

# resonance

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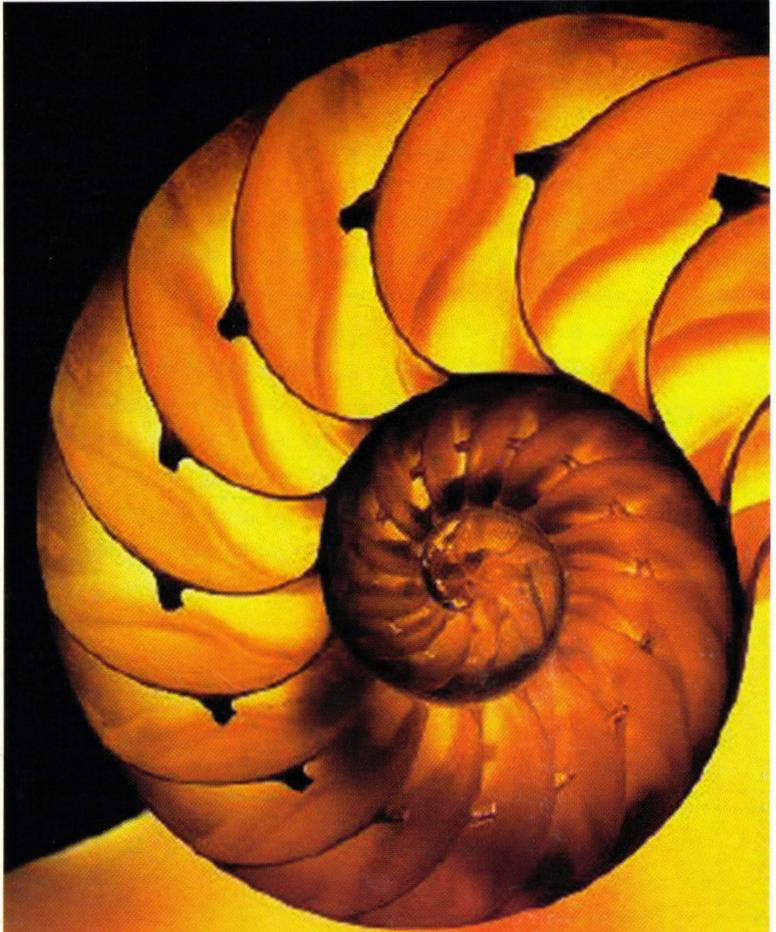
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resonance  
The  
Quarterly  
Journal of  
SIHA

Subud  
International  
Health  
Association

“Consciousness is that by which this world first becomes manifest, by which indeed ... it first becomes present; the world consists of the elements of consciousness”

*Schrödinger*



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## A QUOTE FROM BAPAK



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.

Bapak *Cilandak* 12 June 1986

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## EDITORIAL COMMENT

## The Challenge of Our Times

This past Christmas, my son, Lukman, was the most inspired member of the family when it came to giving Christmas presents. To me, he gave a book by Ken Wilber, called *The Marriage of Sense and Soul*. When I'd read through about a third of the book, I could hardly contain my excitement as I told Lukman, "You've found the book that explains what I've been grappling with for years."

Why was it so exciting? And what does it have to do with SIHA? You might well ask. Wilber is writing about the need to re-unite the scientific world with the reality of spiritual experience. "There is arguably no more pressing topic than the relation of science and religion in the modern world. Science has given us the methods for discovering truth, while religion remains the single greatest force for generating meaning. Yet the two are seen as mutually exclusive, with wrenching consequences for humanity." He goes on to say, "If we cannot find a common core of the world's great religions, then we will never find an integration of science and religion."

As I was reading, I was struck by the realization that this is precisely what SIHA is about. We are an association of professionals who are trained in science, and yet we also have the latihan, which brings our inner self to life and helps us to develop an understanding of spiritual reality. We are scientists with an "inner component". We are individuals who are actively integrating science and spirituality within our very selves. Therefore, we are part of the current societal process of bringing science and spiritual truth closer together. Maybe we are even at the forefront of this process. In Subud, we know and experience the "common core of the world's great religions" and we have the potential to bring about the integration of science and religion that Wilbur speaks about.

Our first objective, as I see it, when it comes to integrating the "inner component" back into the scientific world, is to begin to express and talk about the spiritual, or "inner self" as it relates to our work, and to do so in a way that has meaning. One way of expressing the spiritual life and its relationship to outer work is by sharing how we discovered our true talent. In the first issue of *Resonance*, Sjahari Holland told the story of how, while working as a teacher, he discovered his talent for being a doctor after doing latihan and testing with Bapak. We plan to go on sharing stories of the journeys SIHA members have taken in finding their true work. Another topic which we may find more difficult to discuss was contained in the story of Brookhurst Grange.

The Brookhurst Grange experience points to the use of the latihan as a therapy in a healthcare setting. We need to explore ways of talking about the latihan as a therapy, and to become more comfortable talking about its benefits for health. *Resonance* is a wonderful vehicle for this discussion to take place among healthcare professionals in Subud.

Our challenge is to bring science and spiritual experience closer together, and *Resonance* is our forum.



Latidjah Miller,  
Virginia, USA. SIHA Coordinator

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**GLOSSARY**

For non-Subud readers, we hope this will explain some of the terminology commonly used.

- Latihan* .... the practice of the worship of God in Subud  
*Jiwa* .... the soul  
*Nafsu* .... the lower forces  
*Testing* .... the practice of asking and receiving guidance in the latihan

## OSTEOARTHRITIS DESPERATELY SEEKING SOMETHING

by *Mutabar Williams*

I'd forgotten about the lump of chalk beneath the bed. I'd pushed the Dyson [vacuum cleaner] extension under the duvet and heard a hailstoney rattling in the metal tube, saw white grit spinning in the see-through drum. I knelt and peered into the limbo of suitcases and fluff and there it was – a large chunk of chalk. A Feng Shui lady had told me that chalk under the bed was good for arthritis. Why or how she didn't say. I had some vague notion of chalk absorbing dampness, which seemed potentially beneficial, so I'd picked it up at the foot of the cliffs at Newhaven and brought it home. It was quite heavy and I'd been careful about carrying it to the car, visualising the diagram entitled "Uplifting heavy things" in one of my books. Head high, deep breathing, that kind of thing.

Newhaven was where I'd collected the crystal. There's a stratum of them at the top of the cliffs embedded in blue-grey clay. A psychic I call the White Witch had told me that crystals were good for arthritis. I brought some home, washed them as instructed, and asked them to draw the pain out of my body. After our little chat I lie face down and put them on my lower spine and my left shoulder and visualise my aches drawn into their chunky translucent facets like a sort of transparent smoke. Then I wash them again and visualise the aches flowing down the plughole and away to the sea, where there is space and home for human pain, along with a considerable tonnage of oil, plastic and faecal matter.

My pendulum comes from Lulworth Cove. I was walking along the beach, stepping over kelp stalks and clumps of wrack, when something made me look down and I picked up a small piece of sea-smothered wood about the size of my thumb. This is a gift, I

thought. Thank you. Back home I drilled a small hole in the top, snipped off a length of brown thread, squeezed a blob of superglue into the hole, pushed the thread in and capped it with a wedge of matchstick. I think of it as a power pendulum, drawing power from the soil then drifting on the tides and currents of the sea, absorbing the secrets of two great elements.

I stand in the produce section of supermarkets at off-peak hours, furtively dowsing vegetables and fruit. I dowse what I should have for breakfast, how often I should swim at the Leisure Centre. I guess I should be grateful to my osteo-arthritis for the array of exotic learning experiences it's introduced me to. I've been Rolfed, manipulated by osteopaths, tweaked by Bowen therapists and cracked by chiropractics. One of the latter group spent quite a lot of time digging an elbow with full force into the deep muscle on the side of my hip, thrusting at what he called an epicentre, making me cry out with the pain. (This must be good! No pain no gain!) Eventually he told me I should consider seeing a psychic healer. The Feldenkrais technique seems promising. I've been seeing a student who works on me in exchange for bags of organic oats. The Alexander technique is on the dwindling list of things I haven't tried. And cranio-sacral therapy. Currently I'm in a "heal yourself without an expert" phase. Its part of the contemporary paradigm, and it's cheaper.

On the whole I think it's fair to say that none of the above made any appreciable difference. Bowen therapy is in some ways the best – it doesn't hurt, it's very simple, and there have been several occasions when the Bowen therapist relieved me of severe spasm.

