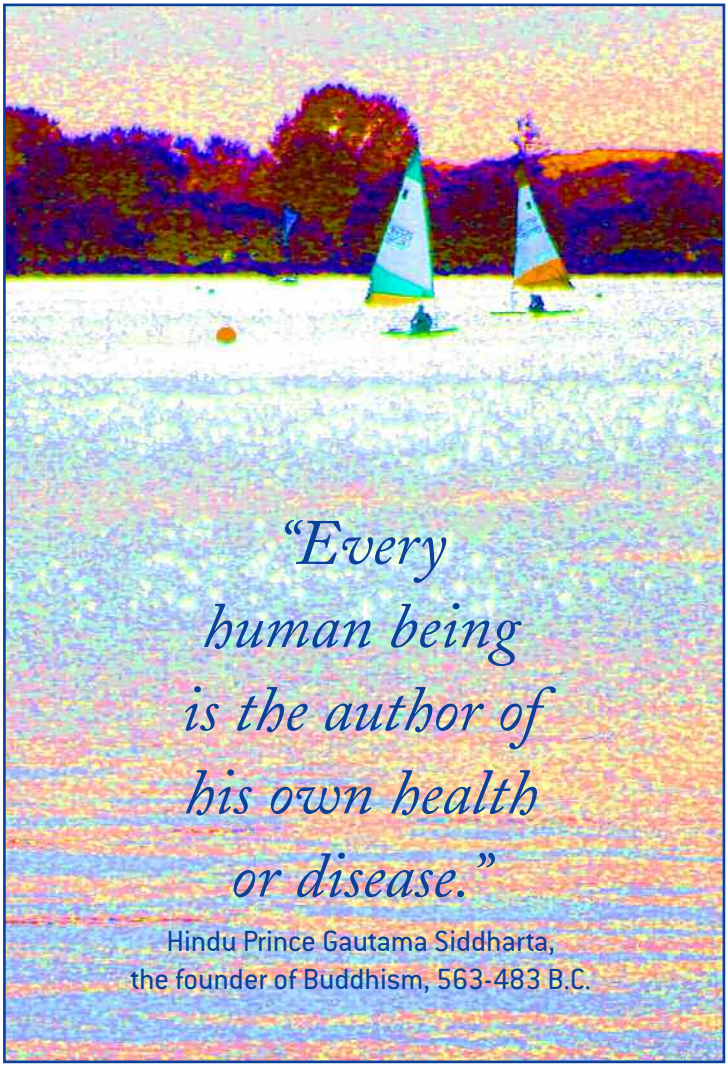
resonance

No 2 Vol 5 November 2008

in this issue

Resonance
The Journal of SIHA

Subud International Health Association



Subud International Health Association

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Nov 2008 Number 2 Vol 5

Resonance Production:
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Resonance layout and
Cover Photography: Marcus Bolt

Copy Deadline
for the next issue
is February 28th 2009
We welcome articles, letters, comments, poems, drawings & graphics

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A QUOTE FROM BAPAK

Bapak Muhammad Subuh Sumohadiwijojo

'It is all one, sickness and health. A person's sickness is a gift from God. The illness reminds you to give more time to God. Trials are there to strengthen our faith. Misfortunes are blessings of God.'

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FROM THE SIHA CO-ORDINATOR

Maxwell Fraval, Canberra, Australia

All around the world Subud members who are health practitioners are very busy and focussed on their work. So it is sometimes hard to get responses from them and to awaken an interest in networking together.

I am sure that Dr Eliana Garcon (Mariana Galarza – see my article in this issue about her amazing work) is but one of a number of Subud members whose work is little known outside their Zone. I hope that we continue to improve and expand our awareness of the work of our brothers and sisters around the world.

Since becoming the co-ordinator for SIHA, I have become aware of the perception amongst some around the world that SIHA is only for complementary and alternative practitioners. I feel very strongly that SIHA is for all Subud members whether they are conventional or complementary and alternative practitioners. I believe it is particularly important that SIHA both welcomes and includes medical doctors.

Members of the SIHA Steering Committee. Hermione Elliott, Latidjah Miller and Maxwell Fraval

Some medical doctors have told me that they did not feel welcomed at SIHA meetings. I believe the recent meeting at Amanacer is a good example of the way in which it is possible to have a harmonious and inwardly rewarding meeting in which both conventional and complementary/alternative practitioners took part. May this be the beginning of an increasing involvement of medical doctors in SIHA!

Rohanna Salom has resigned and Machmud Nestman has joined the steering committee.

FROM THE EDITOR

Marcus Bolt, Rickmansworth, England

It's a pleasure to take on the editorship of resonance, and I hope I can do the role justice and keep all our readers interested and informed.

My background is one of having been a professional designer for many years and I am now working as a freelance.

Some years back, purely out of interest, I did a four-year course in Adlerian Psychotherapy, but am no longer practising, but I do keep myself up to date with developments in that discipline, alongside my support and interest in SIHA.

I hope one day (when time allows) to complete the book I have been trying to write for some years on Adler's work. The last article in this edition is a snippet from the existing text, with part 2 to be published in the next edition of Resonance.

We've got yet more fascinating and, informative articles for you this edition, starting off with reports on SIHA at Amanecer, then a visit to Quito, in Ecuador, and a story about the Quest Centre, USA.

Jonquil Bennett has submitted an in-depth article about Reflexology; Miriam Bishop tells her story, with warmth and humour, of her survival against terminal disease; and finally, we re-publish a paper by Maxwell Fraval and

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colleagues on the heart – a fascinating read.

ABOUT THE COVER

In Rickmansworth, where I live, there are a series of four linked lakes, all once gravel pits, the contents of which were used to build the suburbia of Betjman's poetry (as well as the original Wembley Stadium), throughout the 20s and 30s. The craters left were allowed to fill in with the waters of the Rivers Chess, Colne and Gade and now provide a water skiing lake, a boating lake and two bird sanctuaries.

Marcus Bolt

The cover is taken from a photograph I took one Saturday afternoon on a rare sunny evening. Rickmansworth nestles close (too close) to the London Orbital Motorway (M25) and this idyllic scene aptly 'resonated' for me as a moment of calm in a sea of noise and bustle.

The quote, I hope, speaks for itself.

REPORTS

SIHA AT AMANECER

By Luther Schutz MD, USA

Luther Schutz is an allopathic practitioner of emergency medicine

I found the August SIHA meeting at Amanecer embodied the best aspects of the Gathering of the Americas: The feeling of love for our brothers and sisters, harmony, and the unifying grace of the latihan. The presentations of the many projects and wings demonstrated to me how often the separations between SDI, SYA, SICA, and SIHA are artificial and how many activities share elements of all of these. At the SIHA meeting I was very impressed by the wide array of skills and services provided by the healing community of Subud. As an allopathic practitioner of emergency medicine, I was gratified by the mutual respect all the practitioners felt for one another; and inspired by the feeling that each discipline could and should complement each other rather than be exclusive. The wonderful testing that we did on questions that transcend the specifics of each discipline and apply to all health practitioners also strongly contributed to the feeling of unity at the meeting. Questions such as, "what is health?", "how should I be when practicing my healing?", and "how should I be in the presence of my patients?" were relevant to everyone there.

I think the SIHA meeting was very successful in reintegrating MDs, back into the SIHA family and for that I am very grateful.

A VISIT TO QUITO

By Maxwell Fraval

On the way to the Subud World Council meeting at Amanacer, Asmaniah and I visited Eliana and Marcus Garcon in Quito, Ecuador. An amazing family!

Eliana is a medical doctor who founded the Associacion Vivir, a medical practice in which all of the GPs have an additional discipline, enabling the practice to provide homeopathic, nutritional, psychological and chiropractic treatments in addition to conventional medical treatments. Additional features developed by Eliana include a room set aside for teaching nutrition with another area devoted to cooking so that the nutritional information

could be converted to practical experience.

The clinic is run on the basis that the wealthier patients subsidise the poorer ones, transparency ensuring everyone knows this.

After some time, Eliana felt she needed to extend what she was doing and reach out to the poorest sections of the community in Quito. She travelled by car into these poorer parts of the city and on occasion, her car was either vandalised or stolen. However she gradually befriended and gained the confidence of this community and started to develop a network of producers of organic fruit and vegetables from small parcels of land. She then organised a farmers' market and provided education about the food that was being sold there and, as she had done before at her clinic, she also taught how to prepare the food.

Eliana was unable to interest the Health Department in Ecuador who could not understand what a medical doctor was doing teaching people how to cook! However, a turning point came when Eliana's methodology was endorsed by the World Health Organization in 2000. In the review process prior to the endorsement, Eliana was visited by a WHO team who made a thorough examination of what she was doing. Eliana was one of only 15 to be recognised as a provider of a program that enhanced health.

Following the WHO endorsement in 2000, the government in Ecuador became interested and offered support to enable her to replicate and extend what he was doing to many parts of Ecuador.

Eliana's plan is to try and gather the Andean heritage together involving a collaborative effort between five South American countries.

Eliana now heads up a Department within the Ministry of Social Development and has 60 people working for her as well as 200 people in the field.

On the last day of our visit Eliana had to fly to a regional centre to present her ideas to a conference of administrators of many municipalities in Ecuador. These municipalities are now agreeing to provide land for farmers' markets and will fund the building of stalls from which the fruit and vegetables can be sold. Additionally, meeting rooms and kitchens will be constructed where nutritional education can be provided and implemented.

Eliana's methodology may now be applied to all of the poorest sections of the community in Ecuador. The Guerrand Hermes Foundation are funding the documentation of her methodology so that it can be made available in other countries. The book should be available in the next couple of months.

As Eliana gained the confidence of the people she was working with, they started to talk to her about their knowledge of the uses, both medicinal and nutritional, of the many plants that are unique to Ecuador. This knowledge was preserved mostly by elderly women who were happy to share it once they realised Eliana was respectful of them and willing to listen. Now, the government in Ecuador has provided funds to enable Eliana to produce an atlas of the plants that are native to Ecuador and this book should be completed by the end of 2008.

