crying, colicky baby likely to be suffering from gastro oesophageal reflux?

- Often unsettled babies are said to have reflux, but reflux may not be the reason for unsettled behaviour, even in babies who spill