Yes, it's been a learning experience, having osteoarthritis. How else would I have known of the existence of tablets containing extracts of green-lipped mussel shells, which I tried for a couple of months until a homeopath

said, "They won't do you any good." Or of the Gerson coffee enema, recommended by a local trader called Organic Bob, a process I failed to accomplish satisfactorily. Whimpering on the toilet floor, a rubbery umbilical-like tube writhing between my bony knees. Or of the juniper remedy, currants soaked in gin, handfuls chewed with a drifting buzz in the cerebellum. Or of the weekly arthritis bath routine, very hot water with a melted dollop of Epsom salts, sea-salt and iodine, twenty minutes of that, then jump into bed wrapped in towels, lie there sweating until sleep evokes dreams of infernos. There's the Hungarian snake venom cream – rub that in after a bath and you feel like your skin's been scorched. There's the glucosamine ointment from an American company called 'Born Again', the K-compound charcoal tablets, the capsules of urine-coloured fish-oil, the ginger and cayenne poultice, the Niagara massage pad, the copper bracelet, the hot-water bottle/ice-pack routine, the blend of herbal tinctures that tastes like the liquid oozing from zoo cages.

The thing about osteoarthritis is there's no single recognised way of dealing with it. And it's quite prevalent. Also, as is the case with rheumatoid arthritis, there seems to be a wide range of causes AND a wide range of sub types. One book I read suggested there were over 400 different categories of arthritis. The National Health Service line seems to be that if you have a chronic illness there's little or nothing doctors can do for you. If I go to see a medical doctor with my condition he or she will invariably prescribe a NSAID [non-steroidal anti-inflammatory drug] like Ibuprofen. Which, according to some of my research, actually worsens the situation since it inhibits the growth of new cartilage, quite apart from its range of potential unpleasant side-effects. This combination of factors throws the whole field wide open. I've found that doctors, homeopaths, body workers like

osteopaths and chiropractors, herbalists, nutritionists and acupuncturists are rarely familiar with healing methods outside their particular area of expertise. So someone suffering from arthritis or rheumatism, if not happy with the NHS response, is confronted by an enormous range of options and little guidance as to how to choose among them.

I dream of a health or healing centre where the different disciplines or therapies are represented, and where there is a genuine spirit of working together in the interests of the patient, and where the people who work there all know at least a little about how their colleagues work. New patients are examined when they enter, a full profile is completed which is then examined, discussed and diagnosed by a number of healers and a decision is made, with the patient present and actively participating about what seems to be the most appropriate form or forms of healing. If they're in Subud, people could even test about it.

Meanwhile, people like me are obliged to do the rounds. I've been exploring what I call the meta-physiological area. Trying to approach my condition on a deeper level.

An example of this is positive thinking. I was immersed in an Epsom bath a few months ago reading a book called *Curing Arthritis* by Margaret Hill. At the end she quotes an old saying "Whatever the mind of man can perceive and believe, it can achieve" I felt a great surge of optimism leap through my body. "I'm gonna beat this bastard," I yelled, leaping out of the bath into a new life. Alas, by the time I reached the bath mat my back was in severe spasm, and I was immobilised for three days. There's a moral in there somewhere.

Still on the meta-physiological theme, an astrologer told me I had Chiron in the first house. Chiron's the wound she said. The first house is the self. So my wound – and apparently we all have them in some aspect of

our beings – is in my relationship with myself. People with this configuration, I learned, have tendencies towards martyrdom, or victimhood. Oh yes I thought, that rings a bell. Maybe there's a bit of Jesus in us all. The cross, if not the redemption. Just because you have what seems to be a chronic and incurable disease that has taken over your lower back and is currently colonising your left shoulder and arm, you have no right to anoint yourself as victim. FIGHT IT! Watch what you eat, practise positive visualisations. ('You're a silver birch,' I tell my backbone. 'You're supple and strong and you lean with the wind like a dancer'), stay active, do your exercises.

UNDERSTAND IT! In line with this last imprecation I did some testing a while back. 'Is it God's will that I experience this pain?' Huge force pressing me to the ground. Me, moved to push up against it with a tremendous effort. Answer – unanimous among the three of us: 'Yes' Ancestors? Material forces? If it's God's Will am I supposed to be grateful? Thank you brothers. Hugs.

An American medical intuitive named Caroline Myss says that lower back pain is associated with the second chakra, which has to do with work and success and a feeling that the universe is cooperating with you (I find it hard to conceive the possibility that English people actually *have* chakras.) Frankly the universe hasn't been terribly helpful of late. On the work front, on the money front, on the success front, on, well, almost any front, come to think of it. So perhaps if I start earning more than about £400 a year, and start getting lots and lots of positive feedback from the cosmos or at least from my family and friends, my body will feel better.

Sometimes I look back ruefully at all the money I've paid out, at all the time I've spent on treatment couches of various designs waiting for another pair of hands to finally

crack the Gordian knot, at all the pills, tinctures, remedies, supplements, creams, bath additives, oils, the therapies or remedies that looked like cures and weren't. As the Grateful Dead used to sing: 'What a long strange trip it's been.' I think of my mother, who died of motor neuron disease, incapable at the end of almost any movement at all, and wonder if immobilisation is an imprint in my genes, potent and inescapable. No, Mutahar, don't get into that. I found this passage in a book by Meir Schneider, a healer who cured himself of almost total blindness. I pinned it to the wall in my studio:

*"No matter how badly off you may be, or handicapped, there is a strong power within you which can always heal you or at least make your situation better. No matter how isolated you feel, your higher self is always there to be your best friend. Knowing this, you need not feel isolated, fearful or helpless. Our power of healing exists in every muscle of our bodies, in every brain cell, every nerve fibre, every blood vessel. Finding this power is like opening a closet and locating what you have been looking for everywhere. It was there all the time, but you just didn't see it. We search everywhere for cures to our diseases, not realising that there is a force within us which has an infinite capacity to heal the body. This capacity is far more powerful than any disease. Disease exists only when we overlook this healing power."*

Guess I'll keep looking for that closet.



**JOURNEYS****Health Care: A Personal Journey**

Latidjah Miller

I am a bit reluctant to write about my personal journey in the health-care field. There are many Subud members



more qualified as healthcare professionals than myself. We have doctors in Subud who are highly specialized in their chosen fields. Surely theirs would be a more interesting journey to read about. There may also be Subud members who have wonderful talents in health, but are shy about writing of their experiences. My hope is that by sharing my journey, others practising in all the various fields of healthcare will feel more at ease to share also. I see this as a first step towards building a strong, living network between all healthcare professionals in Subud. Through sharing, we will learn of each other's talents. Later, we may be able to build something by joining our talents together.

My work in this field began in California in the 1970s. I taught natural childbirth classes and worked as an assistant lay midwife attending many home births of Subud members, as well as serving in the community as an instructor and labor coach for women giving birth in the hospital. Along with others, I assisted the doctors in the community to establish a more home-like atmosphere in the hospital birthing rooms. It was rewarding work, and I dreamed of one day becoming a certified nurse-midwife.

In the early 1980s, I found myself moving across the ocean to Hawaii. I lived in the small town of Hilo, Hawaii and jobs were

scarce. I was grateful for an offer of work from Harun Murray. He was SES international chairman at the time. He needed help with the day to day running of the SES office. I had studied some accounting and was familiar with office procedures. This was the my first exposure to working on the international level of Subud, and I fell in love with the activity. From a small island in the middle of the ocean, I was in daily contact with Subud brothers and sisters around the world. The energy was intoxicating.

From Hawaii I moved to England and continued to work with Harun, this time on the Anugraha project. He was the chief financial officer and I worked as his assistant. My role was to untangle some of the complex investor schemes, maintain investor accounts, and to coordinate the work of the secretaries. Again, I thrived on the aspect of working and interacting with the international community of Subud brothers and sisters involved with the project. Alas, all good things must come to an end, so when my role at Anugraha was finished, I went to Indonesia for Ramadhan. I needed to find my direction. While there, I was blessed with the opportunity to have an interview with Ibu Rahayu. She encouraged me to continue with my original plans to become a nurse. Her encouragement was a compelling force that increased my dedication to complete what was a difficult task for a woman in her late thirties, with four children, to achieve.

So, off to Texas I went to undertake the sometimes painful and often unpleasant task of completing nursing school. At one point during my studies I was shown clearly how fortunate we are to have the help of the lathan, and how things are sometimes made easy for us. I had to take a class in microbiology. The successful completion of the class hinged on being able to identify an unknown micro-organism which was swimming around in a test tube filled with broth looking much like chicken soup. Each test tube looked

identical, but depending on which organism it contained, a student would have an easy or a difficult time identifying it using a series of lab tests and procedures. I was given two test tubes to choose from by the lab instructor who put them down on my lab table and went off commenting, "It's up to you to choose the one you want to work with."