A typical Ecuadorian 'barrio, or village

Another project that Eliana has embarked upon is an attempt to extend the preservation of the

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knowledge of the indigenous peoples not just in Ecuador but of all the Andes! Eliana's plan is to try and gather the Andean heritage together involving a collaborative effort between five South American countries.

Eliana's husband Marcus started a small factory some 15 years ago producing soy milk. Subsequently, he started to package a delicious Granola mix that was marketed into food outlets in Quito and elsewhere in Ecuador. Marcus's son Benjamin is now the managing director of the factory with plan is to expand and mechanise it in the next phase.

Asmaniah and I visited the factory where a thousand litres of soya milk is produced each day and 3000 kilos of Granola is dispatched for retail. We were introduced to several members of the administrative team most whom had been working with Marcus and Benjamin for 10 years or more – a sure sign that they were happy to be part of a team that was providing good nutrition for the community. Needless to say, the factory has a small canteen where the quality of the food provided is excellent.

THE QUEST CENTRE FOR INTEGRATIVE HEALTH

(Formerly called Project Quest)
by Lusijah Marx

Development of
Quest Center for Integrative Health

Subud members Lusijah Marx and Lucas Harris founded Project Quest in 1989 to assist people suffering from HIV/AIDS and their family members and friends who were affected by their diagnosis. Lucas and Lusijah each had the same dream the same night while at a healing retreat about the importance of creating a healing center.

'We felt it was true guidance and dedicated ourselves to following the dream.'

Quest became a Susila Dharma project in 1993, when it received its official status as a registered non-profit organization. Lucas and Lusijah envisioned a safe place where people could receive conventional and complementary medical care, comprehensive wellness services and mental health care at one location that was both scientific and spiritual.

Presently, Quest is truly an integrative approach to health care with primary medical care, osteopathic and naturopathic care, Chinese medicine and mental health. Quest's programs teach participants to trust their own inner guidance, and to develop the skills of an active coping style. These skills can be learned by anyone, and are characteristic of long-term survivors of illness. People with active coping styles are not passive recipients of health services, but are able to collaborate and act in partnership with their health care practitioners. An active coping style allows people to create effective social support networks and to develop the inner strength to both initiate and maintain lifestyle changes over time. One develops skills in a community context. As community members both support and bear witness to the positive changes taking place within its individual members, a transformative community based process takes place. In a sense, the community selects those members who have been successful in achieving positive changes to become their mentors.

Scientific literature and 20 years of clinical observation at Project Quest clearly indicate that as individuals change their attitudes and behavior, they become more compassionate and deeply touch the lives of others who are earlier on in the process. As people stop simply continuing to exist, but begin to live life more fully

they inspire hope in the newly diagnosed. This process creates reciprocal benefits for both the mentors and the newer community members. As mentors experience the powerful state of altruism, it benefits their health and healing. For those earlier on in the process, the mentors' leadership inspires hope and courage, which dissipates the anger, social isolation and despair that often accompanies life-challenging chronic illness.

MISSION
We recognize that life-threatening illness holds the potential for positive change and transformation, and that a quest for wellness and healing ultimately leads to a healthier, happier life.

This community-based process is the very foundation of Project Quest, and it is what distinguishes us from other health care systems. Community based process guides every aspect of Project Quest, even in how the medical center practitioners work together to develop integrated treatment plans. It is also why Project Quest's Wellness programs center on peer support and therapeutic groups in which participants both give and receive support, and experience being part of a peaceful, healing community.

Project Quest broadened its mission statement (which initially focused on HIV/AIDS treatment) in 1995 to allow any person with a chronic illness to participate in its programs and community. The need for the on site full service medical facility became increasingly important as we began to see a more medically diverse population, especially people with cancer. At this time, we have many persons who do not have a chronic illness, but want comprehensive health care.

In the spring of 2001, Project Quest opened the Eliot Center for Integrative Health Care, which drew together eleven health care parishioners, eight of whom were Subud members, all dedicated to providing individualized care, based on the best of conventional and complementary medicine. The Eliot Center health care team included: medical doctors, licensed naturopathic, osteopathic, homeopathic and chiropractic physicians, a physical therapist, an acupuncturist, a massage therapist, nurse practitioners, counsellors, psychologists and psychotherapists, all dedicated to a patient-centered approach to care. This multi-disciplinary team met for weekly case conferences to create comprehensive integrated treatment plans. Through the collaborative approach of the Eliot Center practitioners, Project Quest provided a full range of health care services that supported each person in developing a personalized, wellness program that was scientifically based and also honored the uniqueness of the individual.

The concept of the Eliot Center (named after the Eliot neighborhood where it was located) was great, but we expanded too quickly and our expenses became way more than our income. I had encouraged our board, which was largely persons living with HIV/AIDS who did not have strong business skills, to hire an executive director. We hired 3 different persons over time.

Project Quest at Aids Walk

The first one turned out to be inexperienced, short-sighted, and very difficult to get rid of when it became apparent we would have to leave our location that was too expensive, and

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scale down in every way.

Over the 20 years that I have been working at Quest, I have made countless mistakes, and grown so much. Many of the lessons were not ones I wanted to have, but I got them anyway. I had a vision and felt very spiritually guided with dreams and guidance that came in latihan and other times. Many of the mistakes I could see were happening, but I initially did not have a great enough trust or a strong enough voice.

Many of the mistakes I could see were happening, but I initially did not have a great enough trust or a strong enough voice.

I am a clinician, and love doing healing work. I had a vision, and a shared dream with Lucas Harris that we brought into existence. I did not have a business or administrative background, and truly needed those skills to be successful.

When we first tried our integrative clinic, it was too based on a dream and not a sound enough business plan and budget. I realized that I had to get expertise on our board with business skills.

As I recruited two new skilled members, and they looked the situation over, they said we would have to move immediately to a place that cost 20% of what we were paying, and cut down on our overhead in every way.

Many practitioners left, but those that stayed were more dedicated and willing to work together for Quest's survival.

We stayed in our inexpensive new location, making it the best we could until we paid off all our debts. I had continued to recruit a new much more professional board of directors with skills. Finally, 3 years ago we were able to hire a really good executive director who knows how to run programs and to keep us stable with a much stronger funding base. He knows the important place that Subud holds in our work.

We moved to our new location, and changed our name from Project Quest to Quest Center for Integrative Health. We were advised that it would help our funding, as a project sounded too temporary.

We our now in a great location, have 31 employees, serve over 100 persons a day and have an annual budget of over a million dollars. It has always been my vision to serve a diverse community, including economically. We therefore are funded through private insurance payment, self-pay, Ryan White (federal funds for persons living below the poverty level), Oregon Health plan (state insurance for low income folks), and through grants. We have received some grants for as much as $150,000.

We receive funding for special services for persons living with cancer and funding for a psychosocial program for women and children with AIDS.

We have a drug and alcohol treatment program that is innovative and effective. Our center finally is financially stable. With a top-notch administrator, our programs are strong and well run, and we as clinicians can really explore how to work together and truly be a model for the world.

FEET CAN TELL YOU A STORY

A brief look at Reflexology by Jonquil Bennett

Jonquil Bennett

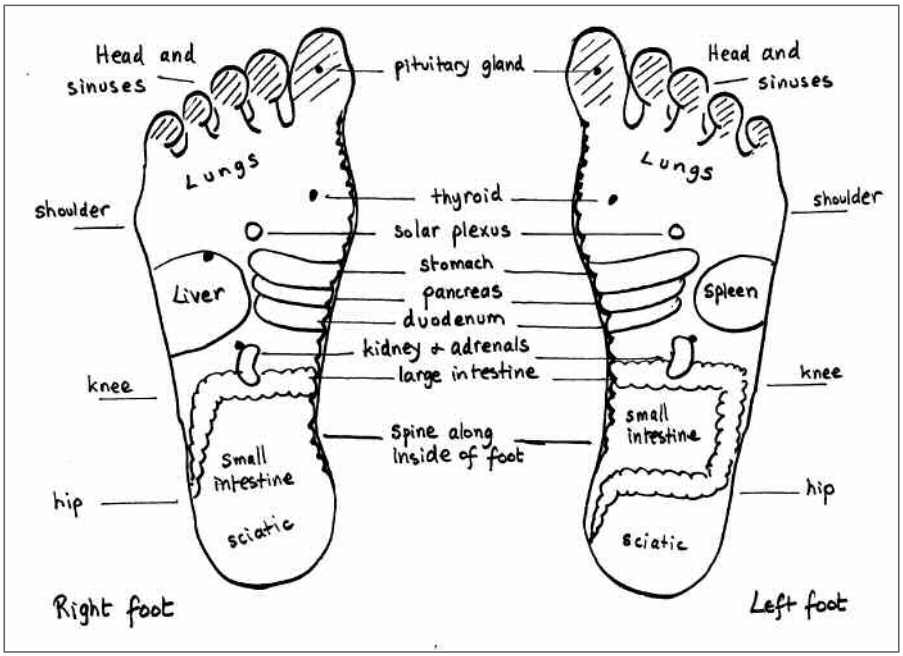
Reflexology is "a specialised form of foot massage which benefits the whole body".

It's been around for a while.... at least 3000 years according to an Egyptian tomb, and has become enormously popular in Europe in the last 30 years.

It's fabulously relaxing, lovely to receive and a joy to give, and surprisingly effective for the relief of various symptoms.

Reflexology's Roots

So what's it all about? Let's start with a bit of a history lesson. In the West, our early healers dissected the dead to gain their information about how our bodies work and what can go wrong. This gave them a great deal of information about the disease process: how our body parts are positioned and related, which bits of us are damaged when certain symptoms are present, and information about our biochemistry. This led the early physicians to develop the basic tools of their trade which are still used today, namely surgery (this sorts out the what-goes-where) and



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pharmaceutical drugs (to correct the biochemistry).