Without thinking about it, the idea came to me that the living micro-organisms could tell me themselves which one I should choose. In Subud I had learned to relate to the "unseen". I quickly held up one test tube to the side of my face near my ear as if to begin a conversation with the tiny organism inside. To my surprise, I could easily feel the nature of the little creature although all I could see was the chicken soup. It was round and had a friendly, soft feeling. I put it down and picked up the other test tube and put it next to my ear in the same manner. This creature felt different although visually all I could see was the soup. I felt a tough, resistant nature, hard and unfriendly; the word endospore kept going through my mind. In an instant my choice was made. I picked the friendly one, of course! My lab partner witnessed the whole event. Over the next few days I was able easily to identify my little friend in the test tube as *S. Aureus*. My work in the lab was finished. However, this was not the case for my classmates many of whom struggled on for weeks and were never able to identify their organisms. At one point I found myself surrounded by a circle of students all asking for my help. It seems my lab partner had spread the word that I was able to talk to the microbes and that maybe I could be of help to those who were unable to solve the mystery of what organism their test tubes held!

I passed the class with top grades, but more importantly the work load was made easier for me. I had more time to spend with my family as a result. I thanked Almighty God for giving me this special help in my studies.

The experience also boosted my confidence and proved helpful when later I began to care for extremely small premature babies who by nature could not communicate with me verbally. I learned that I could rely on my instincts.

After becoming an RN, I worked for one year in a hospital in Dallas, Texas, taking care of post-partum mothers and their infants. I helped many babies with their first task in life, to latch onto the breast. I discovered over and over that the easiest way to achieve this was to help the mother to become relaxed and confident in her own abilities. I did not give complex explanations to mothers about the physiology of milk production, instead I showed them how to be comfortable with the natural process. I encouraged them to believe that they could succeed. My approach worked, and other nurses often asked me to help their patients too. Breast-feeding seemed complicated to these nurses. The mothers always asked if I had children myself. When I answered that I had four children, all of whom were breast-fed, this was taken as a sign that I could be trusted.

In 1989, I took a job at Georgetown University Hospital in Washington DC in the intensive care nursery, and was fortunately accepted into Georgetown University to study. My goal was to become a certified nurse-midwife. Tuition at the University was free for those who worked full time in the hospital. I felt this was an extraordinary blessing. However, just a few days before the first term began, I discovered that I was pregnant. My dream of becoming a midwife went up in smoke. I knew that I could not work full-time and study for midwifery, with an infant to care for. My energy would never stretch that far. Man proposes, God disposes. Instead, I decided to continue to work part-time in the neonatal intensive care nursery, caring for extremely premature, and very sick babies. The work was interesting.

The doctors at Georgetown are always pushing the cutting edge of science in their work. The care for premature babies is highly technical and complex. There were babies born at 23 weeks of gestation, with eyes still fused, weighing less than 500 grams that still survived. I cared for babies with Aids, and many babies whose mothers had taken street drugs resulting in premature labor. I held, fed, and rocked these babies when their parents were absent from the hospital, while also looking after their intricate medical care.

During this phase of my work, a particular skill emerged and I became known for it in the nursery. Eventually I was asked to give an in-service to the other nurses on the topic of "moving babies towards wellness". What happens in an intensive care environment for infants is that we lose our belief that they can be well. My special skill was to identify those babies that didn't need the intensive care environment. Often I would be asked by the doctor whose heavy responsibility made him or her unable to detach from the need to administer the benefits of medical technology, to give my opinion on whether a particular infant needed continued medical care or not. It was not always possible to tell by looking at the infant or the results of the lab tests. One had to have an instinct as to whether the transient condition the infant was experiencing would resolve on its own or not. The doctor needed the encouragement of a knowledgeable nurse to help in the decision making process. Knowing as I did, that a prolonged stay in the intensive care nursery could also be detrimental to the beginning of a healthy life for an infant, and that the experience was usually devastating to the parents, I would rely on my knowledge of well babies and the guidance from my instincts. I would often confidently tell the doctor involved that we should discharge a particular baby. Sometimes I had to take a deep breath before saying this! In an atmosphere where

babies are dying everyday, it is harder to believe that they can also be well. Usually I would have to help the parents to deal with the excessive fears that developed when their baby was brought to the ICN. It happened once that the infant of Subud members came into my care in the nursery. The parents were so grateful to know I was there. They wanted the least possible medical invention for their infant. I became the baby's advocate in the nursery. I still have a thank you card from the parents which sits on my book shelf at home. The card has the beautiful Chinese character for "Caring" on it.

I did this work for nine years. Finally, needing a change from the intense level of nursing, I took a job as a pediatric nurse at a nearby community hospital. I still work part-time, and find that I enjoy taking care of children of all ages, and sometimes adults too. Recently, I spent the day at the hospital looking after a young boy, 13 years old, who had overdosed himself on over-the-counter drugs. His mother was exhausted after being up all night with him in the emergency room. Everyone who walked into this boy's room came out saying "what a beautiful child". I hugged the mother to let her know that we were there to help and support her. The drama was not over for her, however. Early in the morning she was called home. The boy's 15-year-old sister had also taken the drugs, and needed to be brought to the emergency room. While the mother was away, I sat quietly in the boy's room and prayed for him as he slept. Later in the afternoon I admitted his sister into the adjoining room on the ward. When the mother returned, I hugged her again, and gave her words of encouragement. Fortunately, both children will live. From the vantage point of working in a hospital, I can easily visualize the benefit that the atmosphere of the latihan would bring to patients, and the support it would be for the healthcare professionals too. If I had to be

hospitalized myself, I would be grateful if I could be in a Subud hospital, with doctors and nurses who were also helpers.

While I have now fully accepted that I will never become a nurse-midwife, I still have a longing to complete a graduate degree. After much research, I found a program which I can work on from home. I take only one or two courses at a time. I hope to complete a Masters Degree in Community Health Administration and Wellness. I also do independent study on the use of herbs to treat health conditions.

My time is spent mostly at home with my two young children. Fortunately for me, my husband equipped a home office with computer, printer, fax machine, and extra phone lines. From 1990 to 1994, I gained additional experience by working from home doing volunteer work on international health projects. For two years I was vice president of AOMAA. Then I helped to found World Medical Aid, and served as vice president for two years. I participated in setting up and seeing through to completion many overseas medical aid projects. We shipped medical supplies, at no cost to the recipient, to places like Moscow, Bosnia, Indonesia, Rumania, Vietnam, and to Mother Theresa's free clinics in Mexico – to name a few. An entire dental clinic with seven dental chairs was sent to Moscow to be used as a free dental clinic for the elderly. A mobile health clinic was sent to Bosnia to be used to provide medical care to refugees during the war there. Many supplies went to Vietnam through assistance given to a local charity association which supplied artificial limbs free of charge to Vietnamese victims of land mines or other accidents. We collected and shipped supplies needed by midwives on the island of Lompoc in Indonesia. This gave me valuable experience and brought back the warm feelings I felt before when doing international work.

At the Subud World Congress in Spokane in 1997, I participated in the work groups that

brought about the rebirth of SIHA. Through testing, I became a member of the SIHA steering committee and then was asked to serve as the coordinator. By helping to develop SIHA, I am able to combine my love of working with Subud brothers and sisters around the world with my love of working in healthcare. I appreciate the opportunity for growth which this opportunity provides. It brings me great joy. Also, I hope that by sharing my journey, I have encouraged each of you to do the same. I look forward to hearing about how you found and developed your talent in healthcare.



## HEALING STORIES

Breathing Lessons

Louise Anderson, Lewes, UK

I would like to share some of my experiences, understandings and finally my recovery from asthma. As a young child I was considered severely asthmatic, and trips to the doctor were frequent, even to the so-called "great" in Harley Street. There were hospital stays, steroids, diets, cold baths, cabbage water, running, deep breathing exercises, all to try and stop me from wheezing. None of it really worked, well not for long. Those wonderful relieving jabs of cortisone in the middle of the night were, although very temporary, life saving. I became resigned to the frequent pattern of catching a cold and one or two weeks later ending up in hospital.

That changed for me when the drug Intal arrived in the sixties. With the help of this new drug and some awareness of what food,



animals, etc to avoid, my asthma subsided somewhat, until my twenties. However, as an adult, the effects of this wonder drug were not so good and from this time on I gradually became more and more reliant on bronchodilators (relievers) and inhaled steroids. This soon increased until I was taking a course of oral steroids almost every month. I became increasingly concerned about my health but didn't know what to do. There didn't seem to be an alternative; I was seeing an excellent homeopath, had tried acupuncture, Chinese herbs, exercise, eurythmy, numerous diets, steam inhalations, and seen specialists in America and England. I think it is very important to point out that some of these things certainly made a difference: homeopathy, avoiding dairy, wheat and other foods, not allowing myself to get over-tired or over-stressed, therapy, they have all helped and still do. But I still felt there was nothing that I could really rely on. And I found in the middle of a busy life, the subtle differences of one thing slightly helping, or another hindering, were often lost. I dreamed of discovering a cure for asthma.

As I encountered one health practitioner after another I found myself having to deal with their perceptions of the nature of asthma. The most common being neurosis. It used to infuriate me to be on the receiving end of very condescending advice (however seemingly helpful) to relax and take deep breaths. How did they know what it was like to struggle for every breath? The implication that I suffered from this condition because I was ultra-neurotic was too much.

However it did start a process of questioning and an increasing of awareness about myself. Was I really that sickly, with endless allergies and having to be careful of so many situations and certain foods? I had come to view myself as not only an asthmatic, but because of my condition, as someone with justifiable excuses not to do things. I was

beginning to think like an invalid and I didn't want to.

I was someone who was definitely carrying heavy baggage from the past, present and no doubt into the future. In our enlightened age of being responsible for ourselves and all our experiences I felt stuck. What I knew, but was not yet able to seriously take on, was that I really had to be READY to heal. This sounds as if I was aware of the whole process; I was not. But I'd come to a point where I'd wanted to understand and was open to learning more. I was aware that I hadn't really put myself on the line before and actually opened up to what the asthma had to teach me. I needed to let go of the support system that asthma had given me. AND by now I realised that the healing of my breathing problem would not only change my experience of breathing but my experience of everything else in my life. I had been living life through my asthma. It had affected not only my breathing but like a chain reaction every other part of me. The illness had become so much part of me and my life that family and friends hardly noticed, like myself when I was wheezy.

These realisations had been hard won. There had been many, many occasions when I hadn't been sure if I could keep breathing until the cortisone worked. I needed to go more and more inside myself as my breathing worsened, drawing on the latihan, trying to push the rising fear of suffocation away from my mind; travelling to hospital with ambulance lights flashing, praying and telling God that now was not the time, I had more things to do and was not ready to leave this earth. One time a doctor was amazed at how seemingly calm I was when I arrived in such a poor physical state. I was pregnant at the time and knew that in order to survive I had to had to shut down as much as possible and put all my energies inside to sort out the conflict within.

Another time while we were living in

America I'd had flu and after being sent home from one visit to hospital I arrived back the next day to find myself being wheeled into intensive care. This totally shocked me. The cortisone hadn't done its usual trick. I was on everything that modern medicine had to offer and it was not working. I got to work quickly, praying, visualising, trying to put aside all the external thoughts and messages, to concentrate on becoming aware of what was really happening so that I could do my part in the healing, leaving the doctors to do theirs.

I made promises; I would walk every day, avoid dairy, wheat, sugar, coffee. I talked to God and vowed to do better – although I was not sure how! I suppose I knew or thought I knew that again this was not the time to die, but at the time my circumstances were not so convincing! I remember Bapak saying that we “die” many times on this earth and for me that means leaving the known, or safe ground, facing and going through into the unknown with faith, whether into another world or into another reality within this earth. I needed these hard hits to really help me move on, it seemed. I had certainly become a hard nut to crack. The realisation was instantaneous however that although I was in the dark most of the time, when the next serious attack came I would have to become focused as quickly as possible in order to survive.

Amidst all the medical interventions, external panic and the desperate struggle for life, I was being called upon to tune into a different reality, to bring God into the situation in a new way ... somehow joining myself with God ... changing my consciousness. I realised in a serious attack, the minute I “bought into” the hospital scene, I was in danger of losing myself, and my ability to stay close to the reality of what was going on. If I lost that, I felt that I would lose the experience, it would become someone else's. If I was to survive and learn, I had to be in control even if that meant, in reality, “being in control of not

being in control”. I was the only one who was truly aware of that and I didn't want to have to fight for the privilege to face what I needed to. Therefore, when I was deteriorating in health I was aware that to get into hospital and to a place where I could feel at peace would cost me a lot of external effort. Would my family realise that when I said “go” I needed to GO. You can't yell in the middle of an attack. I also needed to keep an eye on the doctors to make sure that their perception of where I was at and mine were not too dissimilar. I wanted to be helped with the cortisone and then left to get on with it, not fussed over or questioned unnecessarily. Quite a demand in the normal hospital situation!

The advice I had been given about my medication was confusing. I had been told how bad the regular use of steroids was, also not to use bronchodilators too frequently. The trick was to get the correct balance of the inhaled drugs in order to avoid the oral steroids. I was on the maximum dose of inhaled steroids. A situation that had me trapped. Oral steroids and their side effects, on a regular basis, were to definitely be avoided.

Now to the exciting bit ... In September last year there was a documentary on TV about a Russian called Konstantin Buteyko. The documentary was the result of his scientific and practical research over 40 years, from 1952 until the mid 1990s. It uncovered the major cause of many diseases, connected to the hormonal, cardiovascular, nervous and respiratory systems. Buteyko discovered a new method of treatment for these diseases, drug free, more effective and perfectly safe. He had found this method was far more effective than modern medicine, especially for asthma.

Through the latihan I had recently been exploring the reasons why my asthma was still with me. I didn't smoke, was healthy in every other way; I was fed up with the situation and knew that it was holding me back. I guess I

had had enough and sincerely wanted to move on. The difference between wanting and WANTING is rather nebulous, but growing in me was a willingness to let go of any security that the illness had given me. I was told about the TV programme but our television was broken, someone taped it but their recording was out of focus, and I didn't bother at first to try to watch it. When I eventually did get around to view the wobbly programme it looked very interesting. With a nudge from a dear friend and a book about the method sent to me from my family, I finally made my way to a weekend course in London which was to change the course of my life. There were many people including children, about 40 all together. Some very wheezy with emphysema and others with various degrees of severity of asthma.

Alexander Stalmatski, the author of the book *Freedom from Asthma* (published by Kyle Cathie Ltd) released in the UK about the method, was the Russian who conducted the class. I won't go into great detail about the method but here are the basic principles described from in the book.

According to Buteyko, asthma is the body's defence mechanism against over breathing, or hyperventilation. Modern medicine treats the symptoms of asthma, the Buteyko method treats the cause, which is hyperventilation.

It doesn't matter how many times you breathe: what matters is how much air you use each minute. The way to cure asthma is to normalise your breathing pattern.

To learn the Buteyko method you need to be under the care of a qualified breathing practitioner for a few days. You can have a hyperventilation problem without developing asthma, but you will have other health problems. The Buteyko method is also effective for controlling some of the world's commonest diseases, which are the diseases from which 90% of people suffer.

Over the weekend we practised breathing

exercises for an hour or two at a time to change the way we breathed. These were the opposite to the deep breathing that most asthmatics have been taught, it was shallow and fast through our noses "like a mouse". I learnt that carbon dioxide which is present in our "out breath" is a natural bronchodilator and protects against bronchospasm. I realised that with "breathing retaining" my asthma, allergic reactions and general health would improve.

This we learnt over the weekend and continued three times daily until our lungs had sufficiently healed. We would then be ready to cut down on our steroid intake with the supervision of our GP. When we were free of steroids and our lungs were functioning well, we would no longer need to do the exercises. Instead we could keep a check on the situation by a simple exercise and by practising our breathing control. If we became wheezy we could increase the exercises until things resumed to normal. I arrived with a blocked nose, which had been my daily experience since childhood. We were instructed to breathe through our noses; this gradually became possible with the exercises and by the third morning my nose was unblocked and has subsequently remained clear.

One of the main eye openers for me was the realisation that unnecessary doses of bronchodilators are given, and although providing short term relief, in the long term it makes the asthma worse. This is because by opening up the airways hyperventilation occurs, even more than before, worsening the breathing, and potentially causing more problems for the future. Most of all it seems this approach is about treating the symptoms and not the cause. I haven't used my ventolin inhalor (bronchodilator) since the onset of the course in the beginning of November 1998. I normally used it about 4-10 times a day when wheezy. I haven't needed a course of steroids since the course; I was having a dose about every month until that point. Other allergic

symptoms to wine, dairy and wheat, resulting in runny nose and itchy eyes have improved or disappeared. I am able to walk up hills without getting breathless; in the past I would often struggle with the help of my ventolin every few steps. This, in my case, is nothing short of miraculous.

It is ironic that three days after going on the course, when I was already feeling quite different I went to my lung specialist for the results of a lung scan. I was told that I had bronchiectasis (patches of damaged lung). Three areas of my lungs were affected. I was shocked, but felt that all would be well with the help of my new breathing programme. I have since had this confirmed and now know without doubt that my lungs can heal. The damage was mostly caused by my severe asthma and the over-use of drugs to control it. Now my nose is always unblocked and I have some colour in my cheeks for the first time in my life. I consider myself cured – I no longer have the symptoms of an asthmatic. It is a new experience for me and as my lungs slowly but surely improve I move into a life without asthma. This new life means that everything has changed: my relationships, my perception of life, myself, my capabilities. I see that it was stopping me more than I realised.