In the East, it was considered sacrilegious to dissect dead bodies, so healers there studied living bodies. The obvious difference between living and dead, or a healthy or diseased people is the amount and flow of energy present. They studied energy in great detail, observing patterns or clusters of symptoms. From this study came the theory of meridians, which are pathways of energy flow (and possible blockage) which run up and down the body and appear to be connected to major organs or functions (so for example, you have the "liver meridian" or the "bladder meridian"). These pathways can be mapped very exactly and are widely used in acupuncture, reflexology, shiatsu and particular types of massage. Certain points on each pathway seem to be significant, and these are generally known as acupuncture points. The insertion of a needle, or pressure or massage on these points appears to bring about a shift in energy flow, and healing or the relief of symptoms results.

Reflexology belongs to the Eastern tradition, and although it uses some of the traditional acupuncture points, it also has many points that belong to reflexology alone. The theory is that there is a map of the whole body on each foot. (see illustration for a rough idea).

A Map of the Body in Miniature

Every organ and structure is reflected on the feet! Isn't that extraordinary?! You will notice that those structures at the top of the body are reflected on the tip of the foot, those on the left side (such as the spleen) on the left foot, those on the right side (such as the liver) on the right and so on. Very neat! The remarkable thing is that the map appears to work with a high degree of accuracy.

If there is a problem with the person's body, discomfort or pain is experienced when (gentle) pressure is applied to the part of the foot which corresponds to that place. So for example, someone who has a headache experiences pain when the toes are massaged, and a person with earache is uncomfortable in the ear reflex area. What is so surprising (and deeply gratifying) is that massage on the reflex on the foot has a direct and often immediate effect on the body, (and the headache is relieved or the earache diminished). This can be so immediate that sometimes pain relief is gained within a few minutes.

However, Reflexology isn't just a first aid style of treatment, although it is effective as first aid (at least, it can alleviate the toothache in the middle of the night so you can sleep until the morning when you can phone the dentist). The reflexologist aims to treat the whole body (and mind .... it's good for anxiety and depression too) with every treatment. After all, we are coherent body/mind systems, not just a collection of parts like a motor car engine! So it's best that the whole body is balanced and working well. The Eastern tradition explains that there is a connection between our gall bladder and our headaches (gall bladder meridian), or our liver and our knee pain (liver meridian). In other words, all parts are related to the whole.

The Disease Process

Sometimes, when I'm treating someone, a foot reflex can be sore when the person doesn't have a problem in the corresponding area. To understand this, we need to understand the disease process.

The disease process is in six stages, and the easiest way to describe it is to illustrate it using the respiratory system.

- Stage 1: a change in the body's energy. This is sometimes picked up by the person ("I just don't feel quite right") and also by an energy

practitioner (e.g. an acupuncturist, reflexologist etc), but at this stage no specific symptoms are present. This is the easiest time to alter the disease process, as it is at its most malleable and easily changed.

• Stage 2: symptoms appear. In the example of the respiratory system, this might be a tickly cough. This is also fairly simple to alter, for example by a treatment, taking it easy, having vitamin C etc.

• Stage 3: inflammation occurs, and our poor sufferer now has a touch of bronchitis. Intervention here is a little trickier, and may involve several treatments, a day or two in bed, or a course of antibiotics.

• Stage 4: inflammation becomes chronic, and our patient now has chronic bronchitis. This is altogether more serious, and he or she may throw a temperature to fight the infection, and need even more antibiotics and days in bed.

• Stage 5: permanent physiological change occurs, such as in emphysema when the walls of the alveoli (the little air sacks in the lungs) break down, reducing the elasticity in the lungs and making breathing very difficult. Emphysema is incurable, as damaged lung tissue cannot be replaced.

• Stage 6: terminal disease. An example of this is lung cancer.

So when the lung reflex is sensitive, but the person is symptom free, I assume that I am picking up an energy change which hasn't yet manifested as a symptom.

Incidentally, it has occasionally occurred that someone produces a symptom in the place the following day, which then clears up quickly. It seems that reflexology has treated the problem before it became a problem.

Reflexology is at its best at stage 1 (and regular treatments enable people to "feel well" all the time), good at stages 2 and 3, and least effective from stage 4 onwards.

Going for a Treatment

What can you expect if you go to a reflexologist for a treatment? They usually take a case history to make sense of their findings on the feet, for the past is "written" there too, and if you've had an operation or a past chronic illness, it will show up in the reflexes. They also make a note of your current health. There are a few contra-indications (such as if you have thrombosis, because it stimulates the circulation) and they will check you have none of these. You then lie or sit in a comfortable reclining chair, and basically have 50 minutes of bliss (unless you have too many painful areas on the feet) while they massage, press and gently pummel your feet. During this time you become so relaxed you're often struggling to keep awake. At the end, you have a delicious combination of feeling more relaxed at the same time as feeling more refreshed. In addition, you're feeling better in yourself. I'm a great fan as you can tell, but sadly it is difficult to get all of those benefits when treating yourself. Self treatment is great for some symptoms (I often give my clients "homework points") but for overall relaxation and wellbeing you need someone else's touch.

> I felt close to my "inner" all the time, and a deep quiet settled in the room.

The Inner Side (the Soul of the Sole!)

Yes, there can be an inner side to reflexology! Of course, in one sense there is always an inner side when two or more people come together

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for healing. It's the experience that we all have when we notice that the sum is greater than the parts, and a healing presence is in the room too.

However, with sensitive clients who know how to work on themselves consciously, a little goes a long way. I once worked with a woman who was a cranio-sacral therapist. Her way of working involved keeping very still and quiet, and "allowing" the sensitive network of fluids in the spinal column and the patient's brain to settle into a healing pattern. It took conscious working for both the patient and therapist. I experimented with working with her in a similar way. She talked about the emotions and changes she was going through at the time and I decided to work on only 3 reflexes: the solar plexus for her feelings of stress, the liver for all the disruption she was experiencing, and the heart for her hurt feelings. We stayed with each reflex for maybe around twenty minutes before moving on, and the work was very concentrated and intuitive.

I felt close to my "inner" all the time, and a deep quiet settled in the room. While working on the liver point, she said she was aware of anger, (and I was aware of heat), and as I held it she could feel it ebbing. When I got to the heart area, she said immediately: "I don't know what point this is, but now I feel hollow and desolate." My experience at that moment was that I was holding a tiny baby in my hands, and I felt a flow of compassion and extreme tenderness to her foot! We held that space together for a long time. After we had finished, she said "I don't know why, but I feel a need to go 'Whaaaa Whaaaaa' (i.e. like a tiny baby) right now". I hadn't said anything about the baby, but she had experienced it through my touch.

And Finally...

One of the things I love about reflexology is its sheer simplicity. All it takes is a pair of hands and a pair of feet, and two people coming together for healing. It teaches us about the wisdom of the body, its subtlety and amazing cleverness, and that healing comes best when we care for each another in a loving and respectful way.

HEALING STORIES

A TERMINAL DIAGNOSIS

Text of a sermon given by Miriam Bishop at a Unitarian-Universalist meeting in January 2008

Warning! What I'm about to say may disturb you. It contains the word God a lot, and mentions a few other names as well, but it's basically a Unitarian-Universalist message. So relax, and translate that word into whatever is meaningful for you: Universal Consciousness, Divine Power, whatever.

The text that I refer to in the title of this presentation is *Love, Medicine & Miracles* by Dr. Bernie Siegel, plus his sequel *Peace, Love & Healing*. Other books have helped me, too, such as *Loving What Is* by Byron Katie, *Home with God* and *Conversations with God* by Neale Donald Walsch.

I'm going to talk about elephant theology, and spiritual flat tires, and blindfolded angels in gilded cages. But first let me tell you why I am up here delivering a sermon. And to do that I'm going to have to share with you some personal details of my life. Most of you are not strangers to me, but sometimes when I meet someone new, they look at my superficial trappings and presume I lead a charmed life. Well, Now, in some ways it is a charmed life, but I'm sure this new person would not care to trade places with me. Four months ago I was diagnosed with cancer, and told I had about four months to live [look at watch], so … I could go at any moment.

That's not even the bad news. There are worse things than death: unrequited love, a disabling injury, a bitter divorce, homelessness, and having your life's dream pulled out from under you. Alone, any one of these misfortunes can be borne and coped with, but I suffered them all in too short a space of time and found that I could not bear them alone. I turned inward to find spiritual solace, and I turned outward, eventually, to share my pain with my family and friends.

But for a while, I was filled with rage and a hatred that was poisoning me from the inside out. My immune system was crippled. I know that is *how* I got cancer. But *why* did I get cancer? I got cancer because I asked for it.

I know that is *how* I got cancer. But *why* did I get cancer? I got cancer because I asked for it

Holistic medicine looks at possible answers to questions like, "Why did I need this disease?" And I was able to look back and found a point some years ago when I was suicidal. I didn't have the courage to do myself in, so I remember I prayed to God to give me a terminal illness. I asked him to spare some young mother who was needed by her children, and take me instead. Be careful what you pray for. God answers prayers.

I'm not a Methodist, but I joined the Methodist Church choir, and discovered that I had been called there for a reason. Pastor Steve's counselling specialty was in one of the areas in which I suffered, and when I questioned whether he would be willing to give pastoral care to a non-Methodist, he said, "That doesn't matter; I'll do it."

During our counselling sessions, I shared with him that I needed a place for a mediation session and someone who knew my history to sit beside me in the mediation. Pastor Steve said, "I'll do it." During the mediation a blockage to resolution came up because of a difficulty in finding someone to do some manual labor. Pastor Steve said, "I'll do it."