I have also understood something about the process of healing itself. We have to be willing and ready, not only to heal, but to accept the consequences and changes that the healing will bring. It can be an uncomfortable and frightening process, because it requires us to be willing to let go of the safety, the known or the attention from others that illness brings. Healing is new territory, the unknown. For me I realised I did not need it any more. Somehow by making the intention to heal, by no longer being attached to it, the healing came up to meet me; what I needed for my next step, came.

## WHAT IS ... OSTEOPATHY?

Maxwell Fraval, Australia

**D**r Still (1828-1917) was a fourth generation American of Scottish ancestry. He was trained as a physician and surgeon, and served in the Union Army of the North in the American Civil War. After the war, he attempted to interest the local medical schools in his ideas, but was rejected and so in 1892 he founded the first College of Osteopathic Medicine. The Osteopathic profession in the United States later fought for parity (i.e. full practice rights) with their allopathic counterparts and by the early 1960s finally achieved this recognition in all States.

What is Osteopathy? I offer this extract from an article that Dr A.T. Still was invited to write for the general public, published in January, 1908 :

“Osteopathy is simply this: the law of human life is absolute, and I believe that God has placed the remedy for every disease within the material house in which the spirit of life dwells. I believe that the Maker of man has deposited in some part or throughout the whole system of the human body, drugs in abundance to cure all infirmities: that all the remedies necessary to health are compounded within the human body. They can be administered by adjusting the body in such manner that the remedies may naturally associate themselves together. So I hold that man should study and use only the drugs that are found in his own drugstore – that is, in his own body ...”

Osteopathy is a science built upon this principle: that man is a machine, needing, when diseased, an expert mechanical engineer to adjust its machinery. It stands for the labour, both mental and physical, of the engineer, or osteopath, who comes to correct the abnormal conditions of the human body and restore them to the normal. Of course, “normal” does not simply mean a



readjustment of bones to a normal position in order that muscles and ligaments may with freedom play in their allotted places. Beyond all this lies still greater questions to be solved: How and when to apply the touch which sets free the chemicals of life as Nature designs?

Dr Still referred to Osteopathy as “the law of mind, matter and motion”<sup>2</sup>. Motion is life; nothing is still – everything, in some subtle way, moves. I remember when we were holidaying in Cornwall and my son Andrew was about three years old. His little finger got caught in a self-closing firedoor. Andrew’s finger was bleeding at the nail and he was screaming fit to burst! We had to drive about 40 miles to the nearest hospital. As my wife Asmaniah drove, I sat Andrew in my lap and very carefully palpated his finger. I could feel nothing. There was no involuntary motion, shortening/lengthening (flexion/extension), palpable in the distal phalanx. I applied very slight compression and flexion to the finger and after some time started to feel a response in the tissue. As this happened Andrew’s wailing gradually ceased. The X-ray at the hospital did not show any fracture and we were advised that he would lose the nail within a few weeks. In fact this did not happen and the following day he was back to normal.

The osteopathic philosophy sees the body as a single unit of function. While there are many systems or “bodies” within the human form, they are all fundamentally connected to one another. So the body of blood vessels, the body of the digestion, the body of muscles, the body of the nervous system and the body of the bony structure all interact with and affect each other.

An example of how dysfunction can affect other, seemingly unrelated parts of the body may be seen in the story of a young lady who started to experience intermittent numbness in the left side of her face which she found very distressing. The numbness had started

shortly after she had had her first child 18 months before I first saw her. Her general medical practitioner (GP) had referred her to a neurologist. CT scans showed no abnormality and the neurologist was unable to find any reason for the numbness. A second neurologist came to the same conclusion. The patient had been referred to a psychiatrist because her GP wondered if there might be a problem with the bonding between the patient and her infant. It was at this point that she came to see me. When I examined her I found that her pelvis had not recovered from the birth. Her sacral apex was held posterior, producing “drag” on the dural membrane and thereby distorting cranial base function. The reciprocal tension under which the falx cerebri and tentorium cerebelli function had also been altered, thereby affecting the gasserian ganglion in Meckel’s cave. *[Put simply, there is a continuity of the membrane covering the spinal cord because it attaches to the sacrum (tail bone) and to the floor (on the inside) of the skull where a little pouch of this membrane houses the “junction box” for the sensory nerve of the face. The sacrum can therefore affect function at floor of the skull and vice versa.]* At the end of two weeks’ treatment the patient’s pelvis had been restored to normal function, her numbness ceased and did not return. She remained symptom-free (as reported by other members of her family and many friends who I saw for years afterwards!).

Interestingly a research study done by Retzlaff demonstrated how the cranial bones in the squirrel monkey could be affected by flexion and extension of the sacrum<sup>3</sup>.

Another example of the way the body works as a single unit of function is seen in the function of the diaphragm. A dysfunctional pattern in this vital muscle/tendon can gradually affect the function of the organs both above and below the diaphragm. In fact, a life is defined by breath, a fundamental

movement we make from the day we are born to the day we die. The first breath, and the manner in which it is drawn, can establish a long-term pattern of function. Many times trauma, especially in road traffic accidents, can distort the movement of the diaphragm. A sudden intake of breath as trauma occurs combined with external force can leave part or all of the diaphragm "frozen".

Dr Still saw biomechanical and circulatory function (including the lymphatic system) as interrelated. He stressed the importance of thoracic motion particularly in the way the rib heads might influence the function of the spinal sympathetic chain of ganglia lying adjacent to them. Another way in which mechanical function may influence fluid systems has been revealed in research published in the last 20 years. Mechanically induced piezoelectric phenomena [*the ability of some materials to transform mechanical stress into electrical energy*] have been demonstrated in tendon, cartilage and bone on deformation by Becker<sup>4</sup>, Bassett<sup>5</sup>, Anderson<sup>6</sup>, Maroudas<sup>7</sup> and others. Stretch or compression of these tissues can affect fluid function by virtue of these piezoelectric phenomena. Becker was able to show that there is a bi-directional flow of direct current within the body which creates a weak magnetic field. Although he spoke little about this, and did not refer to it in his writings at all, Dr Still could see the bio-electromagnetic field around his patients<sup>8</sup>, giving him additional clues about his patients' conditions.

Dr Still felt that the cerebrospinal fluid (CSF) was the "highest known element" within the human body. He felt that the central nervous system (CNS) imparted an "x factor" to the CSF which was necessary for health. He encouraged his students to pursue this idea. One of his students, Dr William Garner Sutherland, spent 30 years studying the cranium. Dr Sutherland concluded that the CNS has an involuntary motility, that the CSF fluctuates within its closed

cavity and that the dural membrane functions under reciprocal tension that guides the cranium in its motion which is accommodative to the motility of the CNS<sup>9</sup>.

The notion that the cranium has motion is not accepted within allopathic medicine, yet from the osteopathic point of view, distortion of this motion is the cause of many health problems.

One example concerns a boy who was two and a half years old when I saw him. The child had suffered from intermittent moderate to severe colic since birth. He had also not had normally formed stools since birth; his mother described his stools as having a porridge consistency and being foul-smelling.

The child's grandfather was an anaesthetist who had encouraged the child's parents to see first a paediatrician and subsequently a gastroenterologist in an attempt to establish the cause of his persistent symptoms. A number of tests had been performed over the two and a half years since his birth. These included skin scratch tests and provocative food tests, more than one RAST test [*for the presence or absence of food allergy*], an endoscopic examination, a CT scan and finally a duodenal biopsy. At the time that I saw him he was on a diet which excluded wheat and dairy products. None of the dietary approaches suggested previously had had any effect.

The boy was good-natured and affectionate and not given to any displays of hyperactivity or other behavioural abnormality.

His mother gave a history of a prolonged second stage in labour which required low forceps to assist the delivery. There was no external sign of bruising or swelling at the time of birth which was regarded as unremarkable. As a baby he had suckled normally. But he had soon displayed the symptoms described above.

Intraosseous lesions of the occiput primarily concern the condylar parts or lateral masses of the occiput which have been

compressed into the converging facets of the atlas during labour resulting in slight positional alteration. Both the basi-occiput and the squamous part may not escape and some distortion involving the pre-osseous elements here influencing development and function of the associated soft parts may occur.

These membranous and cartilaginous components of the occiput are enclosed in a strong envelope of external periosteum and internal dura mater which is the only means of retaining them in correct alignment during this critical period because their intraosseous unions are far from stable. These cartilaginous unions are subjected to marked pressure and may become aetiological factors leading to disturbances within the CNS. Such distortions of the occiput may involve even the fissural demarcation between the membranous interparietal occiput and the cartilaginous supra-occiput of the squama. Up to the age of five or six years, there are no "mechanical gears" in the cranium in that the sutures have yet to be formed.