After a semi-successful mediation, I returned to my home, but too late to restore my crippled immune system. I collapsed with what I was afraid might be hepatitis, or liver failure from the amount of tranquilizers and drugs I had been taking to help me function in the mediation during the day and to help me sleep at night. After seven hours in the emergency room in Brewster, they couldn't figure out what was ailing me, so they released me with instructions to go home and avoid any stress. The first person I called to whine to about my pitiable condition was – you guessed it, Pastor Steve.

The next important friend who stepped into this whirlwind was Dr. Elizabeth here in Twisp. She argued (ahem, consulted) with several doctors in Wenatchee and eventually convinced them and me that I should go there, immediately. My friend, Suzanne of the North, jumped into the milieu, and drove me all the way to Wenatchee. A few days later she picked me up at the hospital, and I shared with her the bad news that I had just learned – I was terminally ill and only had a short time left. We cried together. The next day my sister arrived to be at my side during the amazing struggle that lay ahead.

That's the basic background, and I'll continue that story later, but first let's get into the sermon part of this sermon. I love analogies and parables, and this is one I'm particularly fond of.

I call it Elephant Theology: Imagine a huge beast composed of intense spiritual white light. While we are alive we all must wear blindfolds,

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because the light from this ever-present entity is too intense for mortal, human eyes.

Imagine then a collection of blindfolded religious leaders, each touching a different part of this entity and each insisting that he has found the answer to life's mystery. Unfortunately, making contact with only one component of this beast, each is devoutly attached to one fundamentalist idea.

One is in contact with the side of the elephant and declares that it is a WALL. God is a Wall; Truth is a Wall. That's the answer, and his followers will fight to the death anyone who can't come to the same conclusion. Another cleric holds the trunk and declares that it is a HOSE. One holds the tail and declares that it is a ROPE. And the others hold onto one of the legs and each declares that it is a TREE - BUT only if one is holding onto the RIGHT Tree - Their Tree. Everyone else is doomed to Hell.

Here's another image that I conjured up during a Guided Imagery session. I saw a beautiful blindfolded angel with magnificent wings. She has blindly entered a cage that she does not fit into, and she has to droop the shoulders of her wonderful wings to get inside. But this means that the feathers of her wing tips hang out the open doorway, so they must be clipped for her to fit at all. The door is wide open, but she cannot see it. Even if she found the door, her wings have been clipped so she can no longer fly. Eventually she makes herself smaller and smaller in order to be comfortable, but she is still an angel, so she continues to sing, pitiably, softly.

We might come back to her later, but meanwhile, back at the hospital, our heroine has just discovered that she is facing death. My first thought brought poignant tears to my eyes, but not from self-pity. I felt an empathic pain of the grief that my family would experience if I were to die. I knew what I would feel if one of my many siblings were to die. None of us has ever lost a sibling, or a child, or a spouse to death. Our Dad died from the same cancer I had. And our Mom's new husband lost his first wife to the same cancer. So I shared the pain I could imagine them feeling.

I felt an empathic pain of the grief that my family would experience if I were to die

My family has always been so worried about my going to Hell if I didn't know Jesus, but it just didn't make sense that the wonderful God I had made contact with would condemn to Hell all the Hindus and Buddhists I lived with for two years in the Himalayas.

As far as my own death, and the fear I might have had about it, I was ready to face it. Sure, I trembled a bit at the idea of dying, but when have I ever gone off on an exciting or scary adventure, like mountain climbing or joining the Peace Corps, without a twinge of fear at the beginning of the journey? I've lived an incredibly full life, been everywhere, done everything (almost) and I have no children or grandchildren to watch grow up. My brothers and sisters are all poor and starving – they would benefit by my leaving them each a bit of money. (when I told them this later, they protested lovingly, NO! SPEND IT!)

Oh, the things that went through my mind during those first hours. The nurses changed their attitude toward me, some becoming more compassionate, others distancing themselves. The doctors thought I was in denial. But I thought of death as just a "winking out" and I would either be at rest, with no more pain, or the great truths of that Elephant would be revealed to me. How

exciting! It turns out that I didn't have to wait for the end to have some of that happen.

Meanwhile, I was determined to live life to the fullest, every moment of it, and if my life was going to be a short one, I was going out in a blaze of glory. I bought a new Champagne Gold Subaru with heated seats and automatic everything. If I was going to be an invalid for a while I needed comfort and dependability. I wanted to live my final days in the wonderful home that I had designed and built on the land that I love, and that meant getting in and out my incredible driveway all winter, even if it was the last winter I would spend on this earth.

But the most amazing and unexpected result of the diagnosis was that all the grief and agony of my divorce immediately dropped through a hole at my feet. They just didn't seem to matter any more. My angel's blindfold had loosened and slipped a bit and she found the door. Unfortunately, the feathers of her wings had not yet grown back and it was going to be a very painful molt to grow new ones.

Once again, I called on Pastor Steve, who put me on the Methodist Church prayer list. I mobilized every prayer circle I could find: the Catholics, the Baptists, the Presbyterians. I think most of Arizona and half of California were praying for me. The Quakers were holding me in the light, the Unitarians were lighting candles, and my Subud sisters were holding healing latihan circles around me (more about this later). I went to Dr. Sierra and began every alternative therapy I could find: Pancreatic enzymes, raw organic sheep's liver (eeuw!), Magic Chinese Power Mushrooms, Modified Citrus Pectin, dark green vegetable juices, lots of organic produce, herbs, vitamins, Essiac tea, intravenous Vitamin C, Jin Shin Japanese Energy Therapy, creative visualization, guided imagery, Zeolite, Essential Oils custom-blended by Ed Welch, massage and the laying on of hands (MY FAVORITE), acupuncture, yoga, Music Therapy, prayer, and LOVE – even the life-enhancing thrill of flirting and dancing at the Pub became a healing art.

The SIHA Weekend Retreats have been amazing and have provided a space for personal development.

I have to say something special about the music therapy. My friend Michael let me lie down underneath his grand piano and wrap my arm around the resonating leg of the piano while he played fabulous classical music (mostly by obscure Russian composers, of course).

I laid there and felt the music vibrate through my body until tears squeezed from my eyes. I'm sure there's a Grand Piano Theology somewhere in there, about how some people think the music comes from the piano legs and some say it's from the keyboard and others say, No it's the pianist!

I think God is the pianist and we are the keyboard. But that's another sermon.

It was around this time I learned that I qualified for a potentially life-saving operation, extremely invasive and risky, one of the largest operations performed at the University of Washington Medical Center. I was told that it could "buy" me another year of life, at least.

In preparation for this, I went to see a very special Subud sister in Bellevue named Hadijah. SUBUD is a contraction of the Indonesian words *Susila Budhi Dharma*. It is not a religion but its practices helps anyone make contact with the higher power of their

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choice. The primary activity for doing this is the *latihan*, which is an Indonesian word for spiritual exercise. In gender-separated groups we are quiet for a short while, and then we rise and continue our practice through movement or vocalization, whatever the spirit moves us to do. Through this activity, my angel had begun to find her voice and sing louder and stronger than ever before.

I have found wonderful peace through this practice, and a deeper understanding of my fundamentalist family members' beliefs when I have made contact with what they would call The Holy Spirit.

And I heard the most amazing and comforting reply to my inner turmoil. Jesus said, "It's OK to believe in me TOO!"

But I'm a Unitarian, not a Trinitarian, and I was holding firmly to that conviction when I met with Hadijah. We began our worship together in her living room. I felt transcendent. I was in an altered state, halfway to heaven. I surrendered to whatever Almighty God wanted to show me or tell me. I listened.

A presence made itself known to me. And I knew who it was. But to confirm this for me, he said to me, "I am Jesus. I am the Lord." Whoa! Hold everything! I'm a radical, liberal Quaker, Hindu, Unitarian-Universalist and a helper of Susila Budhi Dharma. What is going on here? All that raced through my mind in a split second.

But my faith in this process was being tested, and I had to know more. I surrendered again and listened, willing to hear whatever was being sent to me. And I heard the most amazing and comforting reply to my inner turmoil. Jesus said, "It's Okay to believe in me, TOO."

WHAM! Suddenly the grip I held on my portion of the Elephant expanded out to embrace the whole world – the whole universe. My spiritual arm lengthened and reached out to touch another part of the Elephant, and I knew! My blindfold had slipped a little more, and I saw what was on the other side. I had NO Fear of going there.

I wanted to shout about it and reassure everyone that I was genuinely happy, to die or to live, as God or the Universe wills it. For me, this is a win-win situation. Because I now have something to live for.

Bernie Siegel talks a lot about "spiritual flat tires", which are instances when things seem to go wrong but in the end they turn out all right, like getting a flat tire on the way to the airport, and you miss a plane that later crashes.

Here's one that I had: My shiny brand new car had barely 200 miles on the odometer as I drove toward Seattle for the surgery, happily singing beautiful music at the top of my lungs. A big truck in the oncoming lane caused a large rock to come crashing into my windshield, cracking it from top to bottom. I could have yelled some expletive (that would have had to be deleted from this sermon anyway), but as I leaned over the steering wheel to assess the damage, I sort of looked up toward heaven and chuckled, "You're testing me, aren't you?"

But the most exciting spiritual flat tire I experienced was one that involved timing. As the doctors had instructed weeks before the operation, my sister was to mobilize my large family network so that someone would be on hand outside the operating room for 12 hours and outside intensive care for the day or two I would be in there. Since I was supposed to check in on Friday the 13th (my lucky day) at around 5 AM for a 7 o'clock operation, my sister and I stayed

in a hotel in the University District the night before. Late in the day before the surgery we were informed that the start time had been postponed until about noon, and my sister was in a tizzy trying to rearrange her own and other people's schedules to fit this new time frame.

I, on the other hand, was letting such things just float over me. This was a flat tire on the journey of life, and I was so thrilled to be still having any kind of journey at all that very little could faze me.

On the morning of surgery day, all my distant friends and family and prayer circles didn't know about the time change and thought that my surgery had commenced. Without a clue about what or why it was happening to me, I felt an incredible wave of energy flow through my body. This was not a hot flash – I know what those feel like. This was like the breath of God. I looked for a clock and then asked my sister what time it was. Just shortly after seven. If I had been under sedation, I would have missed it. I would not have experienced for myself the incredible power of prayer. I was being given a gift, a moment from heaven.

Raging against a reality that's already happened won't make time go backwards

When seemingly bad or bothersome things happen, imagine that the universe may be working on plans for your good or the good of someone else that this inconvenience or misfortune has been a part of. Raging against a reality that's already happened won't make time go backward. We don't have all the answers yet.

I want to tell you a couple of stories about my hospital experience – not the really gross part – some of you have already heard way too much about my toilet troubles.

In the pre-op room, I was laughing with two of my brothers when a nurse with a clipboard asked me what religion I was. We joked in unison: "all of them!" On the way to the operating room, I was naively smiling and singing, but later I wondered how ANYONE over the age of 60 could EVER survive the trauma I underwent.

To summarize in one sentence, the surgeons pulled aside my stomach and liver, removed 70% of my pancreas, my entire gall bladder, the common bile duct, 13" of duodenal intestine, and 20 lymph nodes (6 of which were positive for cancer), and then they rebuilt my entire digestive system from scrap parts and put it all back inside me. When I woke up in the recovery room, I was paralyzed from the epidural in my back, and had tubes and hoses coming out of every imaginable and even unimaginable places in my body. They had cut me from here clear down as far as possible, and "possible" didn't like it very much.

After way less than the predicted 12 hours in the operating room, I was doing so well that I was taken directly to the hospital ward, not to intensive care at all. My brothers and their spouses arrived the next morning expecting to be holding a vigil outside, with me on my death bed. Instead I was propped up and joking and laughing with them almost as much as we had while partying a couple of nights before when we had held sort of a "wake" in case I didn't make it.

Oh, by the way, who do you think was the first person to visit me in the hospital who wasn't an immediate family member? Pastor Steve.

The surgeons were astounded at my progress. Their patients are usually older and less flexible and fit than I am, and certainly most are in poorer spirits than I was.

One element of my pre-operative condition that I never expected to be advantageous to me

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was that I was carrying a little extra weight. I thought that was bad. Okay, so it was closer to 20 pounds, but since pancreatic cancer kills by either metastasizing or by starving you to death, carrying the extra weight kept me from getting too weak and frail until my new digestive system healed. For a long time my tummy and guts were like a newborn baby's – not sure what to do yet or how to do it.

The biggest peculiar medical challenge I faced in the hospital, besides feeling some anxiety about being so utterly helpless, was that my heart rate and blood pressure are naturally low. I thought that was good. But the heart monitors were difficult to calibrate to prevent alarms going off whenever my heart rate went below 55, so I couldn't get any sleep. My heart rate has been known to get as low as the 30s but that was when I really was in trouble and needed to be wakened ("Miriam, come back.").

You don't need a terminal diagnosis to start really LIVING!

Unfortunately, after I experienced severe hallucinations from the pain-killer drugs they were giving me, they told me they had run out of options for pain medication for me because the heavier drugs would lower my blood pressure enough to kill me, so I would just have to endure the pain.

I was half-way to hell for a while, and my sister will testify that I was a paranoid basket case some of that time. I did some heavy soul-searching of the not-so-transcendent type during this period, and I thought about pain and about torture and how it should never be allowed and how I should survive so that I can fight to eliminate all forms of torture from our world.

And I thought about Death: On the day of my death, the blindfold will finally fall from my eyes. I'm not going to add to the anguish in my final moments by denying the reality of it. I'm going to enjoy the thrill of the ride. We all have to go through it some day, some time, anyway. Any one of us could get into an accident or have a heart attack this afternoon, with no chance to say goodbye or pick the music for your funeral or write your own obituary so that the paper gets it right or just live like you want to for once. I just have a little more advance notice than the rest of you might have. And I have been, and intend to continue, taking advantage of that advance notice. You can too. You don't need a terminal diagnosis to start really LIVING!

As I recovered, I thought a lot about Life. One of the gifts my diagnosis brought me was the sudden permission to do anything I wanted to do in the short time I had left. Not surprisingly I didn't want to kill anybody or heap revenge on anyone. I wanted to be happy. And I discovered that my happiness was a gift to others as well as to myself.

Less than two weeks after getting out of the hospital, I returned to continue singing in multiple choirs; at Christmas my sister and I went on a family reunion Caribbean cruise (a gift from our Mom and Step-Dad); and we started planning some serious horseback rides on my sister's horses – something I've always wanted to do.

And I decided to keep on having spiritual experiences. They can be addictive. It feels like falling in love, swinging on lamp posts and splashing in mud puddles. But with a spiritual experience, at least God loves you back.

I also decided to love some of the people who DIDN'T love me back. That was a stretch at first, but it made me happy and it taught me

something about love. When someone you love cannot meet your needs, or return your love in kind, if you can continue to love them anyway, that's what unconditional love is. If you stop loving them because they fail you, that's conditional love. If you let them abuse you in the name of love, then you don't love yourself enough to be happy. And if you make deals with God, that's conditional love, too.

The biggest contradiction to what I presumed I knew about love is this: The best gift you can give to those you love is to be happy. Sounds selfish, doesn't it. Do what you really want to do. Be happy. It's a gift to the whole world if you can commit random acts of senseless kindness – kindness that is the natural outflowing of a happy person.

Your happiness is contagious, and unfortunately your unhappiness is too. If you are sacrificing for love to the point where you are unhappy, you are not doing your loved ones a service. If you refuse to be happy no matter what or how much your loved one does for you, that's not love either.

Love is happiness.

Bernie Siegel likes to quote Woody Allen, and here is a quote that came up on Bernie's audio tape set about Healing with Humor, a variation on "Laughter is the Best Medicine:"

To love is to suffer. To avoid suffering one must not love. But then one suffers from not loving: Therefore to love is to suffer, not to love is to suffer. To suffer is to suffer. To be happy is to love. To be happy, then, is to suffer. But suffering makes one unhappy. Therefore, to be happy one must not love or love to suffer, or suffer and die from too much happiness.

When I got my terminal diagnosis, I found out what I was made of. And I discovered I was made of love. I didn't ask "Why me Lord?" I said, "Try me Lord."

God is Love. She wants us to be happy and love each other. Jesus came to me as the embodiment of love. Pastor Steve is the embodiment of love. I am the embodiment of love. Now YOU are all the embodiment of love. There is healing in the hem of every garment in this room because YOU are wearing them.

When I got my terminal diagnosis, I found out what I was made of. And I discovered I was made of love

Your love and caring have helped me heal my life, and it may well save my life too. There's a difference. Your genuine interest and concern for my happiness, my comfort, my welfare, and yes even my spiritual soul's journey, are gifts to me that I return to you willingly, joyously. Along with the nurses at the UW, I was astounded by the volume of cards, the gifts, the flowers, the phone calls, the visits to the hospital, the volunteer hours of wood splitting and beekeeping and house cleaning, the offers and provision of shelter, the chauffeuring, the hugs, and most of all the prayers and the love. Happiness heals. I didn't even get my usual pre-holiday bronchitis this season. I feel great!

I am healed in the giving of love as much as in the receiving of it. Remember, love is happiness, so re-read that to say "I am healed in the giving of my happiness as much as in the receiving of others' happiness."

And in that spirit I wish to share with you a very special happiness. Your love and prayers have healed me medically as well as spiritually. I've been able to control my blood sugar without insulin, and in December I had a clean CT scan. That means my oncologist can't find any more cancer. He says we'll look at it again in 4 months, so technically I'm not "cured" and

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officially I'm not a "survivor" until I've stayed alive 5 years. The chances of my dying from metastasis within the next two years remain at 95-99%, so, statistically, I'm TOAST. But somebody has to be in that 1-5%. Perhaps it will be me.

Although he offered it, even my oncologist did not recommend chemo or radiation at this point because I am healthy as a horse. That means I probably won't have to lose my hair (oh vanity) or my fingernails or my bones or my brain cells to the poisons of modern medicine. Unfortunately, medical insurance pays for that stuff, but doesn't pay much for the alternative therapies I am using. So I plan to mortgage my house (which is a life-affirming place) and to live there as long as I am able; that is IF I can keep my house and get a mortgage, all of which might not be decided until the trial in April.

The irony of getting well and staying well for a long, LONG time is that I could slip back into being tightly blindfolded like everybody else, fall victim to the stress and anxiety of the divorce, and return to denial about the inevitability of my eventual death, and forget the preciousness of every moment. Also, I might miss all the love and attention that my disease has brought me. But wait a minute, why should I miss it? I don't need a disease in order to get my needs met, and you don't either. I intend to give love and attention, and I will probably get my share back, *multi*fold.

Your love and prayers have healed me medically, as well as spiritually

I used the concepts from Siegel's book "Love, Medicine & Miracles" to help me heal my life. I have hope because I know where this cancer came from, and so I can send it back.

God answers prayers, and sometimes the answer is NO. So even if the hope and the prayers and the love don't heal my body, if I die from this cancer, don't throw the book out and sneer with skepticism, "All that love stuff is a bunch of quackery; it didn't work!" Because it already has worked. The days that I experienced since my diagnosis, and whatever days I have left, have been and will be precious gems, every moment.

Let us all be grateful for the life we have now, and never fear the life that is to come.

Prayer

(Chief Yellow Lark, Lakota Sioux)

Oh, Great Spirit, whose voice I hear in the winds,
And whose breath gives life to all the world —
Hear me.
I come before you, one of your many children.
I am small and weak,
And I need your strength and wisdom.
Let me walk in beauty, and make my eyes
Ever behold The red and purple sunset.
Make my hands respect the things you have made,
My ears sharp to hear your voice.
Make we wise so that I may know the things
You have taught my people,
The lesson you have hidden in every leaf and rock.
I seek strength
Not to be superior to my brother,
But to be able to master myself.
Make me ever ready to come to you
With clean hands and straight eyes,
So when life fades as a fading sunset,
My spirit may come to you without shame.