Magoun<sup>10</sup> has described how slight rotation of the opisthion with lateral compression of the condylar part against the temporal occur as a result of the birth process. There is also a crowding of the basiocciput by approximation of the anterior ends of the condylar parts. This may have the effect of putting increased tension through the slip of dura mater that divides the jugular foramen and irritating the cranial nerves passing through the area. In addition the petrosal and sigmoid sinuses are vulnerable to distorted function as they exit through the jugular foramina carrying 95% of the drainage from the head. *[The baby's head rotates as it comes down into the birth canal. This rotation, coupled with the downwards pressure of the uterine contractions, can cause a slight rotation of the occiput (the bone at base of the skull, at the back) with compression and crowding of the*

*area where three cranial nerves (9th 10th and 11th nerves) leave the skull. One of these nerves control peristalsis (smooth muscle contractions) from the lower third of the oesophagus to the last part of the large bowel. Irritation of this nerve can therefore be a cause of colic, reflux, wind or bowel dysfunction (eg diarrhoea).]*

When I examined the patient, he had a compression of the condylar parts on the left with a lateral spread on the right. It should be borne in mind that by the time this child was seen considerable development had already occurred. The bones of the cranial base have thickened, the sutures have closed and the serrations are developing although little interlocking is present for another year or two. The condylosquamous junction is beginning to ossify and the squamosal fissures have long since disappeared (at one year old). *[The occiput (the bone at base of the skull) is in four parts at birth with cartilaginous portions joining the parts together. Although, at two and a half years old, this young boy's occiput was well on the way to fusion, it was still possible to achieve a change in function by reducing the compressive force that had remained in the tissue.]*

A decompression procedure was carried out on the first occasion that he was seen. When he returned 10 days later, his mother described the child as being 60% improved. She had exhibited considerable skepticism at the time of the first visit. However she declared that she had noted a definite improvement from the day after the first treatment. After the second visit the child was reported as having been pain free with a normally formed stool.

I presented this case to a mixed audience which included a number of medical practitioners. One of them suggested that the child might have got better anyway and that this was just co-incident with my treatment. I asked him if he had given a medication to this child with similar results whether he would

The United States is the only country where an osteopathic qualification alone leads to full practice rights. There are now 16 Colleges of Osteopathic Medicine and details of these can be obtained from:

**American Osteopathic Association,**

142 East Ontario Street,  
Chicago, Illinois 60611, USA

or

**American Academy of Osteopathy,**

3500 DePauw Boulevard Suite 1080,  
Indianapolis IN 46268, USA  
Tel (317) 879 1881

**The Australian Osteopathic Association**

P.O. Box 242 Thornleigh,  
New South Wales 2120

**General Osteopathic Council,**

Osteopathy House 176 Tower Bridge Rd,  
London SE1 3LU, UK  
Tel (0)171 357 6655  
Fax (0)171 357 0011

**The New Zealand Register of Osteopaths,**

P.O. Box 14697,  
Wellington, New Zealand

or

9 Ferleigh Ave  
Royal Oak, Epsom  
Auckland 3, NZ  
Tel 9 366 1996

**Register of Osteopaths,**

1290 Roland Therrien,  
Longueuil,

**Quebec, Canada**

Tel 514 679 2010

**Register of Osteopaths,**

Chemin Chamblandes 45,  
1009 Pully,

**Switzerland**

Tel 021 728 28 37

Fax 021 791 63 63

**Register of Osteopaths,**

Via XXIV Maggio,

10 64022 Guilianova,

Lido, Italy (TE)

Tel/Fax (0) 858004640

**Register of Osteopaths,**

Frances Macia 106 1 08400 Granollers,

Barcelona, Spain

Tel 3 302 5357

Fax 61 27 1033

**Register of Osteopaths,**

Siège Social,

37 rue Campagne,

84000 Avignon, France

Fax 90 27 3504

or

2 Boulevard Marechal Joffre,

38000 Grenoble, France

Tel 76 47 5155

Fax 76 56 9520

have assumed that the medication had worked. He replied in the affirmative. So I asked him why he could not accept that after two and a half years something else might have worked. "Well," he said, "we know that medicine works!"

It is very difficult in an introduction to the philosophy of osteopathy such as this to do justice to the subject.

<sup>1</sup> A.T. Still, *The Ladies' Home Journal*,  
January 1908

<sup>2</sup> A.T. Still, *The Philosophy and Mechanical Principles of Osteopathy*,  
Hudson Kimberly, 1902

<sup>3</sup> Retzlaff EW, Michael DK, Roppel RM,  
Cranial Bone Mobility,  
*J Am Osteopath Assoc*, 74:138-146, 1975

<sup>4</sup> R O Becker, *The Body Electric*, Quill, 1985

<sup>5</sup> Bassett CAL, Biophysical principles affecting bone structure, *The Biochemistry and Physiology of Bone*, New York Academic Press Inc, 1971

<sup>6</sup> Anderson J, Eriksson C, Electrical properties of wet collagen, *Nature*, 218:166-168, 1968

<sup>7</sup> Maroudas A, Physiochemical properties of cartilage in the light of ion exchange theory, *Biophys J.*, 8:575-595, 1968

<sup>8</sup> C Trowbridge, *Andrew Taylor Still 1828-1917*,  
Thomas Jefferson University Press, 1991

<sup>9</sup> Sutherland WG, *Teachings in the Science of Osteopathy*, Rudra Press, 1990

<sup>10</sup> Magoun, HI, *Osteopathy in The Cranial Field*,  
Journal Printing G., Kirksville, MO, 3rd Edition,  
1976

**FOUNTAIN HOUSE**

Hermione Elliott, Hampshire, UK



I find myself returning again and again to Varindra's observation "Everything is about something else". Exactly what the "something else" is, may not always become apparent until many years later. And so it is with Fountain House. Fountain House was a project that had an impact not only on Subud in Britain, but on the families whose children came there and the wider community of Bath. I find myself talking about it in the past tense, even though it is still in existence, perhaps because it is no longer in Subud hands, or perhaps because something has been lost, the ethos changed, through its transition. It is this very process of change that interests me and I believe it is something that has relevance for all future Subud healthcare projects.

Setting up Fountain House was a wonderful example of Subud idealism, practicality, guidance, hard work, co-operation, learning and Grace. It began with a dream. Emma

Barker (the wife of David Barker then the Chair of Fountain Housing Association, who had successfully established the Subud retirement community, Wisma Mulia) woke one morning having dreamt Fountain must set up a home for mentally handicapped children. This indication was taken seriously and steps were taken to bring it into being.

Ronald and Helen Leask were invited to take part in this project. They lived locally and had great insight into the needs of such children through their youngest daughter Rosie, then 19, who is profoundly mentally and physically handicapped. From very early on, in spirit, this was Rosie's Home. Although in practice, because of local authority and government funding policy, it took a long time for Rosie to be accepted as a resident – and as it turned out her status became one of our more long-standing and frustrating brushes with the mysterious and slow moving wheels of bureaucracy. Edward Mackenzie, then the director and development officer of FHA, the management committee and latterly myself as the future house manager set about the task. A large house in a rural setting was acquired on the outskirts of Bath. The big garden and gentle rolling hills which circled it reflected our wish that the surroundings should be as beautiful as possible. Government grants were not available to the voluntary sector for childrens projects, so the Leasks sold their own home to fund the purchase. As a bonus, Ronald's sensitivity and skills as an architect meant, as a new wing was added for their home and the necessary adaptations were made to the house, the project was able to proceed in a very creative and free way.

The question often arises: "what is the recipe for a Subud project?" At Fountain House, it consisted of lashings of goodwill and commitment, moral and financial support from Subud people all over the world, a professionalism free of political correctness, loads of love, lots of latihan and in my case a

large measure of naiveté. Perhaps we were all naive. For example we didn't do anywhere near enough market research. It was clear to all that the need was there and from Edward's discussions with the authorities they agreed that it should be answered. As it turned out we were launching just at the time when the government was reviewing the mental health services and based on their recommendations we imagined it would be plain sailing. We so believed in what we were doing and thought we had the support of the authorities, so it was a shock to find ourselves caught up in vested interests and politics between the health department and social services, who at that time were fearful that little voluntary organisations like ours would erode their power base. They had also decided that fostering would be a cheaper option and funding for placements suddenly became difficult. We didn't know much about marketing either, so for many months we found ourselves with only one or two short-stay, local children until eventually we made contact with social service departments in London, where placements were in extremely short supply, and we began to fill up.