RESEARCH

THE HEART – MORE THAN JUST A PUMP

Maxwell Fraval, Anu Norrie and Pilar Munoz are all members of the faculty of the Sutherland Cranial Teaching Foundation of Australia and New Zealand (SCTF of ANZ).

As a result of their clinical experience,and those of fellow faculty members, they worked to develop a program called The Rule of the Artery, which presents a new way of palpating and influencing the circulatory system. The material presented here forms a part of that programme.

"As a man thinketh in his heart, so is he.As a woman thinketh in her heart, so is she."

Hydraulic anomalies

Dr Still, the founder of osteopathy, described the heart as 'the organ in the human body which imparts the attributes of life and knowledge to the blood so that it can proceed correctly with all its work.' [1]

In Traditional Chinese Medicine the heart is seen as the emperor of the body, and a vessel of Shen – spirit. But our physiology books still teach (despite scientific advances that refute it) that the heart is a pump and no more.[2] Yet this rarely questioned assumption of physiology may not be true. In fact the notion raises some unresolved questions.

The vascular bed is approximately 95,000 km long and blood viscosity is about five times greater than that of water. The daily pumping requirement at rest is 8,000 litres with a work equivalence of lifting 50 kg 1.3 km! This is a lot to demand of an average heart weighing 300 gms.[3] The pump concept is difficult to sustain if you consider the flow velocity and transit time of the blood as shown in the diagram below.[4]

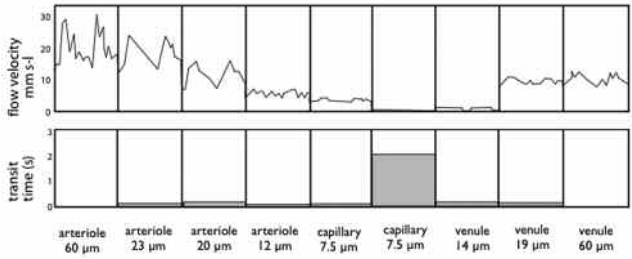
In the capillary bed, pulsations are dramatically decreased and the transit time commensurately increased. So this is not a 'closed system' with a pump linked by a return pipe of fixed diameter, but an 'open system', with very low pressure prevailing in the vastly extensive capillary bed. We will come back to this anomaly later, as we consider radical ideas about what is actually going on inside the heart.

The heart-mind-brain connection

In 1985, a new kind of plastic-titanium pump, the 'Jarvik heart', was implanted into a number of recipients. The longest survived only 620 days. The 'hearts' were not successful; patients experienced strokes, infections, high fevers and in many cases a deep depression.[5]

The first recipient was dentist Barney Clark, who was described by his wife after the operation as having 'experienced periods of despondency and asked to die or be killed'.

She said he suffered a significant loss of personality, and described him 'being like a wall'.



The flow of blood on the outermost periphery.
Flow pulsations are evident in both the arterioles and venules.They are caused by spontaneous pulsation of the arterioles and venules (so-called vasomotion) at frequencies of 0.5 to 20 per minute and have nothing to do with the cardiac cycle. In the actual capillary bed (centre of chart) these pulsations decrease dramatically, to less than 5% of the average flow.

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The wife of another recipient (Schroeder) made similar remarks: that her husband didn't seem himself, that he was often barely willing to speak and became increasingly weepy and depressed.

One of the factors that seemed to weigh very heavily on all the recipients of these motorised hearts was that it droned on relentlessly, never changing its pace. More recently, it has been shown that the healthiest hearts beat the most erratically.[6] A number of studies demonstrate how heart rate variability reflects autonomic nervous system balance.[7]

More recently, it has been shown that the healthiest hearts beat the most erratically

A lack of variability apparently increases mortality risk considerably. The emerging field of cardioenergetics suggests that the heart's varying energy spectrum has an important role in the body-mind's information system.Perhaps Dr Still's view of the heart as imparting knowledge to the blood can be seen as presaging the latest theories relating heart rate variability, emotion and our 'information body'.

Heart and Hormones

John and Beatrice Lacey were pioneering researchers who in the 1970s were among the first to explore the exchange of information between heart and brain. Their research suggested that the heart was sending out meaningful messages and that the brain understood and responded to them. Even more revolutionary was their idea that these messages could change the way a person felt and acted. Subsequently neurophysiolgists have discovered the neural pathways (among them, afferent fibres in the vagus running from heart to brain) and hormonal mechanism whereby the heart's information can upregulate or downregulate electrical activity in the brain. The Laceys suggest that the brain constantly updates the heart in order to organise the energy economy of the body.[8] It is now scientifically acceptable to discuss such a thing as a two-way heart-brain conversation.

Since 1983, when a new hormone called atrial natriuretic factor (ANF) was discovered, the heart has been recognised as being an endocrine gland. ANF, a hormone produced by the heart, affects blood vessels, kidneys, adrenal glands and certain regulatory regions in the brain. When the muscular walls of the heart contract, they produce ANF which influences the thalamus, pituitary gland and the limbic system.[9]

The heart may be seen, then, as an imprinter copying information from the central nervous system into the blood and distributing it round the body through nerve impulses and neurohormonal messages. But the heart's information could also be encoded into the electro-magnetic and pressure waves it produces in the blood and blood vessels. Because the blood is such a good conductor of electricity and sound, our heart's messages travel through the blood to every cell of the body and brain.

Heart-memory and emotions

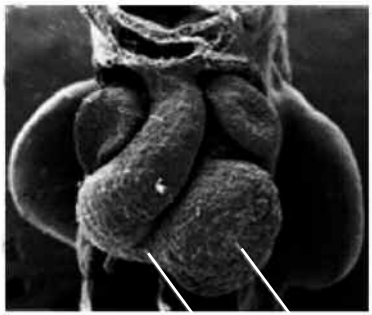
There are many anecdotes surrounding people who have received heart transplants. Pearsall, after studying the effects reported by heart transplant patients, came to the conclusion that the heart has 'a voice, and speaks to us if we will listen'.[10] He concluded from his many interviews that the heart has something like a memory. One of the most telling stories is of a recipient who starts to hear a word repeated over and over in his head. When eventually a meeting is arranged between the recipient and

the donor's widow, the widow reveals that the word is a secret codeword she and her deceased husband used after an argument. The code word was 'copacetic', and it meant that now everything was OK between them.

The couple, driving in the car together, had been having a blazing row when the accident occurred in which the husband was killed. His heart seems to have been very insistent in getting a message to his wife to tell her that even though they had been fighting at the time of his death, everything was 'copacetic'. Pearsall reminds us that 'anger... causes perturbations to the heart. An agitated heart shoots platelet bullets through our arteries, scraping and nicking their walls and creating sites for the deposit of vessel-blocking plaque.

Anger energy also causes an increase in stress hormones which cause fat cells in our body to release fat into the blood reinforcing the process by which our arteries become clogged'.

The heart has long been associated with our emotional life. Nixon published extensively on the effort syndrome and the importance of our ability to make adaptations related to the performance-arousal curve.[11,12] He points out that adapting well when performance is poor despite high arousal levels means appropriate withdrawal and resetting goals. The psychosocial qualities associated with people who adapt well include good mothering – feelings of being competent and in control, secure, well loved, satisfied with their achievements, appreciated and supported.



The influences associated with poor adaptation (notably in coronary heart disease-prone patients) include migration, poor education, failure at school, poor mothering, struggle in childhood and loneliness.[13]

The heart's embryonic development and its haemo-dynamics

The folding of the heart is reflected in the structure of myocardial fibre arrangements first described by Lower in the 17th century. The mature heart's shape comes about through a complex folding process in the embryonic heart, and considerable effort has gone into identifying the forces responsible. A variety of explanations have been offered[14]:

- that folding occurs simply because the heart tube outgrows the primitive pericardium
- that the peri-cardiac mesenchymal jelly controls folding
- that folding is induced by the haemodynamic forces of the spiralling blood.

Interestingly, as various studies have demonstrated, when you remove the cramped conditions, the jelly or the blood flow, the folding process still occurs. Something else appeared to be controlling the process.

Recently, it has been reported that the embryological movement of the heart towards the left, and the liver towards the right, may be controlled by magnetic fields developed in relation to ion pumps set up along epithelial cells operating in the midline which, if interfered with, will distort the expected spatial relationships.[15] It is possible that these fields also control the folding process of the heart. The diagram from

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Larsen[16] below, showing the heart at 29 days, clearly illustrates the spiralling of the heart muscle that takes place in the folding process.

It appears that the spiralling orientation of the heart muscle and its chambers imparts a vortical motion to the blood during systole.[17] The spiralling interior pattern of the arterial wall continues all the way down into the pre-capillaries.[18,19,20] The epithelial arrangement in the vessels through the circulatory wall is consistent with the maintenance of a vortical flow pattern.

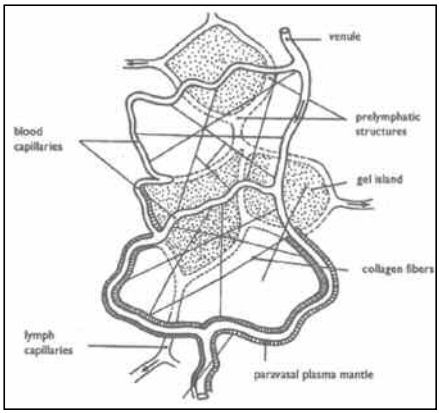
Even before the heart begins to function, blood in a very early chick embryo has been observed circulating in a self-propelled fashion and in spiralling streams.[21] So it appears that the vortical motion of the blood – like the flow of water in a torrent – may be intrinsic. An observation in favour of the blood having its own momentum was reported by Noble[22] in 1968. By simultaneous pressure measurements in the left ventricle and the root of the aorta of a dog, he demonstrated that the pressure in the left ventricle exceeds the aortic pressure only during the first half of the systole and that the aortic pressure is actually higher during the second half. He found it paradoxical that the ejected blood from the ventricle continues into the aorta despite the positive pressure gradient.

Austrian forester Victor Schauberger spent his life observing the way water flows. Recognising the importance of vortical flow [23], he was able to demonstrate its importance in a number of his hydrodynamic inventions which included the design of more efficient pipes. In a fascinating article, Marinelli et al[24] point out many of the conceptual problems with the pump model. They highlight stable vortex flow patterns behind the cusps of mitral and tricuspid valves as confirmed by Taylor and Wade.[25] Marinelli et al point out that Brecher [26] conducted an experiment on a dog that demonstrated a region of continuous negative pressure in the ventricle by observing the continuous flow of Ringer's solution from a vessel outside the heart through a cannula positioned in the left ventricle via the atrial auricle. This further confirms our concept of the persistence of the vortex in the ventricle with its negative pressure centre and positive pressure impulse potential in its swirling periphery throughout the cardiac cycle. Thus the heart as a minimum functional organ consists not only of its tissue but also of the perpetual vortex of blood which provides the perpetual vacuum in its centre that probably helps to pull the blood back to the heart from capillaries and veins. The persistence of the vortex explains the anomaly to engineers of a supposed pump that retains 40% of its charge with each ejection; a pump is expected to eject close to 100% of its charge. As a pump concept it is absurd; as presented herein it is ingenious.

The work of Hauk[27]and Pischinger[28] has demonstrated how a very fine and organised matrix of glycose-amino-glycans, collagen and other factors produce a three-dimensional colloidal network in the connective tissue of the extra-cellular matrix. The energetic impulses of the circulating blood (and the 'energetic' information that may be encoded therein) are delivered to the connective tissue matrix in and around cells. Pollack describes how water is a critical part of the matrix and, as an oscillating dipole, can be structured in layers in relation to the negatively charged polarity of the protein component of the matrix.[29]

The structuring process in the glycose-amino-glycans is dynamic: there is a constant shifting between gel and sol within the matrix[30] so that 'gel islands' are formed with relatively liquefied channels lying between them as shown in the diagram opposite.

In his fascinating review of the extracellular



Outer peripheral circulation: *the colloidal medium of the extracellular matrix alternates between a gel-like, island-forming state and a sol-like channel-forming state. Here, the barrier function with regard to the blood is not morphologically determined but is accomplished through flow processes, the so-called paravasal plasma mantle and intervasal edge flow, which interact with the blood clotting system.*

matrix, Lee[31] highlights the piezoelectric nature of the matrix, which enables it to transform mechanical stresses into electrical energy. Both Szent-Gyorgi[32] and Becker[33,34] saw the matrix as a liquid crystal lattice with semiconductor properties: when squeezed it pops electrons out of their places and they migrate towards the compression.

Lee highlights the crucial role that calcium ions play as messengers within the matrix as well as intracellularly.[31]

Having left the bloodstream, the calcium ions deliver the heart's code through the harmonic wave motions that are propagated along the matrix. Pienta and Coffey [35] suggest that cells also transfer information between one another through the system that they call the tissue matrix, which includes the extracellular matrix, the cytoskeleton and the nuclear matrix right down to the DNA. Oschman[36] emphasises that cells are not just bags of fluids with the enzymes floating around randomly. In fact the intracellular water itself and the enzymes of the cell are highly organised in this internal structure. He considers it 'a cytoplasm matrix' composed of liquid crystal tubes and filaments surrounded by organised layers of water. This permits the efficient management of metabolic processes and information transfer.

Relating these ideas to the theories underpinning cranial osteopathy, Lee[31] points out that the ion fluxes oscillate in rhythms ranging from 0.4 to 100 seconds, which may correspond to the inherent motion of the primary respiratory mechanism first identified and elucidated by Sutherland[37], and to slower rhythms subsequently identified by Jealous. The continuity of the intracellular matrix with the microtubules of the cytoskeleton inside the cell enable the piezoelectrically maintained signals to act as an analog code (varying continuously) transferring information about stress or metabolic need to the cells and triggering an appropriate response.

Tenforde suggested as long ago as 1987 that 'the cell membrane may be one of the primary locations where applied electro-magnetic fields act on the cell. Electro- magnetic forces at the membrane's outer surface could modify ligand-receptor interactions (eg the binding of messenger chemicals such as hormones and growth factors to specialised cell membrane molecules called receptors), which in turn would alter the conformation of large membrane molecules that play a role in controlling the cell's internal processes'. Lee extensively discusses the interface between the calcium ion flux and the matrix with its ultimate destination being the cell where it acts as a messenger and activator of metabolic processes at the cell wall as well as intracellularly.[31]

As this process of information transduction is better understood, we can expect science to tell us much more about the significance of the elas-

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tic forces and electromagnetic fields propagating from the heart.

Science, we predict will soon realise that the heart is not simply a pump, but the centre of the body-mind's information system and perhaps its coordinator.

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DISCIPLINES 2: Psychotherapy

INDIVIDUAL PSYCHOLOGY

Marcus Bolt, a trained Adlerian Therapist, gives a brief account, taken from a forthcoming book, of what attracted him to the 'Adlerian Way'.

Overview

We are born into a world of giants. Competent giants who can open doors, switch on lights and conjure up food for us. As a consequence, we feel inadequate and unequal. The nature of our sense of inadequacy, and how it affects us, depends on our family – its values and attitudes – and our position within the family constellation.

From this situation, during the first four years of life,

we need to draw our 'map of life'.

The nature of our map depends upon the 'crayons' we are given; eg: whether we are male or female, rich or poor, first born or youngest, pampered or neglected and so on.

We ask ourselves, 'What do I do in order to get my needs met? What do the giants expect of me?' How do I get to feel adequate, accepted, safe, secure?'

Because our map is based on the limited world of our immediate family, the only world we know This map is bound to be inaccurate. Our future life appears to us as though we are gazing up at a distant, cloud-shrouded mountain top.

We grow up referring to our map, metaphorically climbing the mountain, heading towards our goal. As we near the peak, our perspective changes. We become lost and disorientated, falling into ravines, coming face to face with overhangs and escarpments, while the summit seems further and further away. At this point, the sensible person would throw away the map as useless. Instead, most of us attempt to change life to fit our map.

We do this through the jobs we do, the friends we make, the partners we marry. This is our 'biased apperception', our coloured lens spectacles through which we look at the world darkly. We give our own, unique meaning to life, colluding with the people whom we have chosen to interact with, each striving to recreate the atmosphere and sequence of emotions we experienced as a child.

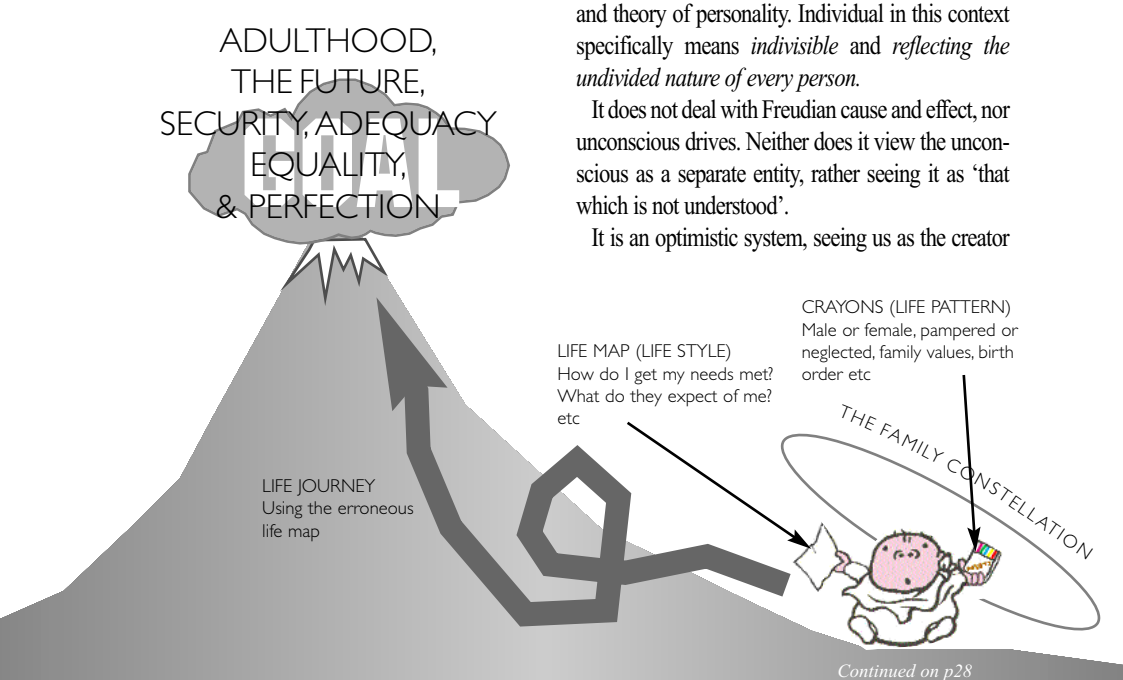
Individual Psychology

Individual Psychology is based on the work of Alfred Adler (1870 – 1937), a contemporary and erstwhile colleague of Freud (Adler coined the phrase 'inferiority complex' and decided that the need to feel equal was the life driving force. This brought him into conflict with Freud who believed sex was the main driver. Freud eventually and notoriously expelled Adler from his Psychological Institute for failing to toe the 'party line').

It is the name Adler gave to his system of therapy and theory of personality. Individual in this context specifically means *indivisible* and *reflecting the undivided nature of every person.*

It does not deal with Freudian cause and effect, nor unconscious drives. Neither does it view the unconscious as a separate entity, rather seeing it as 'that which is not understood'.

It is an optimistic system, seeing us as the creator



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of our own 'private logic' and, most importantly, *with the ability to change our self-defeating, biased apperceptions.*

It deals with how we experience life, stressing cognition, meaning and values, and how we use our emotions, as opposed to seeing us as victims of our emotions and drives.

Within Individual Psychology, there is an emphasis on individual responsibilty – one is not a victim (except in one's own mind).

It is a dynamic and pragmatic methodology that is flexible and constantly tested by practice.

The Five Basic Principles

Adler postulates that all human beings are:

1. Socially embedded
2. Holistic
3. Creative
4. Goal oriented
5. Aperception biased

1. SOCIAL EMBEDDEDNESS

Humans are social animals who want to belong, each of us needing to find our place in the group, whether family, country, or class.

We need to feel secure within our field, even preferring to be at the bottom of the pecking order to being ostracised – even the hermit needs a group to be outside of. It follows that all our problems are social problems, problems of interaction with others. Criminals, for example, are hostile to society (such behaviour is on the useless side of life according to Adler). The neurotic may feel less than equal, and will overcompensate by appearing greater, more competent *(see diagram, p.29)*. Adler termed this a 'movement from a felt minus to a felt plus'. The well adjusted person, on the other hand, behaves in line with the needs of the situation displaying the quality of *gemeinschaftsgefiih*l (social interest or awareness – the sense of 'we are all in this together, so I act for the good of the whole – and get something ouin return'). In fact, the level of social awareness displayed determines balance and adjustment.

Adler posited three social challenges in life, namely: *WORK* – How does one adjust to responsibility and obligations, including child-rearing? *SOCIETY* – How does one face the task of getting along with others and what is one's attitude to communal life, problems and politics? *LOVE* – How does a person handle the intimate, sexual side of marriage and how does s/he treat the opposite sex and his/her sexual role?

To be successful in these fields, one has to 'become' rather than 'to want to be', and allow one's self to have 'the courage to be imperfect'.

2. HOLISM

The whole is more than the sum of its parts and a part is never understood by itself. As holistic creations, whatever we think, or do, or say, reflects who and how we are. Our inner is reflected by our outer – 'as above, so below'.

In other words, our actions always leave a 'psychic snail trail', which can be read and interpreted. In Individual Psychology, therefore, we see the person as a whole and do not make efforts to take inventories of parts or causes. We look for patterns. The pattern of life and style of life will always be embedded in early recollections and dreams*, in choice of marriage partner and friends and in those events which upset us. Everything fits, and is born out of, our chosen life style.

3. CREATIVITY

It is said we are made in our Creator's image, which implies we, too, are creators and builders by nature. In the context of Individual Psychology, we are perceived as active participants who shape our own lives, our own destinies. We decide what to do, how to act, whether we are aware of it or not. We create life as we believe it to be. We invent our own goals and are, therefore, self-determining, which implies we can change. And this is the basis of the inherent

* see next issue of resonance magazine

optimism in Individual Psychology.

4. GOAL ORIENTATION

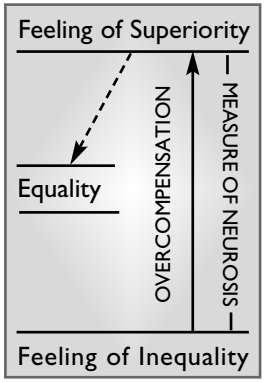
All our behaviour is teleological and purposive even if we are not aware of the purpose. We are pulled by goals of dynamic striving, not pushed by drives, thereby providing ourselves with choices – with or without social interest. Our goal is, most often, to feel equal and therefore secure, but this may manifest as attention seeking through strength or weakness, power and control, superiority (both moral and *de hauteur*) and revenge and so on. Our goals can be achievable (eg: gaining skills) or non-achievable (eg: a search for perfection).

Unlike causes, goals, once recognised, can be changed. When our goals change, so does our behaviour.

5. BIASED APERCEPTION

'The world is how I see it, not how others see it.'

We give meaning to our life. Reality is how we perceive it and is not absolute. We perceive through our bias and it is, therefore, impossible for us to be objective about ourselves and our experience.



'It is not what happens to us, but how we feel about it.' For example, many handicapped people overcome their difficulties and live full lives, whereas, many 'whole' people feel handicapped and live self-diminished lives.

Our biased apperception is created from an admix of our family's culture and values and our position in the family. It is the picture of world we created while we were children.

The Pattern of Life

Our Pattern of Life is associated with our *GOAL* and our *PRIVATE LOGIC* and forms our character. It is the automated mechanism we have created to meet the problems of life, It's the interpretation we give to life; the picture, the way we see it. And we see life a certain way because it suits our chosen style of life. It is derived from our overall goal and is an *INTERNAL EVENT*. It encompasses a private value system and our unique social imperatives which drive our relationships with others.

The Style of Life

The Style of Life (not to be confused with contemporary 'lifestyle') is the overall method we adopt to bring our Pattern of Life to realisation. It comprises EXTERNAL EVENTS and is therefore observable. The Pattern of Life and its external representation, the Style of Life, are built up from what we experience and know will work.

The fictional, OVERALL GOAL can be inferred by observing the Style of Life (by analysing our early recollections and dreams*) because of our holistic nature.

Goal

The concept of *GOAL* is basic to understanding the internal processes that shape human behaviour. The goal is an achievement in the future, towards which effort and movement are directed. The goal is in the subjective future as experienced in the present.

ULTIMATE OR ABSOLUTE GOAL The individual's creative concept of what is ideal or perfect. (NOTE: Psychotics live as though they have achieved their overall goal. They believe they are Jesus, Napoleon etc.)

CONCRETISED OR PERSONAL GOAL Specifies what the individual wants to achieve in life and reflects the person's ideal security.

PARTIAL GOAL A dynamic stepping stone on the way to the above, consistent with the overall goal (eg: If one wants to be a doctor, it is necessary to pass exams).

Summary

"When my client can co-operate in the world

Continued on p29

with a feeling of equality, he is cured." (Adler)

We are born feeling unequal. We then strive to feel equal in order to feel secure. The degree to which we feel unequal and strive (overcompensate) to feel superior is the measure of our neurosis. Our goals are fictions, created to help us feel equal. If we understand this and change our goals, our behaviour will change.

Our fictions and goals can be interpreted through an analysis of our dreams and early recollections, which will be the topic of part two.

To be continued...

GUIDELINES FOR CONTRIBUTORS

We welcome contributions to *Resonance*.

Of particular interest are:

Stories of healing, especially if they involve a latihan aspect. They might be told by the person who was healed, or perhaps practitioners may like to contribute stories of healing in which they have been involved.

Articles about modalities, health practices and remedies etc. Again these might be told from client or practitioner points of view. Would you like to pass on information about some modalities or health practices that you have found helpful to yourself or others?

Interesting stories of research carried out by Subud members in the health field. Innovations? Breakthroughs? New technologies? New techniques?

Health tips. Tell us about health products or practices that have been helpful to you.

Reviews of relevant books etc.

This list is not intended to be exhaustive. There may be other sorts of articles that you think of. We also welcome photographs, cartoons and other graphic material.

Subud members are asked to keep in mind when writing articles that we want *Resonance* to be a magazine that is accessible to everyone whether they are in Subud or not. We provide a brief introduction to Subud in the magazine, and a glossary of some most often used terms such as latihan and nafsu, but we urge you to explain within your article anything that might be unfamiliar to a non-Subud reader.

This does not have to be done at great length, but just provide sufficient context for the non-Subud reader to be able to follow the article.

For example, if you are going to use acronyms such as WSC (World Subud Council) give the full title at least the first time you use them. In general, just try and keep in mind when writing how it will seem to a non-Subud reader; will they be easily able to understand it?

We hope in time that *Resonance* may become magazine for the general public and so it is good now to get into the habit of writing in this way.

The deadline for the next issue of *Resonance* is February 28th 2009.

Please e-mail typed articles and images (photographs/diagrams/cartoons etc ideally as 300dpi/Greyscale jpgs or tiffs) to:

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WHAT IS SIHA?

Subud International Health Association (SIHA) is an association of health professionals and lay people.

It is part of the international spiritual movement known as Subud.

SUBUD

Subud began in the 1920s in Indonesia when its founder, Muhammad Subuh received a series of remarkable spiritual revelations.

It spread to the West in 1957 and is now represented in about 80 countries around the world.

Subud members practise a form of spiritual training known as the 'latihan' (short for 'latihan kejiwaan', an Indonesian phrase meaning 'spiritual exercise')

Subud is open to people of all races, nationalities and religions.

Subud members are active in business, the arts, the health professions and social welfare.

Resonance is the magazine of SIHA and it brings a Subud perspective to issues about health.

Here is a **glossary of terms** relating to the Subud experience which may be used in some articles.

Latihan: surrender to our Creator, or the worship of God as practised in Subud

Jiwa: the soul or inner self

Nafsu: the heart, mind and passions

Testing: the practice of asking and receiving guidance through the latihan

Helper: A member who has been practising the latihan for seven years or more and willingly takes on such responsibilities as giving explanations to enquirers and timing the length of latihans etc.

CONTACT

The SIHA web site contains much interesting information at:

www.subud-health.org

There is an active SIHA listserver, which is an on-going forum for discussion about health at:
www.subud-health.org

(See under 'important links')

To join the SIHA listserver please contact the moderator, Latidjah Miller, at:

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Herndon, VA 20170,
USA.
Email: *latidjah@yahoo.com*

Maxwell Fraval, current SIHA Coordinator, can be contacted at:

mmfraval@ozemail.com.au

You can join SIHA by going to the SIHA web sit, logging on to 'Registration' and following the prompts.

Registration automatically qualifies you for a subscription to *Resonance.*

You can donate to SIHA by contacting:

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