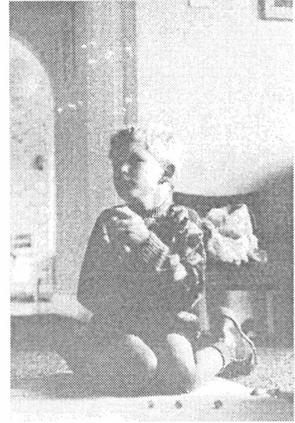
We asked ourselves, what do these profoundly mentally and physically handicapped children need and what would the parents of these children want for them? Our conclusion was a Home with a capital H, (as opposed an institution which was the only alternative in those days) where the staff are skilled but above all cared; somewhere where parents could confidently leave their children for respite care or even as a permanent alternative for ageing parents unable to cope. We succeeded in our aim. Everyone who visited was overwhelmed with the atmosphere and feeling of comfort that we had provided. But what was it that people were responding to? Did it mean that the latihan was at work, or was it that we just had good taste?

So that we could develop the values and

atmosphere we wanted, we planned to have an all Subud staff, but this proved impossible. Rachel Gawen and I were, for the first few months, the only staff and as we grew we went

through the usual process of employing people, in the absence of Subud applicants, who we thought best fit our ideals. Fountain House was unusual in these circles, not only because of the latihan but because we worked closely with our General Practitioner while using complementary therapies, and we had a wonderful vegetarian cook who provided fabulous wholefood meals, which in one stroke eliminated all the bowel problems experienced by these children! This meant we needed to hire people who were not only kind and capable, but were also sympathetic to these, back then, new approaches. In general we were exceptionally lucky. The staff were all of those things and more. And over the years at different times we benefited from the help of other Subud people, all of whom brought their own strengths and more latihan. Integration of Subud and non Subud was never a major problem, though we did have to work hard on developing communication skills, team building and staff support.

The Subud groups of Bath and Bristol provided invaluable support in the earlier years, particularly in organising some splendid garden parties, which are still the talk of Upper Swainswick the nearest village. The fun and the funds they provided gave us a considerable boost.



As permanent residents the Leask family brought a wonderful stability and continuity to the life at Fountain House, when staff came and went, as in any normal job. This was especially reassuring to the parents. Although they had no "official" or paid role, Helen looked after the garden and Ronald acted as the handyman attending to maintenance duties outside and in.

Helen and I did latihan regularly and often asked for guidance on the best way to work with the children. Their ages ranged from four to eighteen years old, although this was not reflected in their physical or mental development – most of the children were incontinent, unable to communicate, feed themselves or ambulate. Some remained small child size, while others grew in size, but remained underdeveloped in ability. The majority had suffered from vaccine damage, one or two from birth trauma, some with congenital abnormalities. Their physical appearance could be very shocking, although we soon overrode that and came to know them as they were, wonderfully characterful and whole.

The value that many in society places on these children was brought home to us painfully one night, when Marianne was staying with us for a three week holiday.



Marianne was beautiful. She had the most sensitive, gentle, doll-like feeling and appearance. Admittedly she was exceedingly thin, had a scoliosis and her limbs were retracted, she was 16 years old and probably five-year-old size, she was incontinent and regularly had fits, all of which to a stranger might be intimidating. Usually her fits passed

without any cause for alarm, though on this particular occasion she became grey and looked very ill indeed. Without hesitation we rushed her to the hospital. The duty doctor in casualty could not have been more mystified. The horrified expression on her face said it all. Why had we brought her? Wouldn't it have been better to let her die? Shocked and upset we carried her home again. When I reflected on this later I came to the same conclusion, but for entirely different reasons. The doctor's perception was that Marianne's life had no value and that she would be better off dead, whereas we knew from the latihan these children were as much on their path as you or I. But what I *bad* failed to understand was that they may be coming to Fountain House to take the steps they needed, and if they were ready to die, it would be a mistake to deprive them of that, in the panic and flurry of getting them to hospital. We never rushed another child to hospital in the same way. As it turned out, Marianne was ready to leave a few years later and chose another of her visits to Fountain House to do it.

Rosie was not our only Subud child. Gerard, our first full-time resident, was with us for several years, latterly with dog! We loved this 14-year-old-going-on-three, blond bombshell with a passion. I still dream about him, his mischief-making and his giggle. We all had the feeling he would one day talk and in my dreams he does; it always makes me cry. Then we had Aaron, who came to stay while his mother went to the Anugraha Congress. He was tall and gangly and I cannot imagine how we would have managed to get up him up and down stairs without Ronald's fireman's lift. We heard later, when it was his time to be opened the helpers came to their home; half way through his first latihan his mother heard him go quiet, the helpers continuing on for a while. When they finished they told her he had simply and peacefully left his body. Such a feeling of

blessing and release came with that news.

It wasn't all plain sailing. We had all kinds of brushes with real life. A mother threatening suicide while locked in our bathroom ... a custody battle and a court appearance ... juggling the dynamics and keeping the peace between separated parents ... a child we suspected of having been abused at home ... high drama in the personal lives of staff ... you know, the usual. And there were occasional tiffs and wrangles with the management committee, though nothing ever insurmountable. Mostly the memories are of hard work, joy, grace, love and laughter. We were so lucky, it was a fantastic learning ground.

When the time came for me to leave Fountain House, plans were underway for an adult extension, which was beautifully accomplished and grandly opened by Princess Anne. This need came about because of difference in local authority registration between child and adult facilities; it seemed a shame when the children reached 18, they might have to lose their place at Fountain House. This time funding was less of a struggle; because the project was providing "housing" for adults, government grants were available through the Housing Corporation. My successor, although not in Subud was keen to maintain the established Fountain House ethos and succeeded with the support of the remaining staff. Although with the passing time and subsequent changes in management and none of the original staff left, this has now been eroded.

Fountain Housing Association in the meantime had developed two other adult projects for the mentally handicapped, one in Bath and one in Bristol, this time working more closely with the local health authority and social services departments, who were struggling under a government directive to close the large mental health facilities – the Victorian asylums which had never quite shed

their inheritance. This initiative started as we began and we were able to prove that it was both feasible and desirable to care for the profoundly handicapped in this way. As the initiative grew we saw, locally, the most wonderful replication of the model we had developed – small community Homes – comfortable, family orientated units where residents have their privacy and an appropriate level of support. Perhaps this is Varindra's "something else". We had thought we were doing one thing, and thankfully we were able to bring benefit to the children and their parents, but in reality the results rippled further than we could ever have anticipated.

The management committee consisted of a group of very dedicated Subud members, who donated their time and were committed to supporting us in this work. However changes in the way the Housing Association movement was structured in Britain made life difficult for FHA. In order to be eligible to receive government funding and to maintain the status of a Housing Association, it needs to be continually expanding. This requires a team whose passion lies in developing fair rent housing, with a director, a large development team and management committee who have the skills to manage large scale projects. When FHA reached its capacity and after much trauma, it was decided to hand over all the projects, except Wisma Mulia, to another larger Housing Association who specialise in managing housing and who had become interested in special needs.

This has left Fountain House, on the plus side, more able to sustain itself financially, with a large management and administrative structure to support it. On the down side, it means that much of the culture of sensitivity, which the latihan helped us so carefully nurture, has gone. I see Varindra's wisdom and insight, when he reminded us to beware of the bureaucratic mind, confirmed again. Please do not misunderstand me, the house is

clean, bright and beautiful and the children are well cared for, but now it is without the tangible vibrancy of the latihan and the consciousness and awareness of God that it brings. And without the presence of the Leasks it would be just another care home ... Rosie still has pride of place and probably keeps things in check from her "penthouse apartment", Ronald and Helen in their home, I know keep the latihan flowing and the spirits up. But it must be sad for them that most of the staff do not know the circumstances in which Fountain House was founded, and the spirit which motivated it.

I do not see Fountain House as a failure, but nor do I see it as a completely successful Subud healthcare/welfare project in the way Bapak envisaged. In material terms, it is a wonderful example not only of the facilities it provides, but also a model to demonstrate the high quality of care for the profoundly handicapped that is achievable in the community. This is something to be proud of. But as I look back and draw comparisons it is clear the people who came were not simply responding to our good taste ... Fountain House still has that ... it was without doubt the sense of elevation, the intangible presence of latihan which touched them.

That requires a strong Subud presence on a day-to-day basis. In Subud projects, if there is a collection of people with this level of commitment, as well as a good balance of Subud and non-Subud staff, the required level of professionalism, management expertise and adequate funding, that can be sustained over the years, then I believe we can call it successful. As Ronald so aptly says, "How do we work in the world with the inspiration of the latihan *and* make it worldly?"

Wisma Mulia, another FHA project, which I will be writing about in a later issue, will be facing this challenge when House Manager Lewis Sparks retires in a few years time ... we need to start looking and praying *now*

for someone in Subud to succeed him, to safeguard the presence of the latihan in the care we give to our Subud elderly and the high standard of professionalism that exists there.



### LETTERS

*The views expressed in this journal are those of the individual writers and are not necessarily those of the editor or editorial board, nor do they constitute any policy of SIHA*

#### *Keeping it in the family*

Dear Hermione,

I read about Brookhurst Grange with great interest in *Resonance*. You see, my mother bought it in 1959 or '60 ! She was English, the daughter of an army officer serving in India in the 1930's, met my father, a Pathan tribesman (British educated) and lived her life in India (afterwards Pakistan). It had always been her dream to own an old house in the country in England, which reminded her of her childhood. It eventually became possible, due to my father's position, to buy her dream house. It was more than she could afford, but with the loan of a friend she bought it – Brookhurst Grange!! To pay off the loan she was obliged to divide it into three parts, she sold two and lived in the larger one at the far end. She was very happy there for 11 years, often telling me that she always felt protected and was never afraid of being on her own. Twenty years later I was opened in Subud and within two months to the day of my opening my mother died. The effect of the latihan?

I just thought you might be interested in this small story and the memories it evoked.

May God bless you, your Subud sister  
Sourayya Frick, Corfu



*A correction ...*

Hi, Latidjah,

Thanks for copies of the first issue of the SIHA magazine, Resonance. It's great. Well done, however, there is an error, I noticed, the matron of Brookhurst Grange nursing home was Dodie HOAR (not Hall!) She, now Lavinia, is still alive and going strong in Auckland, NZ. Her daughter is Abdurachman Mitchell's wife, Rohana.

The two spare copies you sent me I passed on to the two MDs we have here in the Perth Group, Abdurachman Mitchell and Salim Ismail, and urged them to join. Hope they will contact you.

Salamah Pope, Perth Western Australia

*Homeopathy and Subud*

Dear Hermione

Thank you for sending me a copy of Resonance, which is interesting, well presented and has a great title. I've now registered with SIHA and hope to support this in any way that is appropriate.

I'm in the final stage of my long training now, and am having the satisfaction of treating my own patients, hoping to graduate in July 1999. In connection with homeopathy and Subud, an experience I had recently pinpointed thorny issues we in Subud will have to deal with if we are working towards a more professional interface with healthcare groups. Although of course the alternative and orthodox medical bodies have their own faults which they need to address, unfortunately within homeopathic circles, and especially within homeopathic colleges, Subud has a poor image, and this is the reason. If you ever wondered where all the ex-Subud members went for healing after they left the association, disenchanted with disastrous failed Subud enterprises or inadequate helpers groups, the answer is, many have turned to homeopathy for help.

Few homeopaths are Subud members, so they gain their impression of us as an association from patients in crisis and deep pain. At my homeopathy college last term, the principal decided to present for teaching purposes the written notes of an unusual case presented at an international seminar which required a little-used remedy to cure the patient. This patient was an ex-Subud member who had clearly been in a state of latihan crisis, and the way the case was taken by two internationally famous homeopaths made it clear to me that they did not understand what Subud was and had a very poor opinion of the results of the latihan. George Vithoulkas, one of the homeopaths treating the case, declared the latihan appeared to be a force from 'on high' that was too powerful for people on the planet at present, and its use should be restricted only to spiritually well-prepared people. He had the impression it was a meditation technique.

At this point, our principal, an ardent Yoga practitioner and teacher of Yoga, added his own dire warnings to us students about a process that appeared to create chaos in a person's psyche, asking 'Does anyone here know anything about this movement?' Of course, I had to speak up, and announced that I'd been receiving the latihan for 36 years and that although no doubt I was considered eccentric by some, I didn't feel my psyche was totally deranged. I was then put in the position of having to contradict the opinions of the eminent homeopaths I was supposed to be learning from, explaining in front of two classes of students the difference between the latihan and meditation. Our principal, a kindly man known for his intransigence was astonished, and had to grudgingly admit the homeopaths might have misunderstood what the latihan is.

Nevertheless, the homeopaths did deduce from the patient's symptoms the appropriate remedy that cured her so that she is now able

to live a normal life and even earn her living instead of being admitted to a psychiatric hospital. Whereas we in Subud had obviously failed her. And as no identification was given because of patient confidentiality, I have no idea who she is.

This was such an unexpected situation for me to find myself in I felt quite shocked, as it confirmed a peculiar receiving I'd had about 25 years ago that some time in the future I'd be called upon to testify for Subud in public, and I'd completely forgotten about this until then as it was so long ago. I only recalled it because the sense of shock in both the actual happening and the receiving was identical.

It seems we have a long way to go before we reach a stage where we can work in a meaningful way with the many alternative healing movements that are now burgeoning. But perhaps with the birth of SIHA we can share experiences so we can learn how to care for our patients in such a way that will win the respect and admiration of others. As a homeopath, perhaps I can play my part in this task.

Rohana Darlington, 5 Ivy Road, Poynton, Cheshire, SK12 1PE, UK. 01625 261217

### Testimony of Light

by Helen Greaves

Published by The CW Daniel Company Ltd

Price £5.95

Reviewed by Osanna Jones

When I was very ill, friends would suggest different treatments, complementary remedies and therapies and give me the name of some new wonder healer. Initially, I sought help outside, desperate to find healing. Gradually, over the long years of illness, I started to listen to my inner voice, to do latihan more, and to read. I was forced to look inward, as physically, I had no alternative. I found that quiet and stillness was what I needed, together with sitting in a light place – preferably in the sun –

to enable me to believe in my own ability to heal.

Sometimes that quiet was filled with words that seeped into my consciousness and affected me deeply. *Testimony of Light* by Helen Greaves is one such book; a book that is a real affirmation of its title – a true testimony to the reality of light at the end of the human tunnel. Most importantly it provides evidence of life after death, the potential for healing both here on earth and in the afterlife, while movingly matching the vision Bapak also gave us in his talks.

These are the writings of a nun called Frances Banks who communicates through her friend Helen Greaves. She illustrates how we progress as souls into the higher realm with our minds and personalities intact. She describes a kind of rest home to which some souls are brought when they are ready to be nursed and taken care of until they can move on. She talks of thought. How here on earth, thought is slower in action because all vibration, hence all results or effects, are slower, and we can mask what we think. Thoughts “on the other side” are immediate in their effect. She says: “Here the thought pattern is determinate of one’s welfare, one’s progress, one’s happiness and joy. As one thinks, so one is...” What a lesson for us here and now!

Later in the book she states: “After death of the physical body we gravitate to our rightful place; a mansion, a cottage, even a hovel, as we have earned. It is essential therefore to regard life experience, whilst in incarnation on the earth plane as a *preparation* for this existence, *Live Life in Eternity Now.*”

The Light awaits. We just have to open ourselves to receive it, pay attention to our thoughts and be aware we can do much here on earth to “heal” ourselves – in every sense – to enable us to move to a fulfilling life after death. It is the most wonderful confirmation of the purpose of the latihan. Read it yourself and see what you think.

**MEMBERS' NOTICEBOARD**  
 SIHA weekend at Loudwater UK – *Mala Spall*

**F**ourteen of us met for the weekend at hospitable Loudwater Farm – Subud people who are working or are interested in the health and care professions. We ranged from osteopaths, a midwife, a resettlement worker for the homeless, a community mental health worker, a drama therapist, art therapists, counsellors, nurses and a kinesiologist. This was the third meeting of SIHA in Great Britain this year.

During the two days we were able to learn a little about others' professions through presentations and workshops. We exchanged skills, knowledge, ideas, visions; and we ended up with an enterprise workshop to help us find ways to move forward in our working lives. It goes without saying that latihan and testing were a central source to draw from; and it is important to point out that it was also an opportunity to relax and be nurtured, with good food and music as part of the weekend.

So what about the results from this experience? From a personal point of view,

since I took part I have felt a renewal of energy at work; I am also one of a small group of therapists who are getting together to form a support group, which plans to provide peer supervision and an investigation into possibilities for joint work and therapy that could take place in a shared setting. I expect different results will be described at the next SIHA weekend by other participants. I hope there will also be new input from those of you who wish to join us. In May another SIHA weekend is to take place – venue not yet known, apart from the fact that it will be further north: Manchester maybe?

So all practitioners and those who are interested, whether it be from the perspective of health and care or of enterprise, watch this space and come to the next meeting. Don't miss a chance to network, pool ideas, share feelings or problems and do latihan together. Finally, don't miss a chance to explore this resource which, through the process of helping ourselves, enables us to be of use to others.



## HOLLAND '99

Friday 16th to 26th July 1999

During this Zone 3 & 4 and WSC meeting, SIHA will be holding its first international conference, presentations, workshops, treatment tasters, interest groups, ... and much more. Keep these dates free! Details will follow.

\*If you would like to do a presentation or workshop, give mini-treatments, or organise an interest group, please contact Hedley Bennett: [hedley.b@mcm.com](mailto:hedley.b@mcm.com) (0) 1580 200780.